

North Dakota State Board of Pharmacy
Prescription Drug Monitoring Program



Waiver/Exemption Form

Instructions: (Print or Type) 1. Complete all fields below, place an 'n/a' in the field(s) that do not apply to your practice. 2. The individual making the request must sign the form. 3. Fax, mail or email this form to the ND PDMP office.

ND #: Phar _____

Name of Pharmacy _____ License/Permit Number _____
(if applicable) DEA #: _____

Mailing Address/Physical Address _____
(if applicable) NCPDP/NABP #: _____

Mailing Address /Physical Address _____

City _____ State _____ Zip/Postal Code _____

Printed Name and Title of Pharmacist In Charged/Compliance Point-of-Contact _____

Telephone _____ Fax _____ Email _____

I attest that the information provided is accurate to the best of my knowledge.

Applicant Signature _____ Date _____

REASON FOR WAIVER/EXEMPTION (Check all boxes that apply)

- Hardship** created by a natural disaster or other emergency beyond the control of the permit holder. Please provide a description below or as a separate attachment.
- We **do not dispense** any Schedule II, III, IV, V controlled substances, **gabapentin (Neurontin)¹**, or any products containing these substances **directly to North Dakota patients**.
- We've dispensed **15 or less** prescriptions to North Dakota patients **in the last 12 months** and are requesting a waiver from **daily reporting to weekly reporting**.
- Other:** Please provide a description below or provide information as a separate attachment.

Description:

For Office Use Only

Date Rec'd: _____

Approved
 Denied

Response/Notes:

Signature: _____ Date: _____

¹ Gabapentin (Neurontin, Horizant, and Gralise) or any drug containing this substance will be a new required reportable 'drug of concern' starting August 2017. For more information please review ND House Bill 1099 at <http://www.legis.nd.gov/assembly/65-2017/documents/17-8032-01000.pdf>