

Electronically Prescribing Controlled Substances (EPCS)

Effective May 15, 2017 providers in the MaineHealth system will be electronically prescribing all Controlled Substances to comply with Maine State Law. In order to prescribe, a provider must be enrolled in EPCS by an Enrollment Supervisor and approved by an Access Approver. The Maine State Law carries financial penalties for prescribers that do not follow Maine EPCS rules after July 1, 2017. Use the following steps to ensure patients' medications are electronically transmitted to the pharmacy in a timely manner.



E-Prescribing Controlled Substances

1. Verify or enter the patients Preferred Pharmacy on the Home Medications screen
2. When selecting the pharmacy, confirm that they accept E-Prescribed Controlled Substances by ensuring the 'E-Ctrl'd?' column is set to 'Yes'.

Home Medications

Ongoing Comment: None Entered + Add Note

New home med + Add

Sort by: Patient Reported

Select the patient's pharmacy: No Pharmacy Selected

Pharmacy Selection

Fill prescriptions at: rite aid portland maine

Record Select

Search: rite aid portland maine

ID	E-Rx?	E-Ctrl'd?	Operating Mode	Pharmacy	Address	City	State	Zip	Phone	Fax
100236	No	No		RITE AID PORTLAND BRIGHTON	936 BRIGHTON AVENUE	PORTLAND	ME	04102	207-842-9202	207-842-9096
41739	Yes	Yes	Retail	RITE AID-10 PORTLAND AVE - BERGENFIELD, NJ - 10 PORTLAND AVENUE	10 PORTLAND AVENUE	BERGENFIELD	NJ	07621-2305	201-384-2789	201-439-0458
100181	Yes	Yes	Retail	RITE AID-19 PORTLAND RD - BRIDGTON, ME - 19 PORTLAND RD	19 PORTLAND RD	BRIDGTON	ME	04009-1229	207-647-3445	207-647-2086
100199	Yes	Yes	Retail	RITE AID-37 PORTLAND RD - KENNEBUNK, ME - 37 PORTLAND ROAD	37 PORTLAND ROAD	KENNEBUNK	ME	04043-6628	207-985-7144	207-985-1643
43922	Yes	Yes	Retail	RITE AID-535 PORTLAND AVE - ROCHESTER, NY - 535 PORTLAND AVENUE	535 PORTLAND AVENUE	ROCHESTER	NY	14621-5117	585-266-5930	585-266-5374
100284	Yes	Yes	Retail	RITE AID-7 PORTLAND ST - RUMFORD, ME - 7 PORTLAND STREET	7 PORTLAND STREET	RUMFORD	ME	04276-2050	207-364-2969	207-364-4776

6 records total, all records loaded.

Accept Cancel

3. Access the Medications and Orders section to place an order for the patient.

Medications & Orders

Create Medication List Comments

OxyCODONE + New Order

Patient-Reported Medications

List View: Meds & Procedures Associated Dx Choose Columns Options

Preference List Search - SmithJohn

OXYCODONE

During visit After visit

Medications Procedures Order Panels

Name	Dose	Frequenc	Type	Class	Code
OxyCODONE 30mg tabs	30 mg		Medication	Normal	28900
OxyCODONE 5mg tabs	5 mg		Medication	Normal	10814
OxyCODONE HCl 10mg tabs	10 mg		Medication	Normal	83669
OxyCODONE immediate release tablet (Clinic Administered ONLY)			Medication		10814
OxyCODONE Screen Reflex QN UR			Routine T. Lab		LAB10896
OxyCODONE 15mg tabs	15 mg		Medication	Normal	28899

6 loaded. No more to load.

Select & Stay Accept Cancel

4. Place the Controlled Substance order and associate the appropriate Diagnosis.
5. A Review/ Sign box will appear to allow the Provider to review each EPCS medication
6. Once the medication has been reviewed click the Reviewed box to the left of the med, then click Sign

Review of Controlled Medications for E-Prescribing

Transplant, Eleven

Ordered On: 1/20/2017

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: Provider, Epcs Test, MD
19 West Street, Portland ME 04102-3405
DEA Number: BJ0860228

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date
<input checked="" type="checkbox"/>	oxycodone 30 MG TABS	30 MG	Tab	Take 1 Tab (30 mg total) by mouth every 4 hours as needed	Disp-30 Tab, R-0	1/20/2017

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.

Sign Cancel

7. After clicking Sign, Imprivata will prompt the provider to enter their Network password.

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Network password

8. Depending on the fingerprint scanner availability, the next verification will require you to enter your RSA Token information or place your finger on the reader. After both password and finger print or token passcode are entered the order is signed and immediately sent to the Pharmacy.

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Place your finger

Confirm your identity - Tester2@mehealth.org - Imprivata Confirm ID

Confirm your identity

imprivata

Token passcode

or use your network password