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.**

77 S. High Street, 17th Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 4143
Fax: 614 | 752 4836

988 SUICIDE & CRISIS LIFELINE Ohio

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

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.*

☐	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): ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday **NOTE: If you select this option, an exemption will only be granted for the days selected.**
☐	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.
☐	Pharmacy does NOT dispense ANY controlled substances, gabapentin or naltrexone to outpatients.
☐	**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.
☐	**Pharmacies located outside Ohio (Non-resident pharmacies) only:** The licensee does NOT dispense or ship ANY controlled substances, gabapentin or naltrexone to Ohio outpatients.

☐	**Pharmacies only:** I am not conducting any of the following: ▪ 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. **NOTE: If you select this option, an exemption will only be granted for the reporting of wholesale sales to OARRS.**

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.