

Washington State Board of Pharmacy  
 Electronic Prescription Transmission System Review Form  
**Pharmacy Software**

*(to be completed by applicant for Board review)*

Applicant 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:		
<b>1. Pharmacy practice:</b> a. Does the system have a comment field for receiving and sending patient information related to the prescription such as compliance, special patient needs, and product selection?		
<b>2. Security procedures:</b> 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 must have the ability to audit the activities of users.  d. System must authenticate the sender’s authority and credentials to transmit a		

prescription.		
<b>3. Maintenance of patient confidentiality:</b> 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?		
<b>4. Prescriber-pharmacist communication:</b> a. Does the system meet current NCPDP standards?  b. Does system use 128 byte encryption when transferring patient information over a public network?		
<b>5. Patient drug profiles:</b> a. Does the system maintain a history of the medications prescribed for a patient?		
<b>6. Verification:</b> a. Does the system maintain the pharmacist verification of the prescription?		
<b>7. Board of Pharmacy inspections:</b> a. Does the system generate reports of prescriptions readily retrievable by the Board, or its agent for inspection at the pharmacy?		
<b>8. Drug use review/medication error/quality assurance:</b> a. Does the system require the pharmacist to check for drug allergy, drug interactions, duplicate therapy, under/over usage, etc. as required in WAC 246-875-Pharmacy-Patient Medication Record Systems?		

Staff Recommendation: Acceptance \_\_\_\_\_

Revision Needed \_\_\_\_\_

Date approved by board: \_\_\_\_\_

Investigator notified: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date of review: \_\_\_\_\_