e Prescribing (eRx)	
Objective	Generate and transmit permissible discharge prescriptions electronically (eRx).
Measure	More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using certified EHR technology.
Exclusion	Does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

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Definition of Terms

Permissible Prescriptions – The concept of only permissible prescriptions refers to the current restrictions established by the Department of Justice on electronic prescribing for controlled substances in Schedule II-V. (The substances in Schedule II-V can be found at *http://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf*). Any prescription not subject to these restrictions would be permissible.

Prescription – The authorization by a provider to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Attestation Requirements

DENOMINATOR/ NUMERATOR/THRESHOLD/EXCLUSION

- DENOMINATOR: Number of new, changed, or refill prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.
- NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.
- THRESHOLD: The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.
- EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- This measure is not limited to only new and altered prescriptions, but rather includes new, altered, and refill prescriptions in the measure of discharge medication orders for permissible prescriptions.
- An eligible hospital or CAH needs to use certified EHR technology as the sole means of creating the prescription, and when transmitting to an external pharmacy that is independent of the eligible hospital's or CAH's organization such transmission must use standards adopted for EHR technology certification.
- Eligible hospitals or CAHs should include in the numerator and denominator both types of electronic transmissions (those within and outside the organization) for the measure of this objective.
- For purposes of counting prescriptions "generated and transmitted electronically," we consider the generation and transmission of prescriptions to occur concurrently if the prescriber and dispenser are the same person and/or are accessing the same record in an integrated EHR to creating an order in a system that is electronically transmitted to an internal pharmacy.
- Providers can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the eligible hospital or CAH generates an electronic prescription and transmits it electronically using the standards of certified EHR technology to the intermediary network, and this results in the prescription being filled without the need for the provider to communicate the prescription in an alternative manner.
- Prescriptions transmitted electronically within an organization (the same legal entity) do not need to use the NCPDP standards. However, an eligible hospital's or CAH's EHR must meet all applicable certification criteria and be certified as having the capability of meeting the external transmission requirements. In addition, the EHR that is used to transmit prescriptions within the organization would need to be Certified EHR Technology. For more information, refer to ONC's FAQ at
  http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_faqs/3163/faq_22/21286
- It is not required t that the EHR check each prescription against a formulary relevant for a given patient, but rather that the EHR check each prescription for the existence of a relevant formulary. If a relevant formulary is available, then the information can be provided.
- The measure of this objective applies to medication orders for patients discharged from either the inpatient (POS 21) department, the emergency department, or both the inpatient and emergency departments of an eligible hospital or CAH during the EHR reporting period.
- In the event that a relevant formulary is unavailable for a particular patient and medication combination, a discharge prescription that is generated and electronically transmitted should still be included in the numerator of the measure.
- Eligible hospitals and CAHs may use their own resources to make a determination regarding the availability of a pharmacy capable of receiving electronic prescriptions within 10 miles of the hospital's location.
- In order to meet this objective and measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.314(a)(10) and (b)(3).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria*	
§ 170.314(a)(10) Drug formulary checks	EHR technology must automatically and electronically check whether a drug formulary (or preferred drug list) exists for a given patient and medication.
§ 170.314(b)(3) Electronic prescribing	Enable a user to electronically create prescriptions and prescription-related information for electronic transmission in accordance with: (i) The standard specified in § 170.205(b)(2); and (ii) At a minimum, the version of the standard specified in § 170.207(d)(2).

Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.

Standards Criteria	
§ 170.205(b)(2) Electronic prescribing	NCPDP SCRIPT Version 10.6.
§ 170.207(d)(2) Medications	RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, August 6, 2012 Release (incorporated by reference in § 170.299).