

E-Prescribing Controlled Substances (EPCS)

E-Prescribing Controlled Substances using Imprivata ID

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Ordering a Controlled/Scheduled Medication

1. Place your order as usual, entering the Dose, Route, Frequency, Dispense Quantity, and number of Refills.
 - a. In order to E-Prescribe Controlled Substances, the **Class** needs to be **Normal**.
 - b. Once you are finished editing your Rx, select **Accept** and **sign** your order.
2. You will then be prompted to select your DEA and review/acknowledge your medication selection and check the box. After, you can select **Sign**.

Review of Controlled Medications for E-Prescribing

Willow, Stelara FRH Ordered On: 3/7/2019

Review Instructions

Reviewing the specific details, including provider and patient information, of each controlled medication order is required by the DEA. After confirming all data is accurate and complete, check the box next to the medication name to indicate that the prescription is ready for signing.

Provider: Physician Epcs, MD
2570 Haymaker Road, Monroeville PA 15146

DEA Number:

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date	
<input checked="" type="checkbox"/>	oxyCODONE-acetaminophen 10 mg-325 mg tablet	10-325 mg	tablet	Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) for up to 10 days. Max Daily Amount: 6 tablets	Disp-15 tablet, R-0	3/7/2019	Edit Remove

Signing Controlled Substances

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

3. Enter your **NETWORK/EPIC PASSWORD** as your first method of identification. This will push the acknowledgement message to your Mobile Device.

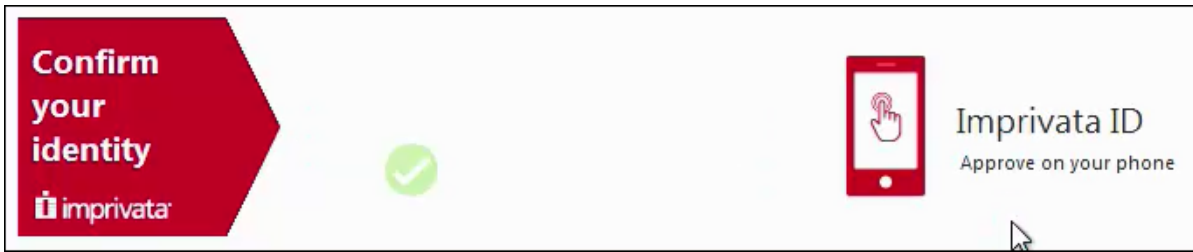
Confirm your identity - pepcs@pgh.wpahs.org - Imprivata Confirm ID

Imprivata

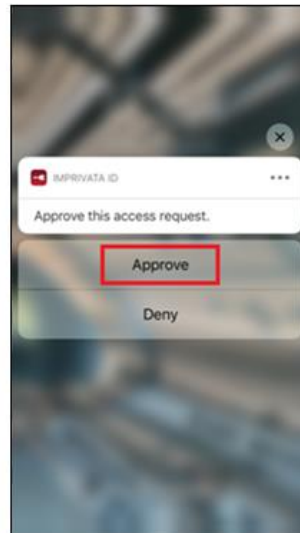
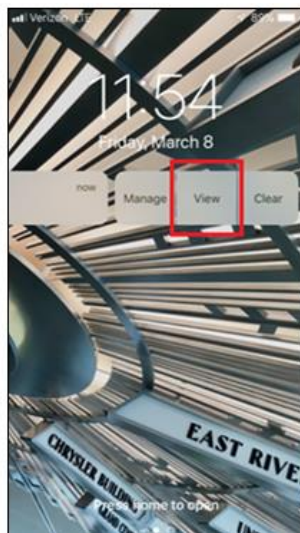
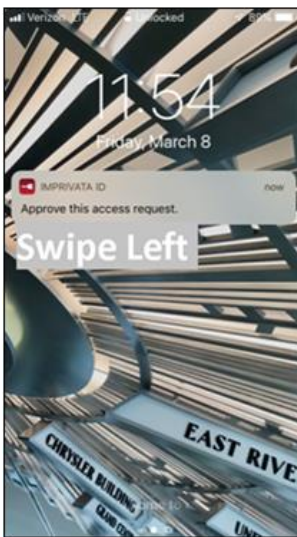
Confirm your identity

**** Network password

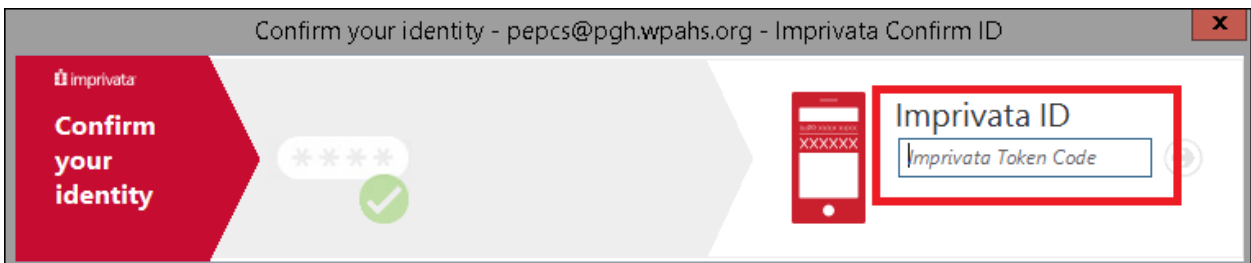
Mobile phone icon

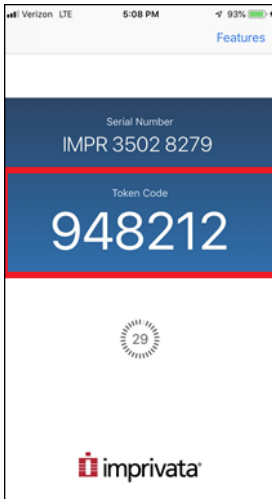


- 4. When you receive the push notification to your enrolled device there is a 15 second window to acknowledge to the message.
 - a. **Swipe Left** on the notification, select **View**, then select **Approve**. This is your second method of identification.



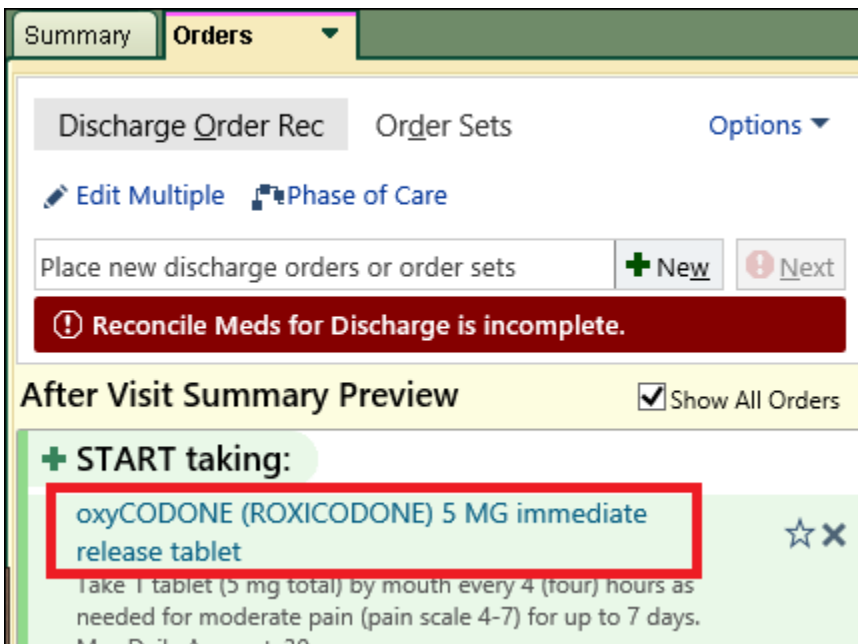
- 5. If the 15 second window elapses, open the Imprivata ID application from your device and type the Token Code into the box that will appear on the screen.



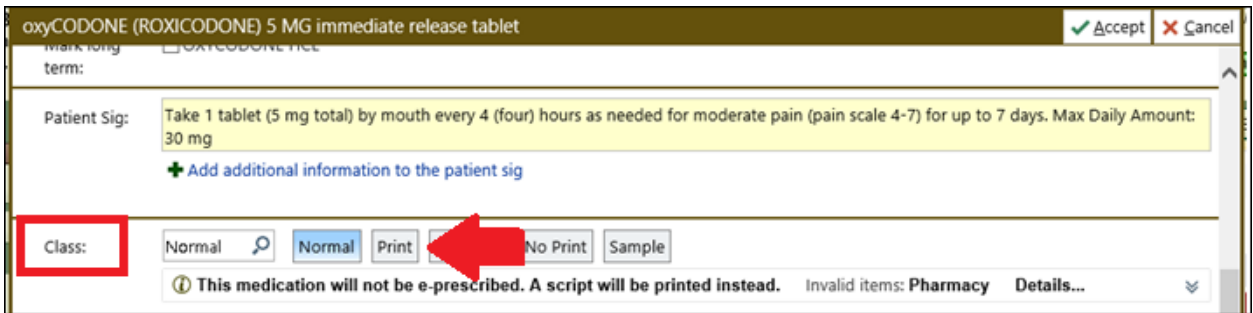


Ordering a Controlled/Scheduled Medication for Discharge from the Hospital to a SNF

1. When ordering a controlled/scheduled medication for discharge to a skilled facility or nursing home, printing the prescription is required.
 - a. Select the medication name to open up the order composer.



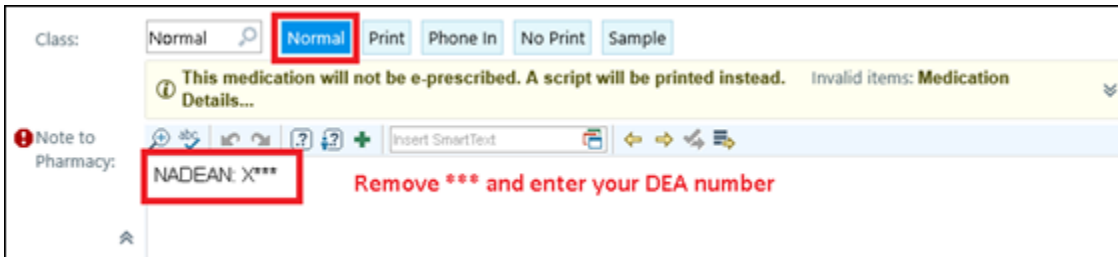
2. Change the **Class** from **Normal** to **Print**.



3. Select **Accept** when you have finished editing the order.
4. Select **Sign**, and the Prescription will print on the designated printer closest to the patient.

Ordering Suboxone

1. In **Notes to Pharmacy**, you will see **NADEAN: X*****.



2. In order to ePrescribe, you will need to remove the three asterisks and type in your DEA number.



3. Once you are finished editing your Rx, select **Accept** and **Sign** your order.
4. You will then be prompted to select your DEA and review/acknowledge your medication selection and check the box. After, you can select **Sign**.

Review of Controlled Medications for E-Prescribing

Willow, Stelara FRH Ordered On: 3/7/2019

Review Instructions
 Reviewing the specific details, including provider and patient information, of each controlled medication order is required by the DEA. After confirming all data is accurate and complete, check the box next to the medication name to indicate that the prescription is ready for signing.

Provider: Physician Epcs, MD
 2570 Haymaker Road, Monroeville PA 15146

DEA Number:

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date	
<input type="checkbox"/>	oxyCODONE-acetaminophen 10 mg-325 mg tablet	10-325 mg	tablet	Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) for up to 10 days. Max Daily Amount: 6 tablets	Disp-15 tablet, R-0	3/7/2019	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Signing Controlled Substances
 By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

5. Enter your **NETWORK/EPIC PASSWORD** as your first method of identification. This will push the acknowledgement message to your Mobile Device.

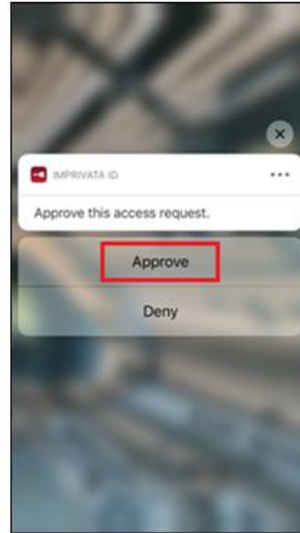
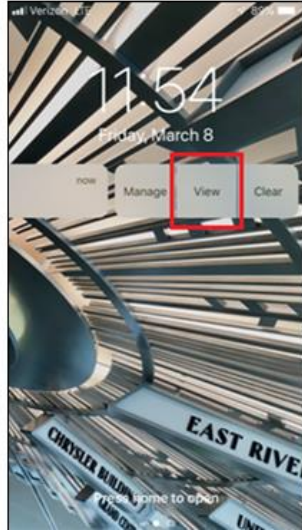
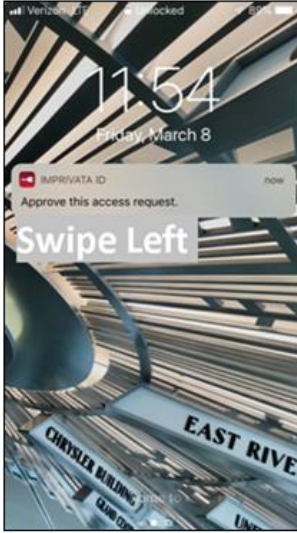
Confirm your identity - pepcs@pgh.wpahs.org - Imprivata Confirm ID

Confirm your identity

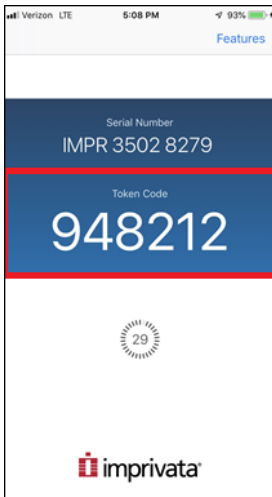
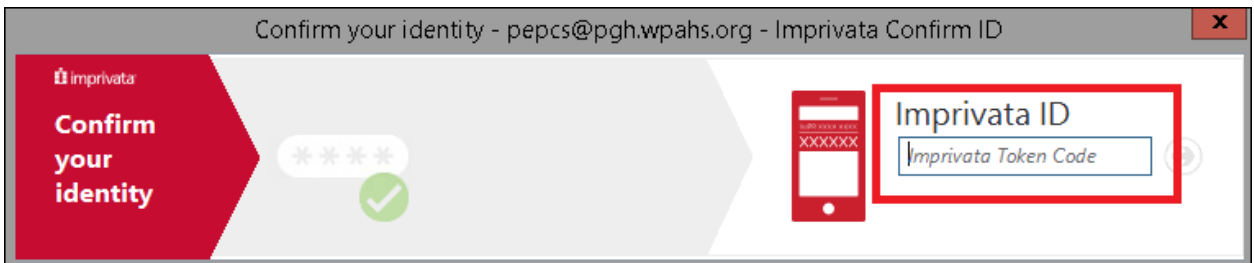
Confirm your identity

Imprivata ID
Approve on your phone

6. When you receive the push notification to your enrolled device there is a 15 second window to acknowledge to the message.
 - a. **Swipe Left** on the notification, select **View**, then select **Approve**. This is your second method of identification.



7. If the 15 second window elapses, open the Imprivata ID application from your device and type the Token Code into the box that will appear on the screen.



Common Alerts and BPA's

If you haven't reviewed the patient's PDMP prior to placing your order, you will receive this **Best Practice Advisory (BPA)** when you place an order for a Controlled/Scheduled Medication.

BestPractice Advisory - []

! Rx: Drug Monitoring: PDMP Review Required

A medication is being ordered that requires review of the Prescription Drug Monitoring Program (PDMP).
Follow the link below and click "Mark as Reviewed"
Reminder: Based on review, documentation of findings should be made in the medical record.

Remove the following orders? _____

Remove	Keep	oxyCODONE-acetaminophen (PERCOCET) 10-325 mg tablet Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) for up to 10 days. Max Daily Amount: 6 tablets Normal, Disp-15 tablet, R-0 Maximum MEDD: 90 mg MEDD for this order
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[Launch PDMP review activity](#)

! Acknowledge Reason _____

Checked via website

If you have not been set up to E-Prescribe Controlled Substances, you will receive this notification when you are placing your order.

Class:

! This medication will not be e-prescribed. A script will be printed instead. Invalid items: Provider Details...
You are not set up to e-prescribe controlled substances.

Dx Association [Edit Multiple](#) Options

! This patient has active treatment/therapy plans.

Outpatient

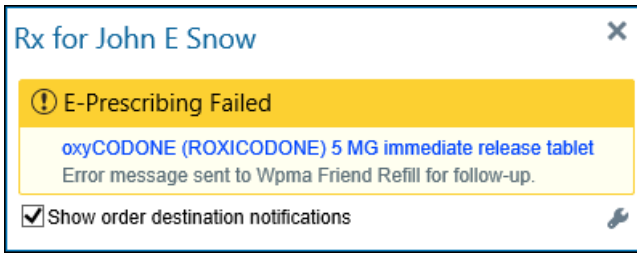
oxyCODONE (ROXICODONE) 5 MG immediate release tablet
Take 1 tablet (5 mg total) by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) for up to 10 days. Max Daily Amount: 30 mg
Normal, Disp-15 tablet, R-0
Maximum MEDD: 45 mg MEDD for this order

! This medication will not be e-prescribed. A script will be printed instead.
Invalid items: Provider Details...
You are not set up to e-prescribe controlled substances.

! The patient does not have an active pain agreement on file.

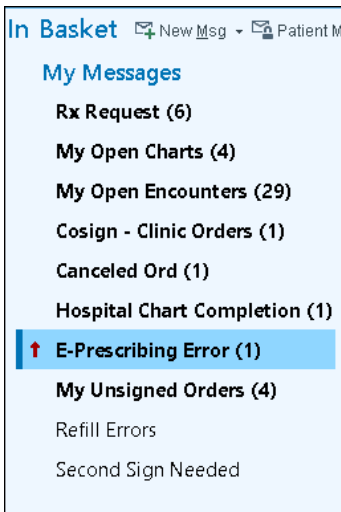
AHN PHARMACY 878-332-4118

If the Prescription “Fails to Send to the Pharmacy” there will be an error message that appears on the screen alerting the provider.

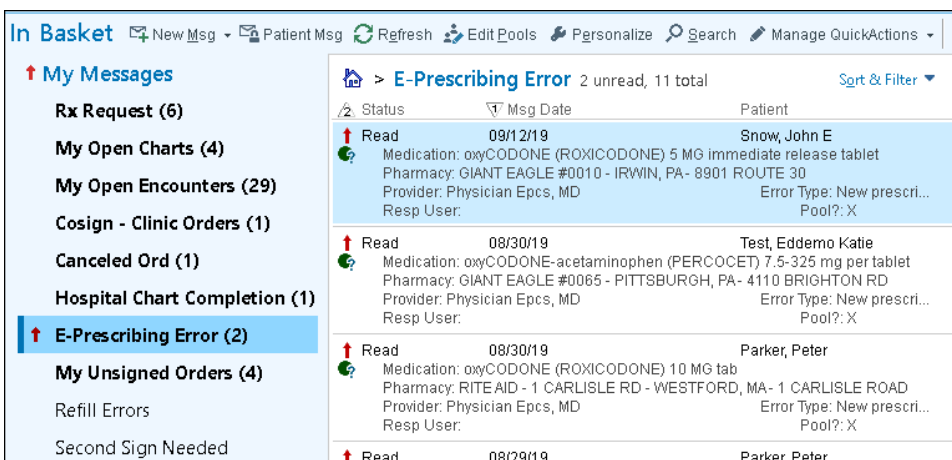


The prescribing provider will also receive an InBasket message in a folder entitled **E- Prescribing Error**.

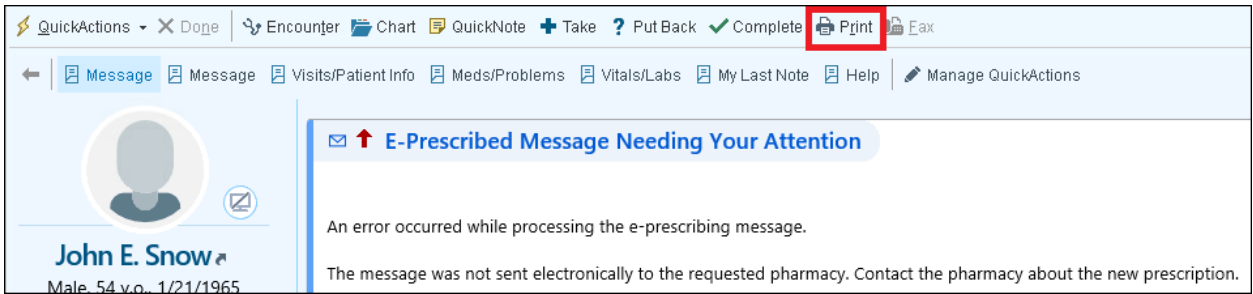
Each of these messages will be sent with **High Priority** as indicated by the **Red Arrow**.



From the InBasket message, the Provider should click on the message to view the E- Prescribing Error message.



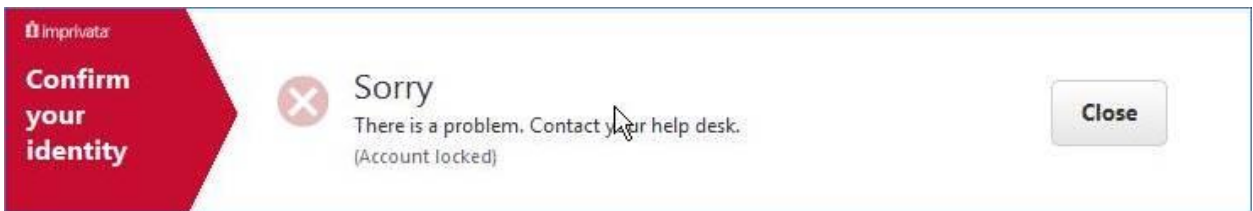
From this message, the Provider can select **Print** to print a paper prescription.



Once printed, manually sign the Prescription and provide it to the patient to take to their pharmacy.

If you enter your Network/Epic password incorrectly 3 times in a row, you will receive the following alert.

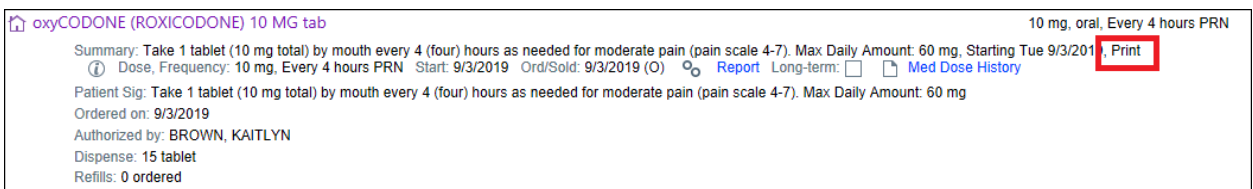
This commonly happens when you are attempting to enter the Token Code instead of your password.



You are **NOT** permanently locked out. You will be able to retry your password again in **3 minutes**.

If you refill a medication from Meds and Orders that was previously printed, the refill will default to Print and not Normal.

You will need to manually change the order class from Print to Normal in order to E-Prescribe the medication.



Dx Association Edit Multiple Options

This patient has active treatment/therapy plans.

Outpatient

oxyCODONE (ROXICODONE) 10 MG tab

Take 1 tablet (10 mg total) by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7). Max Daily Amount: 60 mg

Print, Disp-15 tablet, R-0

Maximum MEDD: 90 mg MEDD for this order

The patient does not have an active pain agreement on file.

Select a pharmacy

Class: Print Normal Print Phone In No Print Sample

Note to Pharmacy: + Add Note to Pharmacy (F6)

Change Reason: Reorder End Date of Original Order: 10/4/2019

Show Additional Order Details

You will see in your order that it will not E-Prescribe due to the Pharmacy being "Invalid"

Dx Association Edit Multiple Options

This patient has active treatment/therapy plans.

Outpatient

oxyCODONE (ROXICODONE) 10 MG tab

Take 1 tablet (10 mg total) by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7). Max Daily Amount: 60 mg

Normal, Disp-15 tablet, R-0

Maximum MEDD: 90 mg MEDD for this order

This medication will not be e-prescribed. A script will be printed instead.

Invalid items: Pharmacy Details...

The patient does not have an active pain agreement on file.

RITE AID -100 21ST ST - NITRO, WV - 100 21ST STREET 304-755-3391

This is due to the pharmacy not accepting electronic prescriptions for controlled substances.

Dx Association Edit Multiple Options

This patient has active treatment/therapy plans.

Outpatient

oxyCODONE (ROXICODONE) 10 MG tab
 Take 1 tablet (10 mg total) by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7). Max Daily Amount: 60 mg
 Normal, Disp-15 tablet, R-0
 Maximum MEDD: 90 mg MEDD for this order

This medication will not be e-prescribed. A script will be printed instead.
 Invalid items: Pharmacy Details...

Pharmacy: RITE AID -100 21ST ST - NITRO, WV - 100 21ST STREET.
 The selected pharmacy does not accept electronic prescriptions for controlled substances.

The patient does not have an active pain agreement on file.

Rx RITE AID -100 21ST ST - NITRO, WV - 100 21ST STREET 304-755-3391

To change the pharmacy and find one that does accept electronic prescriptions for controlled substances, click on the **Blue Pharmacy Hyperlink** in **Meds & Orders** or in your **Order Task Box**.

Rx **CVS Pharmacy # 4002 - PITTSBURGH, PA - 47 WALSH RD.** 412-921-5436

Associate Signed Orders Providers

If the pharmacy listed accepts E-Prescribed Controlled Substances, it will be noted as such under the column titled **E-Ctrld**.

Suggested		Search Results				
Name	Store No.	E-Rx?	E-Ctrld?	Type	Mail Order?	Phone
★ AHN PHARMACY #5		Yes	Yes	Integrated		412-442
★ CVS Pharmacy # 4002 - PITTSBURGH, PA - 47 WALSH RD.	4002	Yes	No	External		412-921

REMEMBER: ***E-prescribed controlled substance prescriptions cannot be transferred from one pharmacy to another.***

The script will not E-prescribe if the pharmacy has not updated its system to allow for more than 140 characters. Most pharmacies will allow up to 1,000 characters. Select **“Details”** to view the details of the error. Remove the extra characters as directed.

oxyCODONE-acetaminophen (PERCOCET) 10-325 mg tablet

Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) or severe pain (pain scale 8-10) for up to 7 days. Max Daily Amount: 6 tablets
Normal, Disp-30 tablet
Maximum MEDD: 90 mg MEDD for this order

This medication will not be e-prescribed. A script will be printed instead.
Invalid items: Sig **Details...**

Sig length exceeds limit. Please move highlighted text to "Notes to Pharmacy."
167/140 characters used.

Take 1 tablet by mouth every 4 (four) hours as needed for moderate pain (pain scale 4-7) or severe pain (pain scale 8-10) for up to 7 days. **Max Daily Amount: 6 tablets**

If scheduled meds have been saved to your personal order preference list, open the order by right clicking on the order and choosing **“Edit Preference List Entry”**. Change the order from Print to **Normal**.

Post op: Discharge orders

- Colace
- NORCO 1 Q4 PRN
- Norco 2 Q6 PRN
- Percocet 10 Q4 PRN
- Percocet 5 Q4 PRN
- Zofran

Pre-op

Class: **Normal** Print Phone In No Print Sample

Note to Pharmacy: Insert SmartText