



Frequently Asked Questions

***Rules and Regulations for Pain Management, Opioid Use, and the
Registration of Distributors of Controlled Substances in Rhode Island
[216-RICR-20-20-4]***

Electronic Prescribing of Controlled Substances

Updated October 1, 2019



Frequently Asked Questions About Rhode Island Regulations on the Electronic Prescribing of Controlled Substances

Effective January 2, 2020, the [Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island \[R21-28-CSD\]](#) under Section 4.4 K, Transmission of Controlled Substance Prescriptions, require prescribers to review, sign, transmit, and file (confirmation of successful transmittal) prescriptions electronically for all controlled substances in Schedules II, III, IV, and V. These Frequently Asked Questions (FAQs) provide detailed answers to common inquiries regarding these updated regulations.

1. **What is the Electronic Prescribing of Controlled Substances (EPCS)?**

Electronic Prescribing of Controlled Substances (EPCS) is when a provider sends a prescription electronically to a pharmacy. EPCS allows providers, with patient consent, to access the patient's medication history and to know the patient's prescription benefits prior to sending the prescription. As a result, providers make better clinical decisions and improve workflow related to managing a patient's medication.

2. **Which medications must be electronically prescribed?**

All Schedule II, III, IV, and V controlled substance medications must be electronically prescribed.

3. **What is required for a prescriber to transmit an electronic Schedule II-V controlled substance prescription?**

Software used by prescribers to transmit an electronic Schedule II - V controlled substance prescription must meet the requirements set forth by the Drug Enforcement Administration (DEA) in 21 C.F.R. § 1311. More information may be found on the DEA's [website](#).

There are a number of certified electronic prescribing software products available to prescribers. It is recommended that prescribers identify these resources by seeking information from local or national professional associations.

4. **What are the benefits of EPCS?**

There are many benefits to implementing e-prescribing processes within a clinical setting, including:

- Prevents diversion and misuse of controlled substance prescriptions by reducing the incidence of prescription theft and forgery;
- Integrates a patient's prescription records directly into their electronic medical record;
- Reduces the incidence of prescribing errors by alerting providers of possible drug interactions or patient drug allergies prior to prescribing to patients;
- Allows providers to access a patient's medical history to help make informed clinical decisions in real-time;
- Increases administrative efficiencies and saves staff time within clinical settings;
- Provides real-time access to the list of prescriptions that a patient's health insurer will cover; and
- Provides an opportunity to re-issue a prescription for a patient's alternate medication in order to meet health insurance requirements.

5. Are there specific instances when Rhode Island prescribers are not required to process controlled substances electronically?

A Rhode Island prescriber is not required to process prescriptions electronically when:

- Electronic prescribing is not available due to temporary technological or electronic failure. For the purposes of this Part, temporary technological or electrical failure means:
 - The failure of a computer system, application, or device; or
 - The loss of electrical power to such system, application, or device; or
 - Any other service interruption to such system, application, or device that prevents the practitioner from utilizing his or her system to electronically transmit a prescription.
The practitioner must document in the patient's medical record that a written prescription was issued or given by verbal order to a pharmacist over the telephone along with the reason for failure of the electronic prescription.
- The practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner and that the delay would have a negative impact on the patient's health. The prescription duration shall not exceed a five-day supply. The practitioner must document in the patient's medical record the reason(s) electronic prescription would be impractical for the patient.
- The practitioner determines that electronic prescription would have a negative impact on or delay patient care, such as:
 - A prescription containing two or more substances to be compounded by a pharmacist;
 - A prescription for direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion;
 - A prescription with long and complicated directions; or
 - An oral prescription communicated to the pharmacist by a practitioner in a licensed chronic and convalescent nursing home, hospice facility, or emergency department.
The practitioner must document in the patient's medical record the reason electronic prescription would have a negative impact on or delay patient care.
- A prescription is issued for a drug for which the FDA requires the prescription to include certain elements that are not able to be accomplished with electronic prescription including, but not limited to, a drug with risk evaluation and mitigation strategies that include elements to assure safe use. The practitioner must document the reason in the patient's medical record.
- The prescription cannot be transmitted electronically due to the constraints of the National Council for Prescription Drug Programs (SCRIPT) Standard.
- The prescription will be dispensed at a pharmacy outside of the state without access to electronic transmission of controlled substances.
- The prescription is being transmitted to a Veteran's Administration pharmacy to be dispensed or the prescription is being dispensed through an Indian Health Services facility.
- A practitioner prescribes a drug under a research protocol.

6. What are the additional steps a prescriber needs to complete in order to electronically prescribe controlled substances if a prescriber presently has access to electronic prescribing software but does not have the ability to prescribe controlled substances?

- 1) Electronic prescribing software vendors should be familiar with the certification requirements of 21 C.F.R. § 1311. If not, the prescriber should identify a vendor that has the ability to certify existing electronic prescribing software is DEA-compliant.
- 2) The software a prescriber is currently using must meet all the federal security requirements for EPCS, which can be found on the DEA's [website](#).

7. **Do controlled substance prescriptions need to be transmitted electronically if they are being prescribed for a short duration of time?**

Yes, starting January 2, 2020, prescribers are required to electronically transmit *any amount* of controlled substance prescriptions.

Please see “Section 4.4 K 3; a – h” in the [Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island \[R21-28-CSD\]](#) to learn more about the specific exceptions related to electronic prescribing in Rhode Island.

8. **The July 2, 2018, Rhode Island [State law](#) on the documentation of International Classification of Diseases (ICD) 10 Diagnosis Code(s) on controlled substance prescriptions requires prescribers to include ICD-10 diagnosis codes on any controlled substance prescriptions. Where shall prescribers document ICD-10 code diagnoses on electronic prescriptions?**

Prescribers are advised to document ICD-10 code(s) in the *Comments* section of the electronic prescription.

9. **Can an agent or employee of the prescriber electronically sign an electronic prescription on behalf of the prescriber?**

No. Prescribers are advised to never share a username and password with an agent or employee under any circumstance. Only prescribers may review and sign electronic prescriptions.

10. **Can an agent or employee of the prescriber *transmit* an electronic prescription to the pharmacy?**

The electronic signing and transmission of an electronic prescription are two separate actions. Only the prescriber is authorized to review and electronically sign a controlled substance prescription. An agent or employee of the practitioner is authorized to *transmit* the prescription on behalf of the prescriber once the prescription has been authorized by the prescriber. The act of transmission must be independent of the prescriber’s review and signature process.