MARYLAND Health Care Commission

Dispenser Waiver Request

Noncontrolled Prescription Drugs Reporting

Overview

Maryland law (Chapter 296, *Public Health- State Designated Exchange – Health Data Utility*, 2022) requires dispensers, to electronically submit certain noncontrolled prescription drug information to the State-Designated Health information Exchange (CRISP). CRISP is required to make noncontrolled prescription drug information available for treatment and care coordination of a patient and public health purposes. COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting*, includes a process for dispensers to request a time-limited waiver from reporting noncontrolled prescription drugs under certain conditions. Submission of a complete waiver request starts the review process.

Questions regarding the regulatory requirements can be directed to the Maryland Health Care Commission (MHCC or Commission) at mhcc.noncds@maryland.gov. For more information, including answers to *Frequently Asked Questions*, refer to MHCC's website.

Conditions for Requesting a Waiver

Dispensers that dispense noncontrolled prescription drugs in or into Maryland may seek a waiver based on following:

- Economic hardship
- Technology limitations that are not reasonably within the dispenser's control
- Dispensing less than 100 noncontrolled prescription drugs annually
- Other circumstances determined by the Commission to be extenuating

Who Can Request a Wavier

- A pharmacy that holds a license from the Maryland Board of Pharmacy
- Dispensing prescribers who hold a dispensing permit from their respective Maryland licensing board

How to Submit a Waiver Request

To submit a waiver request, complete the following forms. The Dispenser Waiver Request Form is required for all applicants. A single waiver request may be submitted on behalf of multiple pharmacy locations or multiple dispensing prescribers by downloading and completing the Excel Supplemental Form. Please mark any responses containing trade secrets or confidential business and financial information as defined in the Maryland Public Information Act.

Required Forms

- **Dispenser Waiver Request Form** - Complete this form online for all waiver requests.
- **Supplemental Form** - Use this form if you are submitting a request on behalf of multiple pharmacy locations or multiple dispensing prescribers.

Supplemental Form Instructions

If applicable, complete the appropriate tab within the Supplemental Form:

- **Pharmacies:** Use **Tab B (Multiple Pharmacy Locations)** to report more than one pharmacy location under a single waiver request.
- **Dispensing Prescribers:** Use **Tab C (Multiple Dispensing Prescribers)** to report more than one prescriber under a single waiver request.

Once completed, submit the Supplemental Form to mhcc.noncds@maryland.gov. In the email, include the same contact information provided in the Dispenser Waiver Request online form.

Information Required to Submit a Waiver Request

This section outlines the information required in the Dispenser Waiver Request Form. Applicants should review it in advance to prepare before starting the online form.

Section I: Contact

Name of the individual submitting this waiver request:

Salutation:

Title:

Phone number:

Email address:

Select the category of dispenser requesting a waiver:

- Pharmacy (proceed to Section II)
- Dispensing Prescriber (proceed to Section III)

Section II: Pharmacy Request

Is this waiver request on behalf of a pharmacy with one or multiple locations authorized to dispense noncontrolled prescription drugs in Maryland?

- Single location

- Multiple locations

Single Location

Pharmacy name:

Pharmacy address (include city and zip code):

What is the total estimated volume of noncontrolled prescription drugs dispensed in or into Maryland in the past 12 months from the pharmacy requesting a waiver?

Multiple Locations

Provide the pharmacy names and respective addresses for each location. *Note: Individuals submitting a request on behalf of a pharmacy with multiple locations are required to complete the Supplemental Form to provide information for each location.*

What is the total estimated volume of noncontrolled prescription drugs dispensed in or into Maryland in the past 12 months from all dispensing locations requesting a waiver?

Section III: Dispensing Prescriber Request

Is this waiver request on behalf of an individual or multiple dispensing prescribers authorized to dispense noncontrolled prescription drugs in Maryland?

- Individual
- Multiple

Individual Dispensing Prescriber

Dispenser name:

Maryland licensing board that issued their dispensing permit:

Name of business(es) where the dispenser practices:

Address (include city and ZIP Code):

What is the total estimated volume of noncontrolled prescription drugs the dispensing prescriber requesting a waiver dispensed in or into Maryland in the past 12 months?

Multiple Dispensing Prescribers

Provide the names, the respective Maryland licensing board(s) that granted a dispensing permit, and respective address for each dispensing prescriber. *Note: Individuals submitting a request on behalf of a multiple dispenser prescribers are required to complete the Supplemental Form to provide information for each dispenser requesting a waiver.*

What is the total estimated volume of noncontrolled prescription drugs dispensed in or into Maryland in the past 12 months from all dispensing prescribers requesting a waiver?

Section IV: Reason for Waiver

Select the reason(s) for seeking a waiver.

- ☐ Economic hardship
- ☐ Technology limitations not reasonably within the dispenser's control
- ☐ Dispensing less than 100 noncontrolled prescription drugs annually
- ☐ Other extenuating circumstances (please specify below)

Provide a detailed explanation of the extenuating circumstances necessitating a waiver.

Section V: Attestation

The individual submitting this request for a waiver is authorized and attests to the accuracy of the information provided.

By completing the application, I attest that the information provided is true and accurate to the best of my knowledge and belief. I also attest that I will immediately inform the Commission if the circumstances necessitating a waiver no longer exist, as required by COMAR 10.25.18.13F(5).