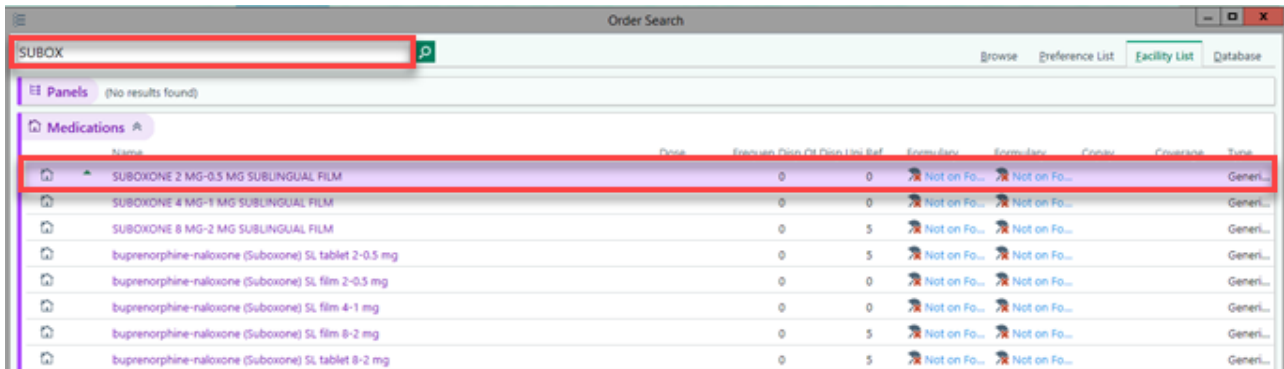


## Ambulatory Ordering Narcotics

This tipsheet will walk providers through the process of ordering narcotics in Epic.

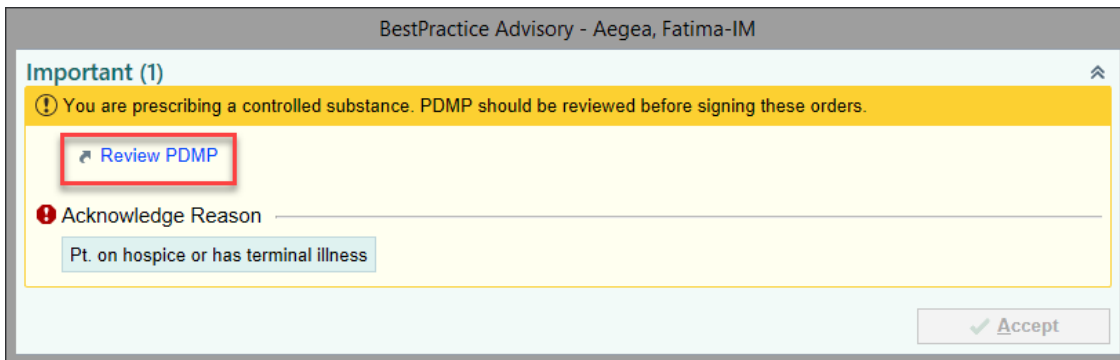
### New Medication

1. If this is a new prescription, search for the appropriate medication by clicking **+Add Order**, enter the name of the medication, select the dose, and click **Accept**.



Name	Dose	Frequency	Pts on Pt	Pts on Ref	Formulary	Formulary	Control	Type
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	0	0	Not on Fo...	Not on Fo...	Generi...			
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	0	0	Not on Fo...	Not on Fo...	Generi...			
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	0	5	Not on Fo...	Not on Fo...	Generi...			
buprenorphine-naloxone (Suboxone) SL tablet 2-0.5 mg	0	5	Not on Fo...	Not on Fo...	Generi...			
buprenorphine-naloxone (Suboxone) SL film 2-0.5 mg	0	0	Not on Fo...	Not on Fo...	Generi...			
buprenorphine-naloxone (Suboxone) SL film 4-1 mg	0	0	Not on Fo...	Not on Fo...	Generi...			
buprenorphine-naloxone (Suboxone) SL film 8-2 mg	0	5	Not on Fo...	Not on Fo...	Generi...			
buprenorphine-naloxone (Suboxone) SL tablet 8-2 mg	0	5	Not on Fo...	Not on Fo...	Generi...			

2. You will automatically be prompted to review the patient's PDMP. This is a required step in the process and must be completed by the prescribing provider. Click the **Review PDMP** hyperlink. (note: this will only need to be done once per patient per visit)



BestPractice Advisory - Aegea, Fatima-IM

**Important (1)**

⚠ You are prescribing a controlled substance. PDMP should be reviewed before signing these orders.

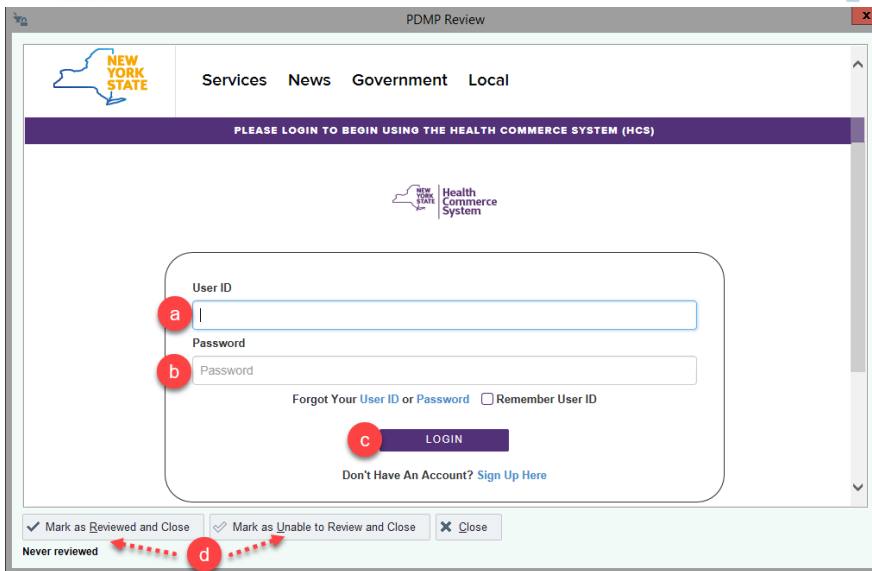
[Review PDMP](#)

⚠ Acknowledge Reason

Pt. on hospice or has terminal illness

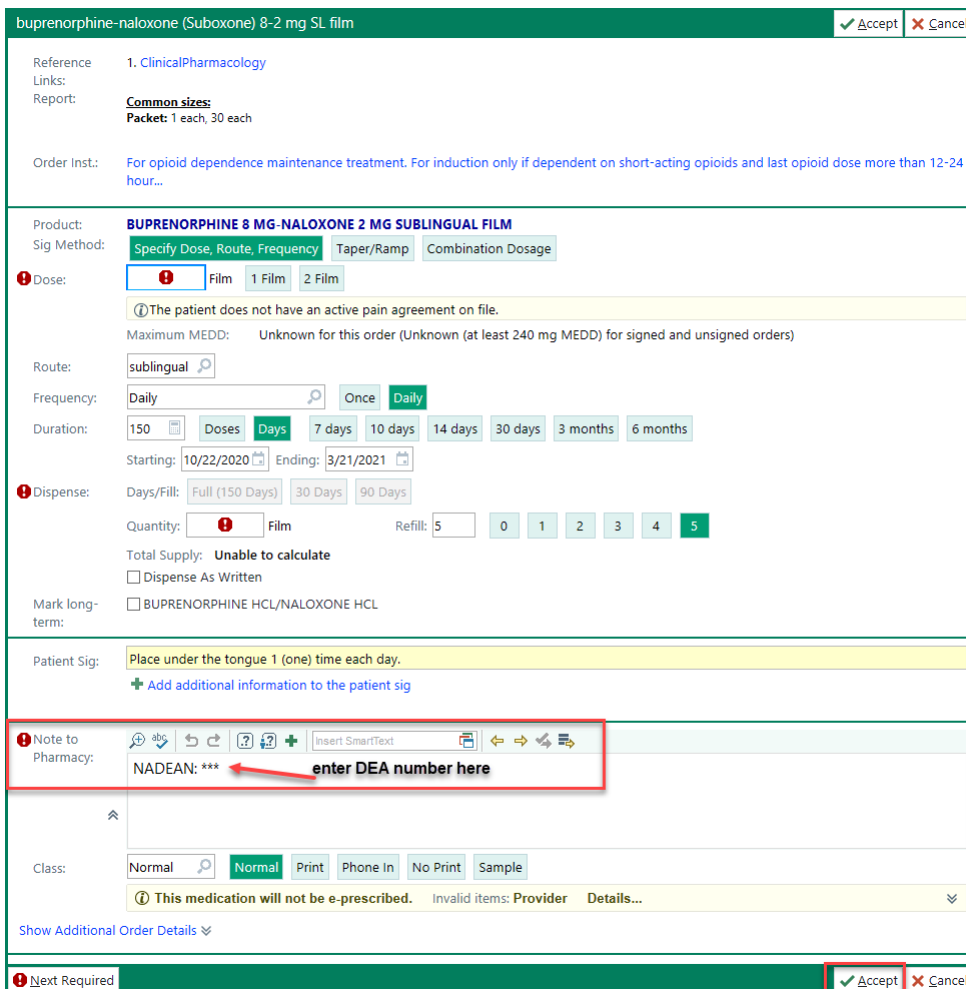
✓ Accept

3. You will be directed to the NYS HCS webpage
  - a. Enter your User ID
  - b. Enter your Password
  - c. Click Login and complete the patient's ISTOP review.
  - d. Once the review is complete, select the appropriate option at the bottom of the page



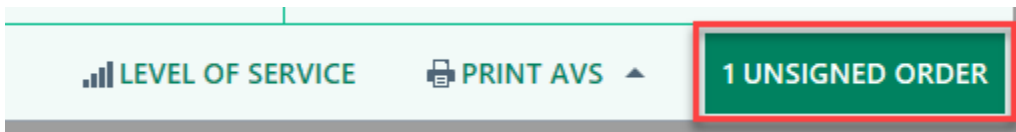
The screenshot shows the 'PDMP Review' login window. It includes a New York State logo, navigation links for Services, News, Government, and Local, and a prompt to 'PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)'. The login form has fields for 'User ID' (labeled 'a') and 'Password' (labeled 'b'). Below the password field is a 'Forgot Your User ID or Password' link and a 'Remember User ID' checkbox. A 'LOGIN' button (labeled 'c') is at the bottom of the form. Below the login form is a 'Don't Have An Account? Sign Up Here' link. At the very bottom, there are three buttons: 'Mark as Reviewed and Close', 'Mark as Unable to Review and Close', and 'Close'. A red arrow (labeled 'd') points to the 'Mark as Reviewed and Close' button.

- Complete the medication order as appropriate. Scroll to the Note to Pharmacy section, and replace the \*\*\* wildcard with your DEA number issued for narcotics. Click **Accept**.



The screenshot shows a medication order form for 'buprenorphine-naloxone (Suboxone) 8-2 mg SL film'. The form includes sections for Reference Links, Order Instructions, Product, Sig Method, Dose, Route, Frequency, Duration, Dispense, Patient Sig, Note to Pharmacy, Class, and a Next Required section. The 'Note to Pharmacy' section is highlighted with a red box and contains the text 'NADEAN: \*\*\*' with a red arrow pointing to the '\*\*\*' and the text 'enter DEA number here'. The 'Next Required' section at the bottom has a red box around the 'Accept' button.

- When you are ready to sign your order(s), click “Sign Orders” in the lower right corner of your screen



- You will now be directed into the EPCS authentication workflow. Review the specific details for each controlled medication order. Once each order has been reviewed, mark the medication as reviewed in the “Reviewed” column to the left of the medication. Click **Sign**.

Review of Controlled Medications for E-Prescribing

Abingdon, Perseus Ordered On: 10/6/2020

**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, mark each medication as Reviewed to indicate that the prescription is ready for signing.

Provider: Physician Epcs Family Medicine, MD  
397 Louisiana St, Buffalo NY 14204 United States of America

DEA Number: BS1216123 Individual DEA #: BS1216123

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date
<input checked="" type="checkbox"/>	oxyCODONE 5 mg tablet	5 mg	tablet	Take 1 tablet (5 mg total) by mouth every 4 (four) hours if needed for moderate pain (pain scale 4-6).	Disp-120 tablet, R-0	10/6/2020

**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.

✓ Sign ✗ Cancel


- You will be asked to confirm your identity, enter your AD password in the **Network Password** box.

Confirm your identity - calbrecht@ad.wnychs.org - Imprivata Confirm ID

imprivata


**Confirm your identity**

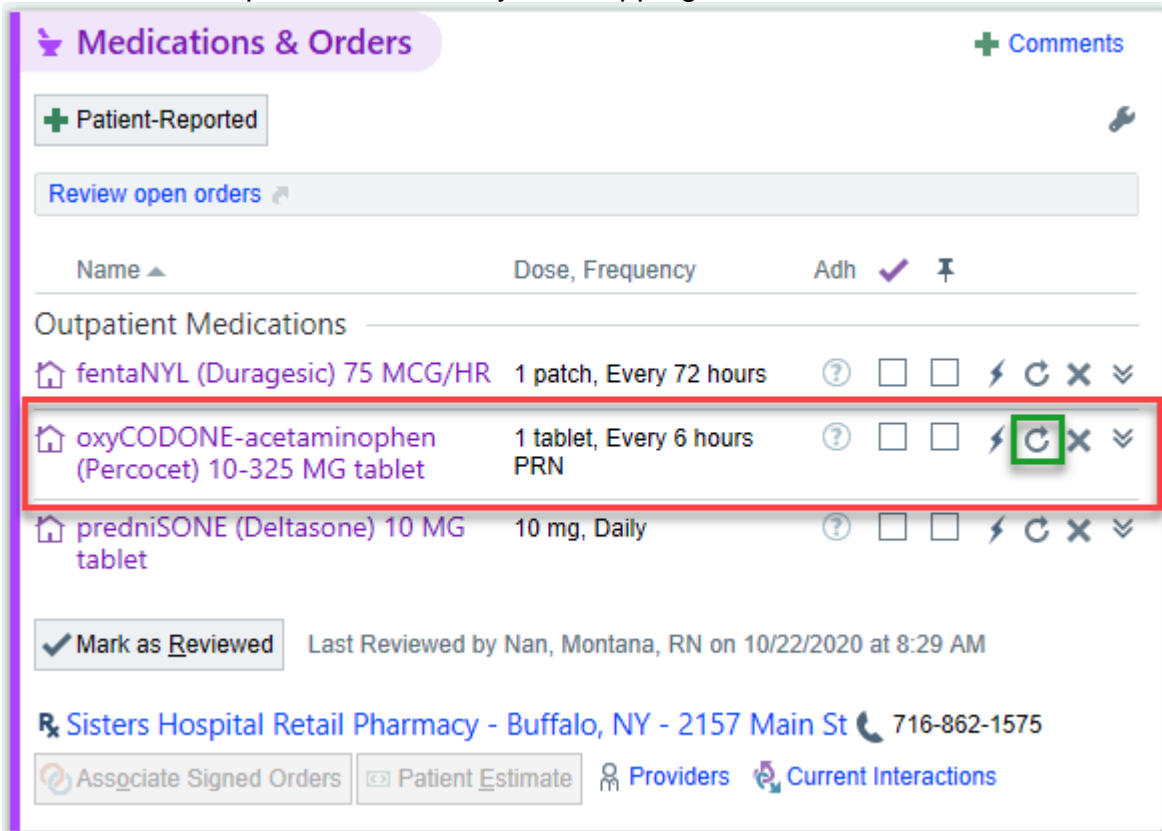
\*\*\*\*



- After successfully entering your password, you will receive a prompt for authorization from Imprivata on your phone.

## Reordering from the Med List

1. From the Medications & Orders activity, click the  icon for the medication you wish to reorder. This will push the order to your shopping cart



**Medications & Orders** + Comments

+ Patient-Reported ⚙️

[Review open orders](#)

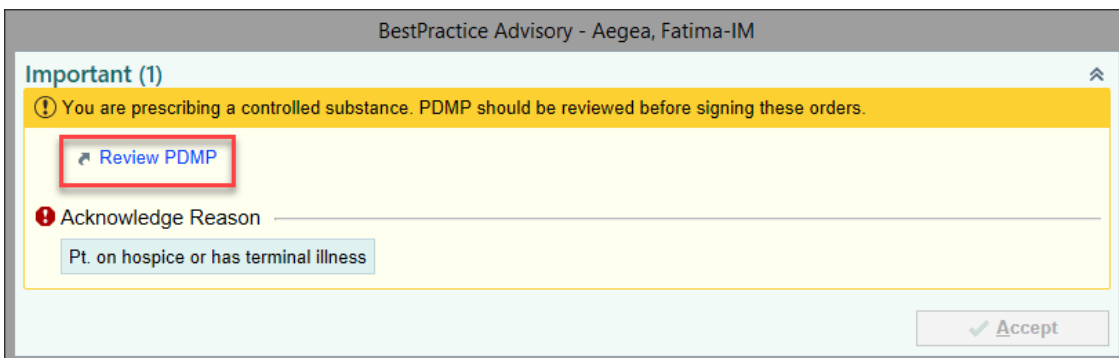
Name ▲	Dose, Frequency	Adh	✓	📌
<b>Outpatient Medications</b>				
🏠 fentaNYL (Duragesic) 75 MCG/HR	1 patch, Every 72 hours	?	<input type="checkbox"/>	<input type="checkbox"/>
🏠 oxyCODONE-acetaminophen (Percocet) 10-325 MG tablet	1 tablet, Every 6 hours PRN	?	<input type="checkbox"/>	<input type="checkbox"/>
🏠 predniSONE (Deltasone) 10 MG tablet	10 mg, Daily	?	<input type="checkbox"/>	<input type="checkbox"/>

✓ Mark as Reviewed Last Reviewed by Nan, Montana, RN on 10/22/2020 at 8:29 AM

📍 Sisters Hospital Retail Pharmacy - Buffalo, NY - 2157 Main St ☎️ 716-862-1575

[Associate Signed Orders](#) [Patient Estimate](#) [Providers](#) [Current Interactions](#)

2. You will automatically be prompted to review the patient's PDMP. This is a required step in the process and must be completed by the prescribing provider. Click the **Review PDMP** hyperlink. (note: this will only need to be done once per patient per visit)



BestPractice Advisory - Aegea, Fatima-IM

**Important (1)**

⚠️ You are prescribing a controlled substance. PDMP should be reviewed before signing these orders.

[Review PDMP](#)

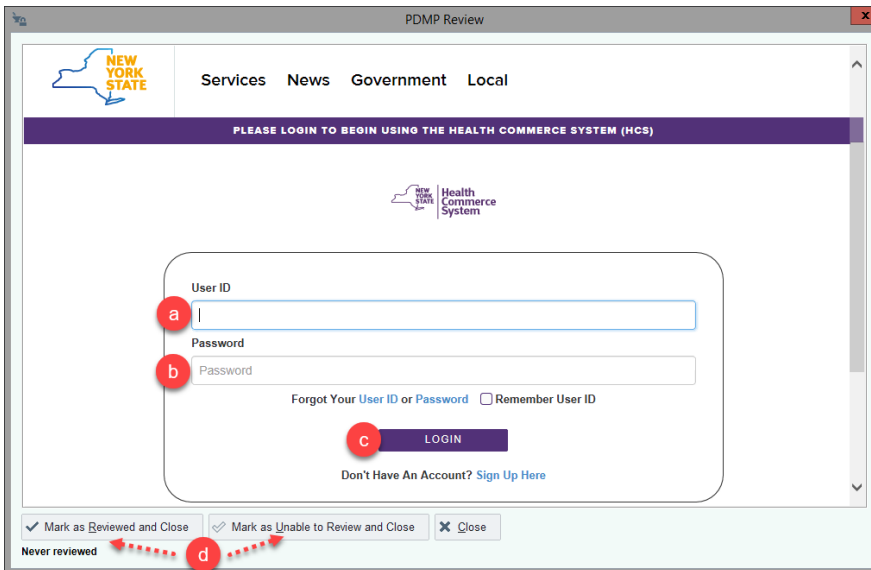
⚠️ Acknowledge Reason

Pt. on hospice or has terminal illness

✓ Accept

3. You will be directed to the NYS HCS webpage
  - a. Enter your User ID
  - b. Enter your Password
  - c. Click Login and complete the patient's ISTOP review.

- d. Once the review is complete, select the appropriate option at the bottom of the page



The screenshot shows the 'PDMP Review' login interface. At the top, there is a navigation bar with 'Services', 'News', 'Government', and 'Local'. Below this is a purple banner that reads 'PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)'. The main content area features the 'NEW YORK STATE Health Commerce System' logo. A login form is centered, containing a 'User ID' field (annotated with a red circle 'a'), a 'Password' field (annotated with a red circle 'b'), and a 'LOGIN' button (annotated with a red circle 'c'). Below the password field, there is a link for 'Forgot Your User ID or Password' and a checkbox for 'Remember User ID'. At the bottom of the login form, there is a link for 'Don't Have An Account? Sign Up Here'. At the very bottom of the page, there are three buttons: 'Mark as Reviewed and Close' (annotated with a red circle 'd'), 'Mark as Unable to Review and Close', and 'Close'. A red dotted arrow points from the 'Mark as Reviewed and Close' button to the 'Never reviewed' status text on the left.

4. Complete the medication order as appropriate. Scroll to the Note to Pharmacy section, and replace the \*\*\* wildcard with your DEA number issued for narcotics. Click **Accept**.

buprenorphine-naloxone (Suboxone) 8-2 mg SL film ✓ Accept ✗ Cancel

Reference: 1. ClinicalPharmacology  
Links:  
Report: **Common sizes:**  
Packet: 1 each, 30 each

Order Inst.: For opioid dependence maintenance treatment. For induction only if dependent on short-acting opioids and last opioid dose more than 12-24 hour...

Product: **BUPRENORPHINE 8 MG-NALOXONE 2 MG SUBLINGUAL FILM**  
Sig Method: **Specify Dose, Route, Frequency** | Taper/Ramp | Combination Dosage

Dose: **1** Film | 1 Film | 2 Film  
 ⓘ The patient does not have an active pain agreement on file.  
 Maximum MEDD: Unknown for this order (Unknown (at least 240 mg MEDD) for signed and unsigned orders)

Route: sublingual

Frequency: Daily | Once | Daily

Duration: 150 | Doses | Days | 7 days | 10 days | 14 days | 30 days | 3 months | 6 months

Starting: 10/22/2020 | Ending: 3/21/2021

Dispense: Days/Fill: Full (150 Days) | 30 Days | 90 Days

Quantity: **1** Film Refill: 5 | 0 | 1 | 2 | 3 | 4 | 5

Total Supply: **Unable to calculate**  
☐ Dispense As Written

Mark long-term: ☐ BUPRENORPHINE HCL/NALOXONE HCL

Patient Sig: Place under the tongue 1 (one) time each day.  
 + Add additional information to the patient sig

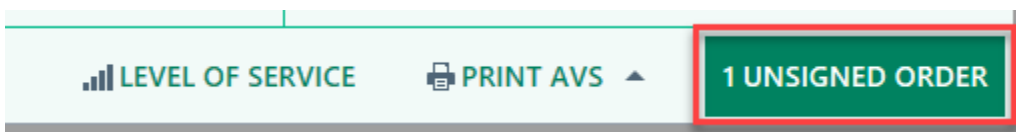
Note to Pharmacy: NADEAN: \*\*\* **enter DEA number here**

Class: Normal | Normal | Print | Phone In | No Print | Sample  
 ⓘ This medication will not be e-prescribed. Invalid items: Provider Details...

Show Additional Order Details

Next Required ✓ Accept ✗ Cancel

- When you are ready to sign your order(s), click “Sign Orders” in the lower right corner of your screen



- You will now be directed into the EPCS authentication workflow. Review the specific details for each controlled medication order. Once each order has been reviewed, mark the medication as reviewed in the “Reviewed” column to the left of the medication. Click **Sign**.

Review of Controlled Medications for E-Prescribing

Abingdon, Perseus Ordered On: 10/6/2020

**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, mark each medication as Reviewed to indicate that the prescription is ready for signing.

Provider: Physician Epcs Family Medicine, MD  
397 Louisiana St, Buffalo NY 14204 United States of America

DEA Number:  Individual DEA #: BS1216123

Reviewed	Schedule II Medication	Strength	Form	Sig	Dispense-Refill	Earliest Fill Date
<input checked="" type="checkbox"/>	oxyCODONE 5 mg tablet	5 mg	tablet	Take 1 tablet (5 mg total) by mouth every 4 (four) hours if needed for moderate pain (pain scale 4-6).	Disp-120 tablet, R-0	10/6/2020

**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.


- You will be asked to confirm your identity, enter your AD password in the **Network Password** box.


Confirm your identity - calbrecht@ad.wnychs.org - Imprivata Confirm ID

Imprivata

**Confirm your identity**

\*\*\*\*





- After successfully entering your password, you will receive a prompt for authorization from Imprivata on your phone.