

**HB2559 Workgroup**  
**Evaluation of the implementation of the electronic prescription  
requirement for controlled substances**

**Date:** Friday, July 29, 2022

**Time:** 10:00 AM - 12:00 PM

**Location:** 2<sup>nd</sup> Floor Conference Center

**Room:** Board Room 4

**Address:** [Perimeter Center](#)  
[9960 Mayland Drive](#)  
[Henrico, Virginia 23233](#)

**Notes:** Entrance to the Conference Center is through the side door on the west side of the building.

Perimeter Center is the Building on the outside of the Circle in the office park.

**AGENDA**

- I. Call to Order
- II. Introductions
- III. Purpose and Scope of Workgroup  
*From HB 2559 (2019): The workgroup's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain and opioid.*
- IV. Public Comment
- V. Review of § 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions
- VI. Review of data on e-prescribing
- VII. Discussion of success and challenges of implementing e-prescribing
- VIII. Recommendations
- IX. Closing Comments
- X. Adjourn

## **Appendices**

- Appendix 1. Virginia Acts of Assembly -- 2019 Session, Chapter 664
- Appendix 2. 2018 E Prescribing Final Report
- Appendix 3. VA EPCS Prescriber and Pharmacy Enablement Status - June2022
- Appendix 4. 2021 Survey of Pharmacy Law, National Association of Boards of Pharmacy - Electronic Prescriptions by State
- Appendix 5. 2021 Surescripts National Progress Report

## **Workgroup Members**

John Littel  
Secretary Health and Human Resources

David Brown  
Department of Health Professions

William Harp  
Board of Medicine

Caroline Juran  
Board of Pharmacy

Omar Abubaker  
Virginia Dental Association

Leah Argie  
Virginia Pharmacists Association

Derek Parvizi  
Virginia Association of Chain Drug Stores

James Williams  
Deputy Secretary Health and Human Resources

Richard Grossman  
Virginia Council of Nurse Practitioners

Joseph Evans  
Medical Society of Virginia

R.Brent Rawlings  
Virginia Hospital & Healthcare Association

Ken Whittmore, Jr.  
Surescripts, LLC

Edward Logan  
US Drug Enforcement Administration

Heidi Dix  
Virginia Association of Health Plans

**VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION**  
**CHAPTER 664**

*An Act to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions. [H 2559]*

**§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.**

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an *opioid* shall be issued as an electronic prescription.

C. *The requirements of subsection B shall not apply if:*

*1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;*

*2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;*

*3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;*

*4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;*

*5. The prescription is issued by a licensed veterinarian for the treatment of an animal;*

*6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;*

*7. The prescription is for an opioid under a research protocol;*

*8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;*

*9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or*

*10. The prescriber has been issued a waiver pursuant to subsection D.*

*D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.*

**§ 54.1-3410. When pharmacist may sell and dispense drugs.**

E. *A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is*

*not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.*

**2. That the Board of Medicine, the Board of Nursing, the Board of Dentistry, and the Board of Optometry shall promulgate regulations to implement the provisions of this act regarding prescriber waivers to be effective within 280 days of its enactment.**

**3. That the Secretary of Health and Human Resources shall convene a work group of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare**

**Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association, to evaluate the implementation of the electronic prescription requirement for controlled substances and shall report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022. The work group's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid.**



# COMMONWEALTH of VIRGINIA

## Office of the Governor

Daniel Carey, MD  
Secretary of Health and Human Resources

October 26, 2018

The Honorable Robert D. Orrock, Sr.  
Chairman  
House Committee on Health, Welfare, and Institutions

The Honorable Stephen D. Newman  
Chairman  
Senate Committee on Education and Health

**Re: Final Report, E-Prescribing Workgroup, Chapter 429 Enactment Clause 3 (Regular Session, 2017)**

Dear Chairmen:

Pursuant to Chapter 429 of the 2017 General Assembly Session, an interim report was published in 2017 (RD431) on e-prescribing. Subsequently, a workgroup was convened on August 29, 2018, to finalize its review of actions necessary for implementation, by July 1, 2020, of the mandatory issuance of electronic prescriptions for controlled substances containing an opiate. The workgroup previously met on August 2, 2017 and August 29, 2017, and its actions were summarized in an interim report submitted to you by Secretary Hazel on October 12, 2017. The workgroup was comprised of representatives from the Board of Pharmacy, Virginia Pharmacists Association, Virginia Council of Nurse Practitioners, National Association of Chain Drug Stores, Medical Society of Virginia, Virginia Hospital and Health Care Association, Surescripts, Virginia Dental Association, Virginia Veterinary Medical Association, Drug Enforcement Administration, and the Virginia Association of Health Plans. A complete listing of the workgroup members is enclosed. After opening remarks, David Brown, DC, Director of the Department of Health Professions (DHP), chaired the workgroup meeting.

Current data was provided by Surescripts to the members. Surescripts self-reports that it operates the nation's largest clinical health information network, serving providers in all 50 states and D.C. The company's network connects to over 98 percent of all retail pharmacies, most mail order pharmacies, and over one million U.S. providers. The Surescripts data represented two types of prescribers: Active E-prescribers (prescribers who have sent e-prescriptions to pharmacies using Surescripts network in the last 30 days using the electronic health records (EHR) software applications) and Active E-Prescribers Electronic Prescriptions for Controlled Substances (EPCS) enabled (prescribers who use an EHR software that is EPCS certified and audit approved).

During the last year, the percentage of Virginia prescribers who are active E-prescribers increased from 56.8% to 60.8%, and the percentage of prescribers who are EPCS enabled


doubled from 6.3% to 12.8%. Nationally, the percentage of prescribers who are EPCS enabled increased from 17.1% to 27.6%. Additionally, the percentage of Virginia pharmacies that are active eRx pharmacies (pharmacies that are ready and processing e-prescriptions from prescribers' applications) increased slightly from 97.5% to 98.5%, and the percentage of EPCS enabled pharmacies (pharmacies with certified and audit approved software ready to receive EPCS transactions from prescribers) increased from 90.3% to 95.9%. Nationally, the percentage of EPCS enabled pharmacies increased from 90.5% to 94.5%. During previous discussions, it was noted that there are hundreds of EPCS enabled physicians practicing within healthcare systems who do not utilize Surescripts (e.g. Kaiser Permanente) and are not included in the Surescripts data. Additionally, the Surescripts data regarding EPCS enabled prescribers does not include most dentists.

It was acknowledged that similar federal legislation is currently being considered by the United States Congress. HR 6 requires the e-prescribing of a prescription for a covered part D drug under a prescription drug plan (or under a Medicare Advantage Prescription Drug plan) for a schedule II, III, IV, or V controlled substance for drugs prescribed on or after January 1, 2021. In contrast, Virginia Code Section §54.1-3408.02 requires any prescription for a controlled substance that contains an opiate to be issued as an electronic prescription as of July 1, 2020. HR 6 was passed by the House of Representatives in June 2018 and later by the Senate in October 2018. HR 6 contains exemptions similar to the workgroup's recommendations.

The workgroup considered whether to monitor the progression of the federal legislation prior to recommending a legislative proposal to authorize the exemptions that were recommended in the 2017 Interim Report and then further clarified at the August 29, 2018, meeting. There was consensus that legislation should be introduced during the 2019 General Assembly Session (enclosed) and that any necessary amendments in response to federal legislation could be addressed during the 2020 General Assembly Session. There was further consensus that the Secretary of Health and Human Resources should convene a workgroup within two years of the effective date of the 2019 legislation of interested stakeholders to evaluate the implementation and report to the Chairmen of the House Committee on Health, Welfare, and Institutions and the Senate Committee on Education and Health by November 1, 2022. The workgroup's evaluation should identify successes and challenges with the mandate, and offer possible recommendations for increasing the electronic prescribing of controlled substances.

Please feel free to contact Caroline Juran, Executive Director of the Virginia Board of Pharmacy, at (804) 367-4456, should you have any questions.

Respectfully,



Daniel Carey, MD

Enclosures



## **HHR/DHP E-Prescribing Workgroup Member List – August 29, 2018**

### **In Attendance:**

#### **Workgroup Conveners**

Daniel Carey, MD  
Secretary of Health and Human Resources

David Brown, DC  
Department of Health Professions, Director

Caroline Juran  
Board of Pharmacy, Executive Director

#### **Workgroup Members**

Omar Abubaker, DMD, Ph.D.  
Virginia Dental Association

Christina Barrille  
Virginia Pharmacists Association

Ellen Byrne, DDS, PhD  
Virginia Dental Association, Alternate Member

Lannie W. Cropper  
Virginia Association of Chain Drug Stores

Carol Forster, MD  
Kaiser Permanente

Kelly Gottschalk, DVM  
Virginia Veterinary Medical Association

Doug Gray  
Virginia Association of Health Plans

Richard Grossman  
Virginia Council of Nurse Practitioners

Scott Johnson  
HCA Hospitals

Ralston King  
Medical Society of Virginia

Jodi Manz, MSW  
Assistant Secretary of Health and Human Resources

R. Brent Rawlings  
Virginia Hospital & Healthcare Association

Ken Whittemore, Jr., R.Ph., MBA  
Surescripts, LLC

**Staff**

Laura Z. Rothrock  
Virginia Department of Health Professions, Executive Assistant to Director David E. Brown, DC

Sheralee Copeland  
Board of Pharmacy, Executive Assistant

**Absent:**

Ruth A. Carter  
Drug Enforcement Administration



## DRAFT Legislation

### 2019 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending §§ 54.1-3408.02 and 54.1-3410 of the Code of Virginia relating to electronic prescribing of a controlled substance containing an opiate.

**Be it enacted by the General Assembly of Virginia:**

- 1. That § 54.1-3408.02 and 54.1-3410 of the *Code of Virginia* are amended and reenacted as follows:**

**§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.**

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an opiate shall be issued as an electronic prescription with the following exceptions:

1. A prescriber who dispenses the opiate directly to the patient or patient's agent;
2. A prescription for a controlled substance containing an opiate for a person residing in a hospital, assisted living facility, nursing home, or residential healthcare facility or receiving services from a hospice provider or outpatient dialysis facility, or;
3. A prescriber who experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided the prescriber documents the reason for this exception in the patient's medical record;
4. A prescriber who writes a prescription to be dispensed by a pharmacy located on federal property, provided the prescriber documents the reason for this exception in the patient's medical record;
5. A prescriber who writes a low volume of prescriptions, defined as less than 25 prescriptions during the most recent twelve-month period with a maximum of a seven-day supply for each prescription;
6. A prescription issued by a veterinarian;
7. A prescription for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing,

such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use;

8. A prescription issued for an opiate under a research protocol;

9. A prescription issued in accordance with an Executive Order of the Governor for a declared emergency; and

10. A prescription that cannot be issued electronically in a timely manner and the patient's condition is at risk, provided the prescriber documents the reason for this exception in the patient's medical record.

C. In accordance with regulations adopted by the licensing board for a prescriber, a waiver may be granted for a period not to exceed one year of the requirement that any prescription for a controlled substance that contains an opiate be issued as an electronic prescription due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstance demonstrated by the prescriber.

**§ 54.1-3410. When pharmacist may sell and dispense drugs.**

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a chart order; and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom,

or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411. If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

E. (Effective July 1, 2020) ~~No pharmacist shall dispense a controlled substance that contains an opiate unless the prescription for such controlled substance is issued as an electronic prescription.~~ A dispenser is not required to verify that a prescriber properly falls under one of the exceptions specified in § 54.1-3408.02 for electronic prescribing prior to dispensing a controlled substance containing an opiate. A dispenser may continue to dispense a controlled substance containing an opiate from valid written, oral, or facsimile prescriptions that are otherwise consistent with applicable laws.

**2. That the Boards of Medicine, Nursing, Dentistry, and Optometry shall promulgate regulations for issuing or renewing a temporary waiver for a prescriber within 280 days of enactment of this Act.**

**3. That the Secretary of Health and Human Resources shall convene a work group within two years of the effective date of this Act of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association to evaluate the implementation of this Act and shall make a report to the Chairmen of the House Committee on Health, Welfare, and Institutions and the Senate Committee on Education and Health by November 1, 2022. The workgroup's evaluation shall identify successes and challenges with the mandate, and offer possible recommendations for increasing the electronic prescribing of controlled substances.**

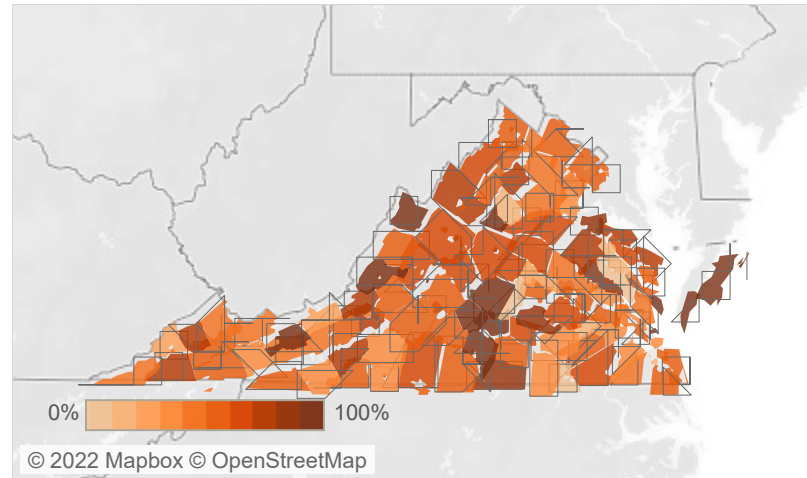
# VA EPCS Prescriber and Pharmacy Enablement Status - June 2022



## 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
VA	33,844	28,584	84.5%	28,278	83.6%	25,135	74.3%	4,690,311	776,079
National	1,243,115	1,182,004	95.1%	1,170,667	94.2%	959,988	77.2%	193,900,077	27,551,973

### % EPCS Prescriber Enablement By County



● 20,044 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.

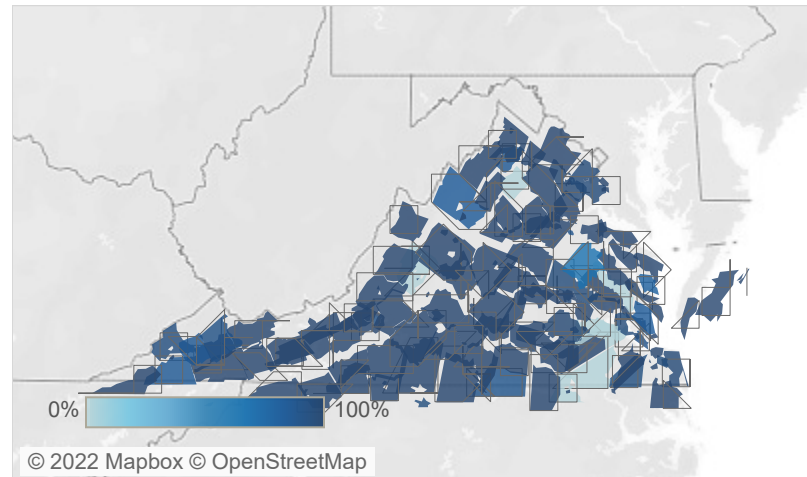
**Analysis of Dentists:** while dentists were excluded from the Total Prescribers (1) metric, e-prescribing dentists were included in calculations (2a, 2b); (3a, 3b); (4a, 4b) and (5, 6) above. Dentist specific metrics:

Total Prescribers 4,514 Active E-Prescribers 1,268 Active E-Prescribers EPCS Enabled 1,200

## 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
VA	1,434	1,401	97.7%	1,397	97.4%	4,690,311	776,079
National	63,126	61,334	97.2%	60,973	96.6%	193,900,077	27,551,973

### % EPCS Pharmacy Enablement By County



● 97.4% of pharmacies are EPCS enabled

● 1,397 of 1,434 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.

The Surescripts network data contained herein is provided on an "as is" basis for informational purposes only. Surescripts makes no warranties, either expressed or implied, concerning the accuracy, completeness, reliability or suitability of the data and assumes no liability for any damages caused by inaccuracies in this data or arising from the use or misuse of such data. No part of this document may be reproduced without the written permission of Surescripts.



2021

# SURVEY OF PHARMACY LAW

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*Including all 50 states, DC, Guam, and Puerto Rico*

## 22. Electronic Prescriptions

State	Does State Require Electronic Transmission of Prescriptions?
Alabama	No
Alaska	No
Arizona	Yes L †
Arkansas	E
California	No
Colorado	Yes G
Connecticut	—
Delaware	J
District of Columbia	No
Florida	Yes
Georgia	No
Guam	—
Hawaii	No
Idaho	No
Illinois	No
Indiana	A
Iowa	Yes B
Kansas	No A
Kentucky	E
Louisiana	No
Maine	Yes
Maryland	No
Massachusetts	Yes K
Michigan	Yes M
Minnesota	No
Mississippi	No
Missouri	E
Montana	No
Nebraska	No
Nevada	E
New Hampshire	No
New Jersey	No
New Mexico	No
New York	Yes K
North Carolina	Yes C
North Dakota	No
Ohio	No
Oklahoma	Yes H
Oregon	No
Pennsylvania	Yes F
Puerto Rico	—
Rhode Island	Yes H
South Carolina	E
South Dakota	No
Tennessee	No
Texas	Yes D
Utah	No
Vermont	No
Virginia	Yes I
Washington	Yes D
West Virginia	No
Wisconsin	No
Wyoming	E

### Legend

- A — Beginning July 1, 2021, all controlled substance opioids will need to be electronically prescribed.
- B — Beginning January 1, 2020, with some exemptions; includes all prescriptions.
- C — Only prescriptions for “targeted controlled substances” (ie, opioids) must, with few exceptions, be prescribed electronically.
- D — Law passed in 2019 will require that effective January 1, 2021, all controlled substance prescriptions be sent electronically unless exempt by law or a waiver is granted by the department of health to a prescriber. (WA – The Secretary of Health has delayed compliance with the law until September 30, 2021, due to COVID-19).
- E — By January 2021 (AR – with limited exceptions. KY – for controlled substances only. SC – with exceptions).
- F — All controlled substances with certain exceptions.
- G — Per Senate Bill 19-079, delayed implementation over time.
- H — By January 1, 2020, for all controlled substances.
- I — As of July 1, 2020, all opioid prescriptions must be electronically transmitted. §54.1-3408.02.
- J — Yes, for all prescriptions by 2021.
- K — With exceptions.
- L — For CII opioid prescriptions.
- M — Effective October 21, 2021, electronic transmission of prescriptions will be required unless excepted by MCL 333.17754a.

### NABPLAW Online Search Terms

Patient Counseling Requirements  
(type as indicated below)

- electronic signatures
- electronic transfer
- electronic transmission
- prescription transmission

Colored text denotes change from 2020 edition.

† Other comments noted in 2020 edition no longer apply.

— Indicates information is not available.



2021  
National  
Progress  
Report

# Simplifying intelligence sharing for safer, more affordable prescriptions

## Eligibility & Formulary

Eligibility brings clear information about a patient’s prescription benefit coverage into workflows at the prescriber’s office and at the pharmacy, where 90 day prescription pickup rates have found to be 2.7 percentage points higher for prescriptions informed by an Eligibility response.<sup>2</sup> Formulary delivers plan-level formulary information to prescribers from pharmacy benefit managers. In 2021, this information helped improve prescribing efficiency and medication adherence as part of the foundation for Electronic Prior Authorization, E-Prescribing, Medication History, Real-Time Prescription Benefit and Record Locator & Exchange.

Used by **1.89 million healthcare professionals and organizations** (+8% in 2021)

Informed nearly **4 billion care events**

## On-Demand Formulary

Introduced in March 2020, On-Demand Formulary delivers plan-level formulary information to prescribers at the point of care via a request and response transaction—often within milliseconds. With this option, EHRs eliminate the need to download large formulary files every week and can deliver real-time data that is likely to be more accurate.

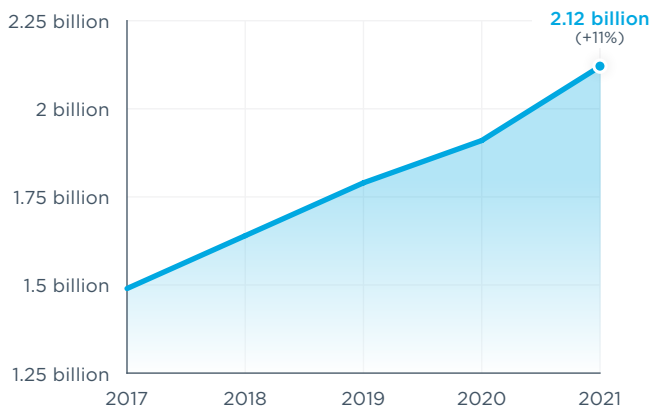
**43% increase in users** in 2021

**\$10,995 monthly savings** predicted for an EHR vendor supporting 100 practices (compared to downloading formulary files)<sup>5</sup>

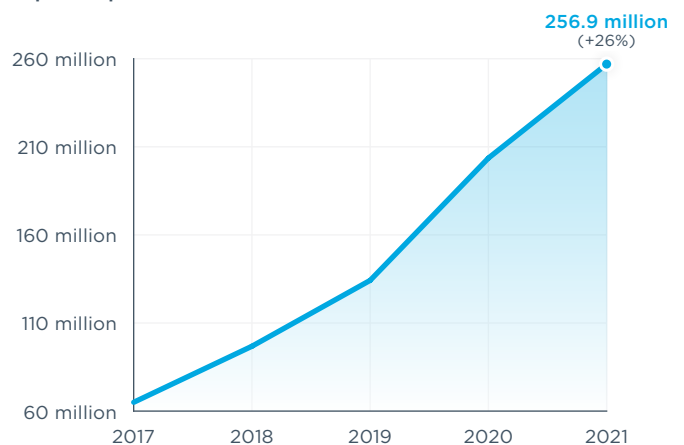
## E-Prescribing

E-Prescribing continued raising the bar for safe, clear prescriptions in 2021 with better data quality and more efficient communication between pharmacists and prescribers. With 20% to 26% of U.S. adults using telemedicine per month in 2021, it’s no surprise that E-Prescribing use grew throughout the year.<sup>4</sup>

E-prescriptions filled

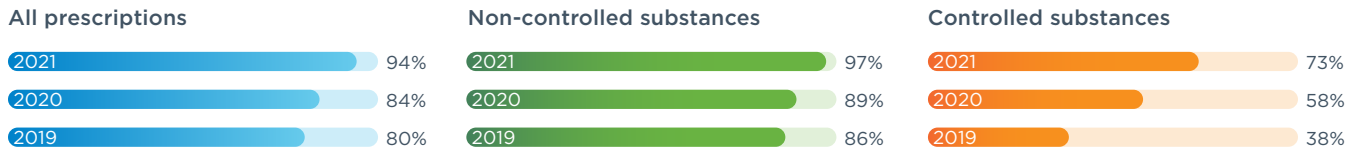


E-prescriptions for controlled substances filled





## How many prescriptions filled are electronic?



Note: Surescripts estimates that 84% of prescriptions written are filled, based on information from the National Association of Chain Drug Stores.

## E-Prescribing utilization among prescribers



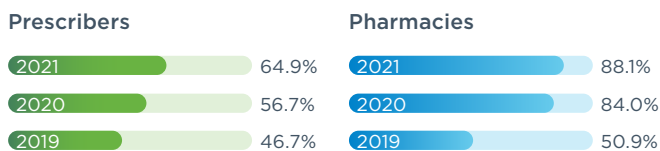
In 2021, approximately 100,000 prescribers added E-Prescribing into their routine, increasing the total number of prescribers using E-Prescribing by 10%. They joined virtually every pharmacy in the U.S. in handling prescriptions electronically.

Note: Surescripts estimates that there are approximately 1.2 million total prescribers in acute and ambulatory settings in the U.S. based on data from sources including Enclarity and Definitive Healthcare.

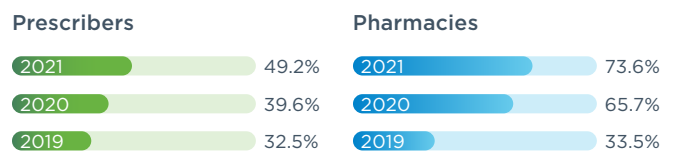
## CancelRx & RxChange

The Surescripts Network Alliance made e-prescribing even more efficient in 2021 with significant increases in the use of CancelRx and RxChange. These transactions make it easy to cancel a prescription, suggest an alternative, or request that a prescriber initiate prior authorization.

### CancelRx enablement



### RxChange enablement



## Electronic Prescribing for Controlled Substances (EPCS)

EPCS brings extra safety and security to controlled substance prescriptions—especially important amid an opioid overdose crisis that spiked as the COVID-19 pandemic hit the U.S.<sup>5</sup> Already used by virtually all pharmacies, EPCS saw an 18% jump in the number of enabled prescribers in 2021.

### Percent of e-prescribers enabled for EPCS



## Where is e-prescribing required by law?

A Centers for Medicare & Medicaid Services (CMS) rule requiring that Part D providers use EPCS took effect January 1, 2021 (pursuant to the requirements of the SUPPORT for Patients and Communities Act), and state legislation continued moving forward throughout the year.

**3 states** passed mandates in 2021.

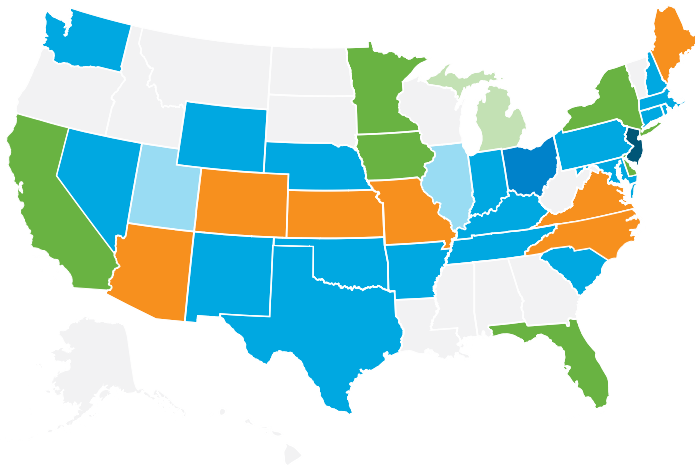
**14 states** had mandates take effect during 2021.

**6 states** had mandates take effect on January 1, 2022.

**32 states** have mandates in effect as of January 2022.

**35 total states** have now passed e-prescribing mandates.

**75% of the U.S. population** lives in states with mandates in effect.<sup>6</sup>

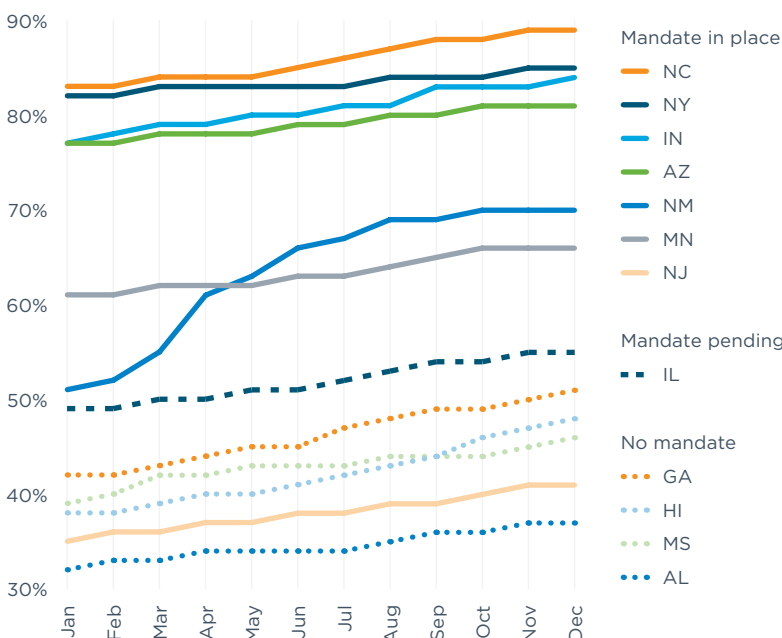


### As of January 2022

- Currently required for all prescriptions
- Will be required for all prescriptions
- Currently required for all controlled substances
- Will be required for all controlled substances
- Currently required for some controlled substances (e.g. opioids, or all but Schedule V substances)
- EHR EPCS adoption required
- Legislation in progress

Requirements in Indiana and Washington were postponed to January 1, 2022. Michigan's requirement was postponed to January 1, 2023.

## How does legislation impact EPCS prescriber enablement?



**North Carolina** saw the highest prescriber enablement in the nation in 2021. Though **Indiana's** mandate was postponed to January 1, 2022, its enablement rate rose from 77% to 84% over the course of 2021. **New Mexico's** mandate took effect in April 2021, and prescriber enablement jumped accordingly. **Illinois** passed a mandate that will take effect on January 1, 2023. **New Jersey's** mandate requires only EHRs to adopt EPCS—although bills to require e-prescribing for all prescriptions have now been introduced. With just 37% of prescribers enabled, **Alabama** ended 2021 with the lowest enablement rate in the nation.