



Non-Resident Controlled Substance Sales Request Form

Updated 4/22/2025

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.

Part 3 – Attestation by the Certified Officer - *To be completed by the licensee’s Responsible Person (may be signed using a digital or wet ink 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