

Arizona State Office of Rural Health (SORH) Webinar Series



The SORH provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



Arizona State Office of Rural Health



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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Today's presentation:



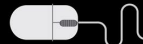
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Congratulations! You've met the 2020 EPCS Deadline **– NOW, Understand the Regulations and Mandates!**



Connie K. Ihde, Director Programs
Health Current


healthcurrent



Electronic Prescribing of Controlled Substance (EPCS)

Click for Control

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.



ARIZONA DEPARTMENT
OF HEALTH SERVICES



Overview

- EPCS Timeline
- New Regulations & Mandates
- Arizona vs. National Landscape
- CSPMP
- Click for Control Campaign Resources
- Benefits of EPCS

Overview

- SB1001, The 2019 Arizona Opioid Epidemic Act
 - HB 2075: What it Amended, Updated, Removed and Extended
- Physician Assistant, Medical Practitioner and Pharmacist Responsibilities

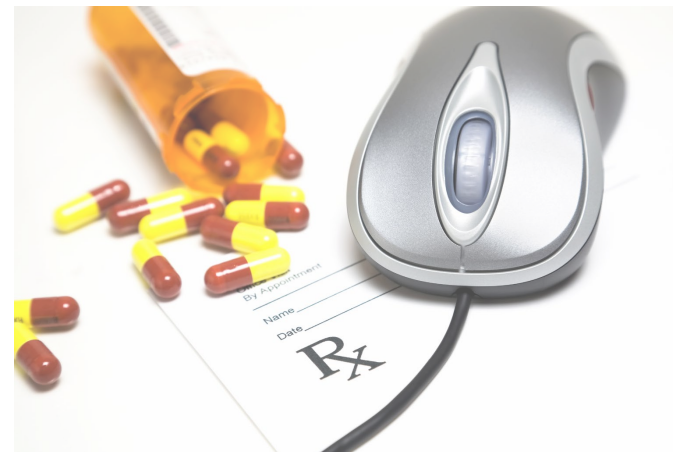
EPCS New Regulations & Mandates



EPCS Regulations & Mandates Timeline

EPCS is the Electronic Prescribing of Controlled Substances

- Regulations issued by the Drug Enforcement Administration (DEA) in 2010 permit pharmacies to receive, dispense and archive electronic prescriptions for controlled substances
- In April 2012, Arizona's governor signed into law legislation making EPCS legal in Arizona
- SB 1001, The 2019 Az Opioid Epidemic Act mandated EPCS for all Schedule II opioids
- HB 2075, Extended deadline for Schedule II opioids to January 1, 2020 for all Arizona Prescribers



HB 2075 Regulations & Mandates

- HB 2075 – Extended EPCS Deadline for Schedule II opioid to January 1, 2020 for all Arizona Prescribers
 - 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](#).

HB 2075 Mandate Updates

Prescribers may *write* and *fax* a schedule II-controlled substance Rx that is an opioid if:

- Rx is written *in* AZ to be filled *outside* of Arizona
- Rx is for medication that requires compounding of two or more ingredients
- Rx is for medication that is not in the e-prescribing database
- Rx for medication-assisted treatment (MAT) for a substance use disorder.



HB 2075 Mandate Updates

Prescribers may *write* and *fax* a schedule II-controlled substance Rx that is an opioid if:

- Rx will be dispensed at:
 - A Veteran's Administration facility
 - Health facility on a military base
 - IHS hospital or service facility
 - Tribal owned clinic



HB 2075 Mandate Updates

Prescribers may *write or fax* original Rx schedule II-controlled substance that is an opioid if the Rx is any of the following:

- To be compounded for direct administration to a patient by:
 - Parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion
- For a resident of a long-term care facility
- For a patient who is enrolled in a hospice program licensed by the state of Arizona
 - Must note on prescription patient is hospice patient

HB 2075 Mandate Updates

Prescribers may *write* and *fax* a schedule II-controlled substance Rx that is an opioid if:

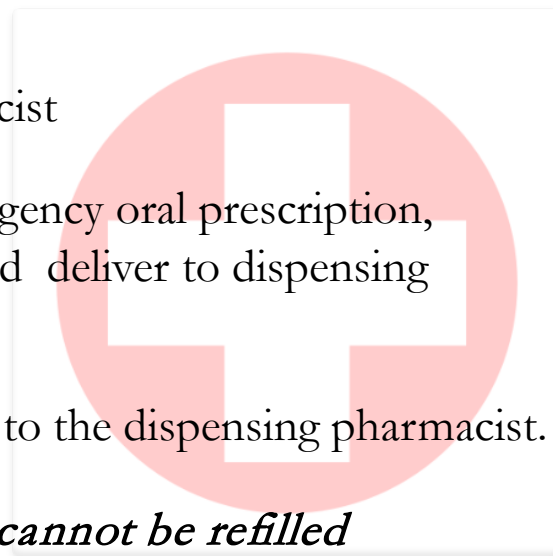
- EPCS system or pharmacy management system is not operational or available in a timely manner
 - Indicate on written eRx order EPCS system or pharmacy management system is not operational or available
 - Maintain a record, (period-of-time determined by board), of when EPCS system or pharmacy management system was not operational or available in timely manner



HB 2075 Mandate Updates

Additional Mandates

- Emergency quantities of schedule II-controlled substances may be dispensed on *oral* prescription orders of a medical practitioner.
 - Must be immediately reduced to writing by the pharmacist
 - Within seven days, medical practitioner must *write* emergency oral prescription, manually sign for the emergency quantity prescribed and deliver to dispensing pharmacist
 - Or an electronic prescription order may be transmitted to the dispensing pharmacist.
- Prescription orders for schedule II-controlled substances ***cannot be refilled***



HB 2075 Mandate Updates

Additional Mandates

- Prescription orders for schedule II-controlled substances shall not be dispensed more than ninety days ***after*** the date on which the prescription order was issued.
- Pharmacy may ***sell/dispense*** schedule II-controlled substances prescribed by medical practitioner located in other AZ county or in another state.
 - Prescription must be issued according/in compliance with laws of prescribing medical practitioner's state and federal law.

HB 2075 Mandate Updates

Board Certified Physician Assistant Limits and Requirements

- Physician Assistant may NOT prescribe without delegation by supervising physician, board approval and DEA registration.
- Prescription privileges – WITH delegation:
 - 30-day Rx for schedule II, III, IV and V controlled substances that are opioids or Benzodiazepine
 - 90-day Rx for schedule II, III, IV and V controlled substances
 - Prescription-only medication

More information on HB 2075 is available [here](#). Information on Health Current's 2020 *Click for Control* campaign is available [here](#).

HB 2075 Mandate Updates

Board Certified Physician Assistant Limits and Requirements

- **CANNOT** prescribe medication intended to perform or induce an abortion
- **CANNOT** prescribe controlled substance more than 5 times in a six-month period for each patient
- **CANNOT** prescribe controlled substances that are opioids or Benzodiazepine that are refillable without written consent of supervision physician
- **CANNOT** prescribe prescription-only drugs refillable for a period exceeding one year



HB 2075 Mandate Updates

Board Certified Physician Assistant Limits and Requirements

- Physician assistant must:
 - Complete 45 hours in pharmacology or clinical management of drug therapy within past 3 years
 - *Or* be certified by a national commission on certification of physician assistants
- Issue prescription orders for controlled substances under their own DEA registration number.

More information on HB 2075 is available [here](#). Information on Health Current's 2020 *Click for Control* campaign is available [here](#).

HB 2075 Mandate Updates

- **Pharmacists** may *dispense* handwritten schedule II-controlled substances Rx (including opioids) for the following cases:
 - When EPCS system is unavailable
 - Pharmacists must maintain record of system failure
 - Rx indicates the medical practitioner who issued the Rx provided care for the patient in:
 - Veteran's Administration Facility
 - Health facility on a military base
 - IHS hospital or service facility
 - Tribal owned Clinic

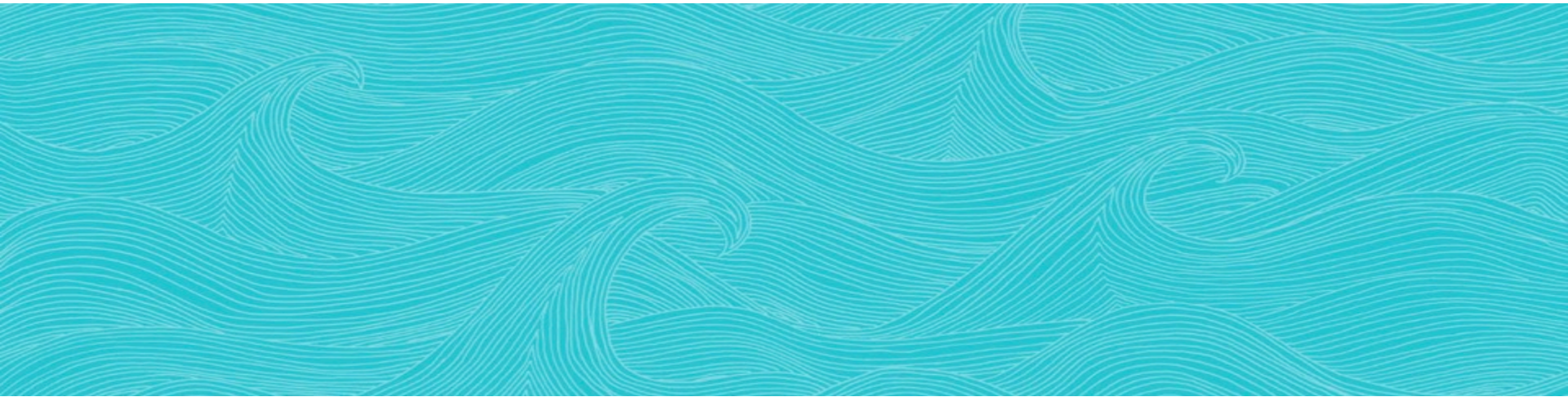


HB 2075 Mandate Updates

- Veterinarians and MAT Prescriptions are **EPCS Exempt**:
 - Veterinarians are **exempt** from EPCS until the Arizona State Veterinary Examining Board determines that EPCS software is widely available for veterinarians and notifies the AZ Board of Pharmacy of that determination
 - A prescription order for a schedule II-controlled substance that is an opioid that is issued for medication-assisted treatment (MAT) does not need to be electronically sent. (MAT exempt)



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!



How Does Arizona Compare for EPCS?

National vs Arizona for EPCS (December 2019 data)

	National	Arizona
Pharmacies EPCS Enabled	97%	99%
Prescribers EPCS Enabled	48%	67%

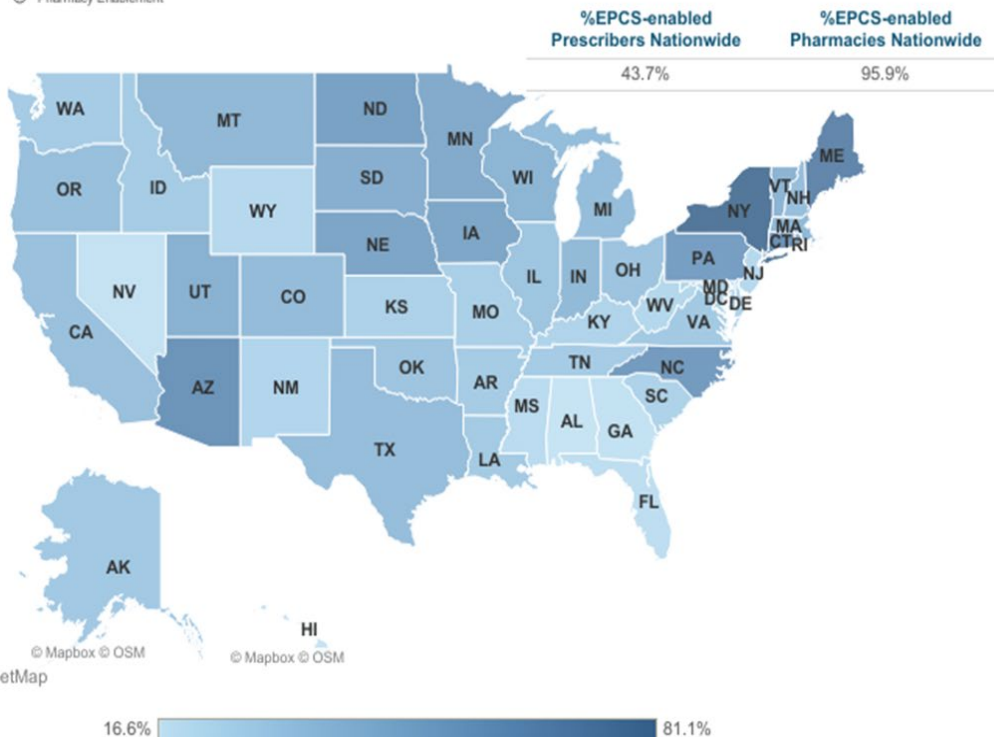
**Virtually
ALL Arizona
Pharmacies Enabled**

**Arizona Prescribers:
19% AHEAD
of national numbers**

As of October 2019:
Arizona ranked
4th in the Nation
 for EPCS
Prescriber Readiness

EPCS Readiness: Which States Lead the Charge?

- Prescriber Enablement
- Pharmacy Enablement



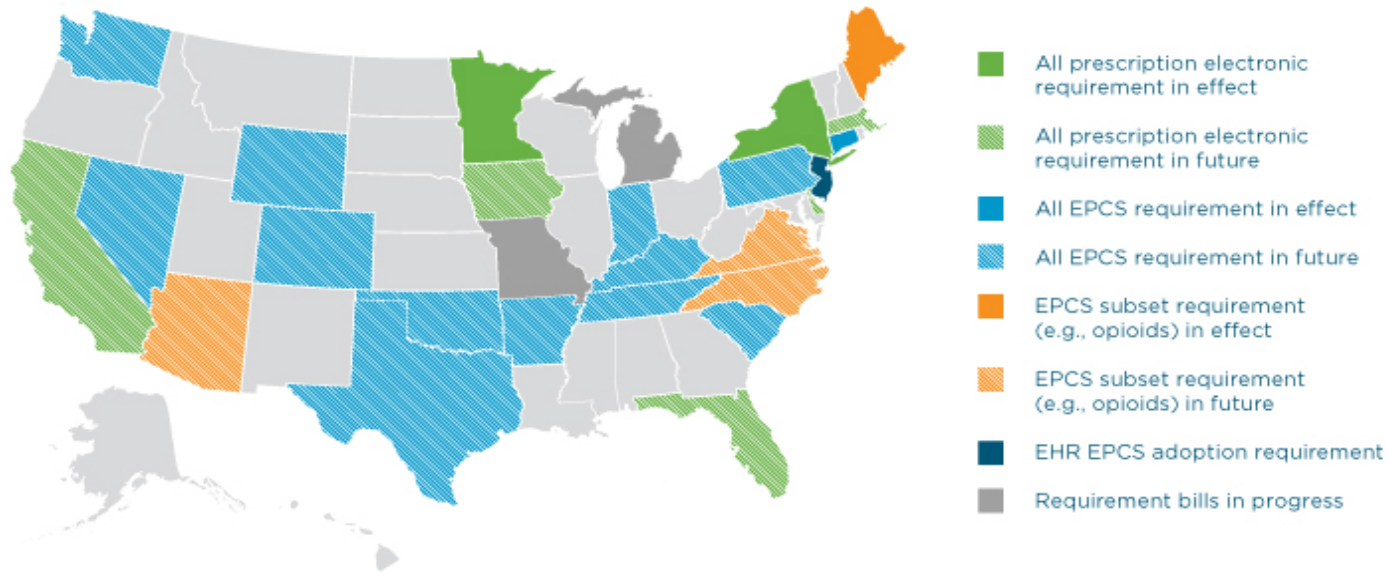
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U.S. Reaches Major Milestone:

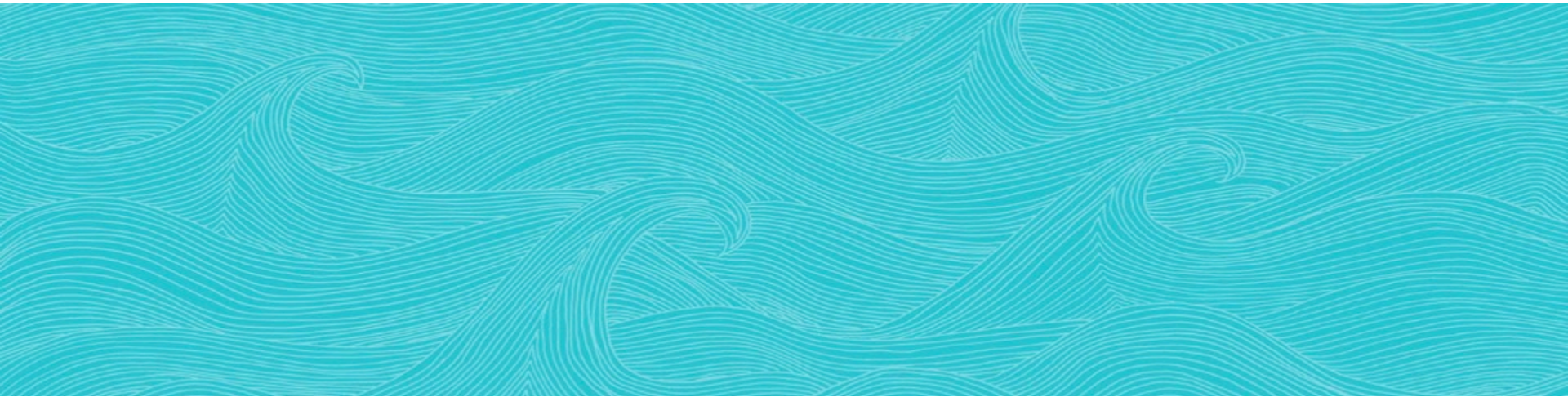
Half of All States Require Electronic Prescribing for Opioid, Controlled substances or all Rx

26 States Require Electronic Prescribing for Opioids

(State laws as of June 2019)



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.

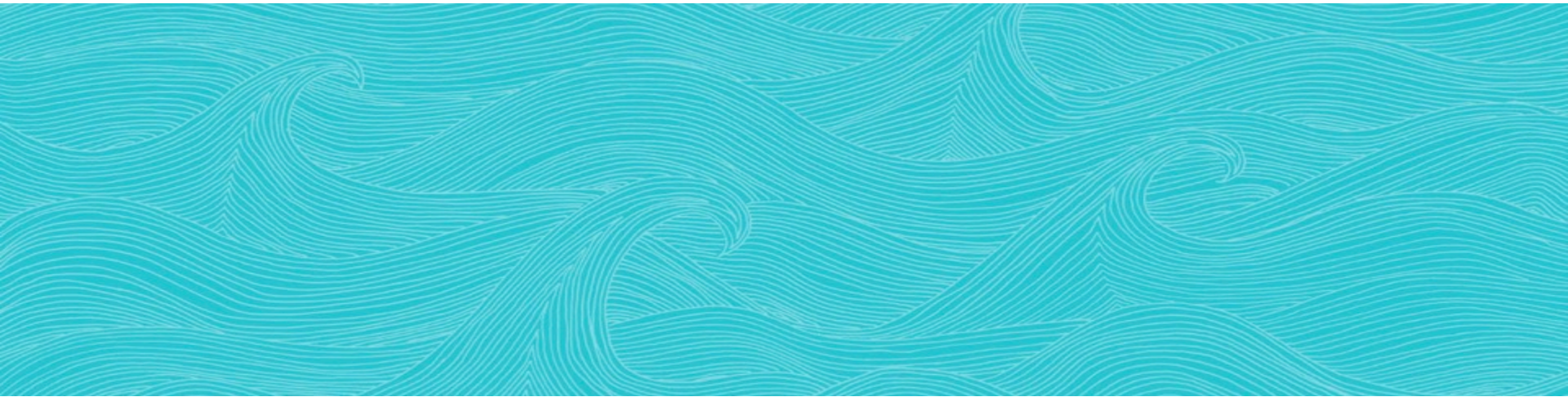
Additional Information

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/>



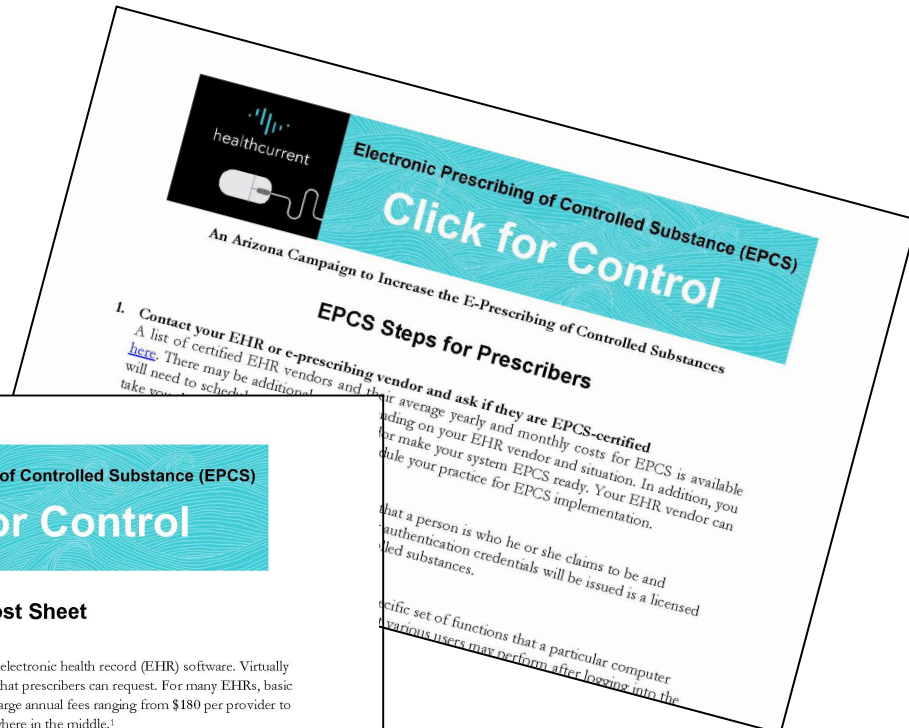
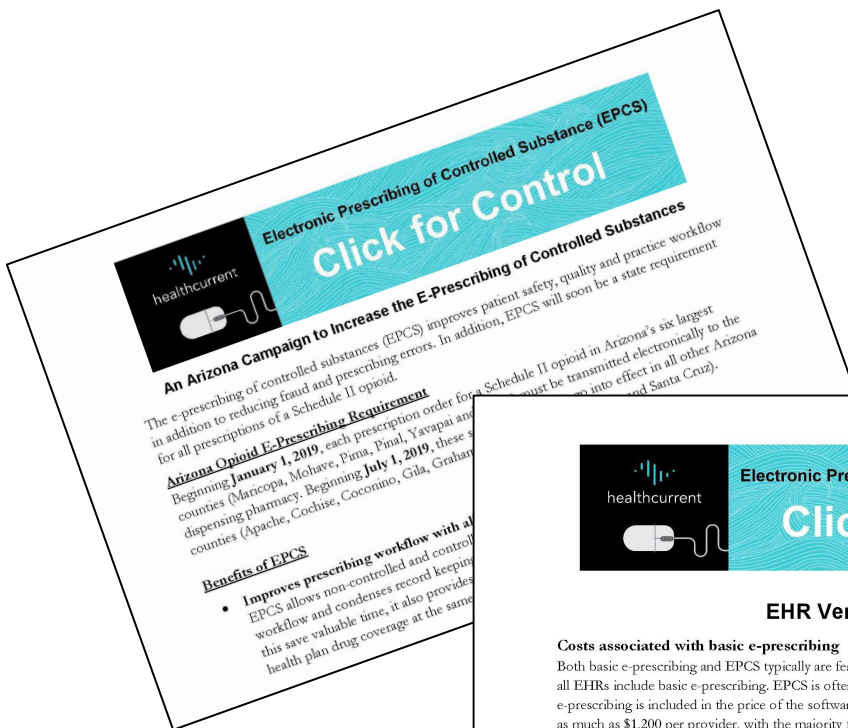
Click for Control Campaign



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
 - Articles
 - In-person EPCS Presentations (conferences, staff/company meetings, etc.)
 - 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

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 \$180 per provider to as much as \$1,200 per provider, with the majority falling somewhere in the middle.¹

Costs associated with EPCS

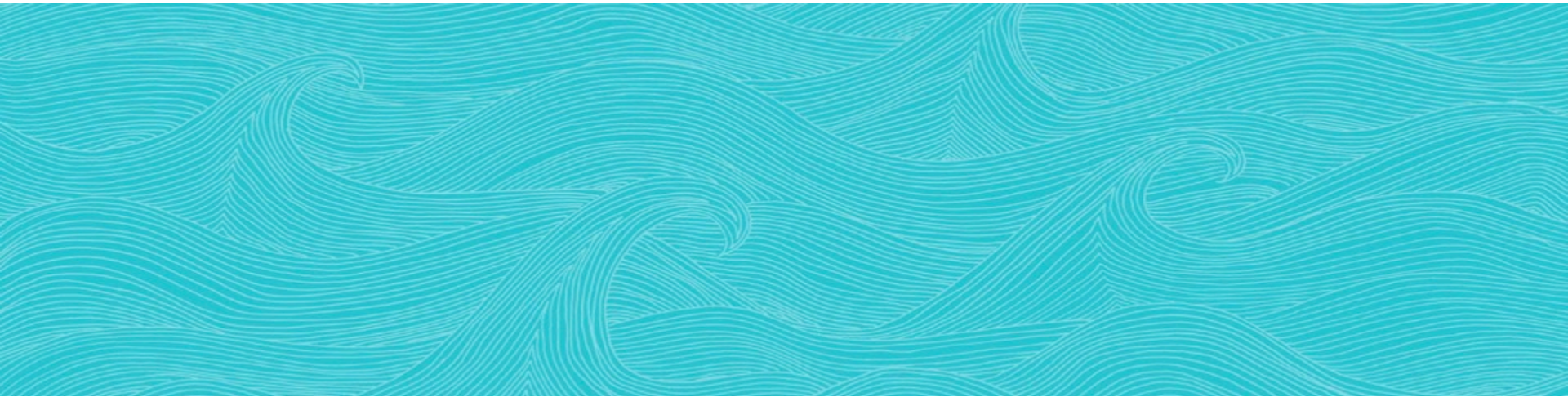
EPCS systems must meet stringent Drug Enforcement Administration (DEA) requirements for credentialing, software certification and dual factor authentication. To cover those costs many EHR vendors have imposed fees, which vary widely by product and vendor. Often, basic e-prescribing is included in the EHR without a specific itemized 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

2020 EPCS Click for Control Campaign: Webinars

Title	Date	Time	Register Here
Coming Soon!			

Sign up to Receive
Health Current Newsletters and Alerts for
2020 EPCS Click for Control Webinar Series Schedule
and other Arizona Healthcare News
at HealthCurrent.org

Benefits of EPCS



Benefits of EPCS

- Safer, faster controlled substance prescribing
- Handles every prescription from one place
- Accepted by nearly all Arizona pharmacies
- Comply with AZ State mandates and DEA regulatory requirements
- Promoting Interoperability program Meaningful Use Measures



Closing Remarks

- EPCS provides convenience, accountability and security that paper prescriptions lack
- Health information technology (HIT), including EPCS, is an important tool in improving patient care and safety
- Local and national efforts are headed toward the required use of HIT
- EPCS and CSPMP are important tools in fighting the opioid crisis
- Health Current is a resource for EPCS and a solution provider for CSPMP access



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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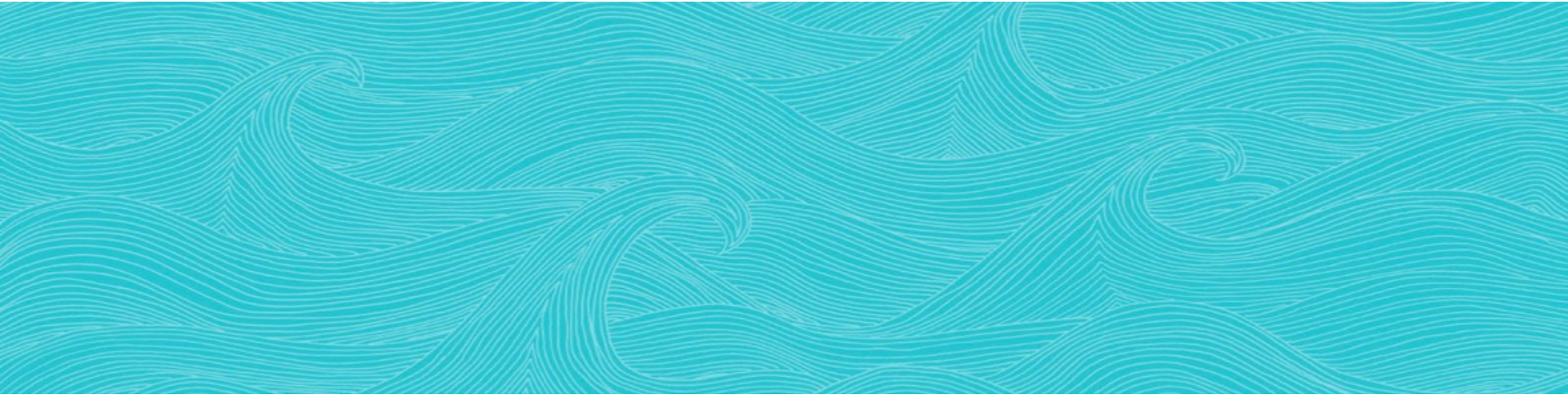
Director of Programs, Health Current

For EPCS information or assistance contact: erx@healthcurrent.org
or call 602-688-7210

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

Visit the Health Current website at: healthcurrent.org

Additional Information, Resources & References



References

Surescripts Four Key Steps to Get Started with EPCS Video

<https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/>

Surescripts 2018 National Progress Report

<https://surescripts.com/news-center/national-progress-report-2018/>

References

Arizona House Bill 2369 (HB2369)

<https://healthcurrent.org/wp-content/uploads/2017/04/Arizona-House-Bill-HB2369.pdf>

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%22%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](#).



**Imagine
fully
informed
health.**



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Questions and Discussion

Please type your questions and comments into the Zoom Webinar Platform Chat box.

**Congratulations! You've met the 2020 EPCS
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Thank you!



**Your opinion is valuable to us.
Please participate in this brief survey:**

https://uarizona.co1.qualtrics.com/jfe/form/SV_5bbi64ia1PKM_PbL.

Find this and our previous webinars at:
<http://www.crh.arizona.edu/programs/sorh/webinars>

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