

## APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP)

**Renewal Policy:**

The annual resubmission of the waiver form must be submitted to the PA PDMP office by June 1st of each calendar year. The annual waiver applies to dispensers and pharmacies and shall include evidence and justification that the dispenser or pharmacy does not dispense any controlled substances or dispenses less than five prescriptions for controlled substances per month.

**Instructions:**

1. Provide the information requested below and return the signed application with supplemental documents **by June 1.**
2. Mail or e-mail the completed application to:  
**Pennsylvania Prescription Drug Monitoring Program Office**  
 ATTN: Waiver Application  
 625 Forster Street  
 9<sup>th</sup> Floor, RM 912  
 Health and Welfare Building  
 Harrisburg, PA 17120  
 Email: [RA-DHPDMP-COMPLIANCE@pa.gov](mailto:RA-DHPDMP-COMPLIANCE@pa.gov)

Today's Date:	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	*provide original request#:	
<b>DISPENSER INFORMATION</b>				
<small>*Required Fields</small>				
*Name of Pharmacy/Dispenser:			*PA Pharmacy/Professional License Number:	
*Street Address:			*Email Address:	
*City:	*State:	*Zip Code:	*Phone Number:	
*Pharmacy/Dispenser DEA Number:			Pharmacy NCPDP Number:	
*Name of Pharmacist Manager/Pharmacist in Charge:			*Pharmacist Manager/Pharmacist in Charge License Number:	
<b>REASON FOR WAIVER REQUEST: (SELECT ONE BELOW.)</b>				
This application is for an exemption from submitting data as required by the PA PDMP.				
<input type="checkbox"/> The license holder identified above <b>does not have</b> any data to submit to the PA PDMP because the license holder <b>does not dispense any</b> controlled substances from schedules II, III, IV, and V to patients in the Commonwealth of Pennsylvania. <ol style="list-style-type: none"> <li>1. If the license holder identified above dispenses any scheduled II, III, IV, and V controlled substances to a patient in the Commonwealth of Pennsylvania, I will notify the PA PDMP and begin submitting data to the PDMP system as required by Act 191.</li> <li>2. I understand that if this application is denied or a granted exemption expires, I am responsible for collecting and submitting data to the PA PDMP as required by Act 191.</li> </ol>				

This application is for a **waiver from submitting electronic data reports as required by the PA PDMP.**

The dispenser or pharmacy identified above **has** data to report to the PA PDMP system and wishes to **submit data using the Universal Claim Paper Form (UCF)**, available here: [www.doh.pa.gov/PDMP](http://www.doh.pa.gov/PDMP). The PDMP Office may grant a waiver of the electronic data reporting no later than the close of subsequent business day after dispensing the prescription requirement based on the good cause exception defined under Act 191. (An explanation and/or proof of the circumstances must be included as a separate attachment.)

1. The license holder identified above will submit a “zero report” to the PDMP system no later than the close of the subsequent business day during which it did not dispense any schedule II, III, IV, and V controlled substances to patients in the Commonwealth of Pennsylvania.
2. I understand that the dispenser identified above remains bound by the reporting period requirements to submit information to the PDMP system no later than the close of the subsequent business day of dispensing a controlled substance to a patient in the Commonwealth of Pennsylvania.

This application is for a **waiver from submitting “zero reports” to the PA PDMP.**

The license holder identified above dispenses less than 5 prescriptions per month for schedule II, III, IV, and V controlled substances in the Commonwealth of Pennsylvania.

1. The dispenser identified above remains bound by the reporting period requirement to submit information to the PDMP system no later than the close of the subsequent business day of dispensing a controlled substance to a patient in the Commonwealth of Pennsylvania

On an average, how many controlled substances does your pharmacy dispense per month? \_\_\_\_\_

Due to an emergency beyond the control of the dispenser or substantial hardship created by disaster; the license holder identified above requests waiver to submit data until this date:

Describe in detail along with proof the reason that the dispenser is unable to submit dispensation data to the PA PDMP system.

**AFFIRMATION**

By signing below, I certify that all statements contained in this waiver application and any accompanying documents are true and correct:

Signature:

Title:

Date:

**FOR DEPARTMENT USE ONLY**

Date Received:	Received By:	<b>Decision</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CONDITIONAL APPROVAL	<b>Signature</b>	<b>Date Finalized</b>	Request Number:
		<b>ISSUED:</b>	<b>EXPIRES:</b>		

Comments/Notes: