



Arizona State Board of Pharmacy

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Schedule II Opioid ePrescribing Waiver - Prescribers

Per Arizona Revised Statutes (A.R.S.)§36-2525(Q) the Arizona State Board of Pharmacy "shall establish a process to grant a waiver ... for electronic prescription orders to a medical practitioner who lacks adequate access to broadband or faces other hardships that prevent the medical practitioner from implementing electronic prescription orders." After the Board receives the completed waiver request, the request will go before the full Board at the next available meeting. You may be required to appear before the Board either in person or telephonically. Once waiver form is completely filled out please email form to pmp@azpharmacy.gov. Deadline for waiver application is December 15, 2018.

Should your waiver be approved, it will be posted on the Arizona State Board of Pharmacy website at: <https://pharmacy.az.gov>

Date of Request: ____/____/____ Name of the facility where the waiver is being requested: _____

NPI # of Business, if applicable: _____ Business Type: _____

Address of Business: _____

Contact Name: _____ Contact Phone #: _____

County: _____ Contact Email Address: _____

Do prescribers at your facility write opioid analgesic or benzodiazepine controlled substance prescriptions listed in schedule II, III or IV? Yes No

Reason for requesting a waiver from ePrescribing for schedule II opioids for yourself or on behalf of your practitioners:

Describe the facility's plan to add ePrescriptions for schedule II opioids before the expiration date of the waiver:

Board Use Only

Board Approval Date: ____/____/____

Issue Date: ____/____/____

Expire Date: ____/____/____

Issued By: _____

<State seal>

Please provide a list of your practitioners along with their NPI #:

(as the list of providers is updated, it will be your responsibility to notify the Board of Pharmacy with those updates)

Facility Name: _____

Facility Address: _____

