



To: WRS Health Users
From: WRS Development Team
Date: 8/25/21
Re: New EPCS Workflow

WRS Health is proud to announce the release of a new update to the system – a new workflow for e-prescribing controlled medications.

ITEMS IN THIS RELEASE



New EPCS Workflow - UPDATED



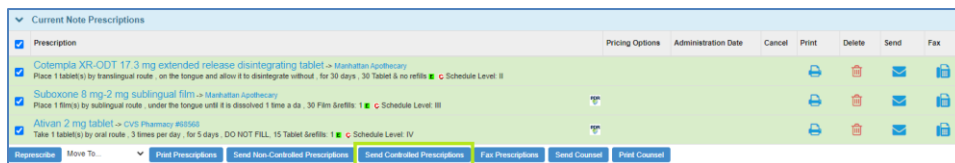
Other Changes

New Electronic Prescription of Controlled Substances (EPCS) Workflow

In compliance with migration to the National Council of Prescription Drug Programs (NCPDP) SCRIPT Standard v2017071, WRS recently updated the workflow for e-prescribing controlled medications effective on July 30, 2021.

The new EPCS workflow is as follows:

- To send multiple controlled prescriptions, simply tick the appropriate prescription boxes and click the “Send Controlled Prescriptions” button.
 - We have added a “Schedule Level” visual cue to let the prescribing provider know what level the medication is for potential abuse. This is ranked I-V, “I” being the highest potential for abuse and “V” the lowest.



- After selecting the “Send” icon, the user will be taken to the Prescription Preview page. The Prescription Preview page will now display additional information such Schedule Level and Vital Signs information.

Prescription Details

Controlled prescriptions that will be routed :

Cotempla XR-ODT 17.3 mg extended release disintegrating tablet

<p>33 year old, Male DOB: 09/01/1987 123 Main Street LAKE LINCOLNDALE, NY 10541 Tel: (912)994-6808</p>	<p>Manhattan Apothecary 147 W 35th St., New York, NY 10001 Tel: (212)302-0600 Fax: (212)302-0604</p>
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Date: 08/25/2021
 Rx No.: 30397305
 Note No.: 14108558
 Sent*: 2:56PM Aug 25, 2021

	<p>WRS Implementation and Training 6925 Bessemer Ave, Cleveland, OH 441271234 Tel: 8451234567 Fax: 8459876543 Doctor Test, MD, DEA #BG4020741</p>
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Rx
Drug: Cotempla XR-ODT 17.3 mg extended release disintegrating tablet
Sig: Place 1 tablet(s) by translingual route , on the tongue and allow it to disintegrate without , for 30 days
Quantity: 30 **Unit of Measure:** Tablet

Duration: 30 days
DAW: No
Start Date: 08/25/2021

Vitals as of 6/22/2021
Height: 5' 0" / 152.40 cm
Weight: 8 lb 0oz / 3.63 kg

Suboxone 8 mg-2 mg sublingual film

<p>33 year old, Male DOB: 09/01/1987 123 Main Street LAKE LINCOLNDALE, NY 10541 Tel: (912)994-6808</p>	<p>Manhattan Apothecary 147 W 35th St., New York, NY 10001 Tel: (212)302-0600 Fax: (212)302-0604</p>
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Date: 08/25/2021
 Rx No.: 30397306
 Note No.: 14108558
 Sent*: 2:56PM Aug 25, 2021

	<p>WRS Implementation and Training 6925 Bessemer Ave, Cleveland, OH 441271234 Tel: 8451234567 Fax: 8459876543 Doctor Test, MD, DEA #BG4020741</p>
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Rx
Drug: Suboxone 8 mg-2 mg sublingual film
Sig: Place 1 film(s) by sublingual route , under the tongue until it is dissolved 1 time a da
Quantity: 30 **Unit of Measure:** Film

Refills: 1
DAW: No
Start Date: 08/25/2021

Vitals as of 6/22/2021
Height: 5' 0" / 152.40 cm
Weight: 8 lb 0oz / 3.63 kg

Ativan 2 mg tablet

<p>33 year old, Male DOB: 09/01/1987 123 Main Street LAKE LINCOLNDALE, NY 10541 Tel: (912)994-6808</p>	<p>CVS Pharmacy #68568 197 Clarendon Street, New York, NY 10001 Tel: (401)770-5314 Fax: (401)770-2136</p>
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Date: 08/25/2021
 Rx No.: 30397307
 Note No.: 14108558
 Sent*: 2:56PM Aug 25, 2021

	<p>WRS Implementation and Training 6925 Bessemer Ave, Cleveland, OH 441271234 Tel: 8451234567 Fax: 8459876543 Doctor Test, MD, DEA #BG4020741</p>
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Rx
Drug: Ativan 2 mg tablet
Sig: Take 1 tablet(s) by oral route , 3 times per day , for 5 days , DO NOT FILL
Quantity: 15 **Unit of Measure:** Tablet

Duration: 5 days
Refills: 1
DAW: No
Start Date: 08/25/2021

Vitals as of 6/22/2021
Height: 5' 0" / 152.40 cm
Weight: 8 lb 0oz / 3.63 kg

Approve & Sign

Fields with * are internal fields

3. Selecting the “Approve & Sign” button will take the user to the sign off page where they will enter the token password and security code. Selecting the “Sign + Send” button will sign and send the controlled prescription


Prescription Signoff - Google Chrome
 test.mdtoolboxrx.net/rxtest/ui/RxSign.aspx?mode=5&mainret=3&id=90732

Controlled Substance Signoff Required

Prescriber:	Doctor Test MD DEA#BG4020741 6925 Bessemer Ave Cleveland OK 441271234
Patient:	Wrs Test 123 Main Street LAKE LINCOLNDALE NY 10541
Prescription:	<p>Ativan 2 mg tablet Sig:Take 1 tablet(s) by oral route , 3 times per day , for 5 days , DO NOT FILL, Dispense:15 Tablet, Refills:1 Written Date:8/25/2021 Effective:8/25/2021</p> <p>Cotempla XR-ODT 17.3 mg extended release disintegrating tablet Sig:Place 1 tablet(s) by translingual route , on the tongue and allow it to disintegrate without , for 30 days , Dispense:30 Tablet, Refills:0 Written Date:8/25/2021 Effective:8/25/2021</p> <p>oxycodone 10 mg tablet Sig:Take 1 tablet(s) by oral route , every 4-6 hours , for 1 days , Dispense:1 Tablet, Refills:0 Written Date:8/25/2021 Effective:8/25/2021</p> <p>Suboxone 8 mg-2 mg sublingual film Sig:Place 1 film(s) by sublingual route , under the tongue until it is dissolved 1 time a da , Dispense:30 Film, Refills:1 Written Date:8/25/2021 Effective:8/25/2021</p> <p>Valium 10 mg tablet Sig:Take 1 tablet(s) by oral route , 1 time per day , for 1 days , Dispense:1 Tablet, Refills:0 Written Date:8/25/2021 Effective:8/25/2021</p>

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.

Token Password:	<input type="password" value="*****"/> <i>This is your token password-a secret password you set when registering your token(may be different from login password)</i>
Security Code:	<input type="password" value="*****"/> <i>This is the 6 digit code showing on your token right now (expires in 30 seconds)</i>

Enabled by:


1 (mobile-882) 2 (mobile-641)

Please wait.. Signing rx... ████

4. Selecting the “Sign + Send” button will sign and send the controlled prescription

Controlled Substance Signoff Required

Prescriber:	Doctor Test MD DEA#BG4020741 6925 Bessemer Ave Cleveland OH 441271234
Patient:	John Test 123 Main Street nowhere NE 12345
Prescription:	Cotempla XR-ODT 17.3 mg extended release disintegrating tablet Sig:Place 1 tablet(s) by translingual route , 1 time per day , for 5 days , Dispense:5 Tablet, Refills:0 Written Date:6/10/2021 Effective:6/10/2021

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.

Token Password:	<input style="width: 80%;" type="password" value="*****"/> <i>This is your token password-a secret password you set when registering your token(may be different from login password)</i>
Security Code:	<input style="width: 80%;" type="text" value="*****"/> <i>This is the 6 digit code showing on your token right now (expires in 30 seconds)</i> <div style="float: right; text-align: right;"> <input type="button" value="VIP-Push"/> <p>Enabled by: Symantec Validation & ID Protection</p> </div>

Please wait.. Signing rx... [Progress Bar]

Other Changes

Cancel Prescription Field Removed

Previously, there was a “cancel reason” field towards the bottom of the page. This has since been removed as it is no longer a requirement.

Current Note Prescriptions

Pricing Options Administration Date Cancel Print Delete Send Fax

Prescription

Adderall 15 mg tablet - RTE AID-19 ROUTE 6
 Table 1 tablet(s) by oral route , 1 time per day , for 30 days , 30 Tablet & no refills

Schedule Level II

Prescription Details
Lawrence Academy Rx 10.6

Bergamel, Solomon
 51 year old, Male
 DOB: 03/21/1970
 1948 Bainbridge St
 PHILADELPHIA, PA 19146
 Tel: (707) 707 - 4578

235 Main St
 Groton, MA 01450
 Tel: (978) 451 - 4477
 Fax: (978) 450 - 1122

Date: 1624036411 **WRS Implementation and Training**
 Rx No.: 30395439 6925 Bessemer Ave, Cleveland, OH44127-1234
 Note No.: 14105548 Tel: 8453354444, Fax: 8453354422
 Sent: 1:31PM Jun 22, 2021 Doctor Test, MD, DEA #BG4020741

Rx
 Drug: Suboxone 8 mg-2 mg sublingual film
 Sig: Place 1 film(s) by sublingual route , under the tongue until it is dissolved 1 time a day
 Daw: No
 Start Date: 06/18/2021
 Duration: 0 days
 Quantity: 30
 Unit of Measure: Film

Previously there was a cancel reason field here

NADEAN REQUIREMENT

Narcotic Addiction DEA Number (NADEAN) identification number is now required for clinicians to prescribe controlled medications for opioid dependency treatment. The NADEAN ID is entered in Administration > Resource Management > General.

Please Note: Non-compliance will result in the prescription NOT being sent to the pharmacy.

TAXONOMY CODE: 207RN0300X [Internal Me	DEA NUMBER: (mandatory for ERx and Formulary checking)	NADEAN: <input type="text"/>
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GHB Prescription Reason: REQUIRED

When prescribing GHB medication, documentation of medical need for prescription is required in the NOTE TO PHARMACIST field in the following format: **GHB:reason**.

Please Note: Non-compliance will result in the prescription NOT being sent to the pharmacy.

The screenshot shows the 'Add Prescription / Medication' interface. The drug is 'Xyrem 500 mg/ml, oral solution'. The dosing is 'Take 3 times'. The route is 'oral'. The frequency is 'Every 2 hours'. The quantity is '1'. The unit of measure is 'gram'. The start date is '05/22/2021'. The pharmacy is 'RITE AID-WEST CHESTER MALL - Cortlandt Town Center, Mohegan Lake, NY, 1054'. The 'Note to Pharmacist' field is highlighted in green and contains the text 'GHB treatment of narcolepsy'.