



Pharmacy Naloxone Notification Form

In an effort to facilitate greater access to naloxone, this notification form will be used to create a listing on the Board's web site of pharmacies that offer naloxone pursuant to a physician protocol. **Please be advised no information listed under the pharmacy's responsible person will be posted to the Board's web site.**

Notification (Please Select One):

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| Dispenses naloxone pursuant to OAC 4729-5-39 |
| No longer dispenses naloxone pursuant to OAC 4729-5-39 |

Pharmacy Information:

| | | |
|-----------------|------------------|------|
| Pharmacy Name: | TDDD License No: | |
| Street Address: | City: | |
| County: | Phone: | Zip: |

Pharmacy's Responsible Person (RP):

| | |
|-----------------------------|--------------------------|
| Name of Responsible Person: | RP License Number: |
| RP E-Mail Address: | RP Contact Phone Number: |

Please complete the following and upload to:
www.pharmacy.ohio.gov/licensing/GeneralDocumentUpload.aspx

Step 1: Enter the pharmacy's TDDD License Number.

Step 2: Select Naloxone Notification Form.

Step 3: Indicate whether you are dispensing naloxone pursuant to OAC 4729-5-39 or you are no longer dispensing naloxone in accordance with the rule.

Step 4: Upload your request in a .PDF format.

The responsible person will receive an email confirmation (to the address on-file with the Board) that the request has been successfully submitted within 3 business days.

NOTE: If you are a chain pharmacy that is planning to offer this service in a particular region or state-wide, please submit a signed notification on company letterhead that includes a spreadsheet of all participating pharmacies to: contact@pharmacy.ohio.gov.

