

# **EPrescribing Is So Much More**

MMIS 2009

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# NCPDP Standards Used in Electronic Prescribing

- SCRIPT Standard
  - Exchange between prescribers, pharmacies, intermediaries, payers
    - New prescription request
    - Change of new prescription
    - Cancel of prescription
    - Refill/renewals request/response or Resupply in long term care
    - Fill Status notification
    - Medication history exchange
    - Drug Administration exchange in long term care

# NCPDP Standards Used in Electronic Prescribing

- Formulary and Benefit Standard
  - Pharmacy benefit payers (including health plans and Pharmacy Benefit Managers) to communicate formulary and benefit information to prescribers via technology vendor systems. Information for the prescriber to consider for the most appropriate drug choice for the patient.
    - Which drugs are considered to be “on formulary,” and alternative medications for those drugs not on formulary
    - Limitations that may impact whether the patient’s benefit will cover a drug being considered (such as age limits, gender limits, step therapy rules, benefit-specific coverage exclusions, etc.)
    - The cost to the patient for one drug option versus another.

## Recommendation to HHS

- Request to National Committee on Vital and Health Statistics that the industry proceed to SCRIPT version 10.6 for use under the Medicare Modernization Act in retail, mail, and long-term care settings as of January 1, 2010.
  - It is recommended that SCRIPT version 8.1 be allowed to continue for a transition period as the industry moves to version 10.6. This approach was successful in the previous transition from SCRIPT version 5.0 to 8.1.
- In the long-term care setting, it is recommended that the current MMA exemption be eliminated and the SCRIPT versions currently in use (10.2 and 10.3) be allowed during the transition period.
- NCVHS approved the recommendations from the industry (<http://www.ncvhs.hhs.gov/090701lt.pdf>) and the Secretary of HHS has accepted the recommendations. (NCVHS did not recommend a timeframe.)

## NCPDP Task Groups

- Task Groups are open to any interested party who are willing to participate and work...
  - **NCPDP Formulary and Benefit Task Group** meets to provide further clarification, enhancements to the standard as needs come forward
  - **NCPDP Prior Authorization Workflow to Transactions Task Group** on the exchange of prior authorization information
    - The task group has created an XML-based exchange of prior authorization data between provider and plan.
    - Will be discussing a pilot with HHS.
  - **NCPDP-HL7 Eprescribing Functional Profile Task Group**
    - Building profiles for criteria for standalone eprescribing systems and pharmacy/pharmacist interfaces

# NCPDP Task Groups

- **Clinical Health Information Exchange (CHIX) Task Group**
  - Patient-centric exchange (versus medication-centric) in ambulatory settings.
  - Focus on Questions/queries between parties – need to know more information, follow up question
  - Exchange of allergy information in ambulatory settings.
- **RxNorm Task Group**
  - Use of RxNorm in NCPDP standards.
  - Determine *where appropriate* to use this as the common code set (for example, in eprescribing, in some aspects of formulary and benefit exchange, but not in claims billing)

## Of Interest

- NCPDP electronic prescribing web page for resources, industry information, fact sheet, etc.
  - <http://www.ncpdp.org/eprescribing.asp>
- HITSP 2009 work also includes work on “Medication Gaps”
  - Items that were identified in previous HITSP work for
    - Structured Sig
    - Formulary information
    - Integration of medication information from multiple sources
    - Allergy information
    - Long term care needs
- HITSP Foundations Committee (non-use case) has a subcommittee working on “Medication Harmonization” – identification of standards for the exchange of medication information (terminologies) across various healthcare business uses.

*Thank You*

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