# Electronic Prescribing Standards for Medicare Part D

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What is E-Prescribing (E-Rx)?

- Under Part D:

  E-prescribing is the transmission of prescription or prescription related information between prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary using electronic media

- Employs adopted Part D e-prescribing standards initiated through MMA

- E-prescribing is voluntary under Part D

What is E-Prescribing (E-Rx)?

- Does **not** require manual transcription at either end

- Traditional faxing is **NOT** electronic prescribing

- Secure E-mail is **NOT** electronic prescribing
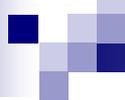
Benefits of e-prescribing

- Actively promotes appropriate drug usage
- Reduces medication errors
- Provides information about formulary-based drug coverage, including formulary alternatives and co-pay information
- Speeds up the process of renewing medications
- Provides instant connectivity between the health care provider, the pharmacy, health plans/PBMs, and other entities
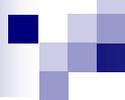
Key CMS Standards Activities

- Foundation Standards implemented January 1 2006
- E-prescribing pilots conducted CY 2006
- Report to Congress delivered April 2007
- Final Uniform Standards published April 2008, effective April 2009
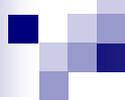
Approach – Building Suite of Standards

- Not a "one shot deal"
- Look for mature standards with a track record
- Work with industry to "grow" other standards as needed

Standards – Round One

- Foundation standards effective January 2006
- Enabled basic functions
    - Prescriber and pharmacy checking patient's eligibility with plans
    - Exchange of new prescriptions, refill requests, cancellations, and changes between prescribers and pharmacies
- Advantages
    - Eliminates errors associated with handwriting and mis-keying
    - Reduces administrative costs associated with phone calls

Standards – Round Two

- **2006 Pilot Test looked at additional standards**
  - ☐ Formulary and benefits
  - ☐ Medication history
  - ☐ Rx-fill
  - ☐ RxNorm
  - ☐ Structured / codified Sig
  - ☐ Prior Authorization

Final Rule

- Published April 2008, effective April 2009
- CMS adopted the following standards
  - Medication History
  - Formulary and Benefits
  - RxFill
  - Retired NCPDP 5.0 and replaced with version 8.1
  - Use of National Provider Identifier (NPI) as an individual identifier

Next Steps – Standards and Adoption

- Re-test RxNorm and Structured / Codified Sig and test new Standards
  - Modifications made as a result of 2006 pilot and February 2008 industry experts meeting on next steps for standards that were not ready for adoption
  - RAND awarded contract to pilot test RxNorm and Structured / Codified Sig NCPDPT SCRIPT 10.5-
- Continue to develop Prior Authorization business process and standards
- Future standards work as need is identified

E-Prescribing of Controlled Substances

- DEA NPRM-Comment period closed September 25, 2008
- Advocates a technical solution, for example
  - 2 Factor authentication
  - In-person proofing
  - Two minute timeout
- HHS will continue to work with DEA on integrating e-prescribing of controlled substances in a way that is:
  - Interoperable with existing e-prescribing systems
  - Scaleable to work throughout the healthcare system without imposing an undue burden
  - Promotes overall e-prescribing adoption

Where do we go from here?

- **From a standards perspective**
  - ☐ Finish the initial standards suite
  - ☐ Work with the DEA to develop a scaleable, interoperable, commercially viable solution to e-prescribing and controlled substances
  - ☐ Look at lifting the long-term care exemption
  - ☐ Continue to monitor the effective use of standards
  - ☐ Work with the SDOs and NCVHS on additional standards requirements