

CMS EPCS Program Getting Started Quick Reference Guide

Overview

Electronic Prescribing for Controlled Substances

Electronic prescribing for controlled substances (EPCS) is the electronic transmission of an error-free and understandable prescription for controlled substances from the issuing prescriber's point of care to a pharmacy. EPCS enhances patient safety through patient identity checks, medication recommendations, and timely and accurate transmission of time-sensitive prescriptions. It also reduces prescriber burden by detecting and preventing prescription fraud and irregularities, improving workflow efficiencies, avoiding data errors, and reducing pharmacy calls for clarifying written prescriptions.

CMS EPCS Program Requirement

The CMS EPCS Program, established and authorized by Section 2003 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act ([Public Law 115-271](#)), requires prescribers to electronically prescribe at least 70% of their qualifying Schedule II–V controlled substance prescriptions under Medicare Part D and Medicare Advantage prescription drug (MA-PD) plans, after exceptions, each measurement year.

The measurement year begins January 1 and ends December 31 of the same year. The compliance analysis includes Medicare Part D claims with a date of service or fill date of January 1–December 31 of the measurement year. The non-compliance action started in measurement year 2023.

Prescribers will be exempt from the requirement in the following situations.

- **Small Prescriber Exception:** CMS automatically provides this exception to prescribers who issue 100 or fewer qualifying Medicare Part D controlled substance prescriptions in the measurement year.
- **Declared Disaster Exception:** CMS automatically provides this exception to prescribers in the geographic area of an emergency or disaster declared by a Federal, State, or local government entity. Starting in the 2024 measurement year, CMS will identify which emergencies or disasters qualify for this exception. CMS posts the list of the identified disasters and emergencies on the [CMS EPCS Program webpage](#).
- **CMS-Approved Waiver Exception:** CMS provides this exception to prescribers who submit and receive a CMS-approved waiver because the prescriber was unable to meet the CMS EPCS Program requirement due to circumstances beyond the prescriber's control.

Prescriptions written for a beneficiary in a long-term care (LTC) facility will be included in determining compliance no earlier than January 1, 2028.

The CMS EPCS Program is separate from State EPCS program requirements.

Getting Started With the CMS EPCS Program in 4 Steps

Step 1: Get Set Up

When: Now

Step 1A: Set up e-prescribing software program

A prescriber issuing electronic prescriptions for controlled substances must use a software program that meets all [U.S. Drug Enforcement Agency \(DEA\) e-prescribing requirements](#). No additional e-prescribing software system is needed to meet the requirement for the CMS EPCS Program.

If the prescriber is new to electronically prescribing controlled substances, they need to:

- Contact e-prescribing software vendors and confirm that their software meets all DEA e-prescribing requirements. Some e-prescribing software can integrate with electronic health records, while others run as standalone software.
- Complete identity-proofing requirements.
- Obtain two-factor authentication device or process.
- Configure logical access control.

A prescriber experiencing technical issues when electronically prescribing controlled substances should contact their in-house IT support or their e-prescribing software vendor. Examples of technical issues include login issues related to their username or password, multi-factor authentication codes, and prescription transmission errors.

A prescriber doesn't need to register for the CMS EPCS Program or send data directly to CMS.

Remember to check your State laws as you may need additional registration for controlled substance prescriptions and/or need to meet State-specific EPCS requirements.

Step 1B: Verify contact information in PECOS and NPPES

Prescribers should verify and update their address and email address in the [Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)](#) and the [National Plan & Provider Enumeration System \(NPPES\)](#) as soon as possible. CMS uses this information to determine program exceptions and to send out non-compliance notices.

Step 1C: Set up HARP account

The [Health Care Quality Information System \(HCQIS\) Access, Roles, and Profile \(HARP\) Profile](#) system is a secure identity management portal provided by CMS. Creating a HARP account gives users a user ID and password that can be used to log in to the [CMS EPCS Prescriber Portal](#), where users can check the prescriber's compliance status and submit a waiver application, as needed, for the measurement year. The CMS EPCS Prescriber Portal is open in the fall after the measurement year, after the compliance analysis is complete. Waiver applications are accepted for 60 days from mid-September to mid-November.

Step 2: Electronically Prescribe Schedule II–V Controlled Substances

When: January 1–December 31 of the measurement year

Use prescribing procedures and workflows supporting electronic prescribing for controlled substances while using a software application that meets all DEA requirements. Work with your e-prescribing software vendor if you have technical issues when electronically prescribing such as login issues related to your username or password, multi-factor authentication codes, and prescription transmission errors.

Step 3: Review Your CMS EPCS Program Compliance Status**When: September after the measurement year**

Beginning in August after the measurement year, the CMS EPCS Program automatically calculates prescriber compliance using Medicare Part D claims. The CMS EPCS Program compliance analysis period starts in August after the measurement year to determine which prescribers have not yet met the program requirement of electronically prescribing at least 70% of their Schedule II–V controlled substance prescriptions under Medicare Part D during the measurement year, after exceptions.

Once the compliance analysis is completed, CMS will send non-compliance notices to prescribers who have not yet met the CMS EPCS Program requirement. Notices will be sent by email when possible to available email addresses in [PECOS](#) and [NPPES](#), and by regular mail if no email address is available. CMS strongly recommends that all prescribers keep their email address accurate and up to date in both systems.

For additional information on the program's background, regulations, and requirement, visit the [CMS EPCS Program webpage](#).

Step 4: Submit a Waiver Application (if appropriate)**When: September–November after the measurement year ends**

Waiver applications may be submitted by prescribers who are non-compliant for the measurement year when circumstances beyond their control prevented them from meeting the CMS EPCS Program requirement. The waiver application is available on the [CMS EPCS Prescriber Portal](#) in the fall after the measurement year, after the compliance analysis is complete. Prescribers can submit waiver applications for 60 days typically from mid-September to mid-November after the measurement year. Once approved, waivers will be issued for the entire measurement year.

To receive announcements about non-compliance notices, when the waiver application submission period is open on the [CMS EPCS Prescriber Portal](#), and submitting waiver applications, subscribe to the [CMS EPCS Program Listserv](#).

Where to Get Help

To learn more about the CMS EPCS Program, visit the [CMS EPCS Program webpage](#). For help, reach out to the Center for Clinical Standards and Quality (CCSQ) Support Central:

- By submitting an [online ticket](#)
- Through [email](#)
- By calling 1-866-288-8292, Monday–Friday, 8 a.m.–8 p.m. ET
- By calling 711 to reach telecommunications relay services for those who are hearing impaired and for deaf individuals
 - For faster help, try calling outside peak hours, before 10 a.m. and after 2 p.m. ET