Electronic Prescribing of Controlled Substance (EPCS)

Click for Control

Written & Electronically Transmitted Prescription 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

• Permissible Handwritten Schedule II Opioid Prescription Situations & Record Keeping Requirements

• CSPMP Mandate and Access

• Click for Control Campaign Resources
Medical Practitioner 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
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 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
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

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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

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Medical Practitioner & Pharmacist Responsibilities
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

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Medical Practitioner & Pharmacist Requirements

Emergency situations:

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

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

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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
Arizona vs. National Landscape
Where is Arizona Today?
Surescripts 2018 National Progress Report

Arizona jumped from 22nd to 11th place in 2018
the largest rise in the country!

99% pharmacy enablement for EPCS in 2018 – 98% in 2017 (+ 1%)
47% prescriber enablement for EPCS in 2018 – 12% in 2017 (+35%)
24% EPCS in 2018 – 14% in 2017 (+10%)

Surescripts 2018 National Report
As of October 2019: Arizona ranked 4th in the Nation for EPCS Prescriber Readiness
How Does Arizona Compare for EPCS?

National vs Arizona for EPCS (October 2019 data)

<table>
<thead>
<tr>
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<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>44%</td>
<td>63%</td>
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Virtually ALL Arizona Pharmacies Enabled

Arizona Prescribers: 19% AHEAD of national numbers
U.S. Reaches Major Milestone:

*Half* of All States Require Electronic Prescribing for Opioid, Controlled substances or all Rx

Source: Surescripts July 1, 2019 Press Release
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
   a) Access via an Electronic Health Record (EHR)
      - Providers should check with vendor on availability, timing & costs.
      - https://pharmacypmp.az.gov/integration-interest-form
   a) 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/
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

EHR Vendor Cost Sheet

Costs associated with basic e-prescribing
Both basic e-prescribing and EPCS typically are features 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 provider 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 invested 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; in others, it is priced separately. The following
# EPCS Click for Control Campaign 2020 Events

A Deeper Dive into HB 2075 EPCS Mandates Webinar Series

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Time</th>
<th>Register Here</th>
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<tbody>
<tr>
<td>Prescribing Limits &amp; Requirements Including Oral/Written/Fax Permissible Situations</td>
<td>March. 19, 2020</td>
<td>12:00 – 1:00pm</td>
<td><a href="#">Register Here</a></td>
</tr>
<tr>
<td>Board Certified Physician Assistant Limits and Requirements</td>
<td>April 16, 2020</td>
<td>12:00 – 1:00pm</td>
<td><a href="#">Register Here</a></td>
</tr>
<tr>
<td>Controlled Substance Prescription Monitoring Program (CSPMP) Requirements and Benefits</td>
<td>May 21, 2020</td>
<td>12:00 – 1:00pm</td>
<td><a href="#">Register Here</a></td>
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2019 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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For information about joining Health Current contact:
  recruitment@healthcurrent.org or call 602-688-7200

Visit the Health Current website at:
  www.healthcurrent.org
Imagine fully informed health.
healthcurrent

Imagine fully informed health
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%22hr%203528%22%5D%7Dr=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 2019 *Click for Control* campaign is available [here](#).