Electronic Prescriptions for Controlled Substances (EPCS) Guidance

Kansas and federal law permit pharmacies to receive, dispense, and archive all electronic prescriptions including those for controlled substances.

Q. Is the use of electronic prescriptions mandatory?

A. No, the regulations do not mandate that practitioners prescribe controlled substances using only electronic prescriptions. Prescribers may still write and manually sign prescriptions for schedule II, III, IV, and V controlled substances. Oral and hardcopy prescriptions remain valid for III, IV and V controlled substances.

Q. When can a pharmacy start processing electronic prescriptions for controlled substances?

A. A pharmacy will be able to process electronic controlled substance prescriptions when their pharmacy software complies with the federal rule. This means that the pharmacy software vendor must have hired a qualified third party to audit the software and they have received a certificate indicating that the software is in compliance with all federal requirements. The software vendor must provide a copy of the report/certificate to the pharmacy.

Q. Is there a list of pharmacy vendors that have received their certificate?

A. Yes, currently the following vendors have been approved: AdvanceNet Health Solutions; Best Computer Systems; CarePoint; Cerner Etreby; Computer-Rx; Creehan & Company; CVS/caremark mail; CVS/pharmacy; CVS/Specialty; Digital Business Solutions; ExcelleRx; Express Scripts Home Delivery; FrameworkLTC by SoftWriters; Foundation Systems; H E B Pharmacy; Health Business Systems; Humana Pharmacy; Injured Workers Pharmacy; KeyCentrix; Kroger; Lagniappe Pharmacy Services (Alpha, InteRx, OpusRx, PPC, Rx-1, Synercom, Visual); Liberty Software; McKesson Pharmacy Systems (Condor, EnterpriseRx, PharmacyRx, Pharmaserv, Zadall); MDScripts; Micro Merchant Systems; Omnicare; OptumRx; Pd-Rx Pharmaceuticals; PDX; Pharmacy Systems, Inc; Pharmerica; PioneerRx; Prodigy Data Systems; QS/1 Data Systems; Rite Aid; RNA-Helix; ScriptPro USA; SRS Pharmacy; SuiteRx; SuperValu; Thrifty White Pharmacy; Transaction Data Systems; VIP Computer Systems; Walgreens; and Walmart. This list may change periodically as vendors receive their certificates.

Q. What should I do if my software has been certified but it isn't operating?

A. You may need to contact your vendor and ask them to enable your eprescribing functionality if it isn't operating.

Q. Can a practitioner print a copy of an electronic prescription for a controlled substance?

A. Yes, the practitioner may print copies of the transmitted prescription but they must be clearly labeled, "Copy only – not valid for dispensing." The data may be copied for medical records or printed for the patient if the copy states that it is for informational purposes only and not for dispensing. The copies must be printed after the transmission to the pharmacy. If a prescription

is printed prior to an attempted transmission, the electronic prescription software must not allow it to be transmitted.

Q. Will a practitioner be allowed to simultaneously issue multiple prescriptions for multiple patients with a single signature?

A. A practitioner is not permitted to issue prescriptions for multiple patients with a single signature. A practitioner is allowed to sign multiple prescriptions for a single patient at one time.

Q. What are the requirements for the issuance of multiple prescriptions for schedule II controlled substances?

A. Each prescription issued is for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. The individual practitioner must provide written instructions on each prescription indicating the earliest date on which a pharmacy can fill each prescription. There is no limit on the amount of controlled substances a practitioner can legitimately prescribe. However, if a practitioner issues multiple schedule II prescriptions for the same drug on the same date, he/she is limited to the combined effect of allowing a patient to receive, over time, up to a 90-day supply of a particular schedule II controlled substance. It is up to the practitioner to determine how many separate prescriptions are to be filled sequentially so long as the combined effect is no more than a 90-day supply.

Q. What changes may a pharmacist make to an electronic prescription written for a controlled substance in schedule III-V?

A. The pharmacist may add or change the patient's address upon verification. The pharmacist may add or change the dosage form, drug strength, drug quantity, directions for use, or issue date only after consultation with and agreement of the prescriber. Such consultations and changes should be noted by the pharmacist on the prescription. The pharmacist is never permitted to make changes to the patient's name, controlled substance prescribed (except for generic substitution permitted by state law) or the prescriber's signature.

Q. What changes may a pharmacist make to an electronic prescription written for a controlled substance in schedule II?

A. A pharmacist may make a change to a schedule II electronic prescription after oral consultation with the prescriber. When information is missing or needs to be changed to a schedule II the DEA expects pharmacists to use their professional judgment and knowledge to decide whether it is appropriate to make changes to the prescription.

Q. Once an electronic prescription is signed must it be transmitted to the pharmacy immediately?

A. No, signing and transmitting are two distinct actions. The electronic prescription should be transmitted as soon as possible after signing, however, it is understood that practitioners may prefer to sign prescriptions before office staff add pharmacy or insurance information, therefore, DEA is not requiring that transmission of the prescription occur simultaneously with signing the prescription.

Q. Are electronic prescription records required to be backed-up, and if so, how often?

A. Yes, pharmacy software vendors must back up files daily. Also, although it is not required, DEA recommends as a best practice that pharmacies store their back-up copies at another location to prevent the loss of records in the event of natural disasters, fires, or system failures.

Q. What should a pharmacist do if he receives a paper or oral prescription that was originally transmitted electronically to the pharmacy?

A. The pharmacist must check the pharmacy records to ensure that the electronic version was not received and the prescription dispensed. If both prescriptions were received, the pharmacist must mark one as void.

Q. What should the pharmacist do if he receives a paper or oral prescription that indicates that it was originally transmitted electronically to another pharmacy?

A. The pharmacist must check with the other pharmacy to determine whether the prescription was received and dispensed. If the pharmacy that received the original prescription had not dispensed the prescription, that pharmacy must mark the electronic version as void or canceled. If the pharmacy that received the original prescription dispensed the prescription, the pharmacy with the paper version must not dispense the paper prescription and must mark the prescription as void.

Q. What are the requirements regarding the storage of electronic prescription records?

A. Once a prescription is created electronically, all records of the prescription must be retained electronically. Electronic prescriptions are canceled electronically so the prescription should not be printed for the purpose of cancelation. As is the case with paper prescription records, electronic records must be kept for a minimum period of five years.

Q. If transmission of an electronic prescription fails, may the system convert the electronic prescription to another form (e.g. facsimile) for transmission?

A. No, the electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form. If an intermediary cannot transmit the electronic data file of a controlled substance prescription to the pharmacy, the intermediary must notify the practitioner. Under such circumstances, if the prescription is for a Schedule III, IV, or V controlled substance, the practitioner can print the prescription, manually sign it, and fax the prescription directly to the pharmacy. This prescription must indicate that it was originally transmitted to, and provide the name of, a specific pharmacy, the date and time of transmission, and the fact that the electronic transmission failed.

Q. What are the restrictions regarding alteration of a prescription during transmission?

A. The DEA required contents of a prescription must not be altered during transmission between the practitioner and the pharmacy. However, this requirement only applies to the content (not the electronic format used to transmit the prescription). This requirement applies to actions by intermediaries. It does not apply to changes that occur after receipt at the pharmacy. Changes

made by the pharmacy are governed by the same laws and regulations that apply to paper prescriptions.

Q. Is a person who administers logical access controls required to report security incidents?

A. Yes, the application is required to run an internal audit for potential security incidents daily, and generate a report of such incidents. If the application generates a report and, upon investigation, the person(s) designated to administer logical access controls for the pharmacy determines that the issuance or records of controlled substance prescriptions has been compromised or could have been compromised, it must be reported to the application provider and DEA within one business day. In general, the security incidents that should be reported are those that represent successful attacks on the application or other incidents in which someone gains unauthorized access.