

Washington State Board of Pharmacy
Electronic Prescription Transmission System Review Form
(to be completed by applicant for Board review)

Applicant/Vendor Name & Address _____

Program/System Name (if different): _____

Contact Name & telephone/email address: _____

Information for posting to Board's webpage:

Web address: _____

Email: _____

Telephone Number: _____

	Applicant	Board Staff Comments
Applicant must provide signed policies and procedures that include the following:		
1. Patient access to pharmacy locations The system cannot restrict the patient's choice/access to any pharmacy.		
2. Security procedures: <ol style="list-style-type: none"> a. System must have adequate security measures and systems in place to protect against duplication, unauthorized access, modification or manipulation of data. b. System must have the ability to prove the identity of both the individual sender and the receiver. c. System should have the ability to audit the activities of users. d. System must authenticate the sender's authority and credentials to transmit a prescription. (Note: if a practitioner delegates the authority to transmit prescriptions to another individual, i.e., nurse, the practitioner must have a mechanism in place to review the transactions of the person transmitting the information on behalf of the practitioner.) 		
3. Maintenance of patient confidentiality:		

<ul style="list-style-type: none"> a. Patient information must be maintained in accordance with RCW 70.02 Health Care Information Act. b. If prescription information is shared with 3rd parties, how does the system protect confidentiality of patient specific data? 		
<p>4. Prescriber-pharmacist communication:</p> <ul style="list-style-type: none"> a. Does the system meet current NCPDP standards? b. Does system use 128 byte encryption when transferring patient information over a public network? 		
<p>5. Preferred drug selection</p> <ul style="list-style-type: none"> a. Does the system include a drug formulary or a preferred drug list? b. If so, does the practitioner have the ability to prescribe off formulary? 		
<p>6. Patient drug profiles Does the system maintain a history of the medications prescribed for a patient?</p>		
<p>7. Compliance with controlled substance drug regulation Does the system comply with federal laws regarding the transfer of controlled substance prescriptions (i.e., prescriptions for schedule II drugs cannot be sent electronically except in an emergency)?</p>		
<p>8. Drug use review/medication error/quality assurance Does the system have the ability to produce reports on drug allergy, drug interactions, duplicate therapy, under/over usage, etc.?</p>		

<p>9. Elements of the prescription sent to the pharmacy</p> <p>a. Does the prescription have a place to note allergies and a notation of the purpose for the drug?</p> <p>b. Does the prescription indicate the preference for a generic equivalent drug substitution?</p> <p>c. Does the prescription state that it is an electronic prescription? Does it identify your software system? (please include a printed copy of the electronic Rx)</p>		
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Staff Recommendation: Acceptance _____

Revision Needed _____

Date approved by board: _____

Investigator notified: _____

Reviewer: _____

Date of review: _____