

## NCPDP Resources

- [ePrescribing Fact Sheet](#)  
This document contains general information about electronic prescribing, who is involved in electronic prescribing, standards, reference material from the industry.
- [ePrescribing Basics](#)
- [NCPDP ePrescribing Standards 101](#)  
This presentation contains information about the standards used in electronic prescribing and how to get started with the standards.
- [Electronic Prior Authorization \(ePA\) Fact Sheet](#)  
The NCPDP SCRIPT Standard Supports Electronic Prior Authorization (ePA) Fact Sheet is designed to be used as a tool for both industry stakeholders working to implement ePA as well as state legislative and regulatory bodies considering enacting ePA standards. The fact sheet covers:
  - What is Electronic Prior Authorization (ePA)?
  - Challenges with Prior Authorization Today
  - Next Steps

The fact sheet may be used as a tool as you discuss ePA implementation with policy makers and implementers.

See NCPDP [Standards Matrix](#) for reference of implementation guides to data dictionary and external code lists.

- [NCPDP SCRIPT Implementations Recommendations](#)  
This document provides recommendations expected to be followed by the industry for consistent and complete prescription transactions of the NCPDP SCRIPT Standard. As the electronic prescribing industry has matured, more robust requirements have been added to the transaction standards. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations will be brought forward, and it is anticipated that they will be reflected in future versions of the SCRIPT Standard. These recommendations provide a bridge to the future versions. This document contains questions, clarifications, and corrections. This document is updated as often as quarterly.

**Important Information** - see section Quantity Qualifier Recommendations for Electronically Created Prescriptions for important transition information.

- [NCPDP SCRIPT Standard Version 2017071 Implementation Timeline - v 1.0 October 2018](#)  
This document offers guidance to the pharmacy industry in preparing for the implementation of versioning changes to the NCPDP SCRIPT Standard

# ePrescribing Industry Information

- [NCPDP Formulary and Benefit Implementations Recommendations V1.3 December 2018](#)  
This document provides recommendations expected to be followed by the industry for consistent and complete implementation of the NCPDP Formulary and Benefit Standard. These recommendations will be brought forward and it is anticipated that they will be reflected in future versions of the Formulary And Benefit Standard. These recommendations provide a bridge to the future versions. This document contains questions, clarifications, and corrections. This document is updated as often as quarterly.
- [Information on the use of NCI Codes in ePrescribing](#)
- [NCPDP Activities on Prior Authorization in ePrescribing on the NCPDP Resources Website page](#)
- [NCPDP Electronic Signature Guidance](#)

## Industry Resources

- [Agency for Healthcare Research and Quality \(AHRQ\) Resources](#)
- [CMS ePrescribing Resources](#) (also check CMS Frequently Asked Questions)
- [ePrescribing Toolkits](#)
- [Medicare Improvements for Patients and Providers Act of 2008 \(MIPPA\) incentive program for electronic prescribers](#)
- [Office of the National Coordinator for Health Information Technology \(ONC\) HealthIT.gov](#)

## Vocabulary Resources

- NCI Subsets - Subset files include (but are not limited to): Drug StrengthForm, StrengthUnitOfMeasure, QuantityUnitOfMeasure, DEASchedule, MeasurementUnitCode and DoseUnitOfMeasure Terminology. The files can be downloaded from <http://evs.nci.nih.gov/ftp1/NCPDP/> or <http://evs.nci.nih.gov/ftp1/NCPDP/About.html>
- [RxNorm Information](#)
- Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) [IHTSDO Link](#)
- [inkLM LN](#)

## Industry Initiatives

- [Pharmacy e-Health Information Technology Collaborative](#) – To assure the meaningful use of standardized electronic health records (EHR) that supports safe, efficient, and effective medication use, continuity of care, and provide access to the patient-care services of pharmacists with other members of the interdisciplinary patient care team. To assure the pharmacist’s role of providing patient-care services are integrated into the National HIT interoperable framework.
- [The Center for Improving Medication Management](#) is a collaborative forum that establishes project specific priorities to demonstrate the value of pharmacy interoperability with both patients and physicians for the purpose of improving the medication management process.

## White Papers, Reports

- [Physician Practices, ePrescribing and Accessing Information to Improve Prescribing Decisions Report](#)
- [March 2012 California Healthcare Foundation Issue Brief](#)
- [The Evolving Landscape for Electronic Prescribing of Controlled Substances \(EPCS\)](#)
- [Getting Started With EPCS](#)

## Federal Regulations and Information

### DEA and ePrescribing

- [ePrescribing Controlled Substance Interim Final Rule \(IFR\) March 31, 2010](#)
- [NCPDP's Response to IFR](#)
- [NCPDP's response to the proposed rule issued in June 2008](#)
- [DEA guidance](#)
- [DEA Policy on Authorized Agent of a Practitioner](#)

### CMS ePrescribing Standards

#### SCRIPT

- **2014 Next Version of SCRIPT Implementation Planned** - During the November 2014 NCPDP Work Group meetings, WG11 and WG14 jointly discussed the timeline for moving to the next version of the SCRIPT Standard under the Medicare Modernization Act (MMA) regulatory process and agreed to a schedule time frame to move forward. See [Next Version of SCRIPT Timeline](#). The WG11 minutes can be referenced for detailed discussion of the topic. The industry should be preparing for the start of the regulatory process. **It should be noted that the MMA new version implementation date and SCRIPT 10.6 sunset date are at the discretion of the regulators.**
- On the [WG11 work group page](#) on the NCPDP website in Members Only in the February 2015 zip file of materials, are three documents:
  - Changes since SCRIPT 10.6
  - Timeframe Considerations
  - New Standard Process
- The [New Standard Process](#) document was updated and the attendees then discussed and agreed to this new time frame as a recommended timeline for the regulatory process. Please note the Data Element Request Forms (DERFs) need to be submitted for the February 2015 Work Group meetings to be considered for the next version to be requested to be named in MMA. The industry is beginning the execution of this timeline.

# ePrescribing Industry Information

- [2014 NCVHS Recommendations](#) - Recommendations to HHS on the adoption of NCPDP SCRIPT Standard electronic prior authorization transactions (ePA). This is to help recommend that HHS have latitude in determining whether the ePA transactions would fall under the Medicare Modernization Act (MMA) (preferred) or HIPAA.
- [2012 ePrescribing Versions](#) - Retire NCPDP SCRIPT 8.1 and adopt NCPDP SCRIPT 10.6 effective November 1, 2013, November 1, 2014 as the expiration of the LTC exemption. Due to administrative error, NCPDP Formulary and Benefits Version 1.0 was not moved to Version 3.0 in this reg. HHS will issue future rulemaking to correct.
- [Industry Recommendations](#) - NCPDP Formulary and Benefit Standard Version 3.0 by July 1, 2014 and sunseting NCPDP SCRIPT Version 8.1 by October 31, 2013. 05/2013 The industry recommended due to the administrative error, pushing the Formulary and Benefit Standard Version 3.0 required date one year, to July 1, 2015.
- [Retire SCRIPT 8.1/Lift LTC exemption/Formulary and Benefit 3.0 NPRM](#) July 30, 2012.
- [2010 ePrescribing Interim Final Rule \(IFR\)](#) July 1, 2010 – SCRIPT 10.6 use July 1, 2010.
- [NCPDP Response to IFR](#)
- [2008 Final Rule naming F&B 1.0, SCRIPT 8.1, NPI](#) effective April 1, 2009.
- [Recommendation Letter](#) for SCRIPT Standard Implementation Guide Version 10.6 by January 2010.
- [2005 Final Rule naming foundational eprescribing standards](#) November 1, 2005.
- [Proposed Rule Naming Foundational Standards February 4, 2005.](#)
- [NCPDP's Response](#) to the NPRM.

## Formulary and Benefit

- [2013 Formulary and Benefit Version 3.0 Adopted](#) - On December 10, 2013 the Federal Register published the [Physician's Fee Schedule Final Rule](#) which includes the adoption of the NCPDP Formulary and Benefits Version 3.0 effective March 1, 2015. Version 3.0 will be recognized as a backward compatible version of the adopted Version 1.0 from February 10, 2014 through February 28, 2015. Formulary and Benefit Version 1.0 will be sunsetted effective February 28, 2015.
- [2013 Formulary and Benefit 3.0](#) - Proposed rule to retire NCPDP Formulary and Benefits 1.0, effective July 1, 2014, and to propose the adoption of NCPDP Formulary and Benefits 3.0 as the official Part D eprescribing standard, effective July 1, 2014. [NCPDP Response to NPRM.](#)
- [2012 Industry Recommendations](#) - The industry recommended moving to NCPDP Formulary and Benefit Standard Version 3.0 by July 1, 2014. The industry recommended sunseting NCPDP SCRIPT Version 8.1 by October 31, 2013.
- [Retire SCRIPT 8.1/Lift LTC exemption/Formulary and Benefit 3.0 NPRM](#) July 30, 2012.
- [2008 Final Rule naming F&B 1.0, SCRIPT 8.1, NPI](#) effective April 1, 2009.

# ePrescribing Industry Information

## How to Get Involved

The [Work Groups](#) are the place where all of the electronic standards for transmission of pharmacy industry data are created and modified. The Work Groups meet quarterly to discuss issues critical to pharmacy industry standards.

- [WG11 ePrescribing & Related Transactions](#) develops standardized messages for prescribers, pharmacists, payers and/or other interested parties to exchange information.
- [WG14 Long Term Care](#), in conjunction with the other Work Groups, guides and advises payers, processors, and providers of the long term care industry and institutional pharmacy programs and their agents on standards implementation, supports data processing initiatives, and provides design alternatives for standards used within the long term care industry.

[Join a Task Group](#)