



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone: 225.925.6496 ~ E-mail: info@pharmacy.la.gov



PMP Exemption Request Form

The Louisiana Board of Pharmacy may issue an exemption from the reporting requirement to a pharmacy whose practice activities are inconsistent with the intent of the program. The Board will only consider requests from pharmacies who do not dispense controlled substances or drugs of concern. Pharmacies who wish to request an exemption must complete this PMP Exemption Request Form and submit to the Board office by mail or via email as a PDF attachment to pmp@pharmacy.la.gov.

Louisiana Pharmacy Name: _____

Louisiana Pharmacy Permit Number: PHY. _____ - _____

Pharmacy Physical Address: _____

Louisiana Pharmacist-In-Charge (PIC): _____

Louisiana PIC email address: _____

Pharmacy DEA registration number, if applicable: _____

Scope of Practice: _____

Detailed explanation as to the reasons for requesting the exemption: _____

Select the applicable Statement of Attestation below and sign.

Statement of Attestation

- ☐ I attest that the above referenced pharmacy does not, nor plan on dispensing any controlled substances or drugs of concern to Louisiana residents. I am aware Louisiana's drugs of concern are any material, compound, mixture, or preparation containing any quantity of the following substances: gabapentin, butalbital, and promethazine in oral liquid formulations. I am also aware that ephedrine, pseudoephedrine, and phenylpropanolamine containing products are schedule V in Louisiana and Mifepristone and Misoprostol containing products are schedule IV in Louisiana.
- ☐ I attest that the above referenced hospital pharmacy is strictly an in-patient pharmacy and does not dispense any out-patient prescriptions.

Signature: _____ Date: _____