

e-Prescribing & EPCS Readiness Checklist

One page to scope the prescribing layer of a telemedicine product: the network, the BAA boundary, the five DEA EPCS gates, the build-vs-buy call, and the Ryan Haight calendar. Engineering guidance, not legal advice — confirm specifics with counsel.

1 · THE NETWORK & STANDARD

- ☐ Messages ride the NCPDP SCRIPT standard (NewRx, RxRenewal, RxChange, CancelRx)
- ☐ Surescripts routes them — it is a network operator, NOT a public API
- ☐ Support a SCRIPT version upgrade (2017071 floor; 2023011 rolling out)
- ☐ Add medication history, drug-interaction checks, and benefit/formulary (RTPB)

3 · THE FIVE EPCS GATES (controlled substances)

- ☐ Identity proofing at NIST IAL2 by an approved CSP (21 CFR 1311.105)
- ☐ Two-factor signing — two of three factors, hard token FIPS 140-2 L1 (1311.115)
- ☐ Two-person logical access control — separation of duties (21 CFR 1311.125)
- ☐ Digital signature binds the order to the prescriber (21 CFR 1311.120)
- ☐ Third-party audit before use, then every 2 years (21 CFR 1311.300)

5 · BUILD vs BUY

- ☐ Direct Surescripts certification: ~8-16 weeks + your own EPCS audit
- ☐ Most teams integrate DoseSpot / DrFirst / Veradigm and consume an API
- ☐ The vendor holds the certification & EPCS audit; you sign the BAA
- ☐ Confirm BAA, current EPCS certification, and SCRIPT version per vendor

2 · PHI & THE BAA BOUNDARY

- ☐ A patient name + a drug = Protected Health Information (PHI)
- ☐ Every vendor in the path is a business associate — sign a BAA with each
- ☐ Surescripts participation must be covered; confirm the e-Rx vendor's BAA
- ☐ "Encrypted" is not "compliant" — the BAA is the permission to send PHI

4 · RYAN HAIGHT & THE 2026 CALENDAR

- ☐ Ryan Haight normally requires an in-person exam before a controlled Rx
- ☐ A fourth temporary extension allows telemedicine prescribing through 2026
- ☐ Flexibility expires 2026-12-31 — put it on the compliance calendar
- ☐ Watch the DEA special-registration final rule; pathways may change

6 · PRE-LAUNCH CHECKS

- ☐ Every prescriber identity-proofed and enrolled in two-factor signing
- ☐ Controlled-substance path gated behind the full EPCS flow, not a toggle
- ☐ Access provisioning needs two people; licenses verified before signing
- ☐ Re-audit triggers documented (functionality change OR 2-year clock)

THE ONE-LINE RULE

E-prescribing is sending an NCPDP SCRIPT message over the Surescripts network, and the moment a drug is a controlled substance the DEA's EPCS rule stacks identity proofing at IAL2, two-of-three-factor signing, two-person access control, a digital signature, and a recurring third-party audit on top of it — all while the whole flow is PHI that needs a BAA with every vendor, and all while the Ryan Haight in-person requirement is only waived by a temporary extension that expires December 31, 2026. Buy an EPCS-certified network partner instead of certifying your own connection, scope the feature in months rather than a sprint, and treat the prescribing path as the most regulated thing in your product — because it is.



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This checklist scopes the prescribing layer: SCRIPT over Surescripts, the five EPCS gates, BAAs and the Ryan Haight deadline. Our seven-volume handbook covers the video stack under the visit that leads to a prescription; start with Volume 7 for compliance and regulated workflows, then Volume 3 for WebRTC visits.

WHAT YOU WILL FIND INSIDE

- Compliance for regulated video products (Vol. 7)
- WebRTC delivery and QoE monitoring (Vol. 3)
- Real-time visit pipelines and their latency budget (Vol. 7)

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Adding e-prescribing or EPCS to your telemedicine platform?

We will help you pick an EPCS-certified partner, scope the integration in weeks and list the audit and BAA items to close before launch. 250+ video products shipped since 2005.

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