

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Electronic Prescription Software Approval Form

Rev (11/10/2021)

NAC 639.7102 states that a computer system used to transmit prescriptions, also referred to as “electronic prescription” or “e-prescribing”, MUST adhere to the following:

1. A practitioner may issue a prescription using a computer system approved by the Board; and
2. Transmit the prescription using that computer system to a pharmacy specified by the patient for whom the practitioner issues the prescription.
3. The Board will approve the computer system of a practitioner if the computer system:
 - a. Requires a fingerprint scan, retinal scan, personal identification number or other unique identification of the practitioner or the designated agent of the practitioner to activate the computer system by which a prescription will be entered and to reactivate the computer system if the computer system has not been in use for 15 minutes or longer;
 - b. Maintains a record of:
 - i. Each prescription that the practitioner issues using the computer system; and
 - ii. Each pharmacy to which the practitioner or the designated agent of the practitioner transmits the prescription;
 - c. Is able to print a written prescription that complies with NRS 639.2353 and NAC 453.440;
 - d. Includes on any prescription that is transmitted to a pharmacy a field containing information that uniquely identifies the practitioner;
 - e. Requires the practitioner, before the computer system places the words “Dispense As Written” on the face of the prescription, to make a specific entry into the computer system for the prescription; and
 - f. Transmits to the pharmacy specified by the patient the prescription and any other confidential information relating to the patient in a manner that ensures that the prescription or other confidential information may not be altered by a person other than the pharmacist.

A practitioner MUST utilize an approved e-prescribing software listed at [https://bop.nv.gov/resources/ALL/Approved E-Prescribing Systems/](https://bop.nv.gov/resources/ALL/Approved_E-Prescribing_Systems/) to transmit controlled substance prescriptions to a pharmacy. E-prescribing software not on the approved list must be approved by the Board before a practitioner may utilize that software.

If you are seeking approval of your e-prescribing software, please print and mail the completed application to the address indicated on top of this application or email the completed form to pharmacy@pharmacy.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Section 1: General Information

Practitioner Name: _____
 Practice Name (if applicable): _____
 Practice Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different from Practice address): _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

Section 2: E-Prescribing Software General Information

E-Prescribing Software Name: _____
 Contact Address: _____
 City: _____ State: _____ Zip: _____
 Name of Contact Person: _____
 Contact Person Telephone: _____ Email: _____

Section 3: E-Prescribing Compliance with NAC 639.7102. (If additional space is needed, please use additional paper and note which question number you are referencing.)	Yes	No
1. Does the E-Prescribing Software require a fingerprint scan, retinal scan, personal identification number or other unique identification of the practitioner or the designated agent of the practitioner to activate the computer system by which a prescription will be entered and to reactivate the computer system if the computer system has not been in use for 15 minutes or longer.		
<p>Two-factor authentication (two of the following – something you know, something you have, something you are) protects the practitioner from misuse of his/her credential by insiders as well as protecting him/her from external threats because the practitioner can retain control of a biometric or hard token. Under the interim final rule, DEA is allowing the use of two of the following – something you know (a knowledge factor), something you have (a hard token stored separately from the computer being accessed), and something you are (biometric information). The hard token, if used, must be a cryptographic device or a one-time password device that meets Federal Information Processing Standard 140-2 Security Level 1. A hard token is a cryptographic key stored on a hardware device (e.g., a PDA, cell phone, smart card, USB drive, one-time password device) rather than on a general-purpose computer. A hard token is a tangible, physical object possessed by an individual practitioner. <u>Please explain the two-factor authentication that the practitioner will be required to use below:</u></p>		
2. Does the E-Prescribing Software maintain a record of: <ul style="list-style-type: none"> a. Each prescription that the practitioner issues using the E-Prescribing Software; and b. Each pharmacy to which the practitioner or the designated agent of the practitioner transmits the prescription? 		
3. Does the E-Prescribing Software allow for the printing of a written prescription that complies with NRS 639.2353 and NAC 453.440?		
4. Does the E-Prescribing Software include on all prescription that is transmitted to a pharmacy a filed containing information that uniquely identifies the practitioner?		

5. Does the E-Prescribing Software require the practitioner, before the computer system places the words "Dispense As Written" on the face of the prescription, to make a specific entry into the computer system for the prescription?		
6. Does the E-Prescribing Software transmit to the pharmacy, specified by the patient, the prescription and any other confidential information relating to the patient in a manner that ensures that the prescription or other confidential information may not be altered by a person other than the pharmacist?		
7. Has the E-Prescribing Software met all the requirements as specified by the DEA Electronic Prescriptions for Controlled Substances (EPCS) (usdoj.gov) (https://deadiversion.usdoj.gov/e-comm/e_rx/)?		

Section 4: Provide signed Policies and Procedures with your application and include responses to the following questions (If additional space is needed, please use additional paper and note which question number you are referencing.):

Questions	Applicant Response
1. Describe the computer limitation allowing prescribing transmission access by only a practitioner authorized to prescribe.	
2. Describe encryption or other security systems used in the process of prescription transmissions.	
3. In what manner are prescriptions transmitted to a pharmacy maintained in the practitioner records?	
4. In what manner are records maintained that identify the pharmacy to which the prescriptions from the practitioner were sent?	
5. What mechanism exists to confirm the transmitted order was received by the pharmacy?	
6. Describe the method a pharmacy can verify the prescriptive order and practitioner's electronic signature are valid.	
7. Describe the computer transmission compliance with NRS 639.2353, NAC 453.440 and NCPDP standards.	
8. Is the computer transmission adaptable to be received in the pharmacy computer data as well as the pharmacy facsimile device?	
9. Describe the assurance that patient confidential information sent to the pharmacy cannot be altered by any person except the pharmacist.	
10. If a practitioner orders a pharmaceutical product to be dispensed as written, will the computer program write out the words, "dispense as written"?	

11. Will the practitioner's computer be able to print a paper prescription order on security paper only?	
12. Does the computer system allow a paper prescription order to be printed for a Schedule II controlled substance?	
13. Can the computer system transmit an ICD-10-CM code or other pertinent health care information to the pharmacy?	
14. In what manner can the computer system be audited to ensure the activities performed are as responded to in the document?	
15. Is the computer system compliant with both the State and Federal Laws regarding the electronic transmission of controlled substance prescriptions? Please describe.	

Print Name of Person Completing Application

Phone Number and Email of Person Completing Application

Original signature of Person Completing Application (copies or stamps not accepted)

Date

Section 5: FOR OFFICIAL USE ONLY

Board Staff Review/Comment/Notes/Suggestions/Questions:

Name of Board Staff Reviewer:

Date Reviewed:

Approved: Yes No

Date Approved: