Mike DeWine, Governor Jon Husted, Lt. Governor Steven W. Schierholt, Executive Director

Drug List - Limited Terminal Distributor License

To be completed by the applicant's Responsible Person. If an EMS agency, the drug list must be signed by the agency's Medical Director. Must be manually signed in ink.

If applying for a new license: This form must be submitted with an initial application in the eLicense system.

If updating this list for an existing license: This document must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Be sure to select "Drug List" as the document type.

IMPORTANT: When uploaded, this will replace the current drug list on file. The list should include all drugs (not just updates) that may be purchased and possessed by the licensee. Click here to review a licensee's current drug list.

Brand/Generic Name	Strength to be stocked	Dosage Form

Duplicate this form as necessary

77 S. High Street, 17th Floor Columbus, OH 43215 U.S.A. Phone: 614 | 466 4143 Fax: 614 | 752 4836



THE OHIO REVISED CODE THAT THE DRU	IGS LISTED ON THIS FOR	RM ARE TRUE, CORRECT, AND
COMPLETE.		
Signature of Applicant's Responsible Person / Medical Director		Date Signed
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