Mike DeWine, Governor Jon Husted, Lt. Governor Steven W. Schierholt, Executive Director

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 <u>4729:5-8-03</u> (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 seventytwohour 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.

Non-Resident Controlled Substance Sales Request Form



Part 1 – Licensee Information

Address	City	Zip Code
Name of Responsible Person	TDDD No.	
Part 2 – Description of Need – Ple	•	• •
substance medications that the lice the treatment provided to Ohio pati	•	•
an Ohio licensed pharmacy, and ho	· ·	
in ORC <u>4729.291.</u>		
Part 3 – Attestation by the Certifi	ied Officer - To be completed t	by the licensee's Responsible
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