



## 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):**

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:

The form must be submitted using the document upload feature on the Board of Pharmacy website: [www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload).

**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](mailto:contact@pharmacy.ohio.gov).**

