Electronic Prescribing of Controlled Substances
WHAT AND WHY FOR PRESCRIBERS – DRAFT (11/14/2018)

Introduction

In August 2017, Governor Dayton requested the Minnesota e-Health Initiative to provide recommendations for how to best use e-health strategies to ease the opioid epidemic. The recommendations delivered in December of 2017 are extensive, reflecting the multi-faceted complexity of this epidemic. One key recommendation was to increase electronic prescribing of controlled substances (EPCS) through statewide education, technical assistance, and funding. EPCS is an important tool for patient safety, streamlining documentation, and minimizing diversion of paper scripts.

Minnesota’s pharmacies are almost universally enabled for EPCS, meaning that their electronic systems have the appropriate technical updates required by the Drug Enforcement Administration (DEA) needed to receive electronic prescriptions for controlled substances. However, only 31% of prescribers are enabled and 34% of controlled substances are prescribed electronically. Therefore, the Minnesota e-Health Initiative is engaging prescribers to:

- Understand the benefits of and need for EPCS,
- Clarify state and national laws relating to EPCS,
- Make sure they have appropriate information on technical requirements, and
- Identify prescribers’ barriers to EPCS and support needed for implementation.

About EPCS

Electronic prescribing (e-prescribing) is the computer-to-computer transfer of prescription data between pharmacies, prescribers, and payers/pharmacy benefit managers (PBMs). It is not the use of an email or a facsimile (fax) transaction; rather, it encompasses a set of standard data transactions to route prescription information.

In 2012, the U.S. Drug Enforcement Administration (DEA) published revised regulations to allow EPCS (Schedule II, III, IV, V) on a federal level in 2010. These revised regulations address identity proofing using two-factor authentication credentials (prescribers) and an application/information system or technology reviewed and certified that it complies with the DEA’s requirements (prescribers and dispensers).
EPCS is allowed and required in Minnesota

Minnesota Statutes, Section 152.11, was revised in 2012 to allow controlled substances to be electronically prescribed in accordance with applicable federal rules.

The Minnesota e-prescribing mandate (Minnesota Statutes, Section 62J.497), requires the e-prescribing of all prescriptions, unless expressly prohibited by other sections of state law or federal law. This mandate applies to controlled substances. There currently is no penalty for not complying with the e-prescribing mandate.

The following practitioners are allowed to prescribe controlled substances within the course and scope of professional practice and required to use EPCS.

- Physicians, advanced practice registered nurses, dentists, and podiatrists who have a current DEA registration.
- Physician assistants who have delegated authority to prescribe controlled substances and who have a current DEA registration
- Optometrists who have a current DEA registration and as allowed by Minnesota Statutes, Section 148.56.

Veterinarians who have a current DEA registration are allowed to prescribe controlled substances within the scope and course of professional practice. However, they are not required to use EPCS.

Pharmacists (defined in statute as dispensers) are required to comply with the e-prescribing mandate, which includes EPCS.

Benefits of EPCS

- **Patient experience.** Medications are filled faster when sent electronically to the pharmacy instead of manually printing, signing and delivering. All medications, both controlled and non-controlled, can go to the pharmacy at the same time in the same manner.
- **Avoids medication transcribing errors.** Prescriptions do not need to be retyped by the pharmacy staff, the prescription information will appear as ordered in the prescriber’s EHR.
- **Reduced nursing time.** Nurses don’t need to gather and prepare paper prescriptions for the patient to pick up, and office staff don’t need to obtain signatures and manage paperwork of controlled substance pick up.
- **Reduced forgeries.** Sending electronically eliminates ability to forge a prescription and limits exposure of the prescriber’s DEA number to the community.
- **Dedicated transmission.** For those patients with a controlled substance agreement (e.g. pain management contract), the prescriber can be sure the prescription will only go to the patient’s documented and identified pharmacy.
- **After hours ordering.** Prescribers can send controlled substance prescriptions electronically from anywhere the provider is with their own computer to the pharmacy.
Out of state prescriptions

Minnesota prescribers can send EPCS scripts to an out-of-state pharmacy. EPCS is legal in all 50 states and the District of Columbia.

Minnesota pharmacies may legally fill or refill prescriptions from prescribers practicing in any state. If the prescription is for a controlled substance in Schedule II, III, IV or V, the practitioner must be licensed to prescribe controlled substances by the state in which the prescription is issued and have a current federal DEA registration number.

Technical and workflow requirements for EPCS

There are four fundamental steps to enabling EPCS. These are described in greater detail at www.getEPCS.com.

1. Use of an EHR system that has been certified and approved for EPCS.
2. Identity proofing for prescribers.
3. Establish two-factor authentication.
4. Set software access.

Prescribers that do not use an EHR system will need to adopt an EHR system or an e-prescribing system in order to comply with state statute and use EPCS.

More information on identity proofing with two-factor authentication is available at the DEA’s EPCS page.

Call to action

The 2018 Minnesota Legislature did not appropriate funding resources to support the Initiative’s EPCS recommendations to Governor Dayton. Nevertheless, the Initiative recognizes that this outreach is an important step to ensure that Minnesota’s prescribers are aware of the issue, can take steps toward EPCS enablement, and provide feedback on barriers and resource needs. The Legislature is expected to consider related bills in 2019 and beyond. CMS will require EPCS by January 2021. The time has come for Minnesota’s prescribers to do the right thing and use EPCS. This document is a first step in raising awareness and improving compliance. Additional information will be forthcoming, as will requests for feedback from prescribers.
Resources

United States Drug Enforcement Administration (DEA), Diversion Control Division

- Information on the EPCS rule
- EPCS FAQ for practitioners

Get EPCS web site

H.R. 6, Support for Patients and Communities Act, summary and full text links (CMS Part D requirement for EPCS)

Minnesota statute relating to EPCS (Section 152.11)

Minnesota statute relating to electronic prescribing (Section 62J.497, Subdivision 3)

NCPDP web site

Recommendations to Gov. Dayton

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http://www.health.state.mn.us/e-health/index.html

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