# **Electronically Prescribing Controlled Substances with ID.me in DrChrono**

07/08/2024 7:50 pm EDT

Once you have had your identity verified through ID.me and been approved in DrChrono, you can send electronic prescriptions for controlled substances (EPCS). With ID.me there are two ways you can perform multi-factor authentication (MFA) to send prescriptions: a push notification or a code generator.

Under Account > Provider Settings > eRx Info you can see which option of 2-factor authentication (2FA/MFA) is set up for your account. You can set up both types, but only one can be used as the primary device. For further information on adding or changing devices, please see our resources and ID.me's support information.

Profile	General Email Medi	ical Billing	eRx Info	Services	Usage	My Billing	Sample Data	Security	Patient Payments
dentity	Confirmation								
	Your identity has now be	een confirmed	1. To adjust fi	uture EPCS	permission	s, visit the EPC	CS Permissions P	age	
D.Me D	Device Information								
	Name	Option		Prin	mary Device				
	test for generator	Generate 2	FA Kev		elect as th	primary devi	ce		
					A CONTRACT OF A CONTRACT OF				
	I Phone Xs Max	Push Notifie	cation 2FA	la	Primary				
Prescrib	I Phone Xs Max	Push Notifie	cation 2FA	Is	Primary				
Prescrib	I Phone Xs Max Der Info State License Number	Push Notifie	cation 2FA		Primary				
Prescrib	I Phone Xs Max Der Info State License Number DEA Number	Push Notifie	cation 2FA		Primary				
Prescrib	I Phone Xs Max Der Info State License Number DEA Number escribing Physician's Name	Push Notifie	cation 2FA		Primary The prescribi	ng physician's n	ame displayed in eF	br. Leave blank	if the same as user's na
Prescrib	I Phone Xs Max Der Info State License Number DEA Number escribing Physician's Name Physician Date of Birth	Push Notifie	cation 2FA		Primary The prescribi	ing physician's n	ame displayed in eF	b. Leave blank	if the same as user's na
Prescrib	I Phone Xs Max Der Info State License Number DEA Number escribing Physician's Name Physician Date of Birth Medicaid Provider Number	Push Notifie	cation 2FA		Primary The prescribi	ing physician's n	ame displayed in eF	b. Leave blank	if the same as user's na
Prescrib	I Phone Xs Max Der Info State License Number DEA Number escribing Physician's Name Physician Date of Birth Medicaid Provider Number	Push Notifie	cation 2FA		Primary The prescribi	ng physician's n	ame displayed in eF	b. Leave blank	if the same as user's na

### **Push Notification**

1. Navigate to the patient chart and go to the **Send eRx** section.

Demographics	☑ onpatient access enabled         New Referral         Fax Demogr	aphics Print Demographics
Appointments	New Prescription	Patient's Prescriptions +
Clinical Dashboard		
Documents	<b>Medication</b>	avorite medications 🗸 🗙
Tasks 2	Type* Medication Compound Supply	
Problem List 13	Medication*	
Medication List 7		÷
Send eRx	SIG* 0	Effective Date
Allergy List	•	
Drug Interactions 1	Dispense* Dispense Unit*	DAW Refills
CQMs		Yes No 0
Intake Data	Add to Favorites Add to Medication List <b>1</b>	
Lab Orders	Notes to Pharmacist * Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or	Dispense Unit in this field.
Immunizations		

**Note:** Before sending a prescription, please ensure you have the patient's complete address, date of birth, and gender recorded in the patient's chart.

2. Enter the prescription information. By default, the refills will be 0. The effective date must be the current date or a date in the future. When finished, click **Preview Prescription**.

New Prescription	Patient's Prescriptions +	Show/hide legend		
Medication	Favorite medications	Benefits	ж	
Type* Medication Compound Supply	У	Display Benefits Alternatives Copay Coverage		
Medication*	Controlled Substance Level 2	To get prescription benefits, please check errors below:		
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating	g, extended release	pharmacy: This field is required.		
SIG* 0	N/A: U Brand RX Effective Date			
Use as directed every 6 hours				
29 / 140	k			
Dispense* Dispense Unit*	Ves No 0			
Add to Favorites Add to Medication List	1			
* Please do not enter SIG, Effective Date, Drug Name, Strength	n, Quantity or Dispense Unit in this field.			
Select Pharmacy	Patient's Default			Mill Order Betall Other Provinity •
				High Order Froma Oblas Fromariny
CATALENT TEST SANDBOX     Q 3031 RED LION ROAD PHILADELPHIA, PA 19114				Add to Favorites
o Hetai				
<ul> <li>snouencerger Pharmacy</li> <li>2022 S. McDowell Bivd Ext Petaluma, CA 94954</li> <li>L. 1707.984.5571</li> <li>Fax: +1.707.988.4744</li> <li>Retail, Specialty, Long Term Care</li> </ul>				Set as Patient Default
O Lawrence Academy Rx 10.6				Add to Favorites
				Set as Patient Default
Choose your office location				
[EPCS] TEST FOR STAGING 1 V				

**Note:** Height and weight will be included in the prescription to the pharmacy. However, they are not required. This information can be entered in the **System Vitals** section of the appointment. DrChrono pulls the latest measurements to include in the prescription.

Appointment	Billing	Eligibility	Vitals	Grow	thcharts	Flags	Log Cor	nm.	Revisions	Custom Data	MU Helper	
Units 🕸 🗸									Full Vitals H	istory (pdf)	Full Vitals Histor	ry (csv)
System Vitals Note Rendering Options: Newest to oldest V Date on side V												
Name		07/26/2021 04:10 PM	07/27/2 09:40 A	021 \M	07/28 04:1	3/2021 0 PM	<b>07/2</b> 09:4	9/2021 10 AM	<b>07/</b> 3 04:	0/2021 10 PM	Current Visi 08/02/2021 at 02:	it :20 PM
Temperature (f)												
Pulse (bpm)												
Blood Pressure (mmH	g)										/	
Respiratory Rate (rpm	1)											
Oxygen Saturation (%	)											
Height (in)												
Weight											lb	

3. Review the prescription and click Ready to Sign the, Send Prescription.

						Send Pre	escription	
						1		
Z Edit Prescription ☐ Start over				Print Prescription	Send Prescription			
Prescription Summary								
	Shollenberger Pha	irmacy						
O DEA Number:     VTEST FOR STAGING TEST TEST TEWT; Ivvine, CA, 92618	9 2002 S. McDowell Blv +1.707.984.5571	d Ext Petaluma, CA 94954						
© Date written (UTG): 08/04/2021	<ul> <li>Fax: +1.707.988,474</li> <li>Retail, Specialty, Long</li> </ul>	s g Term Care						
Drug-Drug & Drug-Allergy Interactions								
Risk Severity Drug 1 Drug 2 Interaction Summary								
✓ No drug in	teractions found							
Medication List								
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release (CS Level 2)					Ready to sign			
Use as directed every 6 hours	Dispense: 2	Effective Date: 08/06/2021	PUC: Tablet	DaW: No	Refills: 0			
Notes to Pharmacist: TEST FOR AUOIT, PLEAE NOT PRESCRIBE					· · · · · ·			
						$\mathbf{i}$		
						×		
						Hea	ay to sign	

Note: A patient's address must be recorded in the chart to send a prescription.

#### 4. Enter your DrChrono Password and click Sign & Send Prescription.



5. On your ID.me application, a request will be sent. Tap **Yes** to approve. In DrChrono, the prescription will load and send.

Logir secu	Request	
1	D.me	
DrCl	nrono Inc.	
٤	@gmail.com	
•		
🗔 Unkown		
Vnknown		
( 03:00 PM	PDT October 1, 2020	
<b>×</b> No	✓ Yes	
Authentication is R	equired	
By completing the two-fact signing the prescription(s) a previous screen to the phar protocol may only be comp registration number appear	or authentication protocol at th and authorizing the transmission macy for dispensing. The two- leted by the practitioner whose in the previous screen.	is time, you are legally n of the information in th factor authentication name and DEA
DrChrono Password	·····	

6. The controlled substance prescription will send. You can see the status in **Reports > Outgoing Prescriptions**.

 Image: Section Status

 Image: Section Status

## **Code Generator**

1. Select Generate 2FA Key as the primary device under Account > Provider Settings > eRx Info.

Profile	General Email	Medical Billing	eRx Info	Services	Usage	My Billing	Sample Data	Security	Patient Paymer
Identic C	Confirmation								
identity c	, or minimum								
identity c	Your identity has n	now been confirme	ed. To adjust t	uture EPCS p	permission	s, visit the EPO	CS Permissions P	age	
identity c	Your identity has n	now been confirme	ed. To adjust f	uture EPCS p	permission	s, visit the EPC	CS Permissions P	age	
ID.Me De	Your Identity has n	now been confirme	ed. To adjust f	uture EPCS p	permission	s, visit the EPC	CS Permissions P	age	
ID.Me De	Your Identity has n	now been confirme	ed. To adjust t	uture EPCS p	permission	s, visit the EPC	CS Permissions P	age	
ID.Me De	Your Identity has n evice Informatio	now been confirme	ed. To adjust t	uture EPCS p	permission: nary Device	s, visit the EPC	CS Permissions P	age	
ID.Me De	Your identity has n evice Informatio Name test for generator	now been confirme OD Option Generate	ed. To adjust t 2FA Key	uture EPCS p Prim fa P	nary Device Primary	s, visit the EPC	CS Permissions P	age	

## 2. Navigate to the patient chart and go to the **Send eRx** section.

Demographics	✓ onpatient access enabled New Referral Fax Demog	graphics Print Demographics
Appointments		
· · · · · · · · · · · · · · · · · · ·	New Prescription	Patient's Prescriptions +
Clinical Dashboard		
Documents	Medication	Favorite medications 🗸 🗙
Tasks 2	Type* Medication Compound Supply	
Problem List 13	Medication*	
Medication List 7		ŧ
Send eRx	SIG* 🕖	Effective Date
Allergy List	•	
Drug Interactions	Dispense* Dispense Unit*	DAW Refills
CQMs	· · · · · · · · · · · · · · · · · · ·	Yes No 0
Intake Data	Add to Favorites Add to Medication List <b>()</b>	
Lab Orders	* Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity of	r Dispense Unit in this field.
Immunizations		

3. Enter the prescription information and click **Preview Prescription**.

New Prescription	Patient's Prescriptions +	Show/hide legend		
Medication Fa	avorite medications	Benefits	ж	
Type* Medication Compound Supply		Display Benefits Alternatives Copay Coverage		
Medication*	Controlled Substance Level 2	To get prescription benefits, please check errors below:		
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended	release +	pharmacy: This field is required.		
SIG' O	N/A: U Brand RX Effective Date			
Use as directed every 6 hours				
29 / 140				
Dispense* Dispense Unit*           Image: 2         Image: 2	DAW Refills Yes No 0			
Add to Favorites Add to Medication List	₹.			
* Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or	Dispense Unit in this field.			
Select Pharmacy				
Name / Location / Phone / NCPDP ID Q Show Favorites Patient's I	Default		Mall Order Reta	Other Proximity •
O CATALENT TEST SANDBOX				Add to Favorites
<ul> <li>♀ 3031 RED LION ROAD PHILADELPHIA, PA 19114</li> <li>► 1.215.613.3056</li> <li>■ Fax: +1.215.201.4305</li> <li>● Retail</li> </ul>				Set as Patient Default
Shollenberger Pharmacy				Add to Favorites
2002 S. McDowell Bivd Ext Petaluma, CA 94954     +1.707.984.45571     Fax: +1.707.988.4744     Retail. Speciality. Long Term Care				Set as Patient Default
Lawrence Academy Rx 10.6				Add to Favorites
235 Main St Groton, MA 01450     +1.978.451.4477     Pac: +1.978.450.1122     Petat: 1.978.450.1122     Retat: Specially. Long Term Care				Set as Patient Default
Choose your office location				
[EPCS] TEST FOR STAGING 1 V				

**Note:** For patients under 18, per NCPDP guidelines, DrChrono requires the height and weight to be recorded in the most recent appointment for pediatric patients in order for the prescription to be sent. This information can be entered in the **System Vitals** section of the appointment.

Appointment	Billing	Eligibility	Vitals	Growt	hcharts	Flags	Log Comn	٦.	Revisions	Custom Data	MU Helper	
Units 🌣 🗸									Full Vitals H	listory (pdf)	Full Vitals Histor	ry (csv)
System Vitals Note Rendering Options: Newest to oldest V Date on side V												
Name		07/26/2021 04:10 PM	07/27/2 09:40 #	021 AM	07/28 04:1	8/2021 0 PM	07/29/2 09:40 /	021 AM	07/3 04:	30/2021 :10 PM	Current Visi 08/02/2021 at 02:	it :20 PM
Temperature (f)												
Pulse (bpm)												
Blood Pressure (mm	Hg)										/	
Respiratory Rate (rp	m)											
Oxygen Saturation (	%)											
Height (in)												
Weight											lb	

4. Review the prescription and click **Ready to Sign** then **Send Prescription**.

		Send Prescription
Z 68 Preceptor 2 days aw Prescription Summary	A first Precipiton	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Shollenberger Pharmacy	
O CEA Number 9 TEST FOR STAGARS TEST TEST TEWE, Iven, CA, BOIRS C Data wittens (JUTQ) 2004/2021	9 2023 S. McDowell Bird Ed. Petatume, CA 9854 V = 17 20 46 3071 G Fare - 1.77 20 464-24 9 Metat, Specially, Long Term Care	
Drug-Drug & Drug-Allergy Interactions		
Risk: Severity Drug 1 Drug 2 Interaction Summary	ctions found	
Madication List		
Cotempia XR-ODT 17.3 mg oral tablet. disintegrating. extended release (CS Level 2)	R Beach to size	
Use as directed every 6 hours	Dispense: 2 Effective Date: 08/06/2021 PUC: Tablet Date: No Refile: 0	
Notes to Pharmacist: TEST FOR AUDIT, PLEAE NOT PRESCRIBE		
		$\mathbf{N}$
		X
		Heady to sign

5. Enter your **DrChrono Password** and the **6 Digit Authentication Code** generated from the ID.me Authenticator app. and click **Sign & Send Prescription**.

Authentication is Required	×
By completing the two-factor authentication protocol at this time, you are leg signing the prescription(s) and authorizing the transmission of the information previous screen to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear in the previous screen.	ally in the n
You will be prompted for inputting your ID.me Code (Six Digits) and/or Acce ID.me Push Notification once you select Sign & Send Prescription. Verified ID.me	pt by
DrChrono Password: ID.me Code (Six Digits):	
Close Sign & Send Prescr	iption
ID.me	
Push Notification	
ю.ме @gmail.com	
Code Generator	
юме 614 387 @gmail.com	

6. The controlled substance prescription will send. You can see the status in **Reports > Outgoing Prescriptions**.

Prescription Status

*		Medication	Status
0	C	Xanax XR 2 mg oral tablet, extended release	Prescription still processing. Check its status in Outgoing Prescriptions report.