Washington State Pharmacy Quality Assurance Commission
Electronic Prescription Transmission Systems
Application Form and Instructions

Washington law, RCW 69.41.055 and RCW 69.50.312, requires approval of electronic prescription transmission systems by the Washington State Pharmacy Quality Assurance Commission prior to use of the systems in this state. The Commission adopted rules in chapter 246-870 WAC. Under WAC 246-870-060, the Commission’s approval of a system lasts for a period of three years. In order to continue operation in Washington State, a system must request re-approval every three years. Consistent with Washington State and federal laws, over-the-counter, legend drugs, and controlled substance prescriptions may be transmitted electronically.

Attached to the end of this form are informational checklists to provide additional guidance on the requirements for electronic prescription transmission and receiving systems in Washington State.

Please submit completed materials to WSPQAC@doh.wa.gov or Fax at 360-236-2260. Please see below for all required materials:

1. Completed Request for Consideration Form:
   http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission/CommissionMeetings/HowandWhenoGetontheAgenda

2. Completed application packet¹, which includes:
   a. Completed application form;
   b. Signed public disclosure notification from; and
   c. Signed attestation form indicating compliance with all electronic prescription transmission laws and rules pursuant to RCW 69.41.055, RCW 69.50.312 and Chapter 246-870 WAC. Actual submission of policies and procedures to the Commission are not required.

¹ Each Electronic Prescription Transmission System must have policies and procedures regarding the electronic transmission of prescription information specific to Washington State. An operations manual can satisfy this requirement if it meets the standards in WAC 246-870-060.
Electronic Prescription Transmission Systems
Application Form

Applicant/Vendor Name and Address: _______________________________________
_____________________________________________________________________
_____________________________________________________________________

Software/System Name (if different): _______________________________________
(Must complete separate form and retain separate policies and procedures for each separate software)

Type of Transmission System (circle one): SENDING RECEIVING INTERMEDIARY

Point of Contact Name: _________________________________________________
Point of Contact Phone: _______________________________________________
Point of Contact Email: ________________________________________________

Information for posting to Pharmacy Commission’s webpage:
Web address: __________________________________________________________
Email: ________________________________________________________________
Telephone Number: _____________________________________________________

REQUIRED FOR ELECTRONIC PRESCRIBING FOR CONTROLLED SUBSTANCES

Is Transmission System Electronic Prescription Controlled Substance (EPCS) certified:
(circle one): YES NO

Does the transmission sending system currently comply with the DEA manual signature requirement for all electronic faxes?
(circle one): YES NO

To assist the Commission in information gathering, please answer the following:

For Transmission Sending System, does your system currently have functionality for electronic faxes: (circle one): YES NO NOT APPLICABLE

Does Transmission System comply with current NCPDP standards (circle one):
YES NO If no, what standard does the system use: ______________________________

List Transmission System certifications (Office of the National Coordinator for Health IT (ONC), HITRUST, etc.): ______________________________

State encryption for transmission of patient data (minimum 128 bit required): _______ bit
Documents submitted to the Pharmacy Quality Assurance Commission (Commission) are public records, subject to the Public Records Act, chapter 42.56 RCW, and presumptively open to public inspection and copying. The Commission will make all meeting materials available for public inspection and copying on the Commission’s website, including records submitted by you concerning your requests for review or approval to the Commission. If you believe any of these records may be exempt from disclosure under RCW 42.56.270(11)* (“Proprietary data, trade secret, or other information that relates to (a) . . . unique methods of conducting business, (b) data unique to [your] product or services), then do not submit the records. Instead, you may seek a court order protecting those records as authorized in RCW 19.108.020(3), providing notice of the proceeding to the Commission. The materials may be submitted to the Commission in a manner consistent with an order of the court when the legal proceeding has concluded.

Acknowledgement of receiving Public Disclosure Notification:

Printed Name: __________________________________________

Signature: __________________________________________

Title: __________________________________________

Date: __________________________________________
Electronic Prescription Transmission System  
Attestation Form

I attest that the (check all that apply)

☐ electronic prescription transmitting system

☐ electronic prescription intermediary system

☐ electronic prescription receiving system

for which I am making this Application operates in compliance with the statutes and rules of the State of Washington. I understand any misrepresentation may be grounds for revoking Commission approval and discipline against any licenses issued to me or my organization.

Dated this _____ day of ____________, 20____, at ____________________________, __________.  
(City)  (State)

Printed Name: ________________________________________

Signature: ____________________________________________

Title: ________________________________________________

Date: ________________________________________________