

Edit or Refill a Controlled Substance

Last Modified on 11/28/2023 5:00 pm EST

Version 21.3

An update for the release of **OP 21.3.34** was released, and this documentation was updated for that build (sending multiple EPCS refills update). If your Practice is on a build prior to **.34**, this documentation can still be referred to but may vary from what you see in OP. To check your OP version, go to **Help tab > About** and refer to the **Build Number** field.

Overview

- [Edit a Prescription](#)
- [Refill a Controlled Substance](#)
- [Refill Multiple Controlled Substance Prescriptions](#)
- [Refill Request e-Rx Center](#)
- [Edit a Prescription](#)
- [Refill a Controlled Substance](#)
- [Refill Request e-Rx Center](#)

A prescription for a controlled substance previously transmitted or printed cannot be edited. The ability to refill a controlled substance is dependent upon refill regulations enforced by the DEA. For more information see below. Click here to access the DEA website [Part 1306-Prescriptions](#).

Schedule II Drugs:


- No refills are permitted on schedule II drugs

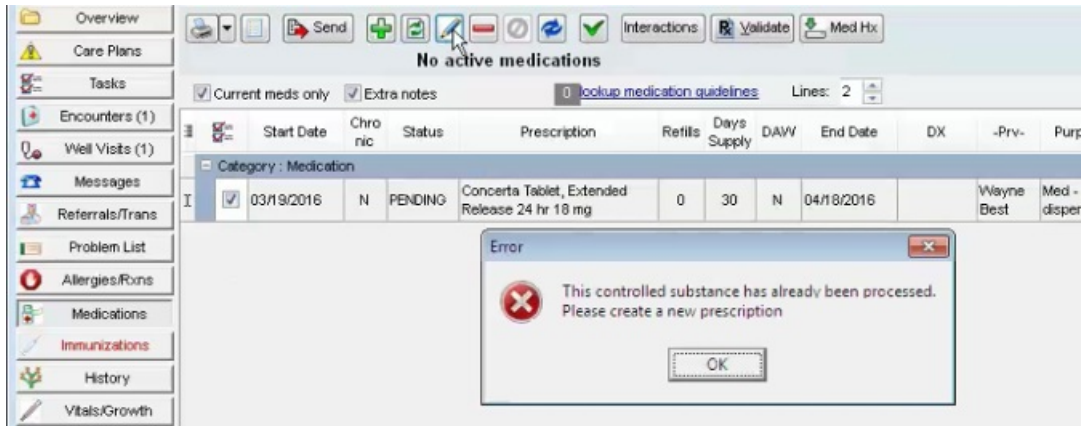
Schedule III-IV Drugs:

- No prescription for a controlled substance listed in Schedule III or IV shall be filled or refilled more than six months after the date on which such prescription was issued. No prescription for a controlled substance listed in Schedule III or IV authorized to be refilled may be refilled more than five times.

Edit a Prescription



Path: Smart Toolbar > Chart button > Medications tab

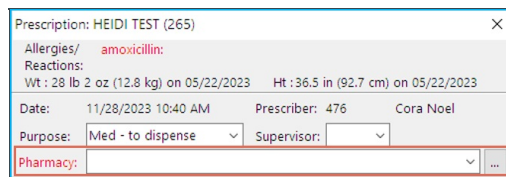
1. Click the medication to edit.
2. Click the **Edit** button  .
3. The following pop-up message will appear. "The controlled substance has already been processed. Please create a new prescription."



Refill a Controlled Substance

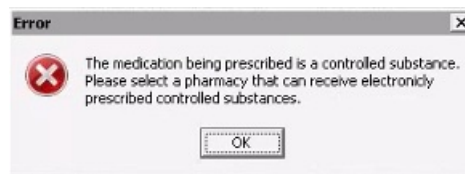
Path: Smart Toolbar > Chart button > Medications tab

1. Check the medication to refill.
2. Click the **Refill** button .
3. A new prescription will be created with today's date.
4. Check the new prescription and click the **Edit** button .
5. The Prescription window displays. Select the **Pharmacy** from the **drop-down** of the patient's recently used pharmacies.



- If needed, click the **ellipses** button to open the **Choose a Pharmacy** window and select another pharmacy.
 - The **Choose Pharmacy** window will open. All pharmacies previously used by this patient will display.
 - Search for and select a pharmacy by using the tabs to navigate, then click **Ok**.

Note: If a pharmacy is enabled for EPCS it will have a **checkbox** in the **EPCS column**. Only pharmacies showing an EPCS checkbox can successfully receive prescription request for controlled substances. If a non-EPCS pharmacy is selected the following error will appear:



Choose a Pharmacy

Name: State: Phone: 24 Hr Only Mail Order
 Mail Only Retail LongTermCare
City: Zip code: Fax: Accept EPCS Specialty
 Inactive Pharmacy

Previously used by this patient Favorites All previously used by any patient SureScripts Master List

Pharmacy	istom Pharmacy Name (LNAM)	Address	City	ST	Elec?	EPCS	24Hr?	Phone	Fa: ^
CVS HEALTH #00020	CVS HEALTH #00020	One CVS Drive	WESTLAKE	OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	401770020	40177043
MAIL ORDER PHARMACY	Mail Order Pharmacy	5725 NE 138th Ave	PORTLAND	OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8005489809	80054898
MAXIMALLY POPULARY-HAPPY ANDRAPID DISPENSING EUREKA/MCKINLEYVILLE SAMOA	MAXIMALLYPOPULARY-HAPPY ANDRAPIDISPENSIN	228817 ANDERSON-WILLIAMS PARKWAY SOUTH	EUREKA MCKINLEYVILLE SAMOA ST CITY	CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	707-443-6659x6645214	707-465-

- From the Prescription Writer window, click the **Continue** button.
- The eRx Summary open for your review. Click the **Send** button.

eRx Summary

Patient name: JOHN TESTPATIENT

Sex / Birth date: M 1/1/2006

Medication

Diagnosis

Full drug name: Concerta 18 mg Tablet, Extended Release 24 hr
 Directions: Take 1 tab by mouth every morning for 30 days

Quantity / Units: 30 tablet

DAW / Days supply: N 30

Refills / Date written: 0 3/19/2016 12:36:34 PM

Pharmacy notes

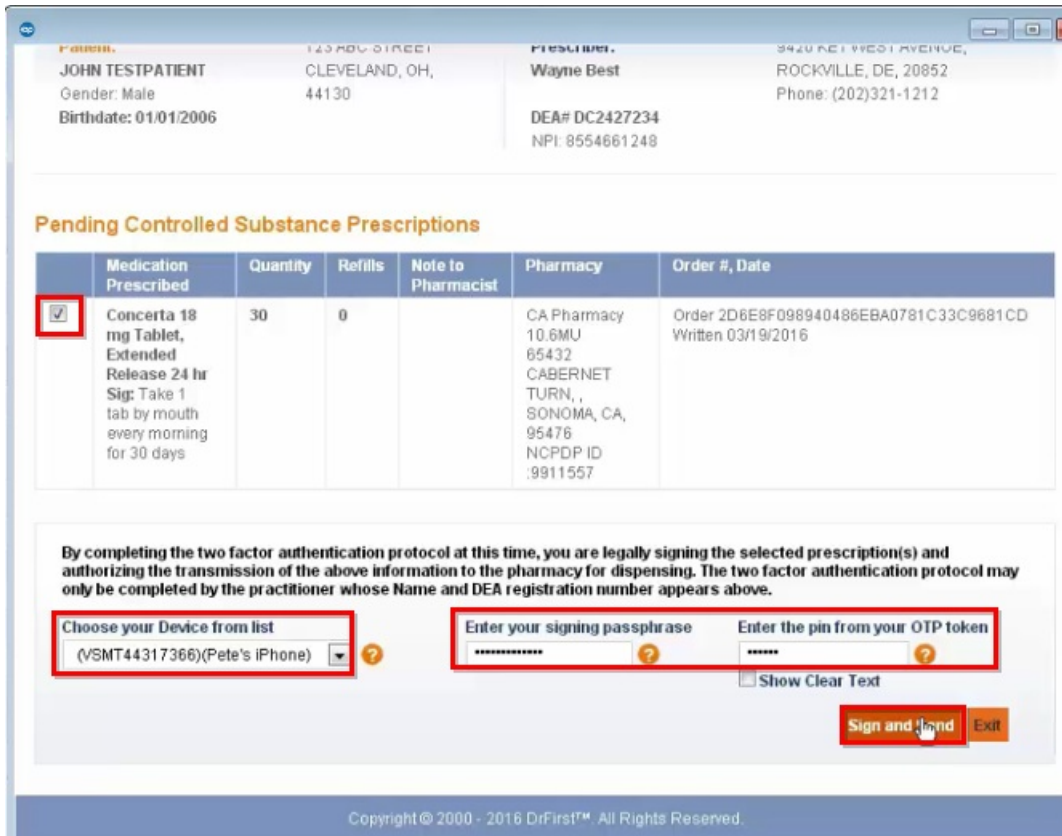
Pharmacy

Pharmacy name: CA Pharmacy 10.6MU
 Address: 65432 Cabernet Turn
 City: Sonoma State: CA Zip: 95476
 Phone #: 7075157071

Prescriber

Prescriber name: Wayne Best
 Address: 9420 Key West Avenue
 City: Rockville State: DE Zip: 20852
 Phone #: 202-321-1212

- The EPCS sign in window will open. Check the medication to send.
- Select your token. Note: The last token used will display.
- Enter your **Passphrase** and the **pin** from your **OTP** token.
- Click **Sign and Send**.



Pending Controlled Substance Prescriptions

Medication Prescribed	Quantity	Refills	Note to Pharmacist	Pharmacy	Order #, Date
<input checked="" type="checkbox"/> Concerta 18 mg Tablet, Extended Release 24 hr Sig: Take 1 tab by mouth every morning for 30 days	30	0		CA Pharmacy 10.6MU 85432 CABERNET TURN, SONOMA, CA, 95476 NCPDP ID .9911557	Order 2D6E8F098940486EBA0781C33C9681CD Written 03/19/2016

By completing the two factor authentication protocol at this time, you are legally signing the selected 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 appears above.

Choose your Device from list: (VSMT44317366)(Pete's iPhone)

Enter your signing passphrase: [Redacted]

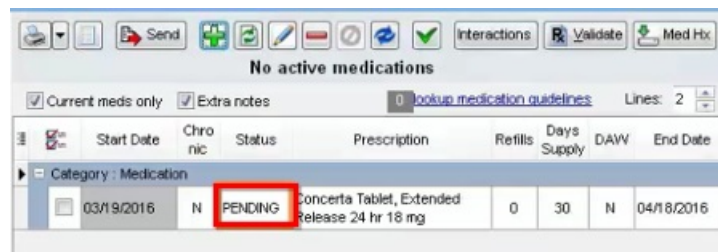
Enter the pin from your OTP token: [Redacted]

Show Clear Text

Sign and Send **Exit**

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12. The prescription will enter a pending status until confirmation is received.

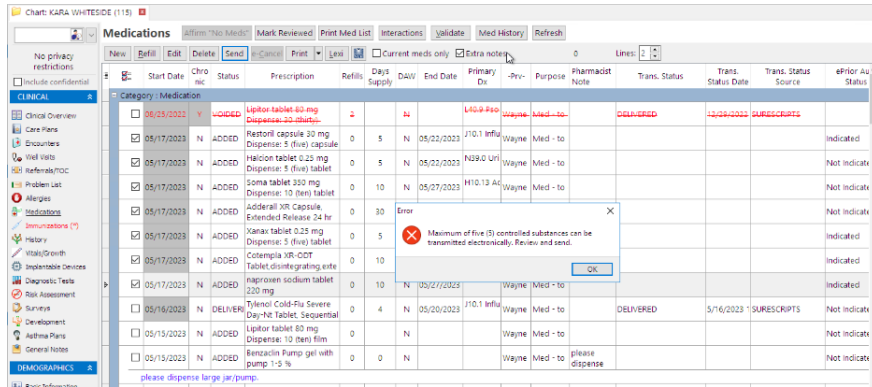


Start Date	Chronic	Status	Prescription	Refills	Days Supply	DAW	End Date
03/19/2016	N	PENDING	Concerta Tablet, Extended Release 24 hr 18 mg	0	30	N	04/18/2016

Refill Multiple Controlled Substance Prescriptions

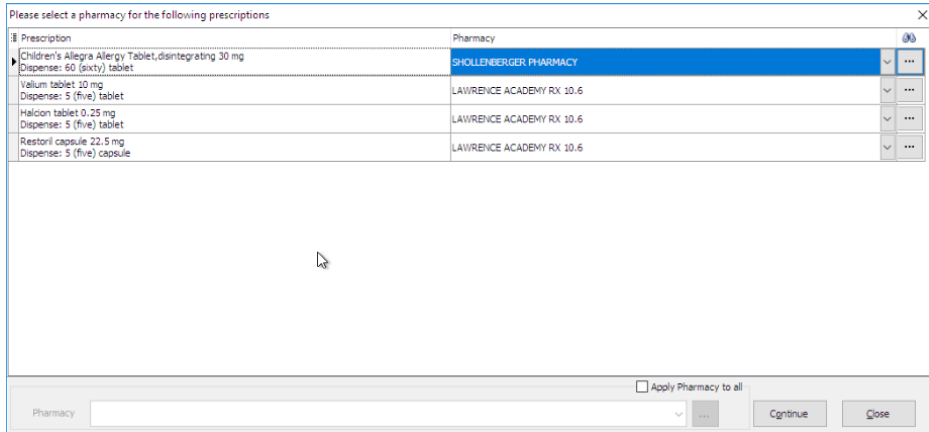
1. Navigate to the patient's Medication List by following the path above.
2. Select the **checkboxes** to the left of the medications you would like to refill.
3. Click the **Refill** button.
4. Select up to **five** of the refilled EPCS. You may also select as many non-controlled substances prescriptions at this time to send.
5. Click **Send**.

Note: If you select more than **five** EPCS, you will get an error message that says "Maximum of five (5) controlled substances can be transmitted electronically. Review and send."



Click **Ok**, then review and update your selections to only include five or less EPCS.

- The Pharmacy selector window will open. Choose a pharmacy for each of the prescriptions you selected by clicking the **drop-down** and selecting a recently used **Pharmacy** for the patient, or clicking the **ellipsis** button and selecting from the **Choose a Pharmacy** window.



Note:


- If there is no pharmacy listed in the Previously used by this patient tab in the Choose a Pharmacy window, you may select from All previously used by any patient or search for the pharmacy from the SureScripts Master List.
- Always confirm the pharmacy selected can accept controlled substances electronically. A pharmacy that accepts EPCS will have the checkbox selected in the EPCS? column.

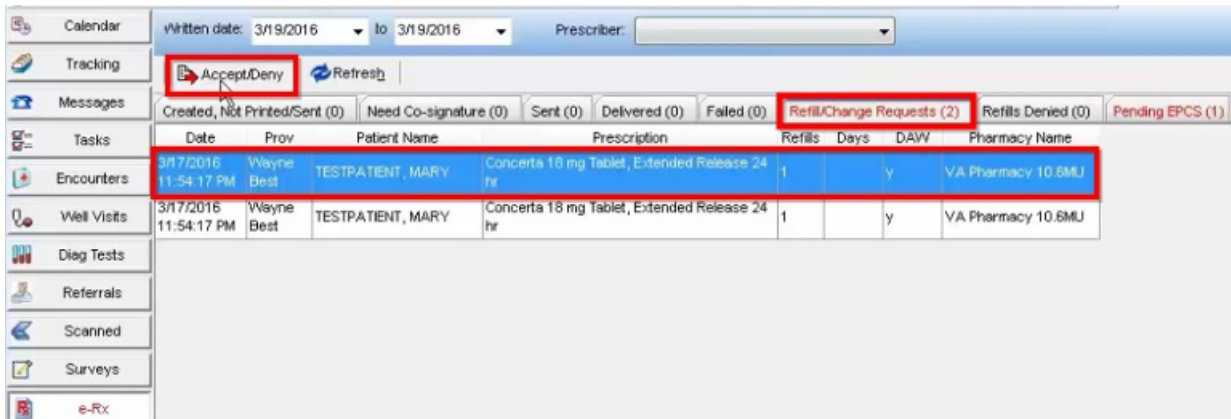
- Click **Continue**.
- The EPCS Sign on screen will open. Complete your normal sign-on workflow, review the prescriptions accordingly, then sign and send as normal. Follow from Step 8 in the section above for more specific instructions. R For more information, see from Step 8.

Refill Request e-Rx Center

Path: Smart Toolbar > Schedule button > e-Rx tab

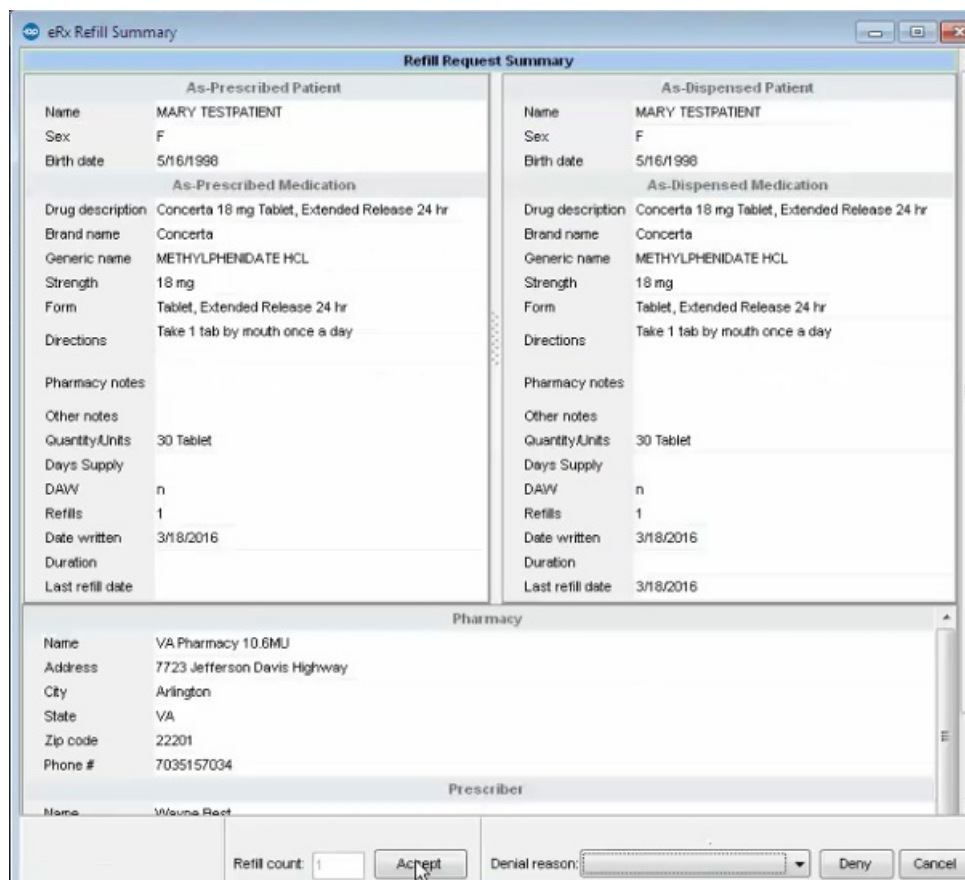
Refill request for controlled substances are processed the same way as request for non-EPCS medications.

1. Click on the **Schedule** button .
2. Click on the **e-Rx** tab.
3. Click on the **Refill/Change Requests** tab. Refill request for controlled substances import here.
4. Select the refill and click the **Accept/Deny** button.



Date	Prov	Patient Name	Prescription	Refills	Days	DAW	Pharmacy Name
3/17/2016 11:54:17 PM	Wayne Best	TESTPATIENT, MARY	Concerta 18 mg Tablet, Extended Release 24 hr	1		y	VA Pharmacy 10.6MJ
3/17/2016 11:54:17 PM	Wayne Best	TESTPATIENT, MARY	Concerta 18 mg Tablet, Extended Release 24 hr	1		y	VA Pharmacy 10.6MJ

5. Enter the number of refills and click **Accept**.



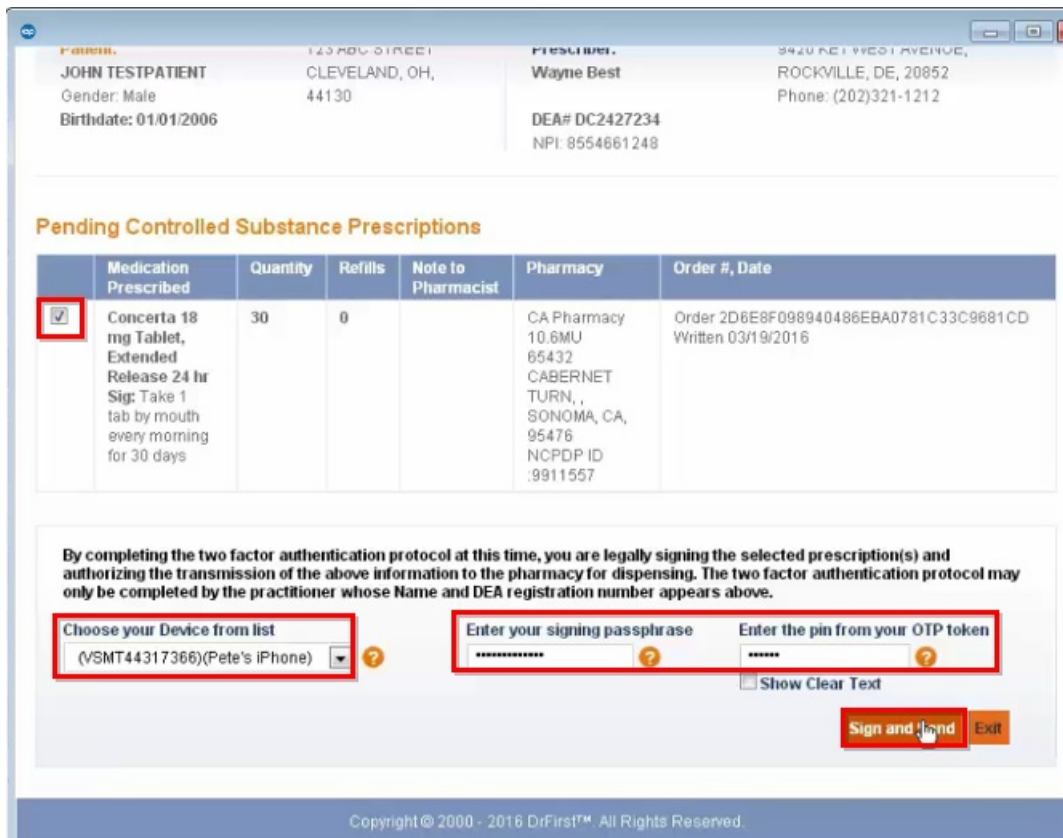
Refill Request Summary

As-Prescribed Patient		As-Dispensed Patient	
Name	MARY TESTPATIENT	Name	MARY TESTPATIENT
Sex	F	Sex	F
Birth date	5/16/1998	Birth date	5/16/1998
As-Prescribed Medication		As-Dispensed Medication	
Drug description	Concerta 18 mg Tablet, Extended Release 24 hr	Drug description	Concerta 18 mg Tablet, Extended Release 24 hr
Brand name	Concerta	Brand name	Concerta
Generic name	METHYLPHENIDATE HCL	Generic name	METHYLPHENIDATE HCL
Strength	18 mg	Strength	18 mg
Form	Tablet, Extended Release 24 hr	Form	Tablet, Extended Release 24 hr
Directions	Take 1 tab by mouth once a day	Directions	Take 1 tab by mouth once a day
Pharmacy notes		Pharmacy notes	
Other notes		Other notes	
Quantity/Units	30 Tablet	Quantity/Units	30 Tablet
Days Supply		Days Supply	
DAW	n	DAW	n
Refills	1	Refills	1
Date written	3/18/2016	Date written	3/18/2016
Duration		Duration	
Last refill date		Last refill date	3/18/2016
Pharmacy			
Name	VA Pharmacy 10.6MJ		
Address	7723 Jefferson Davis Highway		
City	Arlington		
State	VA		
Zip code	22201		
Phone #	7035157034		
Prescriber			
Name	Wayne Best		

Refill count: **Accept** Denial reason: **Deny** **Cancel**

6. The EPCS sign-in window will open.

7. Confirm the medication and click **Sign and Send**.



Pending Controlled Substance Prescriptions

Medication Prescribed	Quantity	Refills	Note to Pharmacist	Pharmacy	Order #, Date
<input checked="" type="checkbox"/> Concerta 18 mg Tablet, Extended Release 24 hr Sig: Take 1 tab by mouth every morning for 30 days	30	0		CA Pharmacy 10.6MU 65432 CABERNET TURN, SONOMA, CA, 95476 NCPDP ID :9911557	Order 2D6E8F098940486EBA0781C33C9681CD Written 03/19/2016

By completing the two factor authentication protocol at this time, you are legally signing the selected 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 appears above.

Choose your Device from list
(VSMT44317366)(Pete's iPhone)

Enter your signing passphrase

Enter the pin from your OTP token

Show Clear Text

Sign and Send **Exit**

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Version 21.2

Overview

A prescription for a controlled substance previously transmitted or printed cannot be edited. The ability to refill a controlled substance is dependent upon refill regulations enforced by the DEA. For more information see below. Click here to access the DEA website [Part 1306-Prescriptions](#).

Schedule II Drugs:

- No refills are permitted on schedule II drugs

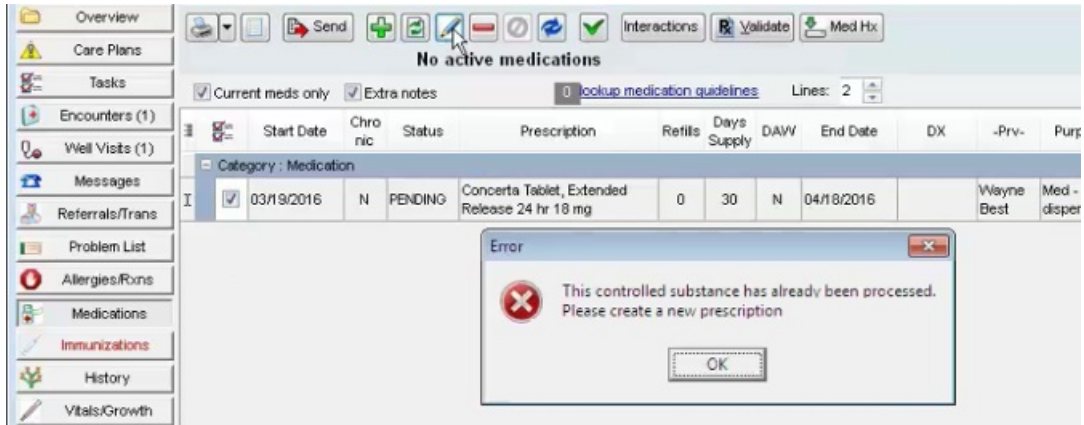
Schedule III-IV Drugs:

- No prescription for a controlled substance listed in Schedule III or IV shall be filled or refilled more than six months after the date on which such prescription was issued. No prescription for a controlled substance listed in Schedule III or IV authorized to be refilled may be refilled more than five times.

Edit a Prescription



Path: Smart Toolbar > Chart button > Medications tab

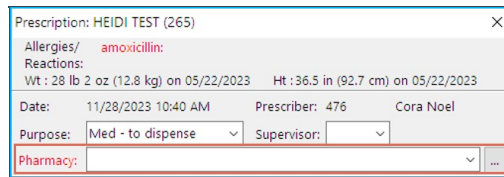
- Click the medication to edit.
- Click the **Edit** button .
- The following pop-up message will appear. "The controlled substance has already been processed. Please create a new prescription."



Refill a Controlled Substance

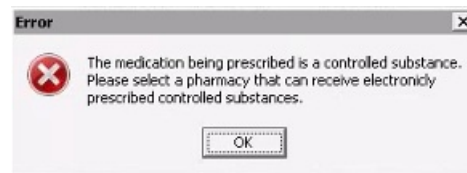
Path: Smart Toolbar > Chart button > Medications tab

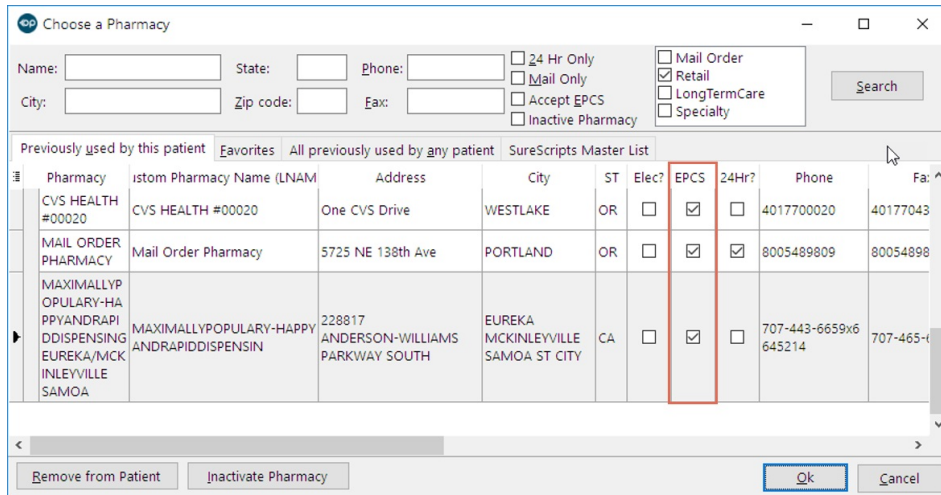
1. Check the medication to refill.
2. Click the **Refill** button .
3. A new prescription will be created with today's date.
4. Check the new prescription and click the **Edit** button .
5. The Prescription window displays. Select the **Pharmacy** from the **drop-down** of the patient's recently used pharmacies.



- If needed, click the **ellipses** button to open the **Choose a Pharmacy** window and select another pharmacy.
 - The **Choose Pharmacy** window will open. All pharmacies previously used by this patient will display.
 - Search for and select a pharmacy by using the tabs to navigate, then click **Ok**.

Note: If a pharmacy is enabled for EPCS it will have a **checkbox** in the **EPCS column**. Only pharmacies showing an EPCS checkbox can successfully receive prescription request for controlled substances. If a non-EPCS pharmacy is selected the following error will appear:





Choose a Pharmacy

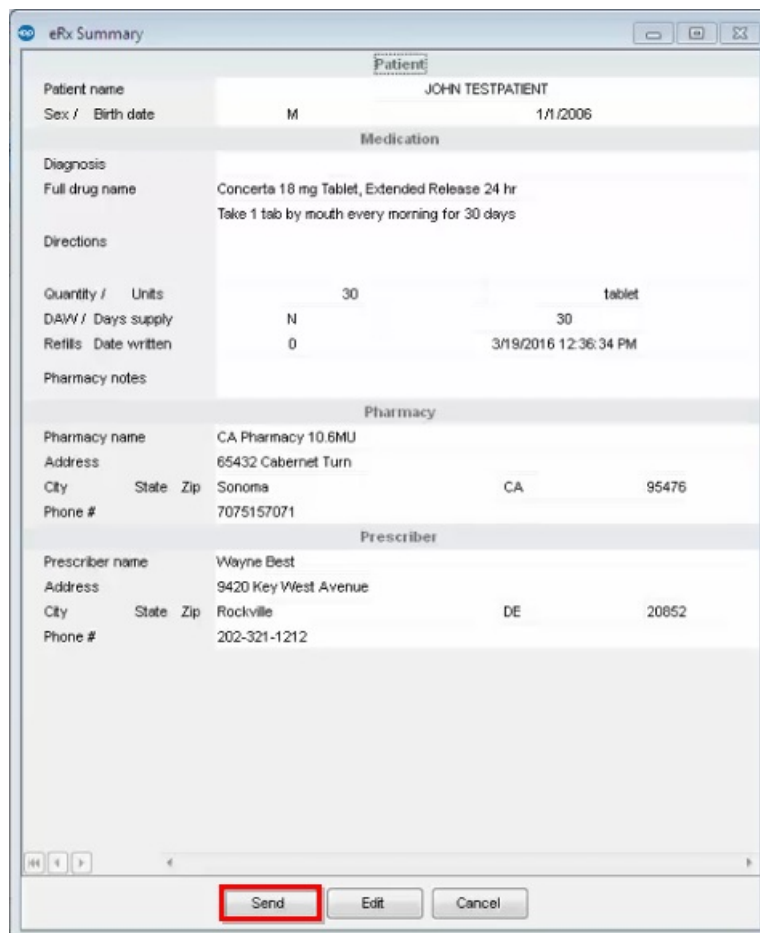
Name: State: Phone: 24 Hr Only Mail Order
 Mail Only Retail LongTermCare
City: Zip code: Fax: Accept EPCS Specialty
 Inactive Pharmacy

Previously used by this patient Favorites All previously used by any patient SureScripts Master List

Pharmacy	istom Pharmacy Name (LNAM)	Address	City	ST	Elec?	EPCS	24Hr?	Phone	Fa: ^
CVS HEALTH #00020	CVS HEALTH #00020	One CVS Drive	WESTLAKE	OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	401770020	40177043
MAIL ORDER PHARMACY	Mail Order Pharmacy	5725 NE 138th Ave	PORTLAND	OR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8005489809	80054898
MAXIMALLY POPULARY-HAPPY ANDRAPID DISPENSING EUREKA/MCKINLEYVILLE SAMOA	MAXIMALLYPOPULARY-HAPPY ANDRAPIDISPENSIN	228817 ANDERSON-WILLIAMS PARKWAY SOUTH	EUREKA MCKINLEYVILLE SAMOA ST CITY	CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	707-443-6659x6645214	707-465-

Remove from Patient Inactivate Pharmacy

- From the Prescription Writer window, click the **Continue** button.
- The eRx Summary open for your review. Click the **Send** button.



eRx Summary

Patient name: JOHN TESTPATIENT

Sex / Birth date: M 1/1/2006

Medication

Diagnosis

Full drug name: Concerta 18 mg Tablet, Extended Release 24 hr
Directions: Take 1 tab by mouth every morning for 30 days

Directions

Quantity / Units: 30 tablet

DAW / Days supply: N 30

Refills Date written: 0 3/19/2016 12:36:34 PM

Pharmacy notes

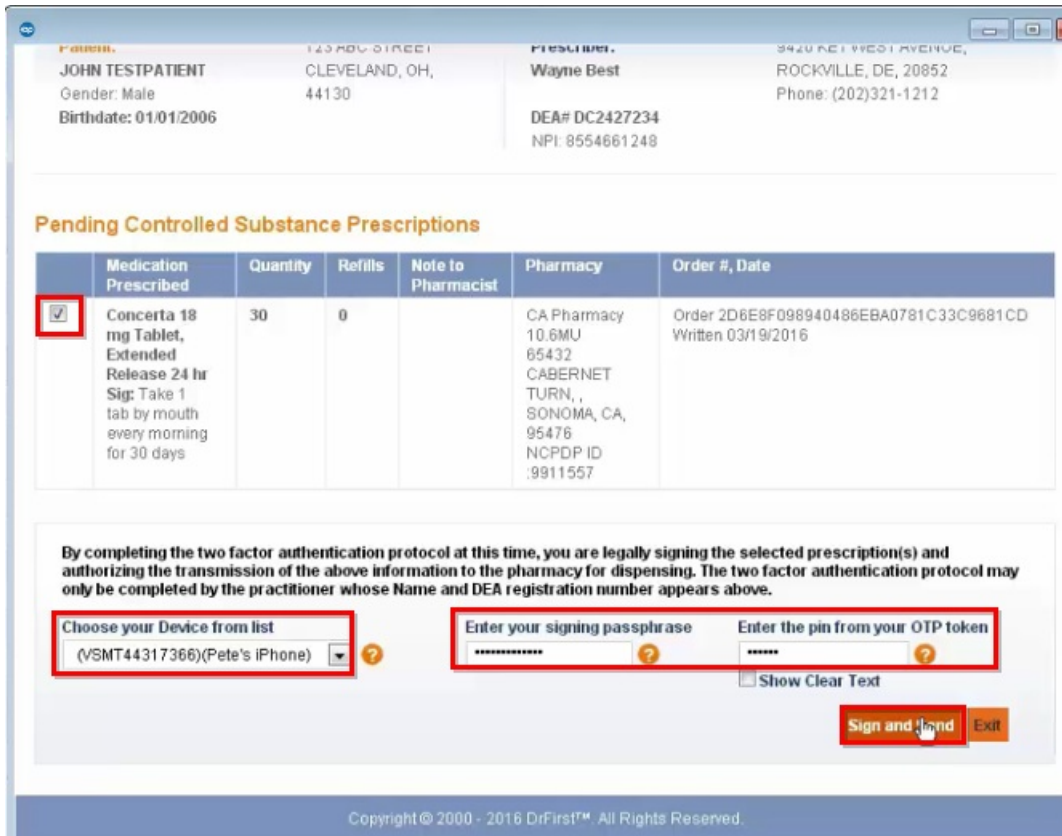
Pharmacy

Pharmacy name: CA Pharmacy 10.6MU
Address: 65432 Cabernet Turn
City State Zip: Sonoma CA 95476
Phone #: 7075157071

Prescriber

Prescriber name: Wayne Best
Address: 9420 Key West Avenue
City State Zip: Rockville DE 20852
Phone #: 202-321-1212

- The EPCS sign in window will open. Check the medication to send. Note: Only one prescription can be sent at a time.
- Select your token. Note: The last token used will display.
- Enter your **Passphrase** and the **pin** from your **OTP** token.
- Click **Sign and Send**.



Patient: JOHN TESTPATIENT, Gender: Male, Birthdate: 01/01/2006, 143 ABC STREET, CLEVELAND, OH, 44130

Prescriber: Wayne Best, DEAF: DC2427234, NPI: 8554661248, 3420 FET WEST AVENUE, ROCKVILLE, DE, 20852, Phone: (202)321-1212

Pending Controlled Substance Prescriptions

Medication Prescribed	Quantity	Refills	Note to Pharmacist	Pharmacy	Order #, Date
<input checked="" type="checkbox"/> Concerta 18 mg Tablet, Extended Release 24 hr Sig: Take 1 tab by mouth every morning for 30 days	30	0		CA Pharmacy 10.6MU 85432 CABERNET TURN, SONOMA, CA, 95476 NCPDP ID .9911557	Order 2D6E8F098940486EBA0781C33C9681CD Written 03/19/2016

By completing the two factor authentication protocol at this time, you are legally signing the selected 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 appears above.

Choose your Device from list: (VSMT44317366)(Pete's iPhone)

Enter your signing passphrase: [Redacted]

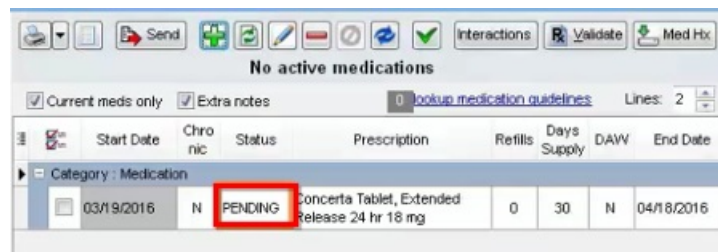
Enter the pin from your OTP token: [Redacted]

Show Clear Text

Sign and Send Exit

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12. The prescription will enter a pending status until confirmation is received.



No active medications


Current meds only | Extra notes | 0 lookup medication guidelines | Lines: 2

Start Date	Chronic	Status	Prescription	Refills	Days Supply	DAW	End Date
03/19/2016	N	PENDING	Concerta Tablet, Extended Release 24 hr 18 mg	0	30	N	04/18/2016

Refill Request e-Rx Center

Path: Smart Toolbar > Schedule button > e-Rx tab

Refill request for controlled substances are processed the same way as request for non-EPCS medications.

1. Click on the **Schedule** button .
2. Click on the **e-Rx** tab.
3. Click on the **Refill/Change Requests** tab. Refill request for controlled substances import here.
4. Select the refill and click the **Accept/Deny** button.

Calendar Written date: 3/19/2016 to 3/19/2016 Prescriber: [dropdown]

Tracking **Accept/Deny** Refresh

Messages

Tasks Created, Not Printed/Sent (0) Need Co-signature (0) Sent (0) Delivered (0) Failed (0) **Refill/Change Requests (2)** Refills Denied (0) Pending EPCS (1)

Date	Prov	Patient Name	Prescription	Refills	Days	DAW	Pharmacy Name
3/17/2016 11:54:17 PM	Wayne Best	TESTPATIENT, MARY	Concerta 18 mg Tablet, Extended Release 24 hr	1		y	VA Pharmacy 10.6MU
3/17/2016 11:54:17 PM	Wayne Best	TESTPATIENT, MARY	Concerta 18 mg Tablet, Extended Release 24 hr	1		y	VA Pharmacy 10.6MU

Encounters

Well Visits

Diag Tests

Referrals

Scanned

Surveys

e-Rx

5. Enter the number of refills and click **Accept**.

eRx Refill Summary

Refill Request Summary

As-Prescribed Patient		As-Dispensed Patient	
Name	MARY TESTPATIENT	Name	MARY TESTPATIENT
Sex	F	Sex	F
Birth date	5/16/1998	Birth date	5/16/1998
As-Prescribed Medication		As-Dispensed Medication	
Drug description	Concerta 18 mg Tablet, Extended Release 24 hr	Drug description	Concerta 18 mg Tablet, Extended Release 24 hr
Brand name	Concerta	Brand name	Concerta
Generic name	METHYLPHENIDATE HCL	Generic name	METHYLPHENIDATE HCL
Strength	18 mg	Strength	18 mg
Form	Tablet, Extended Release 24 hr	Form	Tablet, Extended Release 24 hr
Directions	Take 1 tab by mouth once a day	Directions	Take 1 tab by mouth once a day
Pharmacy notes		Pharmacy notes	
Other notes		Other notes	
Quantity/Units	30 Tablet	Quantity/Units	30 Tablet
Days Supply		Days Supply	
DAW	n	DAW	n
Refills	1	Refills	1
Date written	3/18/2016	Date written	3/18/2016
Duration		Duration	
Last refill date		Last refill date	3/18/2016
Pharmacy			
Name	VA Pharmacy 10.6MU		
Address	7723 Jefferson Davis Highway		
City	Arlington		
State	VA		
Zip code	22201		
Phone #	7035157034		
Prescriber			
Name	Wayne Best		

Refill count: **Accept** Denial reason: [dropdown] **Deny** **Cancel**

6. The EPCS sign-in window will open.

7. Confirm the medication and click **Sign and Send**.

Patient: JOHN TESTPATIENT Gender: Male Birthdate: 01/01/2006	143 ABC STREET CLEVELAND, OH, 44130	Physician: Wayne Best DEA# DC2427234 NPI: 8554661248	3420 N.E. WEST AVENUE, ROCKVILLE, DE, 20852 Phone: (202)321-1212
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Pending Controlled Substance Prescriptions

	Medication Prescribed	Quantity	Refills	Note to Pharmacist	Pharmacy	Order #, Date
<input checked="" type="checkbox"/>	Concerta 18 mg Tablet, Extended Release 24 hr Sig: Take 1 tab by mouth every morning for 30 days	30	0		CA Pharmacy 10.6MU 85432 CABERNET TURN, SONOMA, CA, 95476 NCPDP ID :9911557	Order 2D6E8F098940486EBA0781C33C9681CD Written 03/19/2016

By completing the two factor authentication protocol at this time, you are legally signing the selected 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 appears above.

Choose your Device from list (VSMT44317366)(Pete's iPhone)	Enter your signing passphrase *****	Enter the pin from your OTP token *****
--	---	---

Show Clear Text

Sign and Send **Exit**

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