

Electronic Prescribing of Controlled Substances

WHAT AND WHY FOR PRESCRIBERS

Introduction

In August 2017, Governor Dayton requested the Minnesota e-Health Initiative provide recommendations for how to best use e-health strategies to ease the opioid epidemic. The recommendations delivered in December 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 improving 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 U.S. Drug Enforcement Administration (DEA) needed to receive electronic prescriptions for controlled substances. However, only 32% of Minnesota 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.
- Identify prescribers' barriers to EPCS and support needed for implementation.

- *EPCS is legal in Minnesota and required by law. CMS will require EPCS for Medicare Part D by 2021.*
- *EPCS helps address prescription abuse and diversion and improves the patient experience.*
- *96% of Minnesota's pharmacies are enabled for EPCS, but just 32% of prescribers are enabled.*

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 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 (for prescribers) and an application/information system or technology that is reviewed and certified as compliant with the DEA's requirements (for prescribers and pharmacies).

EPCS is required in Minnesota

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. Minnesota Statutes, Section 152.11, was revised in 2012 to allow controlled substances to be electronically prescribed in accordance with applicable federal rules. Mandated e-prescribing applies to all controlled substances in Minnesota. 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 are 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 as allowed by Minnesota Statutes, Section 148.56.

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

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.

Benefits of EPCS

- **Improved 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.
- **Avoid medication transcribing errors.** Prescriptions do not need to be retyped by the pharmacy staff, and prescription information will appear as ordered in the prescriber's electronic health record (EHR).
- **Improved and simplified workflows.** EPCS allows for a single workflow for any prescription, so staff no longer need to juggle different procedures. Paperwork and the need to gather signatures are dramatically reduced.
- **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 to the pharmacy from anywhere they can access their EHR.

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

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 to use EPCS.

More information on identity proofing with two-factor authentication is available at the DEA's [EPCS page](#).

Impact in other states

All states are dealing with these same issues, and some have taken strong legislative measures to require EPCS, including enforcing disciplinary actions. Four states (MN, NY, ME, CT) currently have mandates for EPCS. Another eight have EPCS mandates with future deadlines, and ten states have pending legislation.

The four states with current EPCS mandates have seen dramatic increases in prescriber enablement and percent of controlled substances that are electronically prescribed. Figure 1 shows a summary of these policies and EPCS impact.

Figure 1: EPCS prescriber enablement and script activity among states with current EPCS mandates

State	Policy	Percent Prescriber enablement (2018)	Percent of CS prescribed electronically (2017)
NY	EPCS mandate, effective March 2016	77%	94%
ME	EP mandate for opioids, effective July 2017	69%	41%
CT	EPCS mandate, effective January 2018	60%	11%
MN	EPCS mandate, effective January 2012 for controlled substances (no enforcement mechanism)	32%	34%
Nationwide		31%	19%

Source: Surescripts 2017-18

Penalties for non-compliance apply in New York, Maine and Connecticut. New York's non-compliance penalty includes the possibility of fines, loss of license, and potentially detention. Maine and Connecticut use professional discipline. All three states allow for exceptions and waivers to accommodate technical and financial barriers, but also require prescribers and dispensers to make progress toward compliance. Evidence of the impact of these policies is new and emerging. In New York, there has been a 98% reduction in doctor shopping in the state and 70% reduction in prescription pad theft and loss.¹

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 can provide feedback on barriers and resource needs. The Legislature is expected to consider related bills in 2019 and beyond, and CMS will require EPCS for Part D beneficiaries by January 2021. The time has come for Minnesota's prescribers to take action 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.

¹ eHealth Initiative, eHI Explains web page, <https://www.ehidc.org/resources/ehi-explains-epcs>. October 2, 2018.

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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<https://www.health.state.mn.us/facilities/ehealth/index.html>

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