



Terminal Distributor – OARRS Exemption Request

Updated 1/16/2025

To be completed by the Responsible Person of a terminal distributor of dangerous drugs. Submission of this form replaces all prior requests for exemptions from reporting to OARRS. Wholesalers and other drug distributors can access a similar request form [here](#). **NOTE: If you are a veterinarian, you are already exempted from OARRS and do not need to fill out this form.**

The form must be signed (wet ink or digital signatures are accepted), scanned, and submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select “OARRS Exemption” as the document type. **Please allow up to two weeks to process a request.**

Terminal Distributor – OARRS Exemption Request



Name of Terminal Distributor		Ohio TDDD License No. (beginning with 02)	
Street Address	City	State	Zip
Drug Enforcement Administration Registration No. (enter N/A if not applicable)		Fax No.	
Contact E-mail		Telephone No.	

Reporting Exemption Request Type - Read ALL options before selecting any/all that apply.

	<p>Prescriber personally furnishes or pharmacy dispenses controlled substances or gabapentin (and, if a pharmacy, naltrexone) but is closed for business on the following days (check all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday </p> <p>NOTE: If you select this option, an exemption will only be granted for the days selected.</p>
	<p>Prescriber or prescribers at my facility only write prescriptions for patients to fill at a pharmacy and do NOT give (i.e. personally furnish) any controlled substances or products containing gabapentin to patients for them to take home. This includes samples.</p>
	<p>Pharmacy does NOT dispense ANY controlled substances, gabapentin or naltrexone to outpatients.</p>
	<p>Prescribers only: I only personally furnish methadone or buprenorphine for treating addiction or dependence. NOTE: Methadone or buprenorphine that is personally furnished and used to treat conditions other than addiction must be reported.</p>
	<p>Pharmacies located outside Ohio (Non-resident pharmacies) only: The licensee does NOT dispense or ship ANY controlled substances, gabapentin or naltrexone to Ohio outpatients.</p>

	<p>Pharmacies only: I am not conducting any of the following:</p> <ul style="list-style-type: none"> ▪ Transfers to other pharmacies or prescriber offices (under the same common ownership) of controlled substances or products containing gabapentin. ▪ Occasional wholesale sales to other pharmacies or prescriber offices of controlled substances or products containing gabapentin. <p>NOTE: If you select this option, an exemption will only be granted for the reporting of wholesale sales to OARRS.</p>
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I HEREBY REQUEST THE OHIO BOARD OF PHARMACY TO GRANT AN EXEMPTION FROM HAVING TO SUBMIT A ZERO REPORT FOR THE PURPOSES OF COMPLIANCE WITH RULE 4729:8-3-04 OF THE ADMINISTRATIVE CODE.

I ACKNOWLEDGE THAT ANY EXEMPTION GRANTED BY THE BOARD WILL NO LONGER BE VALID IF THE ENTITY LISTED IN THIS FORM NO LONGER QUALIFIES FOR THE EXEMPTION AS REQUESTED.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS **TRUE, CORRECT, AND COMPLETE.**

Responsible Person Signature	Date	Printed Name

Attestation must be signed by Responsible Person. Wet ink or electronic signatures are accepted.