



Drug Distributor – OARRS Exemption Request for 3PL Sales

Updated 8/20/2024

To be completed by the Responsible Person of an Ohio drug distributor (licensed wholesale distributor of dangerous drugs, virtual wholesaler, manufacturer of dangerous drugs or outsourcing facility) that has a licensed third-party logistics provider (3PL) conduct sales of reported drugs to pharmacies, prescribers, and other terminal distributors of dangerous drugs into Ohio on its behalf.

Submission of this form replaces all prior requests for exemptions from reporting to OARRS. Drug distributors that do not conduct sales of reported drugs to Ohio pharmacies, prescribers, or other terminal distributors of dangerous drugs directly must use [this form](#).

The form must be signed (digital signatures acceptable) 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.

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Part 1 – Drug Distributor Information

Name of Drug Distributor		Ohio Drug Distributor License No. (beginning with 01)		
Street Address		City	State	Zip
Drug Enforcement Administration Registration No. (if applicable)			Fax No.	
Contact E-mail			Telephone No.	

Part 2 – Third-Party Logistics Provider Information - *If using multiple 3PLs, complete a form for each 3PL but submit as a single file.*

Name of Third-Party Logistics Provider Conducting Sales on Behalf of the Drug Distributor		Ohio License No. (beginning with 01)		
Street Address		City	State	Zip
Drug Enforcement Administration Registration No. (if applicable)			Fax No.	
Contact E-mail			Telephone No.	

PART 3 – Attestation - *To be signed by the Responsible Person of the drug distributor listed in Part 1 of this form. The RP may sign using a digital or wet ink signature.*

I HEREBY ATTEST THAT THE LICENSEE LISTED IN PART I OF THIS FORM DOES NOT ENGAGE IN THE DIRECT SALE OF CONTROLLED SUBSTANCES OR PRODUCTS CONTAINING GABAPENTIN TO OHIO PRESCRIBERS AND/OR ENTITIES HOLDING AN OHIO TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS LICENSE.

I HEREBY ATTEST THAT THE LICENSEE LISTED IN PART I OF THIS FORM DOES ENGAGE IN THE SALE OF CONTROLLED SUBSTANCES OR PRODUCTS CONTAINING GABAPENTIN THROUGH AN OHIO LICENSED 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 FOLLOWING REQUIREMENTS: SUBMITTING ZERO REPORTS FOR THE PURPOSES OF COMPLIANCE WITH RULE 4729:6-3-05 AND 4729:8-3-04 OF THE OHIO ADMINISTRATIVE CODE; REPORTING INFORMATION ON ANY CUSTOMER OR POTENTIAL CUSTOMER THAT MAY BE ENGAGING IN POSSIBLE ACTIVITIES THAT MAY CAUSE REPORTED DRUGS TO BE DIVERTED FROM LEGITIMATE CHANNELS; AND THE POLICY AND PROCEDURE REQUIREMENTS OF RULE 4729:6-3-05 OF THE OHIO ADMINISTRATIVE CODE.

I HEREBY ATTEST THAT THE THIRD-PARTY LOGISITICS PROVIDER LISTED IN PART II OF THIS FORM WILL COMPLY WITH THE FOLLOWING REQUIREMENTS ON BEHALF OF THE DRUG DISTRIBUTOR LISTED IN PART I OF THIS FORM:

- COMPLIANCE WITH THE DRUG DATABASE REPORTING REQUIREMENTS OF CHAPTER 4729. OF THE OHIO REVISED CODE AND DIVISION 4729:8 OF THE OHIO ADMINISTRATIVE CODE; AND
- COMPLIANCE WITH THE REQUIREMENTS OF RULE 4729:6-3-05 OF THE OHIO ADMINISTRATIVE CODE.

I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ENSURING THE OHIO LICENSED THIRD-PARTY LOGISTICS PROVIDER LISTED IN THIS FORM COMPLIES WITH THE REQUIREMENTS LISTED IN THIS ATTESTATION. FAILURE TO COMPLY MAY RESULT IN ADMINISTRATIVE DISCIPLINE AGAINST THE DRUG DISTRIBUTOR LISTED IN PART I THIS FORM.

I FURTHER ACKNOWLEDGE THAT ANY EXEMPTION GRANTED BY THE BOARD WILL NO LONGER BE VALID IF THE LICENSEE LISTED IN THIS PART I OF THIS FORM CONDUCTS A DIRECT SALE OF CONTROLLED SUBSTANCES OR PRODUCTS CONTAINING GABAPENTIN 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