Drug Distributor – OARRS Exemption Request

Updated 8/20/2024

To be completed by the Responsible Person of an Ohio licensed wholesale distributor of dangerous drugs, virtual wholesaler, manufacturer of dangerous drugs or outsourcing facility. Submission of this form replaces all prior requests for exemptions to reporting to OARRS.

Prescribers and terminal distributors of dangerous drugs can access a similar request form here: www.pharmacy.ohio.gov/exempt.

The form must be signed (digital signatures are acceptable) and submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload.

Be sure to select “Drug Distributor Exemption” as the document type.

Please allow 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

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Part 1 – Licensee Information

Name of Licensee	Ohio License No.	License Type	
Street Address	**City**	**State**	**Zip**
Drug Enforcement Administration Registration No. (enter N/A if not applicable)	**Fax No.**		
Contact E-mail	**Telephone No.**		

Part 2 – Attestation by Responsible Person - *To be completed by the applicant's Responsible Person (RP). The RP may sign using a digital or wet ink signature.*

I HEREBY ATTEST THAT THE LICENSEE LISTED IN THIS FORM DOES NOT ENGAGE IN THE SALE OF CONTROLLED SUBSTANCES OR PRODUCTS CONTAINING GABAPENTIN DIRECTLY OR THROUGH A THIRD-PARTY LOGISTICS PROVIDER TO OHIO PRESCRIBERS AND/OR ENTITIES HOLDING AN OHIO TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE.

I HEREBY REQUEST THE STATE OF OHIO BOARD OF PHARMACY TO GRANT AN EXEMPTION FROM THE REQUIREMENTS TO SUBMIT ZERO REPORTS FOR THE PURPOSES OF COMPLIANCE WITH RULE 4729:6-3-05 AND 4729:8-3-04 OF THE OHIO ADMINISTRATIVE CODE.

I ACKNOWLEDGE THAT ANY EXEMPTION GRANTED BY THE BOARD WILL NO LONGER BE VALID IF THE LICENSEE LISTED IN THIS FORM CONDUCTS A SALE OF CONTROLLED SUBSTANCES OR PRODUCTS CONTAINING GABAPENTIN DIRECTLY OR THROUGH A THIRD-PARTY LOGISTICS PROVIDER TO OHIO PRESCRIBERS AND/OR ENTITIES HOLDING AN OHIO TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE.

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**