



Secretary Carol Aichele

PENNSYLVANIA STATE BOARD OF PHARMACY



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July 2013

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Electronic Prescriptions

It is generally accepted that electronic medical records and electronic prescribing have the potential to enhance patient care and patient safety, especially when relating to the misinterpretation of handwritten prescriptions and medical orders. Recognizing this, the Board of Pharmacy published in May 2006 regulations allowing pharmacies to receive electronic prescriptions and published revisions in April 2012 to these regulations to allow receipt of prescriptions for Schedule II controlled substances (049 Pa. Code § 27.201). On June 1, 2010, changes to Drug Enforcement Administration (DEA) regulations became effective which allow for the electronic prescribing of controlled substances, subject to certain stipulations (21 CFR Parts 1300, 1304, 1306 and 1311). Additionally, the Pennsylvania Department of Health, which oversees regulations under the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101—780-144) published a notice in the Pennsylvania Bulletin on December 11, 2010 outlining their interpretation of certain laws and regulations as they pertain to electronic prescriptions. The regulatory barriers, both real and perceived, to acceptance of electronic prescribing have been addressed.

This is not to say that there aren't any conflicting regulations which could result in

confusion among health care providers. The Board of Pharmacy defines an "electronically transmitted prescription" broadly, as "the communication of an original prescription or refill authorization by electronic means, to include computer-to-computer, computer-to-facsimile machine or e-mail transmission which contains the same information it contained when the authorized prescriber transmitted it." In contrast, the DEA defines an "electronic prescription" as a "prescription that is generated on an electronic application and transmitted as an electronic data file," in other words, from computer-to-computer. The DEA regulations are more restrictive because of the concern about the diversion of controlled substances. Generally, when there are conflicting state and federal regulations, a licensee must adhere to the more stringent requirements.

For example, a pharmacy may accept an electronically signed prescription for cephalexin transmitted from a physician's office computer to a fax machine in the pharmacy; however, a prescription for acetaminophen with codeine communicated in the same manner would be invalid (DEA regulations would require the practitioner to print out the controlled substance prescription, manually sign it, and then fax it to the pharmacy).

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If a pharmacy receives a computer generated prescription for a controlled substance by fax that has not been manually signed by the prescriber, the pharmacist could contact the prescriber for an oral prescription (if an oral prescription is permitted). If the prescribing practitioner is using a software application which has been certified as meeting the DEA standards for electronic prescribing, and the pharmacy is using a software application that

has been certified as well, an electronic prescription, sent from computer-to-computer, for acetaminophen with codeine would be valid.

As electronic prescribing continues to expand, it is imperative that pharmacists and prescribing practitioners are aware of, and comply with, state and federal laws and regulations, especially those related to controlled substances.