Outpatient Pharmacy Electronic Positive Identification Waiver Request Form

Updated 9/17/2026

Effective March 31, 2027*, amendments to OAC 4729:5-5-04 will require, with limited exceptions, that all **Ohio outpatient pharmacies** adopt electronic positive identification as part of the pharmacy's record keeping system. This means that once effective, the rule will not permit the use of hardcopy records and manual signatures to capture positive identification except for the following:

- Compounding and the dispensation of compounded drugs; and
- Ancillary services as defined in rule 4729:5-5-02.1 of the Administrative Code.
- Records maintained in accordance with rule 4729:5-3-17 of the Administrative Code.

IMPORTANT: This change does not impact institutional pharmacies (except those that operate outpatient pharmacies), non-resident pharmacies, and other terminal distributors (EMS, clinics, OTPs, etc.).

To review the upcoming amendments to the rule, visit: www.pharmacy.ohio.gov/positiveIDchange.

*NOTICE OF ENFORCEMENT DELAY

On September 14, 2026, the Ohio Board of Pharmacy adopted the following resolution delaying the enforcement of the rule until November 1, 2027:

The Ohio Board of Pharmacy hereby delays the enforcement of OAC 4729:5-5-04 (effective March 31, 2027) until November 1, 2027. During this delay, any licensee found in violation of OAC 4729:5-5-04 will be issued a written warning for failing to comply with the requirements of the rule. Any outpatient pharmacy that does not comply with the requirements of OAC 4729:5-5-04 on or after November 1, 2027, will be subject to administrative discipline in accordance with OAC 4729:5-4-01.

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Waiver Request Process

A waiver of the requirement for electronic positive identification may be granted by the Board upon written request of an outpatient pharmacy. All requests must be submitted in writing using this form.

NOTE: The Board reserves the right to request additional information and documentation to render a decision as to whether to grant a waiver. Waivers will be granted on a limited basis and requests that do not include all the required information will not be reviewed by Board staff.

In making a determination to grant a waiver, the Board is required to consider all of the following:

(1) Whether the requirement to implement electronic positive identification will be cost prohibitive so as to impact the continued viability of the business;
(2) The average number of dangerous drugs dispensed at the pharmacy to determine the reliability of a non-electronic method of positive identification;
(3) The results of an inspection authorized in accordance with OAC 4729:5-3-03; and
(4) A review of past disciplinary actions taken against the pharmacy, or against an individual while employed by the licensee, that are based, in whole or in part, on drug security, record keeping violations, errors in dispensing, and/or any other disciplinary actions deemed relevant to the Board's analysis.

Outpatient Pharmacy Electronic Positive Identification Waiver Request Form

Submission Instructions: *This form must be submitted electronically via email to: contact@pharmacy.ohio.gov. If submitting on behalf of multiple Ohio pharmacies, duplicate this form each pharmacy location.*

Part I – Pharmacy Information

Name of Pharmacy Responsible Person (first, last)		
Pharmacy Name	**Ohio TDDD License No.**	
Street Address	**City**	**Zip**
Responsible Person Phone (xxx-xxx-xxxx)	**Responsible Person Email**	
Number of Employees *(Full-Time, Part-Time, Floater, PRN)*		
Average Daily Number of Prescriptions in the Previous 90-Days *(e.g., total scripts in the past 90 days divided by 90)*		

Ancillary Services Offered (Please check all that apply):

- ☐ Immunizations
- ☐ Drug Administration
- ☐ Medication Therapy Management
- ☐ Disease State Management
- ☐ Refill Reminders
- ☐ Other: _____

Does the pharmacy perform remote services? Yes ☐ No ☐

If Yes, please explain what remote services are offered:

Part II – Pharmacy Dispensing Software Information

Name of Pharmacy Dispensing Software	**Name of Dispensing Software Contact**
Dispensing Software Contact Email	**Dispensing Software Contact Phone (xxx-xxx-xxxx)**

Login method to the pharmacy's dispensing software (e.g., username/password, shared login, PIN number, biometric, multifactor authentication):

Do pharmacy personnel have their own unique login?

Yes ☐ No ☐

Does the pharmacy use shared workstations?

Yes ☐ No ☐ Combination ☐

Does the pharmacy utilize multi-factor authentication (MFA)?

Yes ☐ No ☐

If Yes, What is the Name of the System Used:

Does the software have a timeout due to inactivity?

Yes ☐ No ☐

If Yes, what is the length of timeout due to inactivity:

What is the pharmacy's <u>PRIMARY</u> method of positive identification?

☐ Signed End of Day Report

☐ Magnetic Card Reader WITHOUT Personal Private Identifier (PPI)

☐ Magnetic Card Reader WITH Personal Private Identifier (PPI)

- [ ] Bar Code Reader WITHOUT Personal Private Identifier (PPI)
- [ ] Bar Code Reader WITH Personal Private Identifier (PPI)
- [ ] Board Approved Randomly Generated Questions WITHOUT Personal Private Identifier (PPI)
- [ ] Board Approved Randomly Generated Questions WITH Personal Private Identifier
- [ ] Token WITHOUT Personal Private Identifier (PPI)
- [ ] Token WITH Person Private Identifier (PPI)
- [ ] Biometrics (Fingerprint/Facial Recognition)
- [ ] Proximity Badge Reader WITHOUT Personal Private Identifier (PPI)
- [ ] Proximity Badge Reader WITH Personal Private Identifier (PPI)
- [ ] Other (Please explain):

What is the pharmacy's <u>SECONDARY</u> method of positive identification?

- [ ] Signed End of Day Report
- [ ] Magnetic Card Reader WITHOUT Personal Private Identifier (PPI)
- [ ] Magnetic Card Reader WITH Personal Private Identifier (PPI)
- [ ] Bar Code Reader WITHOUT Personal Private Identifier (PPI)
- [ ] Bar Code Reader WITH Personal Private Identifier (PPI)
- [ ] Board Approved Randomly Generated Questions WITHOUT Personal Private Identifier (PPI)
- [ ] Board Approved Randomly Generated Questions WITH Personal Private Identifier
- [ ] Token WITHOUT Personal Private Identifier (PPI)
- [ ] Token WITH Person Private Identifier (PPI)

☐ Biometrics (Fingerprint/Facial Recognition)

☐ Proximity Badge Reader WITHOUT Personal Private Identifier (PPI)

☐ Proximity Badge Reader WITH Personal Private Identifier (PPI)

☐ Other (Please explain):

What are the methods of electronic positive identification available from the pharmacy's vendor?

☐ Magnetic Card Reader with Personal Private Identifier

☐ Bar Code Reader with Personal Private Identifier

☐ Biometrics (Fingerprint/Facial Recognition)

☐ Board Approved Randomly Generated Questions with Personal Private Identifier (PPI)

☐ Token with Personal Private Identifier (PPI)

☐ Proximity Badge Reader with Personal Private Identifier (PPI)

☐ Other (Please explain):

Part III – Proof of Economic Hardship – *By rule, the pharmacy must demonstrate that the requirement of electronic positive identification would impose an undue economic hardship and that the proposed system of recording positive identification is sufficient to ensure safety to the public and to patients given the pharmacy's prescription volume and staffing. Provide a detailed statement demonstrating these requirements using the space below.* ***Please include the estimated costs if the pharmacy were to adopt electronic positive identification and a possible implementation timeline.***

Part IV – Attestation by the Pharmacy's Responsible Person - *To be completed by the licensee's Responsible Person (may be signed using a digital or wet ink signature).*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE. I FURTHER ATTEST THAT THE PHARMACY LISTED IN THIS FORM WILL COMPLY WITH ALL REQUIREMENTS OF 4729:5-5-04 OF THE OHIO ADMINISTRATIVE CODE.	
Signature of Responsible Person	**Date Signed**

Submission Instructions: *This form must be submitted electronically via email to: contact@pharmacy.ohio.gov. If submitting on behalf of multiple Ohio pharmacies, duplicate this form each pharmacy location.*