Another Look at HB 2075
EPCS Mandates and Requirements
EPCS Click for Control Campaign - Shared Commitment

This presentation is provided through a shared commitment between Health Current, Arizona Health Care Cost Containment System (AHCCCS), Arizona Department of Health Services (ADHS) and the Arizona Board of Pharmacy to manage and coordinate the statewide EPCS Click for Control Education Campaign.
Overview

• Review of Mandates and Responsibilities Review
  • Medical Practitioner
  • Pharmacist
  • Medical Practitioner & Pharmacist
  • Physician Assistant (PA)
• Controlled Substance Prescription Monitoring Program (CSPMP)
• EPCS Statistics
• EPCS Benefits for Prescriber, Pharmacy, and Patient
• Click for Control Campaign Resources
Medical Practitioner
Mandates and Responsibilities
Medical Practitioner Limits & Requirements

• Beginning January 1, 2020, each prescription order, that is issued by a medical practitioner for a schedule II-controlled substance that is an opioid must be transmitted electronically to the dispensing pharmacy.
Medical Practitioner Limits & Requirements

Beginning January 1, 2020, each prescription order must:

• Bear the name, address and federal registration number of the prescriber

• Contain only one drug per order (Hospital inpatient order may contain multiple drugs)
Medical Practitioner Limits & Requirements

- Initial schedule II-controlled substance prescription limited to a 5-day supply except:
  - Fourteen-day supply limit following surgical procedure
  - Oncology diagnosis situations
  - Traumatic injury pain management

HB2075 36-2525
Medical Practitioner Limits & Requirements

• Initial schedule II-controlled substance prescription limited to a 5-day supply except:
  • Hospice patient and end-of-life situations
  • Palliative and/or skilled nursing facility patient
  • Burn or MAT treatment patient
  • Infant being weaned off opioids

HB2075 36-2525
Pharmacist
Mandates and Responsibilities
Pharmacist Limits & Requirements

• If authorized verbally by the prescriber:

  • Pharmacist may correct errors/omissions on written or EPCS orders:
    • Date issued
    • Strength
    • Dosage form
    • Quantity
    • Use directions
Pharmacist Limits & Requirements

• If authorized verbally by the prescriber:
  • Pharmacist must document changes made:
    • Time/date prescriber granted authorization to correct order
    • On original order
Pharmacist Limits & Requirements

NOT covered in this presentation, prescription orders:

• To be compounded for administration by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion

• Long-term care facility residents, hospice care

• Controlled substances dispensed to consumers

• Veterinary prescribing and dispensing

HB2075 36-2525
Medical Practitioner & Pharmacist
Mandates and Responsibilities
Pharmacist Limits & Requirements

• Schedule II-controlled substances:
  • Dispensed only with electronic order
  • May not be dispensed more than ninety days after date of prescription order
  • May not be refilled
Medical Practitioner & Pharmacist Requirements

Written schedule II-controlled substance prescription:

• Medical practitioner may write - Pharmacist may dispense when:

  • Electronic prescribing system is not operational
  • Pharmacy management system is not operational
  • Both must maintain record of when system(s) were not operational or available
Medical Practitioner & Pharmacist Requirements

Emergency situations:
Emergency quantities of schedule II-controlled substances may be orally ordered and dispensed.

- Pharmacist must transcribe oral prescription order containing all required information except medical practitioner manual signature.
Prescriber and Pharmacist Limits & Requirements

• Schedule II-controlled substances:
  
  • May not be dispensed more than ninety days after date of prescription order

  • May not be refilled

HB2075 36-2525
Prescriber & Pharmacist Requirements

Emergency situations:

• Emergency quantities of schedule II-controlled substances may be orally ordered and dispensed

• Prescriber must deliver written or electronically prepared order to dispensing pharmacist within 7 days

HB2075 36-2525
Medical Practitioner & Pharmacist Requirements

Written schedule II-controlled substance prescription:

• Medical practitioner may write - Pharmacist may dispense when:

  • Prescription orders for Federal:
    • VA facility, military base health facility, Indian Health Services hospital or other Indian Health Services facility or tribal-owned clinic patients

HB2075 36-2525
Physician Assistant (PA)
Mandates and Responsibilities
Physician Assistant Limits & Requirements

Physician Assistant certified for:

- Thirty-day prescription privileges for schedule II, III, IV & V controlled substances that are opioids or benzodiazepine

- Ninety-day prescription privileges for schedule II, III, IV & V controlled substances that are not opioids or benzodiazepine

HB2075 32-2504
Physician Assistant Limits & Requirements

Physician Assistant shall NOT prescribe, dispense or administer:

- Schedule IV or V controlled substance more than 5 times in a six-month period for each patient.
- Schedule III-controlled substance that is an opioid or benzodiazepine that is refillable without written consent of supervising physician.
- Prescription-only drugs for a period exceeding one year.
Physician Assistant Limits & Requirements

Physician Assistant shall NOT prescribe, dispense or administer:

• Schedule II, III, IV & V controlled substances **without** delegation by supervising physician, board approval and US DEA registration

• Prescription-only medication without delegation by supervising physician

• Prescription medication intended to perform or induce an abortion

HB2075 32-2532
Physician Assistant Limits & Requirements

Physician Assistant MUST:

• Maintain up-to-date and complete log of all schedule II and III controlled substances the physician assistant administers or dispenses.

• See HB2075 Section 32-2532 for Emergency situations, MAT and dispensing guideline/mandates
Physician Assistant Limits & Requirements

All physician assistant prescription orders must contain:

• Physician assistant’s name, address and phone number

• Physician assistant’s US DEA registration number

HB2075 32-2532
Physician Assistant Limits & Requirements

Physician Assistant must have either:

- Completed 45 hours in pharmacology or clinical management of drug therapy within preceding 3 years
- Or, is certified by a national commission of physician assistants
- And, meet other requirements established by Board rule
EPCS Statistics

Arizona and Nation
Opioid Rx Rates Decline – EPCS Increased 36%

Source: Surescripts.com
EPCS Legislation on the Move

• With 13 states enacting EPCS requirements in 2019 more than half of all states require e-prescribing for opioids, all controlled substances or all prescriptions

• Expect further advances spurred by the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

• SUPPORT requires controlled substance prescriptions covered under Medicare Part D be transmitted electronically as of January 1, 2021.
As of July 2020: Arizona ranks 4\textsuperscript{th} in the Nation for EPCS Prescriber Readiness

Source: Surescripts - https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/
# How Does Arizona Compare for EPCS?

## National vs Arizona for EPCS (July 2020 data)

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<thead>
<tr>
<th></th>
<th>National</th>
<th>Arizona</th>
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<tbody>
<tr>
<td>Pharmacies EPCS Enabled</td>
<td>96%</td>
<td>99%</td>
</tr>
<tr>
<td>Prescribers EPCS Enabled</td>
<td>52% 55%</td>
<td>72% 74%</td>
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</tbody>
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**Virtually ALL Arizona Pharmacies Enabled**

**Arizona Prescribers:** 20%–19% AHEAD of national numbers
ePrescribing Benefits
Prescriber, Pharmacy and Patient
Benefits of e-Prescribing both Controlled and Non-controlled Substances

- Instant notification of allergies, drug interactions, duplicate therapies
- Prevent prescription drug errors
- Easily prescribe controlled
- Monitor controlled substance prescriptions
- Reconcile medication history quickly
- Meet meaningful use requirements
Benefits of e-Prescribing both Controlled and Non-controlled Substances

• Easily track prescription fulfillment
• Reduce lost prescriptions
• Spend less time on prescription refill requests
• Pharmacy and practice employees spend less time calling to verify orders
• Easily prescribe medications that are covered by insurance
• Reduce readmission risk
Controlled Substance Prescription Monitoring Program (CSPMP)
Controlled Substance Prescription Monitoring Program (CSPMP)

What is a CSPMP?
CSPMPs are state run databases that collect patient-specific prescription information at the time of dispensing from a pharmacy.

What is the purpose of a CSPMP?
Improve clinical decision-making, reduce doctor shopping, decrease inappropriate prescribing, reduce diversion of controlled substances, and assist in other efforts to curb the prescription drug abuse epidemic.

Beginning October 16, 2017, Arizona prescribers are required to access information from the Arizona CSPMP before a prescription for an opioid analgesic or benzodiazepine-controlled substance is generated.
Controlled Substance Prescription Monitoring Program (CSPMP)

Arizona Revised Statute (A.R.S.) § 36-2606 (link is external) requires each medical practitioner licensed under Title 32, who possesses a DEA license to:

- Review preceding 12 months of a patient’s CSPMP record before prescribing an opioid analgesic or benzodiazepine-controlled substance listed in schedule II, III or IV.

- Exceptions to reviewing a patient record are described in A.R.S. § 36-2606 (link is external). Medical residents may register using the hospital DEA number and appropriate suffix. Prescribers must register here (link is external).

For more CSPMP information, registration and training Click Here https://pharmacypmp.az.gov/
Controlled Substance Prescription Monitoring Program (CSPMP)

Ways to connect

1. Prescriber must first register with Board of Pharmacy.

2. Three options to comply:
   a) **Access via the Board of Pharmacy Website**
      - Manual log-in of prescriber, license & patient name; available now
      - [https://arizona.pmpaware.net/login](https://arizona.pmpaware.net/login)
   b) **Access via an Electronic Health Record (EHR)**
      - Providers should check with vendor on availability, timing & costs.
      - [https://pharmacypmp.az.gov/integration-interest-form](https://pharmacypmp.az.gov/integration-interest-form)
   c) **Access via Health Current**
      - First need to be HIE participant; then need to be connected to HIE portal.

**Additional Information** - Please check the Health Current website Info Center for additional CSPMP information under CSPMP Mandate (RX Monitoring): [https://healthcurrent.org/information-center/rx-monitoring-pmp/](https://healthcurrent.org/information-center/rx-monitoring-pmp/)
Continuous Medical Education
Free On-line Opportunity
Free Continuous Medical Education – CME Opportunity

Arizona Opioid Prescriber Education Program
FREE online training on opioid laws, prescribing guidelines, and Medication Assisted Treatment

AzRxEd.org
Click for Control Campaign
Click for Control Campaign: Resources

• EPCS Resource Development
  – Health Current website – eRx and EPCS webpages, webinar registration  
    https://healthcurrent.org/information-center/controlled-substances/
  – Fact Sheets (basics to get started, FAQs, etc.)
  – Future/Up-Coming Webinars and Presentations
  – Newsletter and Articles
  – Slides (to add to any scheduled presentation)

• Additional Support
  – Phone based assistance
  – Email communication
**Click for Control Campaign: Fact Sheets & Flyers**

**Electronic Prescribing of Controlled Substance (EPCS)**

**Click for Control**

An Arizona Campaign to Increase the E-Prescribing of Controlled Substances

The widespread use of controlled substance EPCS may improve patient safety, reduce theft and promote workflow in addition to reducing fraud and prescribing errors. In addition, EPCS will allow a state prescription for all pharmacies to be transmitted electronically to the pharmacy where it is dispensed.

Visit Click for Control Arizona for more information and resources.

**Benefits of EPCS**

- Improved prescribing workflow
- EPCS allows for controlled and consistent workflow and access control
- Helps reduce errors and increase patient safety
- Reduces drug diversion and crime

**EPCS Steps for Prescribers**

1. Register your EHR as a prescribing vendor and ask if they are EPCS-certified
   - Ask your EHR vendor to:
     - eRx implementation
     - Pharmacy benefits

2. Once your EHR is approved, you will need to add EPCS to your system.

**EHR Vendor Cost Sheet**

**Costs associated with basic e-prescribing**

Both basic e-prescribing and EPCS typically feature within electronic health record (EHR) software. Virtually all EHRs include basic e-prescribing. EPCS is often an add-on that prescribers can request. For many EHRs, basic e-prescribing is included in the price of the software. Others charge annual fees ranging from $100 per prescriber to as much as $1,200 per provider, with the majority falling somewhere in the middle.

**Costs associated with EPCS**

EPCS systems must meet stringent Drug Enforcement Administration (DEA) requirements for credentialing, software certification and dual factor authentication. To cover those costs many EHR vendors have imposed fees, which vary widely by product and vendor. Often, basic e-prescribing is included in the EHR without a specific investment fee. EPCS sometimes follows the same model, although a surcharge is common. In some cases, the authentication token needed for EPCS is included in the surcharge; otherwise, it is priced separately. The following...
# EPCS Click for Control Campaign 2020 Events

**September 2020 thru December 2020**

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>Wednesday, Sept. 9, 2020</td>
<td>12:00 - 1:00 PM</td>
<td>Webinar: Another Look at HB 2075 EPCS Mandates and Requirements</td>
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<tr>
<td>Wednesday, Oct. 7, 2020</td>
<td>12:00 - 1:00 PM</td>
<td>Webinar: Benefits of Electronically Prescribing BOTH Legend Drugs and Controlled Substances</td>
</tr>
<tr>
<td>Thurs., Nov. 12, 2020</td>
<td>12:00 - 1:00 PM</td>
<td>Webinar: Controlled Substance Prescription Monitoring Program (CSPMP): Review of Benefits and Requirements</td>
</tr>
<tr>
<td>Wednesday, Dec. 9, 2020</td>
<td>12:00 - 1:00 PM</td>
<td>Webinar: Click for Control Campaign 2020 Events in Review</td>
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Register Here
2020 EPCS *Click for Control* Campaign Webinar Series

This webinar has been presented to educate and help Arizona prescribers and practices navigate the adoption of EPCS. Attendees are encouraged to review and interpret legislation and mandates based upon their specific situations and needs.
Contact Information

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Director of Programs, Health Current

For EPCS information or assistance contract:
  erx@healthcurrent.org or call 602-688-7210 (office)
    480-309-4529 (cell)

For information about joining Health Current contact:
  recruitment@healthcurrent.org or call 602-688-7200

Visit the Health Current website at: www.healthcurrent.org
Additional Information and Resources
References

Arizona House Bill 2369 (HB2369)

National House Bill HR 3528 Every Prescription Conveyed Securely Act
https://www.congress.gov/bill/115th-congress/house-bill/3528?q=%7B%22search%22%3A%5B%22hr+3528%5D%7D&r=1

Arizona Opioid Epidemic Act: Bill text and Policy primer

HB 2075, Extended deadline for Schedule II opioids to January 1, 2020 for all Arizona Prescribers More information on HB 2075 is available here.
HB 2075 Regulations & Mandates Basics

• HB 2075 – Extended the EPCS Deadline for prescribing Schedule II opioid to January 1, 2020 for all Arizona
  • Removed cumbersome waiver process
  • Specified Schedule II controlled substances requirements for compounding (for direct administration), for long-term care facility residents, for hospice care patients
  • Clarified special circumstance and procedure for prescribing/dispensing during electronic system non-operational/unavailable situations
  • Confirmed Veterinarians are not required to EPCS until State Veterinary Medical Examining Board determines EPCS software is “widely” available

More information on HB 2075 is available here. Information on Health Current’s 2020 Click for Control campaign is available here.