



South Carolina Department of Public Health

Prescription Monitoring Program

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## Exemption Request from Controlled Substance Reporting

In accordance with S.C. Code Ann. § 44-53-1640(A) and (B) (1), The Department of Public Health, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance. (2) A dispenser shall submit daily to the department.

<b>PLEASE Provide the information below. (PRINT OR TYPE) USE FULL NAME, not initials</b>			
<b>Name of Pharmacy/Practitioner:</b>		<b>SC Resident Pharmacy Permit #: (pharmacy only)</b>	
<b>Street Address</b>		<b>City, State, Zip Code</b>	
<b>Area Code and Telephone #:</b>	<b>DEA Registration #:</b>	<b>Email Address:</b>	
<b>Print Name:</b>	<b>Signature:</b>		<b>Date</b>

➤ Reason for request of EXEMPTION from controlled substance reporting (Check all that apply)

<input type="checkbox"/>	Pharmacy/Practitioner does not dispense controlled substance drugs of Schedules II, III, or IV in South Carolina.
<input type="checkbox"/>	Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency that meets one of the below criteria. (Please attach a description of the research project and check the box beside the criteria that your study meets.)
<input type="checkbox"/>	Blind Study
<input type="checkbox"/>	Blind Dose Study
<input type="checkbox"/>	Investigational Drug Study (drug being used does not have an NDC number)
**If your study does not meet one of the above criteria, please contact <a href="mailto:scripts@dph.sc.gov">scripts@dph.sc.gov</a> for reporting instructions.	

FOR PMP USE ONLY			
<u>Date Received</u>	<u>Approved</u>	<u>Signature</u>	<u>Date of Action</u>

## **Instructions for Completing 4102-ENG-DPH Exemption Request from Controlled Substance Reporting**

**Purpose:** The exemption form notifies the SC Prescription Monitoring Program why a "Dispenser" (means a person who delivers a Schedule II-IV controlled substance to the ultimate user) does not need to report their controlled substances as determined by law in 44-53-1640:

(A) The Department of Public Health, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance.

**Audience:** Any pharmacy or practitioner that has controlled substances but does not dispense in/into the state of South Carolina; or an entity that wants to notify the state of their non-dispensing status.

**Instructions:** Have the pharmacy/practitioner enter the requested information:

- Name,
- Address,
- City, state, zip code,
- Telephone number,
- DEA registration number,
- Email address,
- Print name,
- Signature; and,
- Date signed.

The pharmacy/practitioner must check the reason(s) for requesting an exemption from the choices listed.

Upon completion please fax (803-896-0686) or email ([scripts@dph.sc.gov](mailto:scripts@dph.sc.gov)) the exemption form. The Program will send confirmation of receipt by email.

**Office Mechanics & Filing:** This form should be retained until the information has been converted to an electronic medium, or when no longer needed for program audit or to support the reconstruction of the master file, whichever is later; delete or destroy using an ARM11 and the Input/Source Documents retention schedule, 14097.