



Non-Resident Controlled Substance Sales Request Form

To be used by a non-resident terminal distributor of dangerous drugs that **is not a pharmacy** that seeks to sell or personally furnish controlled substances to patients residing in Ohio.

Per OAC [4729:5-8-03](#) (O):

*Unless approved by the Board's Executive Director, a non-resident terminal distributor of dangerous drugs **that is not a pharmacy** shall not be permitted to sell or personally furnish controlled substances to patients residing in this state.*

Non-resident terminal distributors that are not pharmacies must request permission to sell or personally furnish controlled substances in this state using this form. A completed form for each non-resident terminal distributor must be submitted to: compliance@pharmacy.ohio.gov.

IMPORTANT REMINDER:

Ohio law (ORC [4729.291](#)) places the following limitations on personally furnishing controlled substance medications:

- A prescriber may not personally furnish to a patient an amount of a controlled substance that exceeds the amount necessary for the patient's use in a seventy-two-hour period.
- A prescriber may not, in any thirty-day period, personally furnish to all patients, taken as a whole, controlled substances in an amount that exceeds a total of two thousand five hundred dosage units.
- "Dosage unit" means any of the following:
 - (1) A single pill, capsule, ampule, tablet;
 - (2) In the case of a liquid solution, one (1) milliliter;
 - (3) In the case of a cream, lotion or gel, one (1) gram; or
 - (4) Any other form of administration available as a single unit.

This provision does not apply to controlled substances personally furnished to research subjects by a facility conducting clinical research in studies approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protection programs.



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Part 1 – Licensee Information

Name of Licensee (as it appears on the TDDD license)		
Address	City	Zip Code
Name of Responsible Person	TDDD No.	

Part 2 – Description of Need – *Please provide a detailed explanation of the types of controlled substance medications that the licensee seeks to personally furnish into Ohio, a description of the treatment provided to Ohio patients, the reason why the licensee cannot use the services of an Ohio licensed pharmacy, and how the licensee plans to comply with the limitations set forth in ORC [4729.291](#).*

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Part 3 – Attestation by the Certified Officer - *To be completed by the licensee’s Responsible Person (may be signed using a digital 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 LICENSEE LISTED IN THIS FORM WILL COMPLY WITH THE PRESCRIPTION DRUG MONITORING REPORTING REQUIREMENTS REQUIRED BY RULE 4729:5-8-03 OF THE OHIO ADMINISTRATIVE CODE.

Signature of Responsible Person	Date Signed
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