

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 or 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)<sup>i</sup>**, 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:*

<sup>i</sup> 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>

*For Office Use Only*

Date Rec'd:

**Approved**

**Denied**

**Response/Notes:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_