

# E-PRESCRIBING: A POWERFUL TOOL IN THE WAR AGAINST OPIOID ABUSE

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ARKANSAS PRESCRIPTION DRUG ABUSE PREVENTION SUMMIT  
HOT SPRINGS CONVENTION CENTER

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# E-PRESCRIBING BACKGROUND

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# 73% OF MEDICATIONS ARE E-PRESCRIBED, BUT WE HAVE OPPORTUNITIES TO IMPROVE.<sup>1</sup>

**+90%**

OF NON-CONTROLLED  
SUBSTANCES ARE  
E-PRESCRIBED.<sup>2</sup>

**Only 14%**

OF CONTROLLED  
SUBSTANCES ARE  
E-PRESCRIBED.<sup>3</sup>

**10%**

OF PRESCRIPTIONS  
REQUIRE A MANUAL  
INTERVENTION.<sup>4</sup>

**10%**

OF PEOPLE WHO  
ABANDON MEDICATION  
DO SO BECAUSE OF COST.<sup>5</sup>

**+40%**

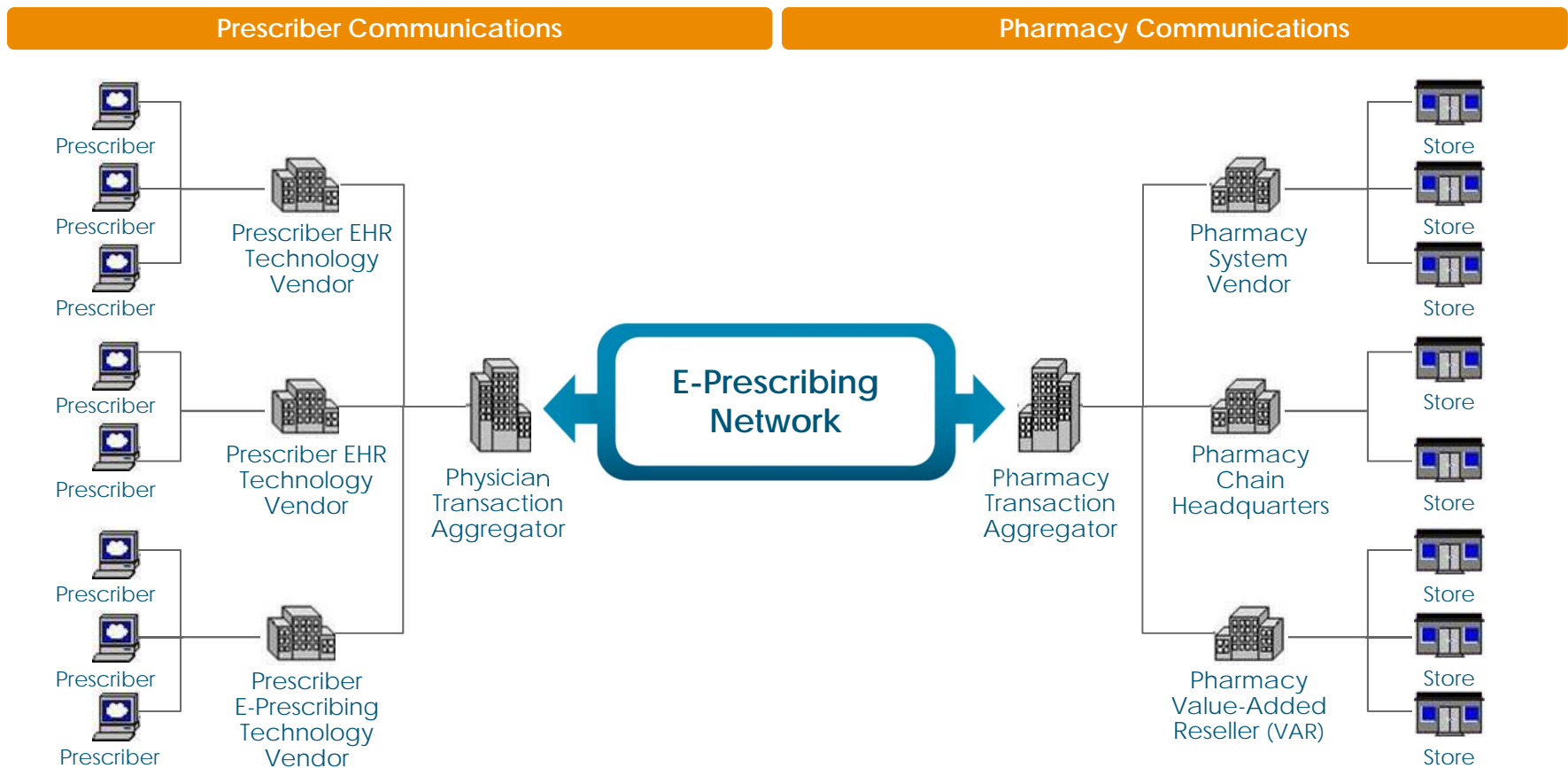
OF PATIENTS ABANDON  
TREATMENT WHEN A PRIOR  
AUTHORIZATION IS REQUIRED.<sup>6</sup>

# SO HOW DOES IT WORK?

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# THE ELECTRONIC PRESCRIPTION ROUTING PROCESS

- Adheres to major industry standards such as NCPDP SCRIPT
- Complies with HIPAA and electronic privacy security regulations
- Communications are bidirectional



# ONE ESSENTIAL STEP FURTHER—ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES (AKA EPCS)

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# ABOUT CONTROLLED SUBSTANCE PRESCRIPTIONS

An important therapeutic option for many patients

- ~13% of prescriptions written are for controlled substances
- Potential exists for addiction and abuse
- States have varying regulatory requirements
- Traditional prescribing options have limits to their flexibility



## Challenges with Paper Rx for Controlled Substances

- **Fraudulent** prescription pad forgery is a concern
- Many states require **special prescription pads** and record keeping
- **Dual work** is required when paper Rx pads are used for controlled substances in practices that e-prescribe

# ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES (EPCS)

One efficient workflow for all prescriptions

- Permitted by DEA since 2010 & AR since 2014
- Reduced fraud and abuse
- Secure electronic records
- Improved safety and patient care
- Enhance prescribing flexibility for prescribers



## Annualized Cost Savings Potential of \$700 Million

- Reduced pharmacy/prescriber phone callbacks
- Reduced need to store paper prescriptions

*Economic Impact Analysis of the Interim Final Electronic Prescription Rule  
DEA, U.S. Department of Justice, March 2010*



# SUMMARY OF E-PRESCRIBING & PHARMACY APPLICATION REQUIREMENTS

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DEA  
EPCS  
compliant  
systems  
must:

- Allow the setting of access controls for e-prescribing and pharmacy systems
- Require two-factor authentication credential use for prescription signing
- Incorporate internal audit trails for e-prescribing and pharmacy systems
- Have the ability to digitally sign and archive records at prescriber and pharmacy ends
- Include all DEA-required information in prescription records
- Be able to import, display, and store DEA information in pharmacy records
- Be capable of generating records of controlled substance prescriptions for review from e-prescribing and pharmacy applications

# HOW FAR HAVE WE COME WITH THE ADOPTION & UTILIZATION OF EPCS?

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# AR EPCS Prescriber and Pharmacy Enablement Status - September 2018

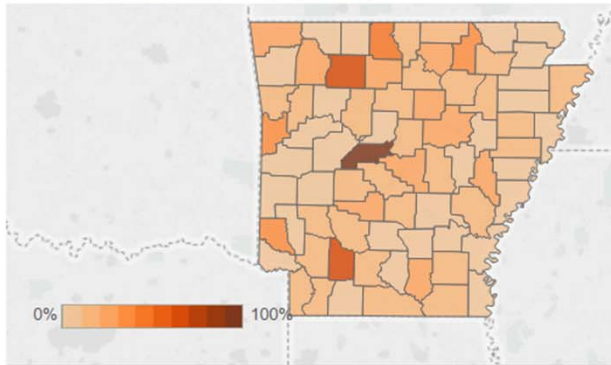


## PRESCRIBER STATUS

State	(1) Total Prescribers	(2a) Active E-Prescribers	(2b) Percentage (Column 2a/Column 1)	(3a) Active E-Prescribers - EHR EPCS Approved	(3b) Percentage (Column 3a/Column 1)	(4a) Active E-Prescribers EPCS Enabled	(4b) Percentage (Column 4a/Column 1)	(5) Total New Rx	(6) EPCS Transactions
AR	9,739	6,788	69.7%	6,182	63.5%	2,164	22.2%	1,348,234	83,199
National	1,223,074	889,937	72.8%	808,764	66.1%	358,268	29.3%	131,472,227	9,373,540

### % EPCS Prescriber Enablement By County

● 1,127 e-prescribers have sent an EPCS transaction in the last 30 days



#### Methodology:

- (1) Total Prescribers:** total prescribers in both acute and ambulatory settings excluding Dentists. Prescribers licensed in multiple states only counted once towards National total.
- (2a, 2b) Active E-Prescribers & Percentage:** prescribers that have sent e-prescriptions to pharmacies over the Surescripts network in the last 30 days using their EHR software applications.
- (3a, 3b) Active E-Prescribers - EHR EPCS Approved & Percentage:** prescribers that have sent e-prescriptions to pharmacies over the Surescripts network in the last 30 days using their EHR software applications that are EPCS certified and audit approved.
- (4a, 4b) Active E-Prescribers EPCS Enabled & Percentage:** prescribers who use an EHR software that is EPCS certified and audit approved. These prescribers may not yet be sending EPCS transactions, but have sent an e-prescription in the past 30 days.
- (5) Total New Rx:** Surescripts total e-prescriptions in the current month from all prescriber settings.
- (6) EPCS Transactions:** EPCS transactions in the current month from all prescriber settings.

**Analysis of Dentists:** while dentists were excluded from the Total Prescribers (1) metric, e-prescribing dentists were included in calculations (2a, 2b); (3a, 3b); (4a, 4b) and (5, 6) above. Dentist specific metrics:

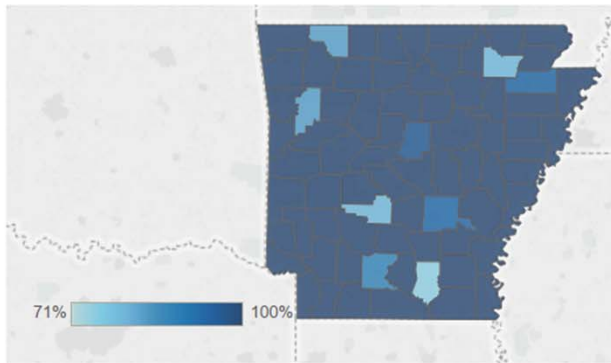
Total Prescribers 1,200 Active E-Prescribers 46 Active E-Prescribers EPCS Enabled 25

## PHARMACY STATUS

State	(1) Total Pharmacies	(2a) Active eRx Pharmacies	(2b) Percentage (Column 2a/Column 1)	(3a) EPCS Enabled Pharmacies	(3b) Percentage (Column 3a/Column 1)	(4) Total New Rx	(5) EPCS Transactions
AR	721	714	99.0%	711	98.6%	1,348,234	83,199
National	63,733	62,853	98.6%	60,613	95.1%	131,472,227	9,373,540

### % EPCS Pharmacy Enablement By County

- 98.6% of pharmacies are EPCS enabled
- 711 of 721 community pharmacies are EPCS enabled



#### Methodology:

- (1) Total Pharmacies:** total number of community pharmacies in the state or country based on National Council for Prescription Drug Programs data.
- (2a, 2b) Active eRx Pharmacies & Percentage:** ready and processing e-prescriptions from prescribers applications.
- (3a, 3b) EPCS Enabled Pharmacies:** ready to receive EPCS transactions from prescribers; training may be needed.
- (4) Total New Rx:** Surescripts total e-prescriptions in the current month from all prescriber settings.
- (5) EPCS Transactions:** EPCS transactions in the current month from all prescriber settings.

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# WELL-EXECUTED STATE LEGISLATION: THE KEY TO SUCCESS WITH EPCS

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# STATES WITH ENACTED EPCS LEGISLATION

As of 2015, all 50 states plus the District of Columbia have approved EPCS for all schedules

States with Enacted Legislation				
State	Effective Date	Additional Info	Prescriber EPCS Enablement*	Pharmacy EPCS Enablement*
Minnesota	01/01/2011	Requires e-prescribing for <u>all</u> medications, including controlled substances, but there are no specific penalties for non-compliance.	31.1%	96.3%
New York	03/27/2016	The I-STOP mandate requires <u>all</u> prescriptions, including controlled substances, to be electronically prescribed.	76.3%	98.2%
Maine	07/01/2017	Requires e-prescribing for all controlled substances containing opiates. It also has provisions that limit the durations and quantities of opioid prescriptions. The mandate allows prescribers to apply for waivers. There are specific penalties for not adhering to the law (\$250/violation up to \$5,000/calendar year).	64.3%	99.3%
Connecticut	01/01/2018	Requires e-prescribing for all controlled substances. This bill allows for exceptions and waivers, but does not include any specific penalties.	57.4%	99.2%
Arizona	01/01/19 & 07/01/19	Requires EPCS for Schedule II opioids on a staggered implementation basis, i.e., the mandate is effective in counties with populations of >150,000 on 01/01/19 and on 07/01/19 in counties of <150,000. There are exceptions, but no waivers or penalties are included in the law.	27.6%	98.0%
New Jersey	05/01/19	Requires EHR vendors operating in NJ to adopt EPCS for Schedule II controlled substances no later than one year after the effective date of the bill.	13.4%	97.7%

\* as of September 2018  
 National Prescriber EPCS Enablement is at 29.3%  
 National Pharmacy EPCS Enablement is at 95.1%

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States with Enacted Legislation					
	State	Effective Date	Additional Info	Prescriber EPCS Enablement*	Pharmacy EPCS Enablement*
New	Pennsylvania	10/24/2019	Requires prescribing for all controlled substances. The bill includes multiple exceptions, the possibility of exemptions (waivers) and specific dollar penalties for noncompliance. Department of Health & Human Services implementing regulations will be forthcoming.	21.5%	96.9%
	Iowa	01/01/2020	Requires e-prescribing for <u>all</u> prescriptions, including controlled substances. The law includes the possibility of waivers and exceptions and specific penalties for noncompliance.	13.1%	97.8%
New	Massachusetts	01/01/2020	Requires e-prescriptions for Schedules II through VI. (Massachusetts statute states that Schedule VI drugs consist of all prescription drugs that are not included in Schedules II-V, which effectively means that e-prescribing will be required for <u>all</u> prescriptions.) The law includes the possibility of waivers and exceptions, but there is no mention of specific penalties.	15.1%	97.4%
	North Carolina	01/01/2020	Requires e-prescribing for “targeted” controlled substances, which means Schedule II and III opioids. It does not mention waivers or specific penalties.	37.6%	97.0%
	Oklahoma	01/01/2020	Requires e-prescribing for all controlled substances. The law includes the possibility of waivers and exceptions, but there is no mention of specific penalties. In addition, on 06/17/2018, the Oklahoma Board of Pharmacy adopted a regulation stating that “Any pharmacy that dispenses controlled dangerous substances shall have computer software that supports EPCS by January 1, 2019.”	14.9%	98.9%

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States with Enacted Legislation				
State	Effective Date	Additional Info	Prescriber EPCS Enablement*	Pharmacy EPCS Enablement*
Rhode Island	01/01/2020	Requires e-prescribing for all controlled substances “no sooner than January 1, 2020,” pursuant to regulations adopted by the RI Department of Health.	29.7%	100%
Virginia	07/01/2020	Requires e-prescribing for all prescriptions containing opiates and prohibits pharmacists from dispensing opiate prescriptions unless they are electronic. The law does not mention waivers or exceptions, but the VA E-Prescribing Work Group has recommended that exceptions be adopted and that the pharmacist mandate be modified. These recommended changes are due to be considered during the 2019 VA legislative session.	13.9%	96.7%
Tennessee	07/01/2020	Requires e-prescribing for all Schedule II Controlled Substances. The law includes the possibility of waivers and exceptions. There is the potential for specific penalties for noncompliance with the law, i.e., a civil penalty of \$1,000 for each violation. Prescribers who issue 50 or fewer prescriptions for Schedule II controlled substances per year are exempt from the law’s requirements.	20.8%	96.5%
New California	01/01/2022	Requires that health care practitioners authorized to issue prescriptions have the capability of transmitting prescriptions electronically, as well as requires that pharmacies have the capability to receive prescriptions electronically, by 01/1/2022. On and after 01/01/2022, all prescriptions must then be transmitted electronically. The law includes exceptions, and it states that the failure to meet the requirements of the law shall result in a referral to the appropriate state professional licensing board solely for administrative sanctions as deemed appropriate by that board.	26.3%	93.5%

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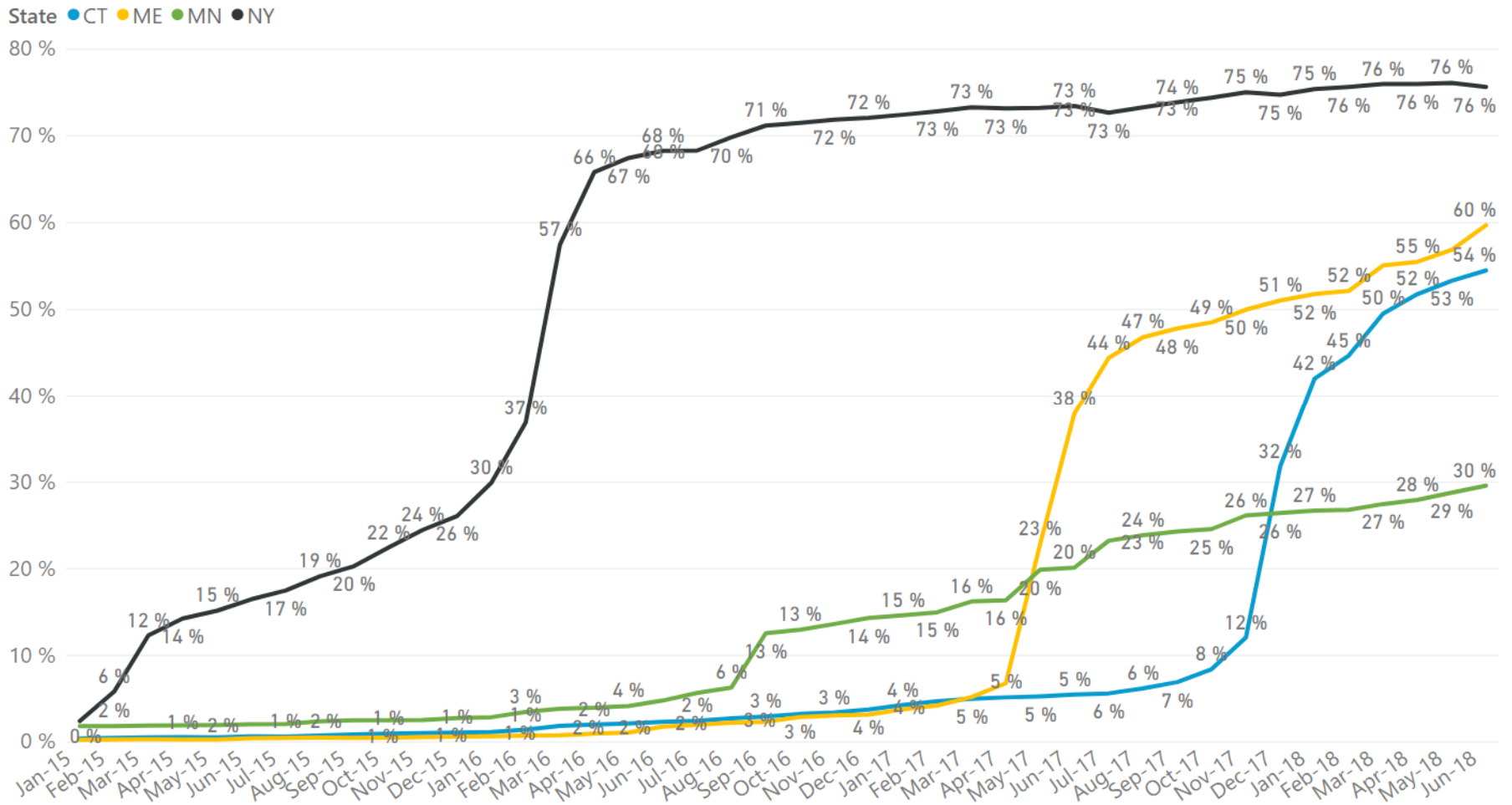
# STATES WITH EPCS LEGISLATION INTRODUCED

Industry stakeholders expected to pursue additional legislation in another 5-10 states in 2019

States with Legislation Introduced		
State	Proposed Effective Date	Additional Info
Michigan	01/01/2020	SB 802 will require e-prescribing for opioids and benzodiazepines, both for prescribers and pharmacies. The bill does not mention exceptions, but it does allow for waivers and includes specific penalties.
Illinois	01/01/2022	SB 2058 will mandate e-prescribing for <u>all</u> drugs, including controlled substances, and medical devices. There is no mention of exceptions, waivers, or specific penalties, but the bill does require the Department of Health & Human Services to adopt rules governing the use of electronically transmitted prescription orders.



# PERCENT OF PRESCRIBERS EPCS ENABLED (NATIONAL AVERAGE IN JUNE 2018 = 27%)



# Q&A

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