DRUG STØRE NEWS **PHARMACY PRACTICE**



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Universal Program Number: 401-000-07-301-H03 Initial release date: August 1, 2007 Planned expiration date: August 1, 2010 This program is worth three contact hours (0.3 CEUs).

Target Audience

Pharmacists licensed by the Ohio Board of Pharmacy.

Program Goal

To review the current laws and rules regulating the practice of pharmacy and the legal distribution of drugs in the state of Ohio.

Learning Objectives

Upon completion of this program, the pharmacist should be able to:

- List and discuss the purposes of the current laws that the Ohio pharmacy board is responsible for administering and enforcing, including what is required in order for a prescription to be a valid authorization for dispensing drugs to a patient and the licensed health professionals who are authorized by their professional practice act to prescribe drugs in the course of professional practice.
 Understand and list the legal requirements for
- Understand and list the legal requirements for practicing pharmacy in Ohio and the legal purchase and distribution of dangerous drugs, how the Ohio pharmacy practice act and drug laws differ from those in other states.
- List the benefits of one state agency being responsible for the administration of the pharmacy practice act, as well as the legal distribution of dangerous drugs.
 Describe how a practicing pharmacist may de-
- 4. Describe how a practicing pharmacist may determine what drugs may be legally prescribed by Ohio-licensed advanced practice nurses and optometrists in the course of their professional practice.
- List the Web sites that provide information regarding licensed health professionals who are authorized to prescribe drugs in the course of their professional practice.

To obtain credit: Answer the questions at the end of this lesson on the answer sheet provided. If you are submitting your answers by mail or fax, completely fill in the circle corresponding to your answer with a black pen (no pencils or blue pens please). A statement of credit will be sent to participants achieving a minimum score of 70 percent correct responses. Statements of credit are issued within seven days of receipt if submitted by mail or fax and immediately if submitted online.

Questions regarding statements of credit and other customer service issues should be directed to Angela Sims at (800) 933-9666. Include your seven-digit enrollment number on the answer sheet. (The seven-digit number immediately to the right of the letters CE on the first line of the label.) Fax to (813) 626-7203 or mail completed answer sheet to DrSN/Pharmacy Practice, P.O. Box 31180, Tampa, FL 33631-3180. Programs also may be completed online at www.drugstorenews.com. If you are a paid enrollee, there is no cost to participate in this lesson. The fee for participants who are not enrolled is \$10.95.



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Ohio pharmacy practice laws and regulations

INTRODUCTION

Pharmacy practitioners who dispense drugs pursuant to prescriptions are challenged by the continuing changes in the laws governing the provision of health care by licensed healthcare professionals and disciplinary actions imposed by the boards that regulate their professional practice. The challenges are great when the dispensing pharmacist does not personally know the prescribers and the prescribers' offices are not located in the normal trading area for the pharmacy where he/she is practicing.

Information regarding licensed healthcare practitioners, their license, scope of practice and standards of practice may be quickly obtained by those pharmacists having access to the Internet in their daily practice. Web sites containing this information include state and federal government agencies that license and regulate the health professionals or who administer and enforce drug laws, national specialty practice organizations, health professional associations and Web sites dedicated to different medical conditions.

The state and federal agencies regulating health professionals, however, do not have Web sites that are easy to use nor do they readily provide all of the information that a pharmacist needs in order to determine the validity of prescriptions issued by their licensees who may legally prescribe drugs in the course of their professional practice. It may be necessary for the pharmacist to contact the federal or state agency by phone for additional or clarifying information.

Ohio health professionals are licensed, and their professional practice regulated, by autonomous boards. The following is a list of Ohio's health profession boards that license individuals authorized to prescribe drugs and the URL's for their Web sites:

- Medical Board www.med.ohio.gov/
- · Dental Board
- www.dental.ohio.gov/
- Veterinary Medical Board www.ovmlb.ohio.gov/
- Nursing Board
- www.nursing.ohio.gov/

 Optometry Board www.optometry.ohio.gov/ Links to these Web sites also may be found on the state of Ohio Web site, ohio.gov/, under state agencies. This listing not only provides a link to the board's Web sites, but also includes the agencies' telephone numbers.

OHIO PHARMACY BOARD (www.pharmacy.ohio.gov/)

Ohio is unique in that the pharmacy board is the single state agency responsible for administering and enforcing all of the laws regulating the legal distribution of drugs in the state. The board's responsibilities are broad in their scope, and any health professional prescribing drugs in Ohio must comply with pharmacy board rules.

Pharmacists with questions regarding the laws and rules may call the pharmacy board and speak to a receptionist who will route the question to a staff member who can then provide an answer or direct the pharmacist to someone who has the ability to obtain an answer or the information that the pharmacist needs. The Ohio pharmacy board staff works closely with the staff of all of the other health profession licensing boards and can, in many instances, quickly obtain information regarding their licensees or laws and rules governing their professional practice if a pharmacist is not successful in obtaining an answer to a question when needed.

Pharmacists also can access the Ohio laws and rules regulating the practice of pharmacy and the legal distribution of drugs through the pharmacy board Web site, www.pharmacy.ohio.gov. The pharmacy board Web site includes a Web page titled, "Summaries of Laws, Rules and Requirements."

This feature provides access to documents regarding pharmacy summaries of board rules that are new, rescinded or amended for each year since 1996. Summaries also are provided regarding new laws enacted by the Ohio General Assembly and/or new rules regarding such important issues as the prescribing of controlled substances for weight reduction, drug samples, drug abuse and medical board rules on the treatment of intractable pain.

These documents are updated as needed and reflect current laws and rules regarding these issues. Summaries on important issues impacting on other health professionals contain pertinent laws in

their professional practice act as well as rules adopted by their licensing board.

The Ohio pharmacy board is responsible for administering and enforcing the following Chapters of the Ohio Revised Code:

- Pharmacy Practice Act (ORC Sections 4729.01–4729.41)
- Dangerous Drug Distribution Act (ORC Sections 4729.01, 4729.51–4729.65)
- Pure Food and Drug Act (ORC Chapter 3715)
- Controlled Substance Act (ORC Ch. 3719)
- Dangerous Drug Database (ORC Sections 4729.75–4729.84)
- Criminal Drug Laws (ORC Ch 2925)

The Ohio General Assembly is constantly revising these acts. New sections of law are being added while some are being rescinded and others are being amended to address contemporary issues. The same is true for the rules that have been adopted by the pharmacy board for the purpose of administering and enforcing these laws.

All state agencies are required by law to review all of their rules every five years. The state agencies determine during this review whether individual rules are still needed and, if they are not, rescind them. A determination also must be made during this review as to whether the rule needs to be amended to reflect changes in recently enacted or amended federal or state laws or the use of new technology in pharmacy practice.

New laws often require that rules be adopted by the state agency responsible for administering and enforcing the laws. The following is a list of the chapters of the Ohio Administrative Code that have been adopted by the pharmacy board in response to current Ohio laws regulating the practice of pharmacy and the legal distribution of drugs:

- 1. Internship (OAC 4729-3-01 to 47290-3-09)
- 2. Pharmacy Practice (OAC 4729-5-01 to 4729-5-37)
- 3. Impaired Pharmacists (OAC 4729-6-01 to 4729-6-10)
- 4. Continuing Pharmacy Education (OAC 4729-7-01 to 4729-7-09)
- 5. Dangerous Drugs (OAC 4729-9-01 to 4729-9-25)
- 6. Nonresident Terminal Distrib-

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- utor of Dangerous Drugs (OAC 4729-10-01 to 4729-10-04)
- 7. Controlled Substances (OAC 4729-11-07 to 4729-11-09)
- 8. Ephedrine (OAC 4729-12-01 to 4729-12-10)
- Approved Laboratories (OAC 4729-14-01 to 4729-13-06)
- 10. Animal Shelters (OAC 4729-14-01 to 4729-14-06) 11. Nuclear Pharmacies (OAC 4729-
- 15-01 to 4729-15-05) 12. Institutional Facilities (OAC 4729-
- 17-01 to 4729-17-13) 13. Sterile Product Prescriptions
- (OAC 4729-19-01 to 4729-19-04)
- 14. Medical Gases (4729-21-01 to 4729-21-06) 15. Retail Sellers of Oxygen (OAC
- 4729-22-01 to 4729-22-04) 16. Nitrous Oxide (OAC 4729-25-01 to
- 4729-25-04) Peritoneal Dialysis Solutions
- (OAC 4729-27-01 to 4729-27-05)
- Consult Agreements (OAC 4729-29-01 to 4729-29-07)
- Fluid Therapy Pharmacies (OAC 4729-31-01 to 4729-31-04)
- 20. Emergency Medical Services (OAC 4729-33-01 to 4729-33-05) Drug Repository Program (OAC
- 4729-35-01 to 4729-35-09)
- 22. Charitable Pharmacies (OAC 4729-36-01 to 4729-36-06)
- 23. Drug Database (OAC 4729-37-01 to 4729-37-10)

The large number of Administrative Code chapter's listed above supports the saying that "the devil's in the details" and reflects the impact of the pharmacy board on the citizens of Ohio. This list also provides a chronological listing of contemporary issues regarding pharmacy practice and the legal distribution of drugs as they were addressed by the Ohio General Assembly.

PHARMACY PRACTICE

The first law regulating pharmacy practice in Ohio became effective May 18, 1884. The Pharmacy Practice Act adopted at that time has evolved over the years, and today, Ohio pharmacists' scope of practice has been expanded to provide pharmacists with the legal authority to select and dispense generically equivalent drug products, advise patients and other healthcare practitioners regarding medications and drug-related devices, interpret prescriptions, perform drug regimen and drug utilization reviews, manage a patient's drug therapy pursuant to a "consult agreement" with the patient and the patient's physician and administer immunizations.

Licensing is a major function of the pharmacy board and is an important tool for administering and enforcing the laws and rules that it is responsible for. The first persons to be licensed by the pharmacy board were individuals who wanted to obtain a license to practice pharmacy. Candidates who passed the licensure exam in those days were registered as pharmacists; those who failed the exam were registered as assistant pharmacists.

Today, students who are enrolled in a college of pharmacy and are working toward a degree in pharmacy must obtain an internship license in order to work in a pharmacy in Ohio to obtain practical experience. Interns enrolled in a school of pharmacy and who will obtain a doctor of pharmacy degree after Dec. 31, 2006, are exempt from the requirement that they obtain 1,500 hours of practical experience. They must obtain a pharmacy intern license, however, in order to obtain experience in a pharmacy toward licensure as a pharmacist.

The number of hours of practical experience that an intern obtains during his or her last year of school in current doctor of pharmacy programs is equivalent to or exceeds 1,500 hours. Fifteenhundred hours of practical experience is and will continue to be required for those individuals who have not graduated from a doctor of pharmacy program after Dec. 31, 2006. Doctor of pharmacy programs include a full year of clinical rotations through many different types of pharmacy practice sites. The number of hours included in all of the doctor of pharmacy programs after Dec. 31, 2006, will exceed 1,500 hours.

These clinical rotation programs are established and supervised by the pharmacy school. These experiential programs must meet the standards set by the Accreditation Council on Pharmacy Education. The pharmacy school is responsible for submitting documentation to the pharmacy board that the graduating student has obtained at least 1,500 hours of practical experience while successfully participating in the pharmacy school's clinical rotation programs.

Candidates for licensure as a pharmacist must be graduates of an approved college of pharmacy. Ohio now has the following six colleges of pharmacy operating in the state:

- University of Cincinnati College of Pharmacy
- Ohio Northern University College
- of Pharmacy The Ohio State University College of Pharmacy
- University of Toledo College of
- University of Findlay School of
- Northeastern Ohio Universities College of Pharmacy

The number of pharmacy school programs has increased dramatically over the last 10 years due to the shortage of practicing pharmacists. It is expected that the two newest pharmacy colleges in Ohio will not have students graduating until 2011/2113.

The Ohio pharmacy board as of March 28, 2007, had 15,268 pharmacists and 2,178 pharmacy interns registered and holding current licenses to practice in Ohio. In April 1997, 12,447 pharmacists and 1,299 pharmacy interns were registered with the pharmacy board. These numbers will increase dramatically within the next six years as the students attending the new pharmacy schools complete their requirements for graduation.

The Ohio pharmacy board has amended its rules regarding continuing pharmacy education. Pharmacists practicing in Ohio must submit evidence every three years that they have successfully participated in 60 hours or six CEUs of continuing pharmacy education approved by the board. At least three hours (0.3 CEUs) must be obtained by successfully participating in Ohio board of pharmacy approved programs in jurisprudence—OAC Rule 4729-7-02 (A).

All of the required 60 hours of continuing pharmacy education must be obtained from providers approved by the board. Approved providers are defined as individuals, institutions, organizations, associations, corporations or agencies that have "been approved by the state board of pharmacy (Ohio) and/or the "Accreditation Council on Pharmaceutical Education" (ACPE). A list of ACPE-approved providers may found on the organization's Web site www.acpe-accredit.org/.

The Ohio pharmacy board also moved up the date regarding programs that qualify for the three-year renewal period. The required 60 CEUs must now "be obtained on or after March 1 of the year that is three years prior to the year in which evidence of the continuing pharmacy education is required for identification renewal."

The pharmacy board also requires that the continuing pharmacy education report form be filed with the board no later than May 15 of the year in which CEUs are required for identification renewal. The board mails this continuing pharmacy education report form separate from the actual application for renewal in March. A renewal application is not mailed until the pharmacy board has determined that the pharmacist has met the CPE requirements for renewal.

Current copies of the continuing pharmacy education report form is posted on the pharmacy board's Web site, www.pharmacy.ohio.gov/cpe.htm. This form may be completed online and printed for mailing to the board. The form must be signed before mailing to the board.

Ohio-licensed pharmacists who are not practicing in Ohio, but are practicing in another state requiring continuing pharmacy education for renewal, may complete the following statement on the Ohio CPE alternative methods report form, sign the form and mail it to the Ohio pharmacy board in order renew their Ohio identification card:

"I declare under penalties of falsification that I hold a current and valid pharmacist License, number (Insert out-of-state license number), in the state of, (insert name of state NOT Ohio) that I have met the continuing pharmacy education requirements of this state and I do not presently practice pharmacy in the state of Ohio. I hereby agree to immediately notify the Ohio State Board of Pharmacy if I return and commence the practice of pharmacy in the state of Ohio.

. Changes in the delivery of health care over the years have resulted in the different healthcare professions expanding their scope of practice and pharmacy is no different. An increasing number of pharmacists are obtaining additional education and training and are engaged in specialty areas

Acknowledging this trend, the pharmacy board adopted OAC Rule 4729-7-08—alternative methods of proving continuing competence. Pharmacists who have received certification in a specialty practice may use these credentials for renewing their license to practice in Ohio. The following pharmacy specialties have been approved by the Ohio board:

- Board of Pharmaceutical Specialties in Nuclear Pharmacy Board of Pharmaceutical Specialties
- in Nutrition Support Pharmacy
- Board of Pharmaceutical Specialties in Oncology Pharmacy
- Board of Pharmaceutical Specialties in Pharmacotherapy Pharmacy
- Board of Pharmaceutical Specialties in Psychiatric Pharmacy
- Certified Specialist in Poison Information
- Commission for Certification in Geriatric Pharmacy

Pharmacists using a specialty certification to renew their license to practice in Ohio must still obtain 0.3 CEUs in pharmacy jurisprudence courses approved by the board.

The scope of pharmacy practice in Ohio was expanded in 1993 to include the administration of adult immunizations for the following five different medical conditions: influenza, pneumonia, tetanus, hepatitis A and hepatitis B. Pharmacists who wish to immunize adults must successfully complete a course in the administration of adult immunizations approved by the pharmacy board, as well as a course in basic life-support procedures.

This section of law was recently revised to add adult immunizations for meningitis, diphtheria and pertussis; lower the minimum age to 14 (from 18) for individuals to receive influenza administrations from pharmacists and permit pharmacy interns working under the direct supervision of a pharmacist to administer influenza immunizations to adults. The amended law also authorizes pharmacists to administer epinephrine and diphenhydramine to individuals in emergency situations resulting from adverse reactions to the immunizations administered by a pharmacist or intern.

DANGEROUS DRUG ACT

All entities purchasing, possessing or using dangerous drugs in the conduct of their business in Ohio must be licensed with the pharmacy board. Entities licensed by the Ohio pharmacy board as terminal distributors of dangerous drugs include retail/community pharmacies, pharmacies servicing nursing homes, hospitals, mail order pharmacies, drug- and health-related research laboratories, doctors' offices owned and operated by corporations of licensed healthcare professionals, clinics, teaching facilities, emergency med-

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ical squads, zoos, animal shelters, local and state government health departments, forensic laboratories, retail sellers of oxygen, catering facilities or other entities using nitrous oxide in the preparation of whipped cream, drug treatment centers and dialysis centers

The board also licenses wholesalers and manufacturers of dangerous drugs located in the state, as well as those who are located in other states but distribute drugs at wholesale to licensed terminal distributors of dangerous drugs in Ohio. The board also licenses wholesalers and manufacturers who sell dangerous drugs at wholesale to physician offices owned and operated by an individual physician.

The licensing of sites engaged in the

legal distribution of dangerous drugs is the foundation of drug law compliance and enforcement programs. Licensing requires a determination that those individuals wishing to engage in such activity meet certain qualifications. Those that do not qualify are not licensed by the board.

Determining whether an applicant is qualified to be licensed is first based on a careful review of the application and a background check of the applicant, his or her agents, officers and employees. If the site being licensed is in another state, the state agency licensing that entity in the other state is contacted to verify that the applicant is currently licensed in that state and whether his or her license is in good standing. If the applicant also is licensed or registered with any federal drug law enforcement agency, a check is made with that agency to verify licensure and determine the standing of such license.

New sites located in Ohio are licensed only after a board compliance agent has visited the site and determined that it has the facilities, equipment and personnel to qualify for licensure. A continuing review of the entities' qualifications for licensure is made during routine, unannounced compliance inspections. Renewal applications also are carefully reviewed each year to determine whether the entity's license should be renewed.

The total number of terminal distributors of dangerous drug distributors licensed by the pharmacy board on Dec. 31, 2006, was 12,629. Four-hundred sixty-six, or 4 percent, of these licensed terminal distributors were located in other states.

One-thousand four-hundred sixteen wholesale distributors of dangerous drugs were licensed with the Ohio board at the end of the second quarter of the state's fiscal year (Dec. 31, 2006). Nine-hundred twelve, 64 percent, of these licensed wholesale distributors of dangerous drugs were located in other states.

It is illegal for any licensed terminal distributor to purchase drugs at wholesale from any entity other than an Ohiolicensed wholesale distributor of dangerous drugs. Ohio-licensed terminal dangerous drug distributors are required to obtain the wholesale distributors dangerous drug license number before purchasing any dangerous drugs at wholesale from any entity.

The pharmacy board amended OAC Rule 4729-9-02-minimum standards for a pharmacy-effective Jan. 1, 2006. The amendment requires that all pharmacies post the operating hours of the pharmacy. This requirement was previously a part of OAC Rule 4729-9-11.

The second rule to be amended regarding the dangerous drug act is OAC Rule 4729-9-11—security and control of dangerous drugs. The rule was amended to remove from this rule the requirement that operating hours of the pharmacy be posted and to address new drug delivery systems that provide patients with the opportunity to pick up prescriptions (refills and new) without having to be served by a pharmacy employee. The rule was amended to require that the pharmacy must be open and a pharmacist available for consultation when these drug delivery systems (i.e. kiosks) are being used for "will-call" prescription orders (OAC Rule 4729-9-11(g)).

OHIO FOOD AND DRUG ACT

The purpose of the Food and Drug Act is to ensure that drugs sold in the state of Ohio are safe and effective when administered or dispensed to patients in Ohio. The rules adopted by the pharmacy board to implement and administer this act set minimum standards for the storage of drugs, the compounding, labeling and repackaging of drugs and the disposal of drugs that have become adulterated or misbranded.

A new rule, OAC 4729-9-25, was adopted by the pharmacy board in 2006 regarding the compounding of drugs for direct administration by a prescriber. The rule provides that the only compounded drugs that may be sold to a prescriber for direct administration to patients are those that are not commercially available. The quantity of compounded drug sold cannot be more than a 72-hour supply with a few exceptions.

The new rule also stipulates that the compounded drug is for administration only to the prescriber's patient. The compounded drug cannot be dispensed or sold to the patient or anyone else. The label for these compounded prescription products must contain the following information:

- The statement "For direct patient administration only" displayed prominently.
 The statement "Not for resale" dis-
- played prominently.
- Proper storage conditions.
- · Beyond use dates pursuant to paragraph (E) of this rule.
- The name(s) of the active and inactive ingredients.
- The amount or percentage of active drug ingredients.
- The quantity of compounded drug provided.
- The route of administration.
- The pharmacy name, address and

telephone number.

The pharmacy control number assigned to the compounded drug preparation.

This rule is extensive and any pharmacist engaging in the compounding of a drug product for prescribers to use in their practice should download a copy of the rule from the board Web site, www.pharmacy.ohio.gov/rules/4729-9-25.pdf, in order to ensure that they are complying with all aspects of this rule.

The food and drug acts were the first laws-federal and state-to create a distinction between "prescription" and "over-the-counter" drugs. This distinction is based on whether a drug product can be safely used without supervision by a health professional. A prescription drug is one that is "limited by an effective application under section 505 of the "Federal Food, Drug and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, to use under professional supervision by a licensed health professional authorized to prescribe drugs."

Ît is illegal to sell and dispense a "Rx" (federal legend for prescription) drug to a patient unless it has been dispensed and sold pursuant to a prescription issued by a licensed health professional authorized to prescribe the drug in the course of his or her professional practice. The drug dispensed and sold pursuant to a prescription must bear a label containing the following information:

- the name and address of the dispenser.
- the serial number and the date the prescription is dispensed.
- the name of the prescriber.
- the name of the patient.
- the directions for use and cautionary statements.
- the brand name of the drug dispensed, unless the prescription directions prohibit labeling. If the drug dispensed has no brand name, the generic name and the distributor of the finished dosage form shall be included.

As stated earlier, the pharmacy board's responsibilities and authority are broad in scope. The pharmacy board has been mandated by the Ohio General Assembly to adopt rules for the purpose of administering and enforcing all of the laws governing the legal distribution of dangerous drugs in the state.

Consequently, many of the rules adopted by the board impact all entities purchasing, possessing and/or using dangerous drugs in the course of their business or their professional practice. Dangerous drugs include all prescription-only drugs, over-the-counter drugs containing controlled substances and injectable drugs (i.e. insulin).

Ohio Administrative Code Rule 4729-5-30-manner of issuance of a prescription-has the greatest impact on pharmacists and any licensed health professional that has been authorized to prescribe drugs in the course of his or her professional practice. One of the significant changes that has occurred in the delivery of health care in the last 25 years is the increasing number of healthcare professionals who have expanded their scope of professional practice to include the prescribing of drugs.

The state legislature determines the scope of practice of each health professional practicing in their state. Consequently, professional associations representing the different health professions continually strive to have laws enacted by their state legislatures to increase their scope of professional practice. The efforts to have laws governing their profession amended and new sections enacted occur after the profession has advanced their knowledge and skills in providing health care for patients through education and training.

Ohio-licensed health professionals who currently have the legal authority to prescribe drugs are as follows:

- Physicians (MD and DO) and Doctor of Podiatric Medicine (DPM).
- Dentists (DDS, DMD).
- Veterinarians (DVM).
- Optometrists (DO) who have a current "therapeutic pharmaceutical agents certificate.
- Advanced Practice Nurses (APNs) who have a current "Certificate to Prescribe.'

Each of the prescribers listed above must have current licenses to practice their profession in order to legally prescribe drugs. Optometrists and advanced practice nurses must have additional credentials in order to prescribe drugs. Optometrists must have a current "therapeutic pharmaceutical agent's certificate" while advanced practice nurses must have a current "Certificate to Prescribe," (CTP).

Optometrists

Pharmacists may determine if an optometrist has a current "therapeutic pharmaceutical agents" certificate by calling the optometry board at (614) 466-5115, or visiting its Web site at www.optometry.ohio.gov/. The site's "Verify Licensure" link will connect to the Ohio e-License center that provides pharmacists with the opportunity to search by the optometrist's name or license number. If licensed, the individual's Web page will provide the optometrists name, city, state, credential (license number and whether the optometrist is qualified to prescribe drugs) and status of his/her license.

The "Drug Formulary" feature on the board's Web site provides a link to the Ohio Revised Code section 4725.01 (C) and administrative code rule 4725-16-02 establishing the drugs that an optometrist may prescribe in the course of his or her professional practice.

Advanced Practice Nurses

Advanced practice nurses licensed by the nursing board must obtain a "Certificate to Prescribe," or CTP, before they may prescribe drugs. An advanced practice nurse's license and Certificate of Au-

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thority to Prescribe may be verified by accessing the nursing board Web site, www.nursing.ohio.gov/ and using the link to the "Verification" Web page. This page provides further links to the Ohio e-license center, as well as a link concerning disciplinary actions taken by the board. Verification requires either the name or license number of the advanced practice nurse.

Ohio advanced practice nurses are the most recent Ohio licensed healthcare professionals who have expanded their scope of practice to include the prescribing of drugs. An advanced practice nurse who holds a current CTP may only prescribe those drugs listed in the formulary established by the nursing board and posted on the board's Web site.

The most current formulary is posted on the state board of nursing Web site at www.nursing.ohio.gov/ PDFS/AdvPractice/CTPFormulary-Oct06.pdf. Each advanced practice nurse holding a CTP must utilize the current formulary when prescribing. A drug that does not appear on the most current formulary cannot be prescribed and any prescriptions issued for such drug is not a legal authorization for the pharmacist to dispense the drug prescribed.

The authority to prescribe drugs was initially granted to advanced practice nurse practitioners in 1993 and was limited to APNs participating in three pilot programs. The Ohio General Assembly repealed this restriction in 1996 due to the lobbying efforts of the nursing professions associations.

Ohio's nursing practice act currently recognizes the following four different types of advanced practice:

- Certified registered nurse anesthetist (C.R.N.A.)
- Certified nurse-midwife (C.N.M.)
- Clinical nurse specialist (C.N.S.)
- Certified nurse practitioner (C.N.P.)

Each of these different types of advanced practice nurses must obtain a CTP from the nursing board in order to prescribe drugs. The Ohio e-License Center Web page for an individual advanced practice nurse will indicate the specialty or specialties that the advanced practice nurse has obtained a Certificate of Authority to prescribe drugs in. Some APN's have obtained authorization to prescribe drugs in more than one specialty practice.

The Ohio e-License Center Web site provides the following information on each APN licensed with the nursing board: name, credential(s), license type, original issue date, issue date, expiration date, status, discipline, how issued, specialty or specialties and certifying organization.

The two types of advanced practice nurses that will have the greatest impact on retail and health system pharmacists are the certified nurse practitioner and clinical nurse specialist. Certified nurse practitioners staff the retail health clinics that are opening throughout Ohio.

These two types may be certified in more than one sub-specialty. These subspecialties are based on the type of patient and/or disease.

Nine national specialty certifying organizations currently are approved by the Ohio nursing board. A list of these organizations is posted on the board's Web site and it may be accessed by clicking on the "Nursing Practice" link.

Ohio Administrative Code rule 4729-5-15 (Prescriber) was amended by the pharmacy board effective Jan. 1, 2006, as follows:

'OAC Rule 4729-5-15 ...

(D) An advanced practice nurse approved pursuant to section 4723.48 of the Revised Code may prescribe those drugs which have been approved by the committee on prescriptive governance for advanced practice nurses and pursuant to the standard care agreement for that advanced practice

This amendment reflects the fact that the collaborating physician or podiatrist may restrict the prescribing of a particular drug by an advanced practice nurse, even though it is included in the formulary approved by the committee on prescriptive governance. This requirement is important to the practicing pharmacist when determining whether the prescription issued by the advanced practice nurse is valid and the prescribed drug may be legally dispensed.

The first paragraph of OAC Rules 4729-5-21-manner of processing a prescription-and 4729-5-30-manner of issuance of a prescription—is important to the practicing pharmacist dispensing prescription drugs. The first paragraph of these two important pharmacy board rules is identical and read as follows:

"A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.'

When OAC rule 4729-5-30 was originally adopted by the Ohio pharmacy board, licensed health professionals authorized to prescribe drugs in Ohio did not include advanced practice nurses. The rule was amended in 2000 when the Ohio General Assembly recognized and authorized those nurses who met the qualifications and requirements for obtaining a CTP from the Ohio nursing board.

Inherent in this language is the requirement that a prescription is valid only if "issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his or her pro-fessional practice." The laws and rules stipulate that the prescriber must be authorized to prescribe the drug by his or her professional practice act. As stated previously, the drugs that qualified advanced nurses may prescribe are included in the current formulary approved by the nursing board that appears on the board's Web site.

'Legitimate medical purpose" implies that the drug is prescribed for a medical indication approved by the federal Food and Drug Administration and published in the official labeling accompanying the manufacturer's package. "Off-label" use, however, is permitted provided the purpose for which the drug is prescribed "is supported by current peer review literature (to be produced by the CTP/CTP-E holder upon request) which emanates from a recognized body of knowledge and as provided in the standard care arrangement consistent with the formulary.

In order for the prescription to be a valid authorization for dispensing a drug, advanced practice nurses must also prescribe drugs in accordance with state laws, Ohio Administrative Code rules adopted by the Ohio nursing and pharmacy boards, and the standard care arrangement that the advanced practice nurse has entered into with the collaborating physician. Information regarding any restrictions imposed by the collaborating physician is not available publically and must be obtained from the collaborating physician, advanced practice nurse or the nursing board.

A pharmacist who is concerned about the validity of a controlled substance prescription issued by an advanced practice nurse should discuss his or her concerns with the prescriber. If the pharmacist is still uncomfortable with the prescription after talking with the advanced practice nurse, the collaborating physician or the nursing board should be contacted and the prescription discussed with nursing board staff dealing with advanced practice nurses and prescriptive authority.

The phrase, "acting in the usual course of his or her professional practice," that appears in both the federal regulation and Ohio pharmacy board rule 4729-5-30 and implies that the prescriber's "scope of practice" includes the drug or therapeutic classification of drugs prescribed. Determining the "scope of practice" of an advanced practice nurse holding a CTP is not an easy matter.

The "scope of practice" for an advanced practice nurse is determined by the knowledge, skills and clinical competence of the individual APN. Demonstrating the complexity of determining an APN's "scope of practice" is the document titled, 'A Decision-Making Guide For Determining Individual APN Scope of Practice". This document has been developed by the Ohio nursing board and is posted on its Web site, www.nursing.ohio.gov/Practice.htm, under the Nursing Practice Web page.

In order to determine the "scope of practice" of an advanced practice nurse, the pharmacist needs to ascertain the specialty or specialties for which the advanced practice nurse has been approved by the nursing board. Verification of the advanced practice nurses specialty can be obtained through the State of Ohio's e-License center. This site is not consumer-friendly and the pharmacist must have the full name of the individual or "Certificate to Prescribe" number in order to easily and quickly verify licensure of an APN and determine his or her practice specialty.

Dispensing pharmacists will have this information if they are in possession of a valid prescription issued by an advanced practice nurse in accordance with pharmacy board rule 4729-5-30. This rule requires all prescriptions to contain the "manually printed, typewritten or pre-printed full name and address of the prescriber." The rule also states that a prescription "issued by a clinical nurse specialist, certified nurse-midwife or certified nurse practitioner with prescriptive authority [must] contain the nurse's prescriber number found on the "certificate to prescribe" issued by the Ohio nursing board.

The nursing board record that may be accessed through the Ohio e-License Center Web site, www.license.ohio.gov/, lists up to two specialties that an individual advanced practice nurse may have obtained certification in and the initials of the Certifying Organization. Entering and searching on the full name of the advanced practice nurse or Certificate of Authority number is the quickest method of verifying the status of the advanced practice nurses credentials (expiration dates), license status (active/lapsed), specialty or specialties, and whether the advanced practice nurse has been disciplined.

Determining whether the advanced practice nurse has been disciplined by the nursing board is important in that the board has the authority to place restrictions on the Certificate of Authority to prescribe. The licensure and registration information that appears on the Ohio e-license center Web site includes the credentials held by the nursing board licensee, license type, original issue date(s), issue date of current credential(s), expiration date(s), status, discipline and how issued.

The Ohio e-license center record, however, does not provide any details regarding the discipline imposed by the nursing board and whether an advanced practice nurse's Certificate to Prescribe has been restricted. Information required to determine if a prescription issued by an advanced practice nurse whose Certificate of Authority to Prescribe has been restricted is valid can only be obtained by calling the nursing board.

The Ohio nursing board does have lists of disciplinary actions taken by the board from January 2004 through May 2007 posted on the Web site. You may access, download and print these reports by clicking on the "Disciplinary" heading on the main page of the board's

Searching each month's list of licensees disciplined by the nursing board that is posted on the board's site is timeconsuming and will not provide the detail the pharmacist needs in order to determine the validity of a controlled-substance prescription.

Nursing board licensees that have been disciplined are listed alphabetically for the month that disciplinary actions were taken by the board. One-hundred twenty-nine licensees appear on the March 2007 list. Thirty-seven of the 129 disciplined licensees were permitted to continue to practice with "narcotic restrictions."

The significance of the phrase "narcotic restrictions" regarding a controlled-substance prescription issued by an advanced practice nurse who has been disciplined cannot be ascertained without contacting the nursing board and obtaining a copy of the board's order imposing the disciplinary action. It also is important for the pharmacist to contact the local federal drug enforcement agency's office to determine if they took action regarding the advanced practice nurse's drug enforcement registration following disciplinary action by the nursing board.

One of the major sources of information in determining the "Scope of Practice" of an advanced practice nurse are the competencies tested by the national certifying organization that has been officially recognized by the Ohio nursing board and which was used by the advanced practice nurse in obtaining his/her Certificate to Prescribe.

There currently are nine national certifying organizations recognized by the nursing board. A current list of these national certifying organizations is posted on the "Nursing Practice" section of the Ohio nursing board Web site.

The American Academy of Nurse Practitioners is one of the national certifying organizations currently recognized by the Ohio nursing board. The Certification Program Web page of the "American Academy of Nurse Practitioners" Web site, www.aanp.org/default.asp, states the following regarding their specialty certification exams:

"The National Certification Examinations given by the American Academy of Nurse Practitioners Certification Program are competency-based examinations for adult and family nurse practitioners reflective of nurse practitioner knowledge and expertise for each of these specialties. The content areas of the examinations are health promotion, disease prevention and diagnosis and management of acute and chronic diseases by family and adult nurse practitioners."

An 84-page document published by the United States Department of Health and Human Services titled, "Nurse Practitioner Primary Care and Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric and Women's Health; April 2002," also is posted on this organization's Web site and may be downloaded and printed.

Paragraph (B) (17) of this same

pharmacy board rule, OAC 4729-5-30, states that all prescriptions issued by advanced practice nurses who are authorized to prescribe drugs must also "be issued in compliance with all applicable federal and state laws, rules and regulations."

Prescriptions issued by an advanced practice nurse must contain all information required by pharmacy board rules. A valid prescription issued by an advanced practice nurse will contain all of the information required for other prescribers as well as the number of the CPT issued by the nursing board. Controlled substance prescriptions will contain a DEA registration number beginning with the letter "M" since the drug enforcement considers advanced practice nurses to be "mid-level" practitioners.

CONTROLLED SUBSTANCE ACT

The Ohio board of pharmacy is the state agency responsible for administering and enforcing Ohio's controlled substance act, ORC Ch. 3719, and has been charged by the Ohio General Assembly to adopt rules for the administration and enforcement of this act. Ohio Revised Code Section 3719.28 reads as follows:

"(A) The state board of pharmacy, pursuant to Chapter 119 of the Revised Code, shall adopt rules for administration and enforcement of Chapter 3719 of the Revised Code and prescribing the manner of keeping and the form and content of records to be kept by persons authorized to manufacture, distribute, dispense, conduct research in, prescribe, administer or otherwise deal with controlled substances. Such rules shall be designed to:

- Facilitate surveillance of traffic in drugs, to prevent the improper acquisition or use of controlled substances or their diversion into illicit channels.
- Aid the state board of pharmacy and state, local and federal law enforcement officers in enforcing the laws of this state and the federal government dealing with drug abuse and control of drug traffic.

(B) Rules adopted pursuant to this section shall not provide any less stringent requirements with respect to records than the requirements of the federal drug abuse control laws and regulations adopted thereunder. To the extent that records kept under the federal drug abuse control laws and regulations adopted thereunder fulfill requirements for similar records under rules adopted pursuant to this section, compliance with the federal law and regulations shall constitute compliance with the law and rules of this state with respect to such records.

Rules adopted by the pharmacy board pursuant to this section of the Ohio Revised Code impact all persons purchasing, possessing and using controlled substances in the course of their business or professional practice in Ohio.

Prescribers and pharmacists practicing in Ohio, as well as out-of-state pharmacists who dispense drugs pursuant to prescriptions issued by Ohio-licensed prescribers are impacted by Ohio Administrative Code rule 4729-5-30. This rule regarding the manner of issuing a prescription was first adopted by the pharmacy board in 1978 and has been amended continuously since that date to ensure that it reflects changes in the drug laws, as well as changes in the delivery of health care. Language included in this rule is similar to that found in the first paragraph of federal controlled substance regulation 21 CFR 1306.04 (Purpose of Issue of Prescription). This paragraph reads as follows:

'A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

Advanced practice nurses must be registered with the federal Drug Enforcement Administration as a "midlevel" practitioner in order to legally prescribe and use controlled substances in their professional practice. The federal drug enforcement administration's Diversion Control division states the following about mid-level practitioners in the "Pharmacist Manual" posted on its Web site:

"The fact that an MLP has been issued a valid DEA registration number (beginning with the letter M) will be evidence the he/she is authorized to prescribe, dispense and/or administer at least some controlled substances. However, it will still be incumbent upon the pharmacist who fills the prescription to ensure that the MLP is prescribing within the varameters established bu the state in which he/she practices. MLP authority to prescribe controlled substances varies greatly by state. Check with your state licensing or controlled substances authority to determine which MLP disciplines are authorized to prescribe controlled substances in your state."

Paragraph (B) (16) of pharmacy board rule 4729-5-30 stipulates that unlike prescriptions issued by other licensed healthcare prescribers, the prescription issued by a "clinical nurse specialist, certified nurse-midwife or certified nurse practitioner" must contain the nurse's prescriber number found on the CTP issued by the nursing board. Accordingly prescriptions issued by these nurses for controlled substances must contain not only the number of their CTP, but also their federal controlled substance registration number (OAC Rule 4729-5-30 amended effective April 27, 2007).

The prescribing of Schedule II controlled substances by advanced practice nurses in Ohio is currently limited by Ohio laws to a 24-hour supply pursuant to an agreement with a collaborating physician (MD or DO). Ohio Revised Code § 3719.06 (2) (a) further limits the prescribing of a schedule II controlled substance by an advanced practice nurse. The schedule II controlled substance must be initially prescribed by the collaborating physician for a patient with a terminal condition. Paragraph (2) (b) of this section of the Ohio Revised Code also prohibits an advanced practice nurse from personally supplying a controlled substance to any patient.

If the advanced practice nurse is collaborating with a podiatrist, paragraph (C) of ORC § 4723.481 of the nursing practice act states that the advanced practice nurse may not prescribe a schedule II controlled substance.

In summary, the prescribing of any drug by an advanced practice nurse is based on the formulary approved by the nursing board, the advanced practice nurses scope of practice, the standard care arrangement the advanced practice nurse has with the collaborating physician, the physicians scope of practice and his/her authority to prescribe controlled substances and any specific laws addressing the prescribing of controlled substances.

DRUG DATABASE (Ohio Administrative Code Chapter 4729-37)

Ten new rules were adopted by the pharmacy board with an effective date of Jan. 1, 2006. The purpose of these new rules is to administer and implement Ohio's prescription drug monitoring program, OARRS—visit www.ohiopmp.gov to learn more.

Sections of law authorizing the Ohio pharmacy board to establish a program to monitor prescriptions in Ohio became effective May 15, 2005 (ORC Sections 4729.75 to 4729.84). Detailed information about the program can be obtained via www.ohiopmp.gov. These sections of the Ohio Revised Code provided the pharmacy board with the legal authority to "establish and maintain a drug database to monitor the misuse and diversion of controlled substances and certain dangerous drugs.

This database became operational in January 2006 and the pharmacy board currently is collecting prescription data for the following drugs:

- All schedule II controlled substances.
- All schedule III controlled sub-

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Ohio pharmacy practice

- All schedule IV controlled substances
- All schedule V controlled substances dispensed pursuant to a prescription.
- All schedule V controlled substances sold to a prescriber at wholesale.
- All dangerous drug products containing carisoprodol.
- All dangerous drug products containing tramadol.

OAC Rule 4729-37-03 stipulates that the following dispensing information be submitted to the pharmacy board by all pharmacies licensed as a terminal distributor of dangerous drugs and who dispense drugs identified in rule 4729-37-02 of the Administrative Code to outpatients residing in this state.

- Pharmacy drug enforcement administration registration number.
- Pharmacy name.
- Pharmacy address.
- · Pharmacy telephone number.
- Patient full name.
- · Patient address.
- Patient telephone number.
- Patient date of birth.
- · Patient gender.
- Prescriber's drug enforcement administration registration number.
- Date prescription was issued by the prescriber.
- Date the prescription was dispensed by the pharmacy.
- Indication of whether the prescription dispensed is new or a refill.
- Number of the refill being dispensed.
- National drug code of the actual drug dispensed.
- Quantity of drug dispensed.
- Number of days' supply of drug dispensed.
- Serial or prescription number assigned to the prescription order.
- Source of payment for the prescription that indicates one of the following: private pay (cash).
- Medicaid, Medicare, commercial pharmacy benefit manager (PBM) insurance, major medical or workers' compensation.

Data regarding the sale of the listed drugs at wholesale also must be submitted to the pharmacy board. OAC Rule 4729-37-03 (B) and (C) reads as follows:

"(B) All wholesalers licensed as a wholesale distributor of dangerous drugs that sell drugs identified in rule 4729-37-02 of the Administrative Code at wholesale to individual prescribers within this state or to locations other than institutional facilities that are licensed as a terminal distributor of dangerous drugs where prescribers practice.

(C) All pharmacies licensed as a terminal distributor of dangerous drugs that sell drugs identified in rule 4729-37-02 of the Administrative Code at wholesale to prescribers within this state or to locations other than institutional facilities that are licensed as a terminal distributor of dangerous drugs where prescribers practice."

The following data must be submitted to the board regarding the wholesale sale of the drugs listed in OAC Rule 4729-37-02:

- Wholesaler or pharmacy drug enforcement administration registration number
- Purchaser's drug enforcement administration registration number.
- National drug code number of the actual drug sold.
- Quantity of the drug sold.
- Date of sale.

ACCESS TO DRUG DATABASE INFORMATION

Ohio's drug database legislation provides the pharmacy board with the authority to provide information from the database to:

- pharmacists, prescribers and patients.
- investigators working for the board that licenses prescribers; federal, state and local officers whose duties include enforcing the drug laws.
- a grand jury pursuant to a subpoena issued by the grand jury.

" Pharmacy practitioners who dispense drugs pursuant to prescriptions are challenged by the continuing changes in the laws govering the provision of health care by licensed healthcare professionals and disciplinary actions imposed by the boards that regulate their professional practice.

The information may be provided to:

- board employees, federal, state and local drug law enforcement personnel only on receipt of a request for information concerning a specific person who is the subject of an active investigation.
- prescribers and pharmacists with information for a current patient from the drug database upon request. The prescriber or pharmacist must certify to the pharmacy board that the information is being obtained for the purpose of providing medical or pharmaceutical treatment to the patient.
- patients—patients may request a copy of their information that is being maintained in the drug database.

OAC Rule 4729-37-08 spells out the procedures for obtaining information from the database. Patients who wish to obtain data of their prescription information must contact the board and request a form that needs to be completed, notarized and returned to the board.

Other entities entitled to obtain information from the drug database need to register with the board and may do so online. The form may be completed online but must be downloaded, printed, signed and notarized before mailing it to the board office.

The board has established the following types of accounts and you may only register for one type:

- Prescriber Master Account.
- Prescriber's Delegate.
- · Pharmacist.
- Law Enforcement Supervisor.
- Law Enforcement Officer.

Prescription information, as well as wholesale sale information, must be submitted to the pharmacy board twice a month. Prescription data must be submitted between the first and fifth day and the 15th and 20th day of each month (OAC rule 4729-37-07).

CRIMINAL DRUG LAW: (ORC CH 2925)

The Ohio pharmacy board is the only professional licensing board that has the responsibility for conducting investigations of alleged violations of state criminal laws and, upon probable cause, filing a complaint with the appropriate criminal justice authorities and prosecute the offender (ORC sections 4729.25. 3715.56, and 3719.36).

The pharmacy board also has been mandated by the Ohio General Assembly to enforce the provisions of Ohio Revised Code Chapters 4729 (Pharmacy Practice and Dangerous Drug Act), 3715 (Ohio Food and Drug Act), and 3719 (Ohio Controlled Substance Act and Poison Laws). The pharmacy board also has been directed by the Ohio General Assembly to cooperate with all federal agencies and drug law enforcement agencies in other states that are responsible for enforcing laws regarding controlled substances.

The board's criminal investigation activities and prosecution of persons committing drug crimes is best illustrated by statistics published by the Ohio pharmacy board on its Web site. Pharmacy board annual reports for the years 1996, 1997 and 1998 are posted on the site and can be accessed via www.pharmacy.ohio.gov/general.htm.

Tables regarding incident reports, investigations and arrests of alleged violators of the laws the pharmacy board is responsible for enforcing can be found on the following pages of the annual reports: 1996—pages 49-50; 1997— pages 52-53; and 1998—pages 54-55. The crime of drug theft was the No. 1 in incident reports investigated

by the board staff for the fiscal years 1995 through 1997.

The crimes of trafficking in drugs, deception to obtain and forgery of drug documents were generally ranked third, fourth and fifth. Incident reports regarding errors in dispensing also ranked in the top five for the fiscal years included in these annual pharmacy board reports.

Tables regarding arrests resulting from pharmacy board criminal investigations also are included in these three annual pharmacy board reports. These tables break down the number of arrests by health professionals, pharmacy employees and a category labeled "other" (drug diverters, addicts, drug traffickers, etc.).

Criminal investigations conducted by the board in FY 95 resulted in the arrest of 67 health professionals (22 RPh/pharmacy interns, 22 RNs, 7 LPNs, 15 MD/DOs and 1 pharmaceutical sales representative) and 67 individuals in the "other" category.

Criminal investigations during fiscal year 1997 resulted in the arrest of 55 health professionals (14 RPh/pharmacy interns, 17 RNs, 12 LPNs, 8 MD/DOs, one DDS, three pharmacy employees, one podiatrist and four medical assistants) and 76 individuals in the "other" category.

Health professionals convicted of felony drug crimes licenses are reported by prosecutors to their licensing board and their licenses summarily suspended. Division (C) of Ohio Revised Code Section 3719.121 provides that the license or registration of a practitioner, nurse, pharmacist, manufacturer or wholesaler shall be immediately suspended without a prior hearing by the appropriate board when a prosecutor has notified the board that the registrant or licensee has:

- pleaded guilty to, or a judicial finding [has been made] of his guilt of, a felony drug abuse offense.
- A judicial finding [has been made] of eligibility for treatment in lieu of conviction.
- A judicial finding [has been made] of his guilt of an offense in another jurisdiction that is essentially the same as a felony drug abuse offense.
- A judicial finding [has been made] of his eligibility for treatment in lieu of conviction in another jurisdiction.

This statute further provides that the suspension shall remain in effect until a hearing is held by the licensing board. This legislation also provided the board of pharmacy and the other health professional licensing boards with the authority to suspend a license without a prior hearing provided there is clear and convincing evidence that continuation of the individual's professional practice or method of distributing controlled substances presents a danger of immediate and serious harm to others.

Learning Assessment

Successful completion of "Ohio pharmacy practice laws and regulations" (lesson 401-000-07-301-H03) is worth three contact hours of credit. Mail completed answer sheet to DrSN/Pharmacy Practice, P.O. Box 31180, Tampa, FL 33631-3180. For faster service, fax to (813) 626-7203. For fastest service, visit our Web site at www.cedrugstorenews.com.

- 1. Ohio laws and rules regarding the practice of pharmacy and the legal distribution of drugs may be obtained by accessing the pharmacy board's Web site.
 - a. True
 - b. False
- 2. A summary of the Ohio laws and rules regarding the prescribing of controlled substances for weight control can be found on the pharmacy board Web page link titled "Laws and Rules."
 - a. True
 - b. False
- 3. The Ohio pharmacy board is responsible for reviewing all of the rules it has adopted every six years.
 - a. True
 - b. False
- Ohio's pharmacy practice act was recently amended to expand the "scope of professional practice" and authorize Ohio pharmacists to prescribe controlled substances.
 - a. True
 - b. False
- Pharmacy interns enrolled in a college of pharmacy and who obtain a doctor of pharmacy degree after Dec. 31, 2006, are exempt from the requirement that they obtain 1,500 hours of practical experience.
 - a. True
 - b. False
- Pharmacists practicing in Ohio must submit evidence every two years of having obtained 45 hours of continuing pharmacy education approved by the board.
 - a. True
 - b. False
- Ohio pharmacists who currently hold a current certification issued by the "Board of Pharmaceutical Specialties in Pharmacotherapy Pharmacy" do not have to obtain continuing pharmacy education hours in order to renew their license to practice.
 - a. True
 - b. False
- Ohio pharmacists and pharmacy interns qualified to administer immu-

nizations may now administer meningitis, diphtheria and pertussis vaccines to adults.

- a. True
- b. False
- Patients cannot obtain their prescriptions from an Ohio pharmacy unless the pharmacy is open and a pharmacist is available for consultation.
 - a. True
 - b. False
- An Ohio pharmacist may compound a prescription for a commercially available drug and sell it to the prescriber for administration to his/her patient.
 - a. True
 - b. False
- 11. Advanced practice nurses may not prescribe drugs unless they have obtained a Certificate to Prescribe from the pharmacy board.
 - a. True
 - b. False
- 12. A pharmacist may determine whether an optometrist may legally prescribe drugs by accessing the optometry board Web site and verifying that they have a current "therapeutic pharmaceutical agent" certificate.
 - a. True
 - b. False
- 13. A pharmacist may determine which drugs an advanced practice nurse may prescribe in Ohio by accessing the formulary established by the pharmacy board and posted on the nursing board's Web site.
 - a. True
 - b. False
- 14. A prescription is not a valid authorization for the dispensing of a federal legend drug unless it has been issued for a legitimate medical purpose by a licensed health professional authorized to prescribe the drug in the course of their professional practice.
 - a. True
 - b. False
- 15. The pharmacy board may restrict the prescribing of controlled substances by advanced practice nurses who have a current Certificate to Prescribe issued by the medical board.
 - a. True
 - b. False
- 16. The pharmacy board is responsible for administering and enforcing

Ohio's Food and Drug Act, as well as the Controlled Substance Act.

- a. True
- b. False
- 17. Controlled substance prescriptions issued by an optometrist must contain the number of the "therapeutic pharmaceutical agent" certificate issued by the optometry board and DEA number issued by the federal Drug Enforcement Administration.
 - a. True
 - b. False
- 18. A prescription issued for a 24- hour supply of a schedule II controlled substance by an advanced practice nurse pursuant to a standard care agreement with a podiatrist is not valid and the Schedule II drug may not be dispensed.
 - a. True
 - h False
- 19. All Ohio pharmacies must submit prescription information for controlled substances and other dangerous drugs designated by the board by rule once a month for inclusion in Ohio's drug database.
 - a. True
 - b. False
- 20. The purpose of the Ohio drug database is to monitor the prescribing, misuse and diversion of controlled substances and certain other dangerous drugs.
 - a. True
 - b. False
- 21. The board currently requires prescription information be submitted for inclusion in the Ohio drug database for the following two noncontrolled dangerous drugs—ibuprofen and carisoprodol.
 - a. True
 - b. False
- 22. Ohio pharmacists must submit evidence of having obtained the required continuing pharmacy education CEU's for renewal on a form provided by the pharmacy board by mail or by downloading the form from the board's Web site.
 - a. True
 - b. False
- Ohio pharmacies may use an automated drug delivery system (i.e., kiosk) for customers to pick up their prescriptions when the pharmacy department is closed.
 - a. True
 - b. False

- 24. Pharmacists licensed by the Ohio board and practicing pharmacy in Ohio must submit evidence of having obtained the required 60 hours of continuing pharmacy education every three years or that they hold a current certification in a board-approved specialty practice in order to renew their license to practice.
 - a. True
 - b. False
- 25. Ohio pharmacists who are qualified to administer immunizations may legally administer influenza vaccine to individuals 14 years or older.
 - a. True
 - b. False
- Prescription data for controlled substances and certain drugs must be submitted to the pharmacy board twice a month.
 - a. True
 - b. False
- 27. Pharmacies must report the wholesale sale of controlled substances to individual practitioners to the pharmacy board every week.
 - a. True
 - b. False
- 28. A Schedule II controlled substance cannot be prescribed by an advanced practice nurse unless it was initially prescribed by the collaborating podiatrist with whom the advanced practice nurse has a standard care arrangement.
 - a. True
 - b. False
- 29. All controlled substance prescriptions issued by an advanced practice nurse must include the number of their Certificate to Prescribe and DEA registration number.
 - a. True
 - b. False
- Practicing pharmacists may not obtain prescription dispensing information for a particular patient from the pharmacy board's drug database.
 - a. True
 - b. False