



Maryland Prescription Drug Monitoring Program (PDMP) Pharmacy Exemption Attestation

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 and Mental Hygiene (DHMH), Division of Drug Control (DDC) and the federal Drug Enforcement Administration (DEA).

Maryland law includes the following exceptions to the reporting requirement for certain types of pharmacies:

- Licensed hospital pharmacies that only dispenses CDS for direct administration to an inpatient in the hospital;
- Pharmacies issued a waiver permit under COMAR 10.34.17.03 by the Maryland Board of Pharmacy ("waiver pharmacies") that provide pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities.

Therefore, the above types of exempted pharmacies are not required to register with the PDMP. However, the PDMP requires that these pharmacies formally attest (using the "Pharmacy Reporting Exemption Attestation," below) that they qualify for the exemption.

Additionally, pharmacies that do not, and will not, dispense CDS may be exempted from registering with the PDMP. The PDMP will not require registration by these pharmacies if they attest to the fact that they do not handle CDS. However, these pharmacies must begin reporting immediately if at any time they begin dispensing CDS in or into Maryland. Pharmacies that knowingly fail to report to the PDMP could receive a civil fine of \$500 per incident.

Instructions

If your pharmacy is an in-patient hospital pharmacy or “waiver” pharmacy providing services to assisted living, comprehensive care and developmental disabilities facilities as noted above, complete **Section I** and **Section II** in the form below. You do not need to complete Section III.

If your pharmacy does not dispense CDS and would like to be excused from the PDMP registration requirement, complete **Section I** and **Section III** below. You do not need to complete Section II. Please note that only pharmacies that are registered with the DHMH Division of Drug Control (CDS permit) and the federal Drug Enforcement Administration are required to register with the PDMP. There is no need to complete this form if your pharmacy is not DDC and DEA registered.

Once completed, please sign and date the form and send it to the Maryland Prescription Drug Monitoring Program using one of these methods:

Scan and email (preferred): dhmh.pdmp@maryland.gov

Fax: 410-402-8601

Mail: Maryland Behavioral Health Administration
Prescription Drug Monitoring Program
c/o Tryphena Barnes
Spring Grove Hospital Center/ Voc. Rehabilitation Bldg.
55 Wade Avenue
Catonsville, MD 21228

If you have any questions concerning the Pharmacy Exemption Attestation, please contact the PDMP at 410-402-8686 or dhmh.pdmp@maryland.gov.

MD PDMP: Pharmacy Exemption Attestation Form

Section I: Pharmacy & Authorized Official (AO) Information

NOTE: The Authorized Official (AO) must be authorized by the pharmacy owner and/or management to make the attestation and communicate with DHMH on the pharmacy's behalf. The AO will receive all official correspondence regarding the attestation.

Pharmacy Name:

Pharmacy Address:

Pharmacy Address (ctd.):

Pharmacy Permit #:

Pharmacy DEA #:

Pharmacy CDS Permit #:

AO Name:

AO Title:

AO Telephone #:

AO Email Address:

NOTE: Please Complete either Section II or Section III on the following page depending on your reason for exemption status.

Section II: Reporting Exemption Attestation

I attest that the pharmacy named above is exempt from the PDMP reporting requirement because it is a:

- Licensed hospital pharmacy that only dispenses CDS drugs for direct administration to an inpatient in the hospital.

If you checked the box for 1, does your pharmacy have a waiver permit under COMAR 10.34.17.03 to serve as an "inpatient hospital" pharmacy? **Yes** **No**

OR

- Pharmacy issued a waiver permit under COMAR 10.34.17.03 to provide pharmaceutical specialty services exclusively to persons living in (*select all that apply*):

- Assisted Living Facilities**
- Comprehensive Care Facilities**
- Developmental Disabilities Facilities**

Authorized Official Signature

Date

Section III: Non-Dispensing Attestation

I attest that the pharmacy named on this form:

- Does not dispense CDS prescription drugs and that, should the pharmacy begin dispensing CDS in or into Maryland, the pharmacy will immediately notify, register with and begin reporting to the PDMP in compliance with Health General Article, Section 21-2A, Annotated Code of Maryland.

If your pharmacy is a **specialty pharmacy**, please identify specialty below (*select all that apply*):

- Home Infusion**
- Nonsterile Compounding**
- Nuclear Pharmaceutical**
- Sterile Compounding**
- Veterinary Care**
- Other:** _____

Authorized Official Signature

Date