

# Frequently Asked Questions (FAQ's)

## Regarding Electronic Prescriptions

1. Why has the Board of Pharmacy revised the regulations in COMAR 10.34.20 Electronic Transmission of Prescriptions?

Answer: Significant recent changes in the availability of secure methods of transmitting prescriptions, coupled with strong encouragement from Federal agencies, have made the revisions necessary. The new regulations were developed in consultation with the Maryland Health Care Commission and are intended to simplify the rules regarding how pharmacists determine the legitimacy of prescription they receive.

2. What is e-prescribing and how does it affect my pharmacy?

Answer: CMS has described e-prescribing as the transmission, using electronic media, of prescription or prescription-related information, between a prescriber, dispenser, Pharmacy Benefit Manager (PBM), or health plan, either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two way transmissions between the point of care and the dispenser.

3. Am I required to accept prescriptions sent electronically by a prescriber?

Answer: No, you are not required to accept electronic prescription transmission at this time although is likely to become mandatory for federally financed programs in the future.

4. Why would I want to accept electronic prescriptions?

Answer: The use of electronic prescriptions is intended to promote safety by reducing errors in interpretation of handwriting, improve security by assuring the validity of the prescription and reduce workload for the prescriber and pharmacist.

5. What am I required to do to begin accepting electronic prescriptions?

Answer: You must contact your pharmacy software provider to determine if the current product can accept internet generated prescriptions. If the current version of the software cannot accept electronic prescriptions you would need to obtain a new version of the existing software or a new system. Some existing systems have features that require activation.

6. How does this regulation apply to controlled substance prescriptions?

Answer: In March 2010, the Drug Enforcement Administration (DEA) published an Interim Final Rule on the use of electronic prescription technologies. Based on the response to comments and status of current security technology the DEA will allow e-prescribing if adequate prescriber safeguards are employed. The changes to the rule specify in detail the required safeguards. A pharmacy permit holder must verify that the pharmacy software is compliant with the new DEA safeguards.

Refer to: [http://www.deadiversion.usdoj.gov/ecommm/e\\_rx/index.html#faq](http://www.deadiversion.usdoj.gov/ecommm/e_rx/index.html#faq)

7. If my current software does not support e-prescribing what options do I have if I receive an electronic prescription for a controlled substance?

Answer: If you receive a prescription for a Schedule II medication you may contact the prescriber and have them provide an emergency prescription within 72 hours and treat the electronic copy as your temporary documentation of the transaction. If the prescription is for a Schedule III through V medication you may contact the physician and obtain verbal approval to dispense the medication.

8. If my software accepts e-prescriptions how do I know that the prescriptions are legitimate?

Answer: You must ascertain that the pharmacy software version you are using verifies that the provider is listed as an approved intermediary by the Maryland Health Care Commission (MHCC). This documentation must be renewed every two years based on information provided to the MHCC by the intermediary.

9. What are the names of some of the approved intermediaries?

Answer: MHCC maintains a list of approved vendors in Maryland including Rx Hub and SureScripts. Go to this link to obtain the names of MHCC approved electronic health networks: <http://mhcc.maryland.gov/edi/ehn/index.html>

10. May I receive electronic prescriptions through my fax machine?

Answer: Yes you can, if the prescription is not for a controlled substance. Faxed prescriptions for controlled substances CIII – CV must be validated orally.

11. Can I accept prescriptions sent to my fax machine by a prescriber that does not carry a “pen to paper” signature but reads “electronically signed” or a similar message?

Answer: No, you cannot. These prescriptions may not have been transferred directly to you by an approved intermediary and therefore are not legitimate

prescriptions. They may have been produced by software that the prescriber is using but the transmission has not come through the intermediary and therefore the validity checks may have not been performed. These prescriptions may not be accepted for reimbursement by third party payers. Use professional discretion and contact the physician to validate the prescription.

12. Can I accept prescriptions brought into the pharmacy by the patient or his agent that do not carry a “pen to paper” signature but read “electronically signed” or a similar message?

Answer: No, you cannot. These prescriptions would not have been transferred directly to you by an approved intermediary and therefore are not legitimate prescriptions. The prescription may have been produced by software that the prescriber is using but the transmission has not been received directly from the approved intermediary and therefore the validity checks may have not been performed. These prescriptions may not be accepted for reimbursement by third party payers. Use professional discretion and contact the physician to validate the prescription.

13. Where can I obtain additional information on this subject?

Answer: You can review Federal regulations contained in 21CFR 1306.05 and 21CFR 1306.14 and Maryland regulations in COMAR 10.19.03.09 and COMAR 10.34.20. You can contact the Maryland Board of Pharmacy and submit a question to the Practice Committee by calling 410-764-4755 or e-mail the Board at [MDBOP.ORG](mailto:MDBOP.ORG).

This FAQ was prepared in November 2010 and was based on Federal and Maryland laws and regulations in effect at that time.