

Online Electronic Prescribing Waiver Request Process – Single Practitioner

Complete the steps below to access the Electronic Prescribing Waiver (EPW) application in the NYS Health Commerce System (HCS):

1. Log into the HCS at <https://commerce.health.state.ny.us>
2. Under “My Content” click on “All Applications”
3. Click on “E”
4. Scroll down to Electronic Prescribing Waivers and double click to open the application. You may also click on the “+” sign to add this application under “My Applications” on the left side of the Home screen.

Complete the steps below to request a waiver within the EPW application for the first time:

1. Select the practitioner name from the list. If the name appears more than once, select the option that starts with the profession (i.e., Medicine-##### Doe John). If you are affiliated with a medical group practice or institution refer to the appropriate instructions for that requestor type.

Electronic Prescribing Waivers

Welcome John X Doe

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Waiver Requests

ELECTRONIC PRESCRIBING WAIVERS

All practitioners, medical group practices, and institutions requesting a waiver from the requirement to electronically prescribe must indicate each site/practice address where the practitioners are unable to issue an electronic prescription. For each waiver request, the shipping address for the Official NYS Prescription (OPP) forms used at each site requiring a waiver must be identified.

Note: Other site addresses associated with the OPP shipping address can be added to the waiver request as appropriate. Documentation in support of the need for a waiver must also be provided.

Notification that a waiver is no longer necessary at each site/practice address may be indicated by the practitioner.

To get started, please select the practitioner, medical group practice or institution that needs to request a waiver.

Choose One

8888 - Hospital (pfi) Z Test Hospital (PFI)

Medicine - 999999 John X Doe

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2. Provide contact information for the person who should be contacted if additional information is needed regarding the waiver request and click "Save".

Contact Information

Organization Requesting Waiver	
Name:	Z Test Hospital (PFI)
Organization ID:	8888
Organization Type:	Hospital (pfi)

Please identify the person to be contacted if additional information is needed regarding waiver requests.

Contact Information	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
E-mail:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Phone number format is XXX-XXX-XXXX</small>
Phone Ext:	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

3. On the “Waiver Requests Summary” screen click on “Create Waiver Request for Self”. If you need to create a waiver request for multiple practitioners, click on “Create Waiver Request for Multiple Practitioners” and follow the instructions for a Medical Group Practice request.

Waiver Requests Summary

[Back To Home](#)

Practitioner Requesting Waiver

Name:	Doctor John
NYS License Number:	999999
Profession:	Medicine

[Edit Contact Information](#)

Contact Information

Name:	John X Doe
E-mail:	john.Doe@a.com
Phone:	555-555-5555

[+ Create Waiver Request for Self](#)

[+ Create Waiver Request for Multiple Practitioners](#)

4. Search for the Official NYS Prescription (OPP) shipping address for the site requiring a waiver. The requestor can search by the following options:

1. The NYS License Number of the practitioner requesting the waiver
This option is recommended if requesting a waiver for your private practice site.
2. Enter the DOH Article 33 License Number (030####, 03A####, 03B####)
This option is recommended if requesting a waiver for an institution site where you use the institution's prescription forms.
3. Enter an OPP serial number from a prescription form used at the site requiring a waiver
Use this option only if you cannot identify the OPP shipping address from Options 1 or 2.

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Waiver Requests

CREATE WAIVER REQUEST

Search for Official NYS Prescription (OPP) Shipping Address

An Official NYS Prescription (OPP) Shipping Address is required to request a waiver. Please use one of the search options shown below to find the OPP Shipping Address for this request.

Search By My NYS License Number

NYS License Number: 999999

Search By DOH Article 33 License Number

Use this search option when requesting a waiver for an institution

030####, 03A####, 03B####

Search By Prescription Serial Number

8 characters, no vowels

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5. Select the OPP shipping address from the list returned and click “Create Waiver Request”. Please note: Only active OPP shipping addresses will be displayed; i.e., the practitioner or institution is currently registered with the Official NYS Prescription Program. Additional OPP shipping addresses will require separate waiver requests and can be initiated at the completion of this waiver request, if needed.

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Waiver Requests

CREATE WAIVER REQUEST

Official NYS Prescription (OPP) Shipping Address

Please choose the OPP Shipping Address for this request. If the OPP Shipping Address is not listed below, please review your search criteria and run another search.

OPP Shipping Address

- 55 Avenue U, Nowhere

[Create Waiver Request](#) [Back to Search](#)

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6. After selecting the OPP shipping address, the “Waiver Request” screen will display (below). On this screen, you will provide additional information required to complete the waiver request: the waiver site address(es), the Rx type(s), reason(s) for the waiver and supporting documentation.

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Waiver Requests

Waiver Request

Unsubmitted

Practitioner Requesting Waiver	
Name:	Doctor John
NYS License Number:	999999
Profession:	Medicine

Official NYS Prescription (OPP) Shipping Address
200 Blue Bird AVENUE, NEW YORK

[Include OPP Shipping Address as a Waiver Site](#)

Waiver Site Addresses

Indicate below the sites that require a waiver.

[Add an address](#)

Waiver Address
42 Ridge Lane, Silkcity Remove

Rx Type (Check all that apply)

- Controlled Substances
- Non-controlled substances

Waiver Reason (Check all that apply)

- Economic Hardship
- Technological Limitations
- Other Exceptional Circumstances

Information to Support Need for Waiver

Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate, and any other pertinent information related to the request.

(Upload supporting documents if necessary)

[Upload Supporting Document](#)

Supporting Document
No files have been uploaded

[Save For Later](#) [Submit Waiver Request](#) [Back To Summary](#)

7. Indicate the waiver site address(es) for this request. If the waiver site is an institution, the waiver site address will default to the OPP shipping address. If the waiver site is a Private Practice, the requestor must indicate if the OPP shipping address should be included as a waiver site by clicking on the link "Include OPP Shipping Address as a Waiver Site". In addition, a practitioner can add waiver site addresses associated with the OPP shipping address, if necessary, by clicking on the link "Add New Address". Enter in the address information and click "Save".

Waiver Requests

New Waiver Site Address

Please enter the address of a site that requires a waiver.

Address Line 1

Address Line 2

City

State

ZIP Code

[Save](#) [Cancel](#)

8. Select the type of prescription for which a waiver is required (check all that apply)
9. Select the reason for the waiver (check all that apply)

Rx Type (Check all that apply)

- Controlled Substances
- Non-controlled substances

Waiver Reason (Check all that apply)

- Economic Hardship
- Technological Limitations
- Other Exceptional Circumstances

10. Provide documentation in support of the need for a waiver by entering the justification in the box provided and/or uploading a supporting document(s) by clicking on the link "Upload Supporting Document".

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Waiver Requests

Upload Supporting Documentation

Acceptable file formats are Adobe PDF document (*.pdf) and image (*.gif, *.jpg, *.jpeg, *.tif, *.tiff, *.png).

Upload File: No file selected.

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11. Verify that all information, including ALL waiver site addresses, is complete and accurate.
12. Select “Submit Waiver Request” at the bottom of the screen if all of the information is complete and accurate. Select “Save for Later” if additional information is required.

Information to Support Need for Waiver

Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate, and any other pertinent information related to the request.

(Upload supporting documents if necessary)

[Upload Supporting Document](#)

Supporting Document

No files have been uploaded

[Save For Later](#)

[Submit Waiver Request](#)

[Back To Summary](#)

13. If all of the requirements to submit a waiver request are checked, click on the button “Attest/Submit Waiver Request”. If one or more of the requirements are unchecked, click on the button “Back to Request Screen” and complete the missing requirements.

Submission of Waiver Request

Practitioner Requesting Waiver

Name:	Doctor John
NYS License Number:	999999
Profession:	Medicine

All items below must be checked in order for your waiver request to be processed. If incomplete, Click "Back to Request Screen" below.
Note: **X** indicates requirement is not completed.

Requirements to Submit a Waiver Request

- ✓ Selected OPP Shipping Address
- ✓ Provided Supporting Documentation
- ✓ Indicated Waiver Site Address(es)

I affirm that I am the practitioner listed above and the statements herein are true and complete.

False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal law.

Attest/Submit Waiver Request

Back To Request Screen

14. Once the request has been submitted, a confirmation message will display on the Waiver Request Summary screen. The waiver request status will be marked as “Under Review”.

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Waiver Requests

Waiver Requests Summary

Your Waiver Request has been Submitted

[Back To Home](#)

Practitioner Requesting Waiver

Name: Doctor John

NYS License Number: 999999

Profession: Medicine

[Edit Contact Information](#)

Contact Information

Name: John X Doe

E-mail: john.Doe@a.com

Phone: 555-555-5555

+ Create Waiver Request for Self

+ Create Waiver Request for Multiple Practitioners

Waivers Requested by Practitioner

Official NYS Prescription (OPP) Shipping Address	Status	Submit Date	Status Change Date	Action
200 Blue Bird AVENUE, NEW YORK	Under review	12/21/2015	12/21/2015	Cancel

Waivers Requested On Practitioner's Behalf

Official NYS Prescription (OPP) Shipping Address	Status	Submit Date	Status Change Date	Requested By
200 Blue Bird AVENUE, NEW YORK	Under review	12/21/2015	12/21/2015	Doctor John

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12/21/2015 13:58

15. Click on “Create Waiver Request for Self” or “Create Waiver Request for Multiple Practitioners” if the requestor needs to request a waiver for another site associated with a different OPP shipping address.
16. The “Waiver Requests Summary” screen will reflect the current status of each waiver request, including approval and denial. Practitioners should monitor the status of each waiver request via the EPW application.