



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:

Please submit the completed form to contact@pharmacy.ohio.gov.

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.

