



### DISPENSER EXEMPTION FORM

Dispensers are required to electronically report Schedule II-IV controlled substance dispensation information to the St. Louis County Prescription Drug Monitoring Program (PDMP) pursuant to St. Louis County Revised Ordinances (SLCRO) Chapter 602. Section 602.801 SLCRO defines "Dispenser" as a person who delivers a Schedule II, III, or IV controlled substance to a patient. However, the term does not include:

- a) a hospital as defined in Section 197.020 R.S.Mo. that distributes such substances for the purpose of inpatient care or dispenses prescriptions for controlled substances at the time of discharge from such facility;
- b) a practitioner or other authorized person who administers such a substance; or
- c) a wholesale distributor of a Schedule II, III, or IV controlled substance.

Dispensers exempt from reporting per Section 602.801 SLCRO do not need to submit this form. Dispensers not meeting the specific criteria defined in Section 602.801 may request an exemption from reporting to the PDMP using this form. Dispensers will be notified of the exemption decision within ten business days of receipt of request.

This form may be completed and submitted to the Prescription Drug Monitoring Program via [PDMP.DPH@stlouisco.com](mailto:PDMP.DPH@stlouisco.com). For inquiries, contact the PMDP Coordinator at [PDMP.DPH@stlouisco.com](mailto:PDMP.DPH@stlouisco.com) or 314-615-0522.

### DISPENSER INFORMATION

Requestor Name (first, last): \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy State License Number: \_\_\_\_\_ Pharmacy BNDD Number: \_\_\_\_\_

Pharmacy Class: please select **all** classes pharmacy is registered as with the Missouri Board of Pharmacy.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> A: Community / ambulatory | <input type="checkbox"/> E: Radio pharmaceutical        | <input type="checkbox"/> I: Consultant services | <input type="checkbox"/> M: Specialty (bleeding disorder)                      |
| <input type="checkbox"/> B: Hospital pharmacy      | <input type="checkbox"/> F: Renal dialysis              | <input type="checkbox"/> J: Shared service      | <input type="checkbox"/> N: Automated dispensing system (health care facility) |
| <input type="checkbox"/> C: Long-term care         | <input type="checkbox"/> G: Medical gas                 | <input type="checkbox"/> K: Internet            | <input type="checkbox"/> O: Automated dispensing system (ambulatory care)      |
| <input type="checkbox"/> D: Nonsterile compounding | <input type="checkbox"/> H: Sterile product compounding | <input type="checkbox"/> L: Veterinary          | <input type="checkbox"/> P: Practitioner office/clinic                         |

**Reason for Exemption:** Please specify why you are requesting an exemption from reporting to the PDMP. \_\_\_\_\_

1. Dispenser attests they have not dispensed Schedule II, III, or IV controlled substances within the past twelve months and have no intention of dispensing said substances within the next twelve months.
2. Dispenser must notify the PDMP Coordinator if Dispenser begins dispensing Schedule II-IV controlled substances.
3. This exemption expires one year from date of issuance, unless otherwise revoked.

**My signature below acknowledges that I have read, understand, and attest to the information in this form.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

### INTERNAL USE ONLY:

Date Received: \_\_\_\_\_  Approved  Denied

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Initials: \_\_\_\_\_