



Illinois E-Prescribing Mandate

What Physicians Need to Know About The New Process for the Electronic Prescribing of Controlled Substances

Who is required to use EPCS?

As of January 1, 2024, Illinois prescribers who issue more than 150 controlled substance prescriptions (Schedules II, III, IV and V drugs) annually are required to submit all prescriptions for controlled substances electronically.

I am pretty sure I issue fewer than 150 controlled substance prescriptions annually. Do I need to do anything?

The Illinois Department of Financial and Professional Regulation (IDFPR) has released [preliminary guidance](#) indicating that they will ask prescribers to verify their eligibility for a low-volume waiver as part of their license renewal. Prescribers will be attesting to their prescribing levels for the years prior to the renewal. For physicians, this means that the application for the licensure cycle beginning in 2026 will include questions regarding the number of controlled substance prescriptions issued in 2024, 2025 and 2026.

At this time, IDFPR does not plan to require documentation to verify the attestation.

Are there other exemptions from the EPCS mandate?

The e-prescribing mandate includes the following exemptions from the requirement to issue prescriptions electronically:

- The prescriber demonstrates financial difficulties in buying or managing an electronic prescription option, whether it is an electronic health record or some other electronic prescribing product.
- There is a temporary technological or electrical failure that prevents an electronic prescription from being issued.
- The prescription is for a drug that the practitioner reasonably determines would be impractical for the patient to obtain in a timely manner if prescribed by an electronic data transmission prescription and the delay would adversely impact the patient's medical condition.
- The prescription is for an individual who:
 - resides in a nursing or assisted living facility;
 - is receiving hospice or palliative care;
 - is receiving care at an outpatient renal dialysis facility and the prescription is related to the care provided;
 - is receiving care through the United States Department of Veterans Affairs; or
 - is incarcerated in a state, detained, or confined in a correctional facility; The prescription is for a drug under a research protocol;
- The prescription is a non-patient specific prescription dispensed under a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, or in response to a public health emergency or other circumstance in which the practitioner may issue a non-patient specific prescription;
- The prescription is issued when the prescriber and dispenser are the same entity; or
- The prescription is issued for a compound prescription containing 2 or more compounds.

I think I qualify for exemption because of financial difficulties.

Do I need to do anything?

IDFPR's [preliminary guidance](#) indicates that prescribers seeking a waiver because of financial difficulties will need to maintain documentation of annual practice income and be prepared to provide that information to the Department upon request. Prescribers will also be required to obtain two quotes from EPCS vendors that document the cost of implementing e-prescribing capabilities for the prescriber. Quotes should be available to the Department upon request.

What if I have a temporary problem, or one of the other exemptions applies?

IDFPR has not issued any guidance on how prescribers should document or otherwise account for exemptions other than those related to the low-volume threshold or financial difficulties.

ISMS strongly recommends that prescribers clearly document in the patient's medical record the specific reason a controlled substance prescription was not issued electronically, including for reasons related to eligibility of the low-volume or hardship waiver. The documentation should refer to the specific exemptions as defined in the [law](#).

Will pharmacies still accept prescriptions if they aren't sent electronically?

Pharmacies may not deny valid prescriptions just because they are not submitted electronically. The law as originally passed explicitly states that pharmacists are not responsible for verifying whether or not a prescriber is eligible for an EPCS exemption, and was [amended](#) in August 2024 to state that a pharmacist may not refuse to fill a valid prescription solely because it is not prescribed electronically.

What should I do if I need to get a quote for the hardship exemption?

Technology companies offer stand-alone EPCS products and products that are integrated within larger electronic medical record (EMR) systems. Contact a reputable technology vendor who can evaluate your practice needs and provide a quote for implementing an EPCS system in your office. Be sure that the quote includes start-up costs as well as ongoing maintenance costs, which could include annual fees for upgrades or system maintenance.

Note that requirements for EPCS technology and prescriber access are stricter than those for other types of e-prescribing and are defined by the federal Drug Enforcement Agency (DEA).



What is involved in getting set up with EPCS and how much will it cost?

As noted, EPCS products are available as standalone systems with functionality that is basically limited to authenticating prescriber credentials and transmitting prescriptions for controlled substances to pharmacies. EPCS functionalities may also be built in or added to larger EMR systems, which include a broader range of electronic capabilities for managing and maintaining your practice activities.

[DEA requirements](#) for EPCS involve technology requirements and also “identity proofing” requirements that ensure that access to EPCS technology is limited to eligible and authorized individuals. Possession of a controlled substance license does not automatically establish the right of access to an EPCS system. An EPCS vendor or your practice attorney should be able to assist you in the identity proofing process.

You will need to speak with your EMR vendor or other reputable company that offers certified EPCS technology to determine what your practice needs, how to prepare, and how much it will cost. It is extremely difficult to estimate EPCS costs since they can vary widely based on individual practice needs and preferences.

Will residents with a training license be able to issue controlled substance prescriptions electronically?

As noted, per DEA requirements, all prescribers must complete an identity proofing process before being given access to an EPCS application. Residency training programs that allow their trainees to prescribe controlled substances using a combination of an institutional DEA number and a unique code for the trainee must arrange for this identity proofing process for their trainees before they will be able to use EPCS.

Can ISMS help me select a vendor or EPCS system?

ISMS does not, and will not, endorse any particular system, and the ISMS has not vetted any e-prescribing platforms. If you already have an EHR, speak with your vendor about EPCS capabilities that may be included with your system or modules that can be added to meet EPCS requirements.

Check with colleagues and professional contacts to see if anyone has an EPCS product to recommend. Federal regulations require that all EPCS applications be audited or certified by an entity approved by the federal DEA.

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