



Maryland Prescription Drug Monitoring Program (PDMP) Dispenser Reporting Deadline Waiver

Background

Health-General Article, Section 21-2A, Annotated Code of Maryland, requires pharmacies to electronically report to the Maryland Prescription Drug Monitoring Program (PDMP) information for each controlled dangerous substance (CDS) prescription drug dispensed to a patient or a patient's agent in the State. The PDMP requires pharmacies that are authorized to dispense CDS in Maryland to register with the Program and create a data upload account. This includes both in-state and non-resident pharmacies that hold a permit from the Maryland Board of Pharmacy and are registered with the Maryland Department of Health (MDH), Office of Controlled Substances Administration (OCSA) and the federal Drug Enforcement Administration (DEA).

Maryland statute governing the PDMP was amended (HB437/Chapter 147, 2016) to change the dispenser reporting frequency. All non-exempt dispensers of CDS medications are required to report applicable dispenses every 24 hours to the Maryland PDMP, including submission of zero reports if no dispensing occurs. Previously, reporting was required within 3 business days of the dispense. 'Zero reports' will be required on any day that the dispenser does not dispense a CDS prescription, regardless of whether or not the dispensing facility is open for business that day.

Instructions

At the Maryland Department of Health Secretary's discretion, a dispenser may be granted a waiver from the requirement to report data to the Maryland PDMP every 24 hours, including zero reports. The reason for a reporting deadline waiver must be "particular to a unique problem, incident or other issue that prevents the dispenser from meeting the reporting deadline."

Please describe in detail the reason for the dispenser's request to receive a waiver from daily reporting, including zero reporting, and include any available documentation of the specific circumstances that prevent the dispenser from meeting the reporting deadline. **Return the form via email to** mdh.pdmp@maryland.gov.

COMAR Regulations: http://www.dsd.state.md.us/comar/comarhtml/10/10.47.07.03.htm

NOTE: Once request has been received, you will be notified of a decision via email.

MD PDMP: Reporting Deadline Waiver Request Form

Section I: Dispenser & Authorized Official (AO) Information

NOTE: The Authorized Official (AO) must be authorized by the dispenser's management to communicate with MDH on the dispenser's behalf. The AO will receive all official correspondence regarding the waiver request.

Dispenser Name:	
Dispenser Address:	
Dispenser Address (ctd.):	
Dispenser License #:	
Dispenser DEA #:	
Dispenser CDS Permit #:	
AO Name:	
AO Title:	
AO Telephone #:	
AO Email Address:	

Authorized Official Signature

Date

NOTE: Please complete Section II on the following page.

Section II: Waiver Request Select all that apply: ☐ I am requesting a waiver from the requirement to report data every 24 hours. ☐ I am requesting a waiver from the zero reporting requirement. Reason for Request of Reporting Waiver (attach documentation of specific circumstances, as appropriate) Timeframe for Waiver (until what date is waiver requested?)_____ **Plan for Achieving Compliance:** For Office Use Only ☐ Approved □ Denied Date of Correspondence to Dispenser: