

MPDR ZERO REPORTING ATTESTATION FORM

PURPOSE OF THIS FORM: To allow Montana-licensed pharmacies that do not dispense controlled substances to attest that the Montana Prescription Drug Registry (MPDR) reporting requirements do not apply to the pharmacy.

INSTRUCTIONS:

1. Review the reporting requirements for Montana-licensed pharmacies at www.mpdr.mt.gov.
2. The Pharmacist-in-Charge (PIC) must complete this Attestation and sign it. The MPDR cannot accept forms completed by a pharmacy's corporate office or other entity.
3. Submit the signed form to the Montana Prescription Drug Registry (MPDR) via email to dlibsdpdr@mt.gov
4. **IMPORTANT:** The pharmacy must continue to submit timely zero reports until notified via email from the MPDR (dlibsdpdr@mt.gov) that this request has been approved.

PHARMACY INFORMATION:

Please type or print clearly. The email address listed in this section will be used for the MPDR's response to your request.

Pharmacy Name: _____

Pharmacy's Montana License Number: _____

Pharmacy Physical Address: _____

City, State, Zip: _____

Pharmacy Phone Number: _____ Alternate Phone Number: _____

Pharmacy Email Address: _____

Pharmacist-in-Charge (PIC) Name: _____

Check all that apply:

This pharmacy does not hold a controlled substance registration with the DEA.

This pharmacy does not dispense any controlled substances Schedule II, III, IV or V to Montana patients.

ATTESTATION REGARDING MPDR ZERO REPORTING REQUIREMENTS:

The Pharmacist-in-Charge must read and initial each of the following statements:

- _____ I understand that if this pharmacy ever does dispense a controlled substance to a Montana patient that the prescription must be reported to the MPDR according to the timely reporting requirements indicated in ARM 24.174.1704, and that the pharmacy is no longer eligible to be excused from MPDR zero reporting requirements.

- _____ I have read and understand the MPDR reporting requirements indicated in ARM 24.174.1704. [ARM 24.174.1704](#). REQUIREMENTS FOR SUBMITTING PRESCRIPTION REGISTRY INFORMATION TO THE BOARD
 - (1) All prescription drug order information for controlled substances shall be submitted to the board pursuant to this subchapter.
 - (2) A pharmacy shall submit all prescription drug order information for a controlled substance to the board no later than close of the next business day after the date of dispensing the controlled substance.
 - (3) A pharmacy that does not dispense controlled substances shall notify the board by submitting an appropriate board-approved form attesting that the pharmacy does not dispense controlled substances. A pharmacy is not exempt from reporting requirements until it receives approval from the board. A pharmacy that does not dispense controlled substances shall notify the board by submitting an appropriate board-approved form attesting that the pharmacy does not dispense controlled substances.
 - a. The form submitted by a pharmacy that does not dispense controlled substances shall be maintained on file with the board and at the pharmacy location.
 - b. A pharmacy's exempt status does not end unless the pharmacy is either issued a new license number or until the pharmacy dispenses a controlled substance.
 - (4) In the event that a pharmacy cannot submit the required information as described in this rule, the pharmacy must timely report that fact to the board on or before the date the submission is due. The board office may grant an extension, at their discretion, when a pharmacy notifies the board that they are unable to submit their report.
 - (5) It is the responsibility of the submitting pharmacy to address any errors or questions about information that the pharmacy has submitted to the prescription drug registry and resubmit corrected data no later than close of the next business day after the date of the original submission.

I hereby attest that all information contained in this document is accurate and complete. I understand the Montana Prescription Drug Registry's (MPDR's) reporting requirements and I will abide by these requirements. Violation of any of the terms of this Attestation may result in disciplinary action by the Montana Board of Pharmacy.

PIC Signature: _____ Date: _____

Print PIC Name: _____

FOR USE BY MPDR STAFF ONLY:

Processed By/Date: _____ License Effective Date: _____

PIC Verified: Yes No Reporting Status Verified: Yes No N/A Request Approved: Yes No
Denial Reason: _____

License Updated: _____ Approval or Denial Email Sent: _____

Notes: