

EPCS Prescription Writer



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Table of Contents

Prescription Writer	1
Accessing Prescription Writer	1
Prescribing Medications with the EPCS Prescription Writer	2
Sig Code Builder	3
Sending Prescriptions Electronically	5
Transmission Confirmation	7

Prescription Writer

The following section will explain how to issue a controlled substance electronically.

Note: Prescriptions cannot be sent to the *Authorization* Queue once the provider is activated with EPCS. Prescriptions must be generated and sent by the provider.

Accessing Prescription Writer

All prescriptions are written from within the *Prescription Writer* Window. There are three ways to access the *Prescription Writer*:

- From the Patient Chart,
- From Medication Overview, or
- From Medcin Charting.

This section illustrates accessing Prescription Writer from the Patient Chart.

1. From within the Patient Chart, select the **Medications** Folder and then select the **New** Button on the Toolbar.

Rack - Back - Back	SWAR FOR	R New -		iomation II-I	Information Leaflets	Cher	Interactions.	13 Third	Party Corr	Danison	A	
atlent Chart	Qa Ep	cs (No All	ergy Information on File) Inth Date: 5/25/1981 Next Visit: Non					Maa		-	MRN: 0000051340	Patient Chart Account: 5134-1 Client Id: 43
Chart Summary Encounters (13) Vitals PMRSH Problem List (8)	Patier All medic Filter: Medicat	ations prescrit	tions bedforthispatient. scribed 🕐 Pre-Existing									🧮 Patient does not take medica
Allergies (0)	E Activ	Medication										
Clinical Alerts (0)		Issue Date	V Prescription Name	Quantity	Sig Details	Refills	Days Supply	Remain	DAW	DAS	CS	
Messages (0)		04/25/2016	oxyCODONE 10 mg oral tablet	30 Tablets	EVERY EVENING	0	30	0				~
Orders (0)		04/25/2016	2,3 Dimercaptosuccinic Acid Pac	1 Pack	RIGHT EAR	8	1	0				
Hospitalizations (0)	-	04/25/2016	oxyCODONE 20 mg oral tablet,	30 Tablets	FOUR TIMES A DAY	0	30	0				~
Shots (0)		03/11/2016	lisinopril 10 mg oral tablet	30 Tablets	1 ONCE DAILY	0	30	0				
Injections (0)	+	03/11/2016	lisinopril 10 mg oral tablet	30 Tablets	I ONCE DAILY	0	30	0				
Correspondence (12)	4	03/07/2016	1 Hexanol Package Size:500	1 Pack	HOURLY	0	1	0				
Notes (0)	1	02/24/2016	Synnge 0.5cc 27g 1/2" Package	30 Packs	AT BEDTIME	0	30	0				
Documents (0)	4	02/23/2016	Synnge 12cc 18g 1" Package Siz	30 Packs	4 BEFORE MEALS	0	30	0				
Pharmacies (1)	4	02/22/2016	1-Butanol Package Size:20000	1 Pack	EVERY OTHER DAY	0	90	0				
Quality Guidelines	8	02/17/2016	Syringe 35cc Catheter Tip Packa	1 Pack	HOURLY	0	30	0				
Clinical Research (0)	8	02/17/2016	Syringe 3rc Package Size:100	1 Pack	EVERY MORNING	0	30	0				
a Care Plan		02/16/2016	Syringe 0.5cc 27g 1/2" Package	1 Pack	MORNING	0	30	0				
Order Sets		02/16/2016	Syringe 0.3cc 29g 1/2" Package	1 Pack	AT BEDTIME	0	30	U				
	0	02/16/2016	Syringe 0.3cc 29g 1/2" Package	1 Pack	EVERY MORNING	0	30	9				
	+	02/16/2016	Syringe 0.5cc 27g 1/2" Package	1 Pack	EVERY EVENING	0	30	0				
	0	02/16/2016	Syringe 0.5cc 28g 1/2" Package	1 Pack	AT BEDTIME	0.	30	D				
	8	02/16/2016	Syringe 0.5cs 27g 1/2" Package	1 Pack	EVERY EVENING	0	30	0				
	-	02/15/2016	oxyCODONE 20 mg oral tablet,	30 Tablets	EVERY EVENING	0	30	0				~
	8	02/12/2016	Awesome Drug	10 Each	LEFT EAR	0	10	0				
		02/12/2016	Syringe 3cc Package Size:100	30 Packs	PUFFS	0	30	0				
	4	02/11/2016	Tybost 150 mg oral tablet	30 Tablets	HOURLY	0	30	0				

Prescribing Medications with the EPCS Prescription Writer

1. From the **Drug** Tab, enter the name of the medication you wish to prescribe then click the **Search** Button.

V Prescription Writer For: Qa Epcs										. 0
Eile Action		a charle a second								
🔶 Send Script , 📴 Autho	vization Queue 🟅	• 🛅 🗐 👔 🧟 🧭 Add Allergy 🛟								
Prescription Options	Qa Epcs (N	to Allergy Information on File)							Pa	tient Scripts
Issue Date:	Account: 5134 Mi	RN: 513401	ulture MacHentlaner							
08/09/2016	Favorites Drug	Alleroies Current Rx	INCO PIECHEROUTI.	10.0					_	_
ProviderList	Larata hun Davi	- hutures III lensing						1.0	Charle Ohor	
Eprsone, Test MD (EPCS1) - 30	Locate by: Dig	g by warne oxtco	- N. C. K. I.		S. 4.4. 10				Check ODS0	ere
(860) 525-5525	Formulary Status	Rx Name	Sig Code	SigDisplay	Generic OTC	cs				1
Pharmacy List	2	oxyCODONE 10 mg oral tablet				2				
MAIL ORDER PHARMACY 10 Q .	7	oxyCODONE 15 mg oral tablet			~	2				
9292 LANGLEY RD	?	oxyCODONE 20 mg oral tablet			~	2				
PHOENDX, AZ 85001 (623) 515-2323	?	oxyCODONE 20 mg oral tablet, extended release			~	z				
	?	oxyCODONE 20 mg/mL oral concentrate			~	Z				
Set as Favorile Pharmasy	?	oxyCODONE 30 mg oral tablet			~	2				
SupervisingProvider		oxyCODONE 40 mg oral tablet, extended release				2				
1	1 2	oxyCODONE 5 mg grai tablet			-	2				
	?	axyCODONE 5 mg/5 mL aral solution			-	2				
Repartit Information	7	oxyCODONE 80 mg oral tablet, extended release.			-	2				
Denerie Information	?	oxyCODONE compounding powder			~	2				
	CoPay & Co	overage Information								
	Prescribing	Drugs		-		_				
	Drug Name	Sig Code		Quar	tity		Refills	Days Supplied	As Written	Sample
Second Provide Second										
Visiturromation										
Next visit:										
Last Visit:										

2. Double click the drug to open the *Prescription Fill* Window and then select the **Sig Code** Link to access the *Sig Builder* Window.

	VertexDr Prescription Fill
Prescription Define prescription in	Fill formation on the specified drug.
Drug Name:	Percocet 2.5/325 oral tablet
Issued:	5/1/2018
CS:	2
Sig Code:	Sig_Code
R×Norm:	1049637
Quantity:	÷ 🖬
Quantity Desc:	Tablet
Total number of refills approved: 1 +	· 0 😯 🖬
Days Supplied:	0 😳 🖬
Problem:	Q 🗸
End Date:	
Dispensed As:	🗌 Written 🗌 Sample
	Lot: Exp:
	Is chronic
Add to favorites	
Prescription Mon	itor Checked Prescription Monitoring
	OK Cancel

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3. The **Prescription Monitoring** Link appears at the bottom of the *Prescription Fill* Window when a narcotic is being prescribed. This link opens the Prescription Monitoring Program website for providers to log-in and review that patient's narcotic history.

Note: CT State law requires that providers log into the Prescription Monitoring Program website to check a patient's narcotic history prior to prescribing any narcotics.

4. After reviewing, the provider can document that the information was verified and then check the **RX Monitoring** Checkbox in the *Prescription Fill* Window.

Note: This information is displayed in the *Medications* Section of the Patient Chart.



Sig Code Builder

1. Use the *Sig Builder* Window to generate the prescription details.

Note: You must use Sig Builder to generate the prescription. Free texted sigs will not be accepted.

V	ertexDr Si	g Builder - oxyCODONE 15 m	g oral tabl	et			
Γ							
				Sigs			
	TAKE1	TAKE ONE	T.I.D.	THREE TIMES A DAY	Q8H	EVERY EIGHT HOURS	
	CAP	CAPSULE	Q.I.D.	FOUR TIMES A DAY	Q12H	EVERY 12 HOURS	
	CC	CUBIC CENTIMETER	Q.I.D.2	FOUR TIMES A DAY	INJ	INJECT	
	GTT	DROP	Q.O.D.	EVERY OTHER DAY	I.V.	INTRAVENOUS	E
	GR	GRAM	QAM	EVERY MORNING	I.M.	INTRAMUSCULAR	
	MG	MILLIGRAM(S)	A.M.	MORNING	7DAYS	FOR 7 DAYS	
	ML	MILLILITER	H.S.	AT BEDTIME	0.D.	RIGHT EYE	
	oz	OUNCE	QPM	EVERY EVENING	0.S.	LEFT EYE	
	PUFFS	PUFFS	Q.H.	HOURLY	0.U.	BOTH EYES	
	TAB	TABLET	A.C.	BEFORE MEALS	FORSOB	FOR SHORTNESS OF BREATH	
	TBS	TABLESPOON	A.D.	RIGHT EAR	P.R.N	AS NEEDED	
	TSP	TEASPOON	A.S.	LEFT EAR	PULV	POWDER	
	P.O.	ORALLY (BY MOUTH)	APP	APPLICATOR	QS	UPTO	
	Q.D.1	EVERY DAY	BP	BLOOD PRESSURE	P.V.	VAGINALLY	
	Q.D.	ONCE A DAY	CRM	CREAM	P.R	RECTALLY	
	1Q.D.	ONCE DAILY	D/C	DISCONTINUE	S.L	SUB-LINGUAL	
	Q.D.2	ONCE PER DAY	A.A	OF EACH	SS	ONE HALF	
	B.I.D.3	TWICE A DAY	HR	HOUR	STAT	NOW/IMMEDIATELY	-
	Quantity 0.0 Refills 0 Sig Code D	Quantity Descript Tablet Supply Calculate Display	ion * ▼ 0 ◆	Sig Text			• 0
	Units 0.0 Addition	Unit Ext. Dose	o 🚔	Sig Text Entry	To Pharma	cist OK	ys Day Rate
	* Quantity	Description is required for all e	lectronic a	nd mail order prescriptions.			

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- **Quantity:** This is the entire amount of pills/bottles/kit/liquid you are going to prescribe to the patient for this fill. Tab to the next field.
- **Quantity Description:** This is used to describe the form of medication being written, e.g., tablet, capsule, liquid, kit, syringe. Select from the drop down arrow as needed.
- **Refills:** Type in the amount of refills you wish to prescribe to the patient.
- **Supply:** Is defined as the Days' Supply for the patient. It takes into account the initial prescription and any refills that are issued to calculate the total days supplied. This will auto-calculate if you are prescribing a tablet or capsule. As needed or as directed will not auto-calculate Days' supply.
- **Units:** This is the amount of medication that the patient will take at any given time or dose, e.g., number of teaspoons, number of tablets.
- Unit Ext.: This gives you the ability to define 1/4, 1/2, and 3/4 for liquid or scored medications.
- **Doses Per Day:** How many doses of the medication the patient will take daily.
- **Sig Text Entry:** Double click on the correct **Sig Code** from the table above. This will populate into the **Sig Text** field, e.g., Q.D., once a day.
- **Days:** This is used to define the number of days you want the patient to take a certain amount of medication, e.g., B.I.D. for seven days. This field is used with the **Additional Sigs** Button for tapered medications.
- **Additional Sigs:** This button is used when prescribing multiple lines of instructions for the patient, e.g. tapered medications.
- **Clear Sigs:** This button will clear all information in the *Sig Builder* Window.
- **Notes to Pharmacist:** This will attach a note to the prescription that will be sent electronically to the pharmacist or printed on the printed or faxed prescription.
- 2. After entering the appropriate Sig Code, click the **OK** Button. The prescription is saved to the *Prescribing Drugs* Queue.
- **3.** Repeat steps 1-4 if you need to prescribe multiple controlled substances.

V Prescription Writer For: Qa Epcs									- 0	1 23
File Action										
🛉 Send Script 🔸 🔁 Author	rization Queue 🤰 📷 🕅 🏦 🕵 🔗 Add Allergy	< 8								
Prescription Options	Qa Epcs (No Allergy Information on	File)							Patient Scrip	pts
Issue Date:	Account: 5134 MRN: 513401	(PE) (SE) Takan Madimian	v							
08/09/2016	Eavorities, 0700 Alleroies, Current Bx	şzajtast takes medicadon:	10				_	_	_	
ProviderList	Annual Inc.						100		Trainer I	-
Enrone Test MD (EDCS1) - 30	Locate by: Drug by Name (*) OXYCO							search Check Ut	osolete	
(860) 535,5535	Formulary Status Rx Name	Sig Code	SigDisplay	Seneric OTC	cs					-
Pharmacy List	? oxyCODONE 10 mg oral tablet			~	2					
MAD ODDED DHADMACK ID O	? oxyCODONE 10 mg oral tablet, extended	release			2					-
9292 LANGLEY RD	2 and CODONE 15 mg and tablet				2					_
PHOENIX, AZ 85001	7 axyCODONE 20 mg anal tablet, extended	release		5	2					
(623) 515-2323	? oxyCODONE 20 mg/mL oral concentrate				z					
Sat as Fanorita Disemana	? oxyCODONE 30 mg oral tablet			~	2					
251 BS DYOTHE PICTURESY	? axyCODONE 40 mg aral tablet, extended	release		~	2					
SupervisingProvider	? oxyCODONE 5 mg oral capsule			*	2					
	? oxyCODONE 5 mg or al tablet			~	2					
	? axyCODONE S mg/S mL oral solution	ALC: NO			2					
Benefit Information	r axyCODONE so mg arai tablet, extended	release			-					
						_			_	-
	CoPay & Coverage Information									\$
	Prescribing Drugs									
	Drug Name	Sig Code	Quantity			Refills	Days Supplied	As Written	Samp	ple.
	oxyCODONE 15 mg oral tablet	Q.D.	60 Tablet	5		0	60			
	SQ: LONCE A DAY									
Use Information										
Next Vicity										
I and Minite										
Last visit:										

Sending Prescriptions Electronically

Note: Prescriptions cannot be sent to the Authorization Queue once the provider is activated with EPCS. Prescriptions must be generated and sent by the provider.

1. After entering all appropriate medications, click the **Send Script** button located at the top, left corner the *Prescription Writer* Window.

Prescription Writer For: Qa Ep	rcs
File Action <u> </u>	thorization Queue] 🔚 📗 🥷 🧭 Add Allerg
Prescription Options	Qa Epcs (No Allergy Information or
Issue Date:	Account: 5134 MRN: 513401 Weight: Unknown Age: 35 Years, Gender: Female D.O.B
08/09/2016	Favorites Drug Allergies Current Rx
ProviderList	Locate by: Drug by Name OXYCO
Epcsone, Test MD (EPCS1) - 30	Formulao/ Status, Dx Name
(860) 525-5525	2 oxyCODONE 10 mg oral tablet
Pharmacy List	 oxyCODONE 10 mg oral tablet, extend
MAIL ORDER PHARMACY 10	oxyCODONE 15 mg oral tablet
9292 LANGLEY RD	? oxyCODONE 20 mg oral tablet
PHOENIX, AZ 85001 (623) 515-2323	? oxyCODONE 20 mg oral tablet, extend
(000) 010 2020	2 ov/CODONE 20 mg/mL oral concentra

2. The *EPCS Digital Signature* Window displays. Open your Authy App on your cell phone or click the button on your hardware token. Once you receive the 6 Digit Passcode enter in the Passcode field. Then click Sign RX.

Note: The phone number to which the text will be sent is listed in the **Choose Method** Field.

				VertexDr EPCS Di	igital Sign	ature				×
EPC Confin Patier Patier Patier Rx(s)	S Signing m the Rx(s) fo nt Name: M nt Sex: M nt DOB: 19 for Transmis	Review r Transmission. EDICARE TEST ale 989-12-15 ssion:	Provider Name: Provider Address: Provider DEA: Provider NPI: Provider Phone: Provider Fax:	EPCSFOUR, TEST MD 5599 MILLER PARKWAY, MILWAUKEE AP9999991 1003000464 4142312233	E, WI 53209	Ph Ph Ph Ph	armacy Name: armacy ID: armacy Address: armacy Phone: armacy Fax:	NYC PHARMAC 1120188 88 PARK STREE 7185157181 7185157182	Y 10.6MU ET, BROOKLYN, NY 11201	
Sch	R× Date	Drug	Sig		#	Refill	Provider		Location	R×TransmissionRes
2		OXYCODONE 10 MG ORAL T	ABLET 1 ON	ICE DAILY	10 Tablet		EPCSFOUR,	TEST MD	5599 MILLER PARKWAY, MILWAUKEE, WI 53209	
<				III						>
			Enter Passco	Hard Token Authy Pho de: Gance	n Rx					
By co facto	mpleting the r authenticatio	two-ractor authentication protoco on protocol may only be complete	d at this time, you and d by the practitioner	e legally signing the prescriptions(s) (whose name and DEA registration nu	and authorizir mber appear	ng the tr above.	ansmission of the	e above informa	tion or the pharmacy for di	pensing. The two-
1 item lo	cated									

3. When the Digital Signature has been verified, a **Close** Button and the following message display: *The prescription signing is complete.* Click the **Close** Button and then click the *Red* **X** in the top, right corner of the *Meridian Digital Signature* Window.

4. Transmission ConfirmationAfter exiting the *EPCS Digital Signature* Window, the *EPCS Prescription(s)* Window displays.

Transmitted to:	PHARMACY LANGLEY	RD, PHOENDC AZ 85001 Phone:				8.1
Date Signed: 2/25/2016 D	ste lissued:					2
		DEA: NPI DE MADN STRIET, CLASTO Phone:	EST MD INBURY, CTOHO23 Fax:			
FATIENT:	Address)	Phone:	Genden - DO	a		
Drivig	50		Dispensed	++++	Perm	
outrodic Investige's	NHUT CONTINUE		stage.	13	1.1	
Processed by: DFFICE COPY NOT FOR Point, Rx Receipt	TEST MD - EDEPENSING, FOR INFORMATION	IAL PHRPOSES ONLY.				
t dem located						

Click the **Print Rx Receipt** Button to print a copy of the prescription for your records.

Note: If the prescription is unable to send electronically, verify that the **This pharmacy accepts controlled substances electronically** parameter is active in Pharmacy Definition.

Pharmacy D Definition informa	efinition tion for a pharmacy.	
Pharmacy Name:	SSIMED PHARMACY	
Address 1:	835 BLOOMFIELD AVE	
Address 2:		
City:	WINDSOR	
State:	ОН	
Zip Code:	06095 0	
Phone Number:	(860) 688-0033 Ext: 0	
Fax Prefix:	0	
Fax Number:	(860) 925-6148	
Web Address:		
Issue Method:	Faxed	
Print Signature:	Yes	
Fax CSA Limit:	Default	
Electronic CSA:	This pharmacy accepts controlled substances electronically	
Mail Order:	This pharmacy accepts mail orders	
National ID:	None listed	
Active:		