REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR MAINE PRESCRIPTION MONITORING PROGRAM (PMP)

Please provide the information requested below. (Print or Type) Use full name not initials

<table>
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<tr>
<th>Name of Pharmacy</th>
<th>ME Pharmacy License Number</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>Email Address</td>
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<tr>
<td>City, State</td>
<td>Zip Code</td>
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<tr>
<td>Pharmacy DEA #</td>
<td>Pharmacy NCPDP #</td>
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<tr>
<td>Name of Pharmacy Responsible Manager (phone number and email address if different from above)</td>
<td>Responsible Manager License #</td>
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Reason for waiver request: (Check one box below.)

- [ ] The volume of controlled substances dispensed is so low, financial hardship will result from being required to make electronic submissions of prescription monitoring information.
- [ ] My pharmacy does not currently deliver and/or dispense any drugs covered by the PMP (scheduled II, III and/or IV controlled substances or any other drugs added by the Board of Pharmacy or Maine Office of Substance Abuse and Mental Health Services (SAMHS)/PMP) to ultimate users who have a Maine address.
- [ ] Other good cause: Please provide detailed explanation of the circumstances as a separate attachment.

Substantiating documentation must be accompanied with this waiver form for all reasons for waiver requests.

By signing below I certify under penalty of perjury that all statements contained in this waiver application and any accompanying documents is true and correct:

- If our business practices changes regarding dispensing drugs covered by the program, I will notify the PMP and begin electronic data submission daily as required.
- My pharmacy will resubmit this form annually at the time of Maine pharmacy license renewal in order to re-certify that my pharmacy’s status of delivering and/or dispensing of controlled substances have not changed.

Signature: __________________________ Date: ________________

For Department Use Only

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<th>Date Received:</th>
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Comment/Note: __________________________

03/08/16 EF: C:\Users\Mickey.Young\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\2VOQTI1\PMP Waiver Request Form.doc
WAIVERS

State of Maine licensed pharmacies may apply for a waiver from electronic submission of controlled substance prescription information under the following circumstances:

1. The volume of controlled substances dispensed is so low that financial hardship would result from being required to make electronic submissions of prescription monitoring information.
2. The pharmacy does not currently deliver and/or dispense any controlled substances to ultimate users who have a Maine address.
3. If pharmacies identify other good cause, they may request a waiver by further explaining the circumstances and attaching substantiating documentation.

PROCESS FOR SUBMITTING A WAIVER

1. Waivers must be requested from the Office of Substance Abuse and Mental Health Services (SAMHS), Prescription Monitoring Program (PMP) (the “Office”) in writing.

2. Responses to waiver requests will be made no later than sixty (60) days from the date a completed application is received by the office.

3. Waivers may be granted wholly or partially depending on the circumstances.
   a. If the pharmacy fills ten (10) or less prescriptions per month, then the pharmacy may be granted a waiver to submit reporting every thirty (30) days rather than daily as stated in the DHHS Rule. Submissions must be done every thirty (30) days.
   b. If the Pharmacy does not dispense and/or deliver any controlled substances, then the pharmacy may be approved to upload data every 90 days. Submissions must be done every 90 days.
   c. A waiver may be approved if the pharmacy identifies any other good cause. Duration of the waiver will depend on circumstance of the pharmacy’s status.

4. Regardless of whether transactions for Schedule II, III, or IV drugs occurred during a reporting period the pharmacy must submit “no activity” report unless a waiver has been approved by SAMHS.

5. Pharmacies must resubmit the Request for Waiver every year at the time of the Maine license renewal (every December 31st) to re-certify that the pharmacy does not deliver and/or dispense any controlled substances covered by the PMP.

6. Complaint will be filed with the Maine Board of Pharmacy for pharmacies not in compliance with the PMP reporting requirements.