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):

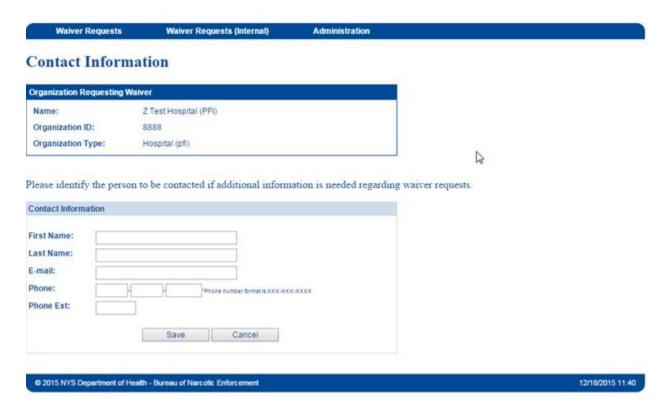
- 1. Log into the HCS at https://commerce.health.state.ny.us
- 2. Under "My Content" click on "All Applications"
- 3. Click on "E"
- 4. Scroll down to Electronic Prescribing Waivers and double click to open the application. You may also click on the "+" sign to add this application under "My Applications"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

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

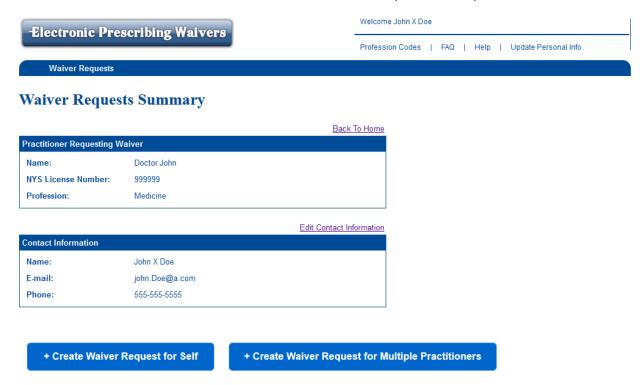
1. Select the practitioner name from the list. If the name appears more than once, select the option that starts with the profession (i.e., Medicine-##### Doe John). If you are affiliated with a medical group practice or institution refer to the appropriate instructions for that requestor type.

Electronic Prescribing Waivers	Waivers	Welcome John X Doe						
Dicectionic i reserroing	Walvers	Profession Codes FAQ Help Update Personal Info						
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							
	Continue							
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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".



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.



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



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.



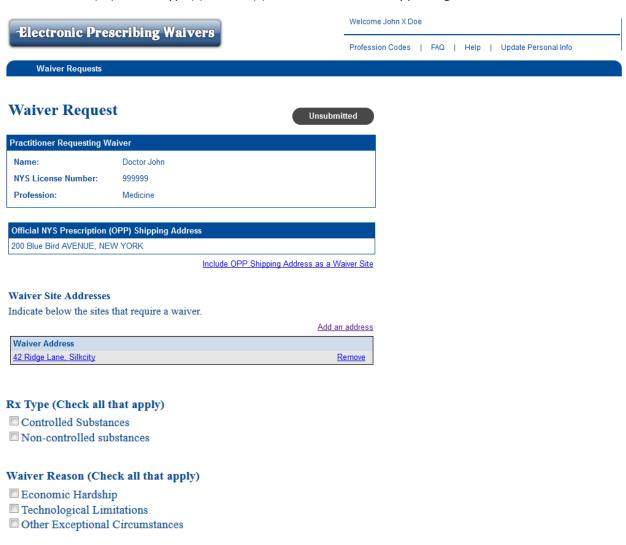
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5. Select the OPP shipping address from the list returned and click "Create Waiver Request". Please note: Only active OPP shipping addresses will be displayed; i.e., the practitioner or institution is currently registered with the Official NYS Prescription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



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.



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.



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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".



- 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".



- 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

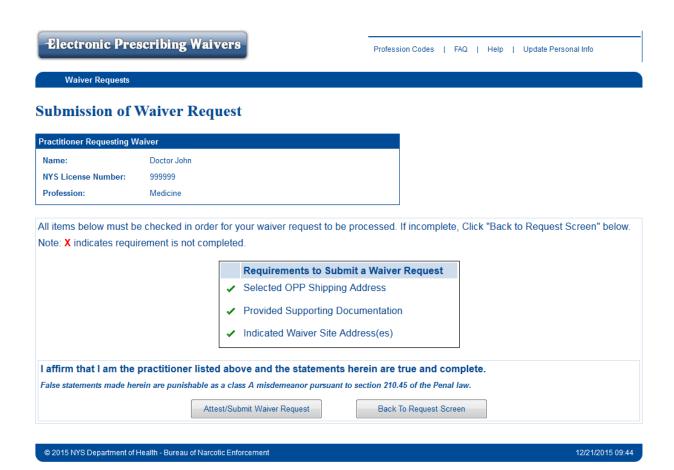
Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected 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)

(Optobal supporting decidations is necessary)	
	Upload Supporting Document
Supporting Document	
No files have been uploaded	
Save For Later Submit Waiver Request	Back To Summary

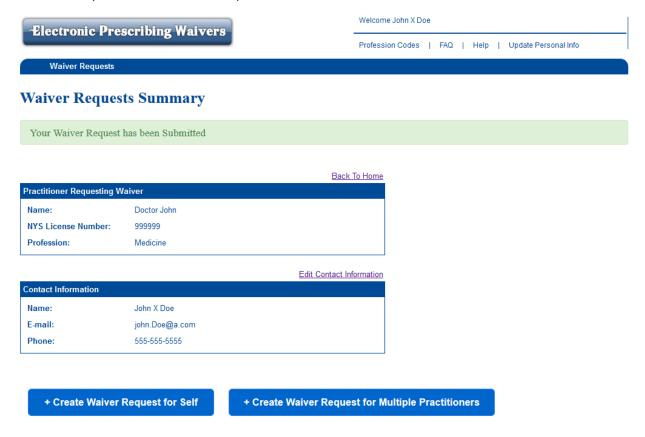
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13. If all of the requirements to submit a waiver request are checked, click on the button "Attest/Submit Waiver Request". If one or more of the requirements are unchecked, click on the button "Back to Request Screen" and complete the missing requirements.



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".



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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- 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.