E-PRESCRIBING MANDATE: WHAT, WHY, AND HOW

Tuesday, November 12, 2019
Anthony Pudlo, PharmD, MBA
Vice President of Professional Affairs
Iowa Pharmacy Association
OBJECTIVES

1. Explain the current landscape of electronic prescribing of controlled and non-controlled substances across the country.
2. Explain the timeline for implementation of electronic prescribing requirements in the state of Iowa.
3. Describe the criteria and the process to petition for exemption from the electronic prescribing requirement.
4. Describe the role of the pharmacist in monitoring the use of electronic prescriptions.
Ken Whittemore, Jr., RPh, MBA
Vice President, Professional & Regulatory Affairs
Surescripts, LLC

Sue Mears, RPh, MBA
Compliance Officer
Iowa Board of Pharmacy
E-PRESCRIBING BASICS
ELECTRONIC PRESCRIPTION ROUTING PROVIDES A SECURE AND RELIABLE COMMUNICATION VEHICLE FOR THE MEDICAL PROFESSIONS

- Adheres to major industry standards such as NCPDP SCRIPT
- Complies with HIPAA and electronic privacy security regulations
UPDATING THE E-PRESCRIBING PROCESS
NCPDP SCRIPT Standard Background

SCRIPT is a standard created to facilitate the transfer of prescription data between pharmacies, prescribers, intermediaries, facilities, and PBM/payers.

• The NCPDP SCRIPT Standard was first published in 1997
• Updated at least annually based on the needs of the industry
• The Medicare Modernization Act (MMA) of 2003 requires that the Secretary of HHS decide which e-prescribing standard will be used for Medicare Part D
• CMS is requiring the industry to move to a new version of NCPDP SCRIPT on January 1, 2020 (V. 2017071)
NCPDP SCRIPT VERSION 2017071
UPDATES
E-PRESCRIBING IN TWO BASIC WAYS

- (1) The incorporation of new or enhanced data segments, elements and codes to existing messages
- (2) The addition of new message types that allow the exchange of information not originally contemplated by NCPDP when it created SCRIPT
NEW NCPDP SCRIPT MESSAGE TYPES

These new SCRIPT messages are considered to be optional at this time, so they will not be implemented by all pharmacy vendors by January 2020.
# What’s Changing in SCRIPT – Patient

<table>
<thead>
<tr>
<th>Topic</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Patient's allergies can be sent via eRx</td>
</tr>
<tr>
<td>Former Name</td>
<td>Patient's Former (e.g. Maiden) name may be included in the eRx</td>
</tr>
<tr>
<td>International Address</td>
<td>XML schema updated to accommodate international addresses</td>
</tr>
<tr>
<td>Non-Humans (pets)</td>
<td>Species can be indicated on eRx, e.g. Canine, Bovine, Feline, etc.</td>
</tr>
<tr>
<td>Primary Language</td>
<td>Patient's preferred language can be indicated if non-English</td>
</tr>
</tbody>
</table>
## What’s Changing in SCRIPT – Prescriber

<table>
<thead>
<tr>
<th>Topic</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certificate to Prescribe</strong></td>
<td>Mid-level practitioner <em>Certificate To Prescribe</em> may be sent in applicable states/jurisdictions</td>
</tr>
<tr>
<td><strong>Prohibit Refill Requests &amp; Follow-Up Prescriber</strong></td>
<td>Prescribers may indicate that they do not want Renewal Requests and also designate an alternate prescriber for follow-up (e.g. Urgent Care, ERs)</td>
</tr>
<tr>
<td><strong>Former Name</strong></td>
<td>Prescriber’s former (e.g. Maiden) name may be included in the eRx</td>
</tr>
<tr>
<td><strong>Prescriber Identifiers</strong></td>
<td>Additional prescriber license numbers may be sent in eRx</td>
</tr>
<tr>
<td><strong>Practice Location Segment</strong></td>
<td>Prescriber’s Practice location may now be sent (e.g., telemedicine)</td>
</tr>
<tr>
<td><strong>Veterinarians</strong></td>
<td>Veterinary prescribers now able to send eRx</td>
</tr>
</tbody>
</table>
### What’s Changing in SCRIPT – Prescription

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1000-Character Sig (!)</strong></td>
<td>The <em>Directions</em> field has been expanded to 1000 characters</td>
</tr>
<tr>
<td>Authorization to Administer</td>
<td>Proactive approval documentation for pharmacist administration of medications (e.g., immunizations)</td>
</tr>
<tr>
<td>Brand Medically Necessary</td>
<td>Updated indicator for Brand Medically Necessary that is compliant with CMS guidelines</td>
</tr>
<tr>
<td>Codified Notes</td>
<td>Standardized messages to patients - such as &quot;Needs Appointment&quot; now sent in codified format</td>
</tr>
<tr>
<td>Compounds (!)</td>
<td>Up to 25 individual ingredients and quantities now available on eRx for compounds</td>
</tr>
<tr>
<td>Delivery</td>
<td>Prescribers may indicate patient preference for delivery</td>
</tr>
</tbody>
</table>

**Prescription Attributes**

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## What’s Changing in SCRIPT – Prescription

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<tr>
<td>Insurance Updates (COO Segment)</td>
<td>Realignment/streamlining of third party payer-related info</td>
</tr>
<tr>
<td>Electronic Follow-Up</td>
<td>Follow-up reminders for pending requests may now be sent electronically</td>
</tr>
<tr>
<td>Home &amp; School Use</td>
<td>Prescribers may indicate multiple prescription vials required for home and school use</td>
</tr>
<tr>
<td>Substance Use</td>
<td>Patient's social history for substance use may now be sent via eRx</td>
</tr>
<tr>
<td>Urgent Rx</td>
<td>Prescribers may request expedited processing for a prescription</td>
</tr>
<tr>
<td>Wound Information</td>
<td>The size of a wound may now be sent to assist pharmacy with appropriate package size selection</td>
</tr>
</tbody>
</table>
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<tr>
<td>Diabetic Testing Supplies</td>
<td>Additional information needed for Medicare billing of diabetic testing supplies now sent on eRx</td>
</tr>
<tr>
<td>Do Not Fill</td>
<td>Prescribers may indicate a prescription should not be filled for cover prescriptions, drug to drug interactions or hold for patient request.</td>
</tr>
<tr>
<td>Flavoring Indicator</td>
<td>Prescribers may proactively authorize medication flavoring</td>
</tr>
<tr>
<td>Office of Pharmacy Affairs ID</td>
<td>Enhanced support for 340B information on eRx</td>
</tr>
<tr>
<td>Order Grouping</td>
<td>Prescriptions may now be grouped together (such as #1 of 3)</td>
</tr>
</tbody>
</table>
A giant leap: The industry adopts a new version of the national e-prescribing standard

by Lisa Schwartz, PharmD, RPh;
and Ken Whittemore, Jr., RPh, MBA

Nov. 1, 2019 (expires Nov. 1, 2022)
Activity Type: Knowledge-based
To earn continuing education credit:

For those interested in more information on the industry’s transition to the new version of NCPDP SCRIPT on January 1, 2020, a pharmacy continuing education article has just been published in the November 2019 issue of the National Community Pharmacists Association’s (NCPA) monthly journal, America’s Pharmacist.
STATE E-PRESCRIBING MANDATES
ELECTRONIC PRESCRIBING REQUIREMENTS EXIST IN 28 STATES—6 ARE ACTIVE AS OF 10/24/2019

Note: CO and MO requirements exclude Schedule V.
EPCS-ENABLED PRESCRIBERS BY MANDATE STATE OVER TIME

Legislation requiring EPCS:
- MN: 01/01/2011
- NY: 03/27/2016
- ME: 07/01/2017
- CT: 01/01/2018
- PA: 10/24/2019
ELECTRONIC PRESCRIBING REQUIREMENTS EXIST IN 28 STATES—11 WILL BE ACTIVE ON 01/01/2020

Note: CO and MO requirements exclude Schedule V.
STATUS OF E-PRESCRIBING IN IOWA
E-PRESCRIBING & EPCS IN IOWA
PHARMACY ENABLEMENT (SEPTEMBER 2019)

- 98.6% of all pharmacies enabled for e-prescribing
- 98.4% of pharmacies enabled for EPCS
- 9 pharmacies are not enabled for e-prescribing & 10 are not enabled for EPCS (total = 621)

Nationwide pharmacy enablement rates: 98.4% & 95.9%
E-PRESCRIBING & EPCS IN IOWA
PRESCRIBER ENABLEMENT (SEPTEMBER 2019)

- 70.1% of all prescribers are enabled for e-prescribing
- 47.6% of e-prescribers are enabled for EPCS
- 3,912 e-prescribers have sent EPCS transactions in last 30 days
- 144,857 EPCS transactions (9.2% of total NewRx)

Nationwide prescriber enablement rates: 76.5% & 41.3%
Electronic transmission of prescriptions
Mandate implementation in Iowa

Sue Mears, RPh, MBA
Board of Pharmacy
2018 Iowa Acts, House File 2377 (a.k.a. the “Opioid bill”)
January 1, 2020 – all prescriptions electronic (controlled and non-controlled substances)

Exceptions:
- LTC, correctional facility, jail patients
- Veterinary prescriptions
- Prescriptions to be filled by a VA pharmacy
- Prescriptions with lengthy/complicated directions (transmission impractical)
- Prescriptions issued for:
  - Devices
  - Compounded medications
  - Public health emergency
  - Non-patient-specific prescription (naloxone/epinephrine/EPT)
  - Collaborative practice agreements/standing orders/research protocol
- Temporary technical failure (prescriber or pharmacy)
- Emergency situations
Iowa Code provides the Board of Pharmacy with authority to grant a temporary exemption to the mandate in certain circumstances.
Petition for temporary exemption

- Deadline to submit petition for temporary exemption: October 18, 2019 (for Board review at November meeting)
- Exemption may not exceed 12 months
- Exemption may be renewed
- Circumstances which may warrant exemption:
  - Economic hardship
  - Technological limitations
  - Exceptional circumstances
Petition information

Date of request: / /  
Duration of exemption requested (no more than 1 year): 

Name of entity seeking exemption: 

NPI# of entity, if applicable:  
Entity business type:  

Address of entity: 

Contact Name:  
Contact Phone #:  

Contact E-mail address: 

If petitioner is a medical group or institution, attach a list of the names, professions, professional license numbers, and (if the petition includes the prescribing of controlled substances) Iowa Uniform Controlled Substances Act (CSA) registration numbers of all prescribers who would be covered by the exemption.

Schedules of substances handled/prescribed/dispensed for which the petitioner is seeking exemption from the electronic transmission requirement (Select all that apply):

☐ 2 Narcotic  ☐ 2 Non-narcotic  ☐ 3 Narcotic  ☐ 3 Non-narcotic  ☐ 4  ☐ 5  ☐ Non-controlled
Petition information

Describe the petitioner’s current capabilities for electronic transmission of prescriptions:

Anticipated date of compliance with electronic transmission requirement: ____________

Identify the reason for seeking this petition:

☐ Economic hardship  ☐ Technological limitations  ☐ Other exceptional circumstances
If for **economic hardship**, submit the following *(all must be included for consideration)*:

- [ ] A copy of the petitioner’s most recent tax return showing annual income
- [ ] At least two quotes documenting the cost of implementing electronic transmission capabilities

**657 IAC 21.9(2) Criteria for board consideration of a petition a.** If the reason for exemption is economic hardship, whether the cost of compliance with the electronic prescription mandate would exceed 5% of the petitioner’s annual income as reported on the petitioner’s most recent tax return.
657 IAC 21.9(2) Criteria for board consideration of a petition
b. If the reason for the exemption is technological limitations, whether the Internet service providers available have the technological capabilities required by the electronic prescribing platform.

NOTE: This does NOT include implementation of E-Rx capabilities within an EHR system!
Exceptional circumstances will be considered on a case-by-case basis by the Board.
If a petitioner needs to seek renewal of a granted exemption, a new petition must be submitted at least 60 days before the expiration of the previously granted exemption.
Administrative penalties

- **Enforcement**
  - Mandate to be enforced by the practitioner’s professional licensing board

- **Penalties**
  - $250 per instance (Rx)
  - Up to $5,000 per calendar year
If a pharmacist receives a prescription via hard copy, fax, or phone, the pharmacist is not required to reject or refuse the prescription simply because it was not electronically transmitted.

The pharmacist MAY (but is not required to) check to see if a practitioner has a valid exemption.

The pharmacist MAY (but is not required to) provide information to a practitioner’s professional licensing board if they believe the practitioner is in violation of the mandate.
Are prescriptions/refills issued prior to January 1, 2020 still valid and able to be filled after January 1, 2020?
  ❑ Yes

Are providers providing inpatient hospital care required to submit orders to the hospital pharmacy through electronic transmission?
  ❑ No

Are hospital / LTC discharge prescriptions exempted?
  ❑ No

Are hospice prescriptions exempted?
  ❑ Yes, if the patient is residing in an inpatient facility
  ❑ No, if the patient is in the ambulatory (home) setting
What constitutes an “emergency situation”?

- 657–21.8(1) includes: “An emergency situation may include, but is not limited to, the issuance of a prescription to meet the immediate care need of a patient after hours when a prescriber is unable to access electronic prescribing capabilities. Such prescription shall be limited to a quantity sufficient to meet the acute need of the patient with no authorized refills.”
Resources

pharmacy.iowa.gov/misc/electronic-prescribing-mandate

Information available on the Board’s website:

• Links to Iowa Code sections
• Links to Administrative Rules
• Link to petition application
  • E-Rx systems vendors
• FAQs for prescribers and pharmacies
Questions not answered today or in Board resources online, contact:

For questions relating to petition requests:

Amanda Woltz, Administrative Assistant
Amanda.woltz@iowa.gov

For questions relating to rules:

Sue Mears, Compliance Officer
Sue.mears@iowa.gov
QUESTIONS
See You Next Month!

LICENSETRAK: YOUR PARTNER WITH LICENSE RENEWALS

Tuesday, December 10, 2019

Questions? Contact IPA at IPA@iarx.org or 515-270-0713