

Bureau of Medical Marijuana

Request for Approval: Packaging and Labeling of Medical Marijuana Products

28 Pa. Code § 1151a.34

Pursuant to 28 Pa. Code § 1151a.34 (Packaging and labeling of medical marijuana products), a grower/processor shall obtain the prior written approval of the Department of the content of any label to be affixed to a medical marijuana product package.

To request approval for any new or modified packaging and labeling submit 1) this form, 2) a Request Form Cover Page, and 3) all additional documentation listed below. A request will be deemed incomplete, and not considered, until all required documentation has been submitted.

Section 1: Submitting your Request

All documents must be saved as a PDF file with the following file naming format: [name on permit]_[name of document]. Files should be submitted in a singular correspondence via email to RA-DHMMRCompliance@pa.gov.

Please ensure the application is properly signed and dated. A signature may be scanned and provided electronically in a PDF file.

Section 2: Requirements – Packaging

Signing and submitting this form attests that the new or modified packaging minimizes exposure to oxygen and is:

- 1) Child-resistant.
- 2) Tamper-proof or tamper-evident.
- 3) Light-resistant or opaque, or both.
- 4) Resealable.

Section 3: Requirements – Labels

Signing and submitting this form attests that the new or modified label(s) are:

- 1) Easily readable.
- 2) Made of weather-resistant and tamper-resistant materials.
- 3) Conspicuously placed on the package.

Section 4: Requested Documentation for Requirements – Labels

Please include a photograph(s) of the package(s) and label(s) identifying the following required items.

- 4) Name, address, and permit number of the grower/processor.
- 5) Form, quantity, and weight of medical marijuana included in the package.
- 6) Number of individual doses contained within the package and the species and percentage of THC and CBD.
- 7) An identifier that is unique to a particular harvest batch of medical marijuana, including the number assigned to each harvest lot or process lot in the harvest batch.
- 8) Date the medical marijuana product was packaged.

- 9) Employee identification number of the employee preparing the package and packaging the medical marijuana product.
- 10) Employee identification number of the employee shipping the package, if different than the employee described in item (9).
- 11) Name and address of the dispensary to which the package is to be sold.
- 12) Date of expiration of the medical marijuana product.
- 13) Instructions for proper storage of the medical marijuana product in the package.
- 14) A warning stating: This product is for medical use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children.
- 15) A warning that the medical marijuana product must be kept in the original container in which it was dispensed.
- 16) A warning that the unauthorized use is unlawful and will subject the purchaser to criminal penalties.

Section 5: Restrictions – Labels

Singing and submitting this form attests that the new or modified label(s) do not bear:

1. Any resemblance to the trademarked, characteristics, or product-specialized packaging of any commercially available food or beverage.
2. Any statement, artwork, or design that could reasonably lead an individual to believe that the product contains anything other than medical marijuana.
3. Any seal, flag, crest, coat of arms or other insignia that could reasonably mislead an individual to believe that the product has been endorsed, manufactured or approved for use by any state, county, or municipality, or any agency thereof.
4. Any cartoon, color scheme, image, graphic or feature that might make the package attractive to children.

Additional Attestation

I acknowledge, the packaging and labeling submitted in this form adhere to the requirements of 28 Pa. Code § 1151a.34 (Packaging and labeling of medical marijuana products).

Permit ID Number:

Signature _____

Date _____

Name _____

Role in MMO _____