



**Minnesota Board of Pharmacy
Prescription Monitoring Program**

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Request for Exemption from Reporting

I request an exemption from reporting to the Minnesota Prescription Monitoring Program (MN PMP).

I certify that: (*CHECK ONE ONLY*)

_____ I represent an Opioid Treatment Program pharmacy or facility and therefore am exempt from reporting due to certain federal regulations regarding release of data.

_____ I represent a licensed hospital pharmacy that distributes controlled substances (schedules II-V, butalbital, and gabapentin), as defined in Minnesota Statutes 152.126, for inpatient hospital care only.

_____ I represent a pharmacy or facility that solely distributes drugs to individuals through the use of an automated drug distribution system in accordance with Minnesota Statutes 151.58.

_____ I represent a pharmacy or facility that never dispenses a prescription for a controlled substance (schedules II-V, butalbital, and gabapentin) as defined in Minnesota Statutes 152.126 into the State of Minnesota.

Comments: _____

(Please limit to 30 characters, including spaces)

I further certify that if this pharmacy or facility begins to dispense controlled substance (schedules II-V, butalbital and gabapentin) prescriptions that qualify for reporting under the provisions of Minnesota Statutes 152.126, I will immediately notify the MN Prescription Monitoring Program and will commence reporting immediately.

Facility Name

MN Pharmacy License Number

Facility Street Address

DEA Number or NPI if no DEA Number

City, State, Zip

Phone Number

Your Name (Printed)

Title

Signature

Date