



Iowa Board of Pharmacy

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<https://pharmacy.iowa.gov>

Petition for Exemption from Mandate for Electronic Transmission of Prescriptions

Beginning January 1, 2020, all prescriptions (including controlled and non-controlled substances) transmitted to a pharmacy must be transmitted via electronic transmission, unless exempted by Iowa Code or granted an exemption by the Board of Pharmacy. If the entirety of your prescribing or dispensing is exempted by Iowa Code, no exemption from the Board of Pharmacy is required. **Before submitting a petition, please review Iowa Code section 155A.27, Board rules 657--21.8 and 21.9, and the frequently asked questions available on the Board's website.**

To request an exemption, submit a completed petition form and any additional documentation that you wish for the Board to consider. Petitions received 3 or more weeks in advance of a scheduled Board meeting will be placed on the agenda for consideration at the next meeting. Petitions received less than 3 weeks in advance of a scheduled Board meeting will not be placed on the agenda for consideration until the following meeting. Petitions may be submitted by fax, mail, or email to amanda.woltz@iowa.gov. To request a renewal to a previously approved exemption, an application shall be submitted at least 60 days prior to the expiration of the existing exemption period.

After January 1, 2020, the transmission of a prescription which is not subject to an exemption by other than electronic means shall constitute a violation of Iowa Code and may subject the prescriber or pharmacy to an administrative penalty of \$250 per violation, up to a maximum of \$5,000 per calendar year. Enforcement of the e-prescribing mandate will be handled by the prescriber's professional licensing board.

Date of request: ___/___/___ **Duration of exemption requested (no more than 1 year):** _____

Name of entity/provider seeking exemption: _____

Entity business type: _____ **Provider CSA#, if applicable:** _____

Address of entity/provider: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____ **Contact Phone #:** _____

Contact E-mail address: _____

For businesses, you are responsible for maintaining a list of prescribers who would be covered by this exemption. Note that an exemption only covers those prescribers while they are working in the capacity described in the petition.

Attach additional pages if necessary

Do you prescribe controlled substances? **Yes** **No**

If yes, approximately how many prescriptions for controlled substances did you write in 2019?

Describe the types of controlled substances you generally prescribe:

Which schedules of controlled substances are you authorized to prescribe (2, 2N, 3, 3N, 4, 5):

Do you prescribe non-controlled substances? **Yes** **No**

If yes, approximately how many prescriptions for controlled substances did you write in 2019?

Describe the types of non-controlled substances you generally prescribe:

Do you currently have the capability to electronically prescribe controlled substances?

Yes **No**

Do you currently have the capability to electronically prescribe non-controlled substances?

Yes **No**

Do you have plans to implement electronic prescribing prior to December 31, 2020?

Yes **No**

If yes, when in 2020 do you expect to have electronic prescribing implemented? _____

If yes, will your electronic prescribing platform have the capability to transmit prescriptions for controlled substances?

Yes **No**

If yes, will your electronic prescribing platform have the capability to transmit prescriptions for non-controlled substances?

Yes **No**

Explain what you are seeking the exemption for (all prescribing, controlled substances only, a specific type of prescribing, etc.):

Explain why you believe you should be exempt from the electronic prescribing mandate:

What is your plan if your petition is denied?

Do you have an anticipated date of compliance with the electronic transmission requirement? If yes, provide the anticipated date of compliance: _____

Please select the category that best describes the reason for your petition:

Free or low-income clinic (health care provided at no or low cost to patient, not receiving reimbursement from insurance)

Bankruptcy within the previous 1 year

Intend to discontinue active practice in Iowa prior to December 31, 2020

Disability that limits the ability to use electronic prescribing platform

In the process of implementing electronic prescribing, which will be completed prior to December 31, 2020

Prescribe a maximum of 50 prescriptions per calendar year for non-controlled substances only (includes retired and active practitioners)

Only a small number of prescriptions are not already exempt pursuant to Iowa Code section 155A.27(2)(b)

Only a small number of prescriptions cannot be electronically prescribed

Other exceptional circumstance, which is fully described in this petition

Economic hardship (cost of compliance with the mandate would exceed 5% of the petitioner's annual income as reported on the most recent tax return; requires submission of portion of most recent tax return showing income and quotes from two electronic prescribing platforms)

Technological limitation (available internet service providers do not have the technological capabilities required to support an electronic prescribing platform; requires submission of documentation showing available internet services providers, including the speed, bandwidth, and any data caps, and documentation showing the technological requirements from at least two electronic prescribing platforms)

If petitioning for renewal of previously approved exemption, provide the following:

The number of exemptions previously granted: _____

Description of the progress made by petitioner towards compliance with mandate for electronic transmission of prescriptions: