

E-Prescribing Desktop

formerly Rcopia

Release Notes and Feature Overview

Release Version: **4.41.2.0**

Release Contents

☒ Enhancements	☒ Incident Fixes	☐ Critical Fixes	☐ Backend Fixes	☐ Other Items
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Release Schedule

Staging	Production
04/21/26	05/05/26

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Overview

E-Prescribing Desktop (formerly Rcopia), version 4.41.2.0, completes the retirement of the Patient Advisor Toolbar by migrating its two remaining feature areas — Electronic Prior Authorization (ePA) and Clinical Messaging — to modern, integrated experiences within the prescribing workflow. This release introduces a new electronic prior authorization solution and migrates the existing Clinical Messages content to a new Education drawer display.

This document provides an in-depth overview of the new features, enhancements, and incident fixes included in this release.

Customer Impact

☒ Portal / SSO Partners	☐ Engine Partners	☐ Affiliates
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Please carefully review these release notes to gain a comprehensive understanding of the changes and their potential impact on your specific workflows. While we conduct rigorous testing, we recommend that you test your specific integration and workflows prior to production deployment.

Browser Compatibility

DrFirst is dedicated to delivering a secure, reliable, and seamless user experience across all its products. To maintain these standards, our desktop e-prescribing platform (Rcopia) follows a comprehensive browser compatibility policy that specifies the supported browsers and their minimum version requirements.

In line with our published browser compatibility guidelines, this release has been thoroughly tested and validated against the following supported browsers and versions. For more details, please refer to our Browser Compatibility Document.

- Chrome: 121.0.6167.101
- Edge: 121.0.2277.83
- Firefox: 122.0
- Safari: Version 17.3 (19617.2.4)

To ensure a successful update, please validate that you are using a browser and version that meets these minimum requirements.

Enhancements

Note: The Patient Advisor Toolbar has been fully retired as of this release. Patient Scorecard and Patient Support features were retired on March 26, 2026. The remaining toolbar features — Electronic Prior Authorization and Clinical Messages — have been migrated to new experiences described below.

Electronic Prior Authorization (ePA)

Functionality Impacted:	Related Ticket:	Requires Configuration:
Electronic Prior Authorization	RC4-34431	Yes

Overview

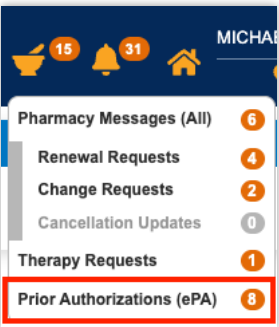
Prior authorizations are one of the most time-consuming steps in the prescribing workflow — requiring prescribers and staff to respond to payer questions, and track case statuses.

With this release the E-Prescribing Desktop has migrated its current Prior Authorization solution to a new and improved solution. If enabled, Electronic Prior Authorizations can be managed via a streamlined workflow, directly from the E-Prescribing desktop. Existing Prior Authorizations available today in the Patient Advisor Toolbar can be managed via this new solution

Current



New



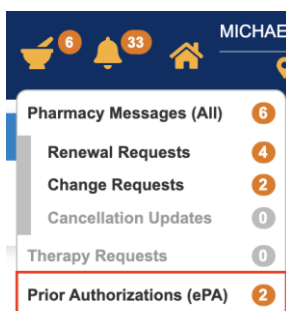
Enablement

Existing Electronic Prior Authorization Preference settings will be retained and may be enabled at multiple different levels. If you currently see the Prior Authorizations Routine within the Patient Advisor toolbar, the new solution should be available automatically. If the routine is not available, please reach out to support. Users with Administrator privileges may configure ePA at the location level, with the 'Enable electronic Prior Authorization (ePA)' preference (More Menu > Settings > Preferences > Location > Patient Advisor Application).

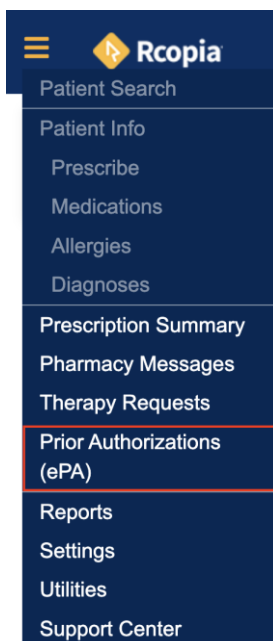
Electronic Prior Authorizations Routine

If enabled, users will see two launch points within E-Prescribing Desktop:

1. **Mortar & Pestel:** A notification badge appears in the Mortar & Pestel drop down. The count reflects the number of Open prior authorizations requiring attention.



2. **Main Menu:** An additional access point is available via the main menu.



Electronic Prior Authorization Worklist

Selecting either launch point opens the Electronic Prior Authorization Worklist. The worklist displays outstanding PAs based on context — defaulting to the current location for all users and narrowing to the provider's own prescriptions when accessed by a prescriber. Filters can be adjusted from within the worklist. By default, users will see records with an Open status, meaning that they require user action.

Pharmacy Status

Location * ▾ Filter ▾ Search by ▾

Applied filters: Practice: Default Account ▾ Location: Default Group ▾ Prescriber: Demo Provider ▾

Patient Name	Drug	Patient DOB	Prescriber Name	Created Date	Status	Deadline for Reply	Actions
Thomas Taylor	Vraylar 3 Mg Capsule	06/13/1974	Demo Provider	03/25/2026	Open	06/25/2026	Answer Questions  
Jennifer Brown	Xdemvy 0.25% Drops	12/26/1971	Demo Provider	03/25/2026	Open	06/25/2026	Answer Questions  

Status – the status column reflects the current state of each prior authorization. Possible statuses include:

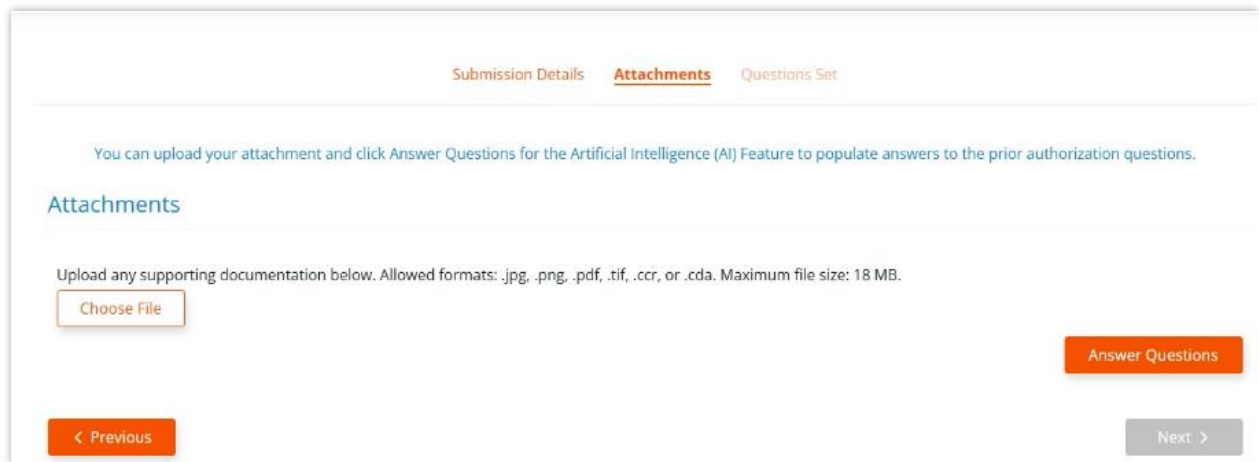
- **Open** – Prior Authorizations that require user intervention
- **Pending** – Prior Authorizations that are awaiting a response from the patient's plan
- **Approved** – Prior Authorizations that have been approved by the patient's plan
- **Denied** – Prior Authorizations that have been denied by the patient's plan
- **Canceled** – Prior Authorizations that have been canceled
- **Closed** – Prior Authorizations that have been closed

Worklist Actions - each prior authorization listed in the worklist includes the following actions:

- **Answer Questions** — Launches the ePA workflow, where users can upload supporting documents and respond to payer questions to complete the prior authorization request.
- **Submission Details (eye icon)** — Opens a read-only summary of the PA case, including status, payer information, and case history.
- **Cancel (X icon)** — Cancels the prior authorization request. Users should confirm before canceling, as this action cannot be undone. Cancel action is not available for prior authorizations in a final status (Approved, Canceled, Closed, Denied)
- **Archive** – Removes the prior authorization from the worklist. Users should confirm before archiving, as this action cannot be undone. Archive action is only available for prior authorizations in a final status (Approved, Canceled, Closed, Denied)

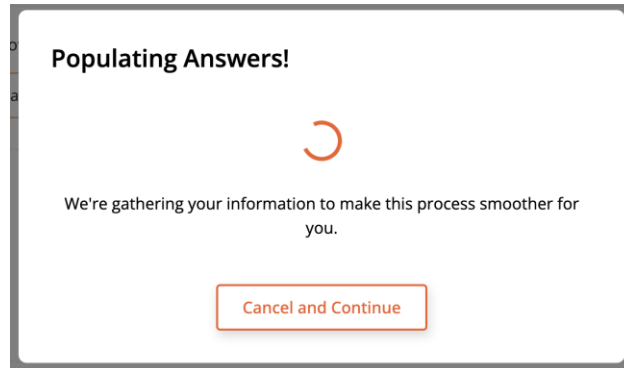
Processing a Prior Authorization

Step 1 – Upload Supporting Documentation



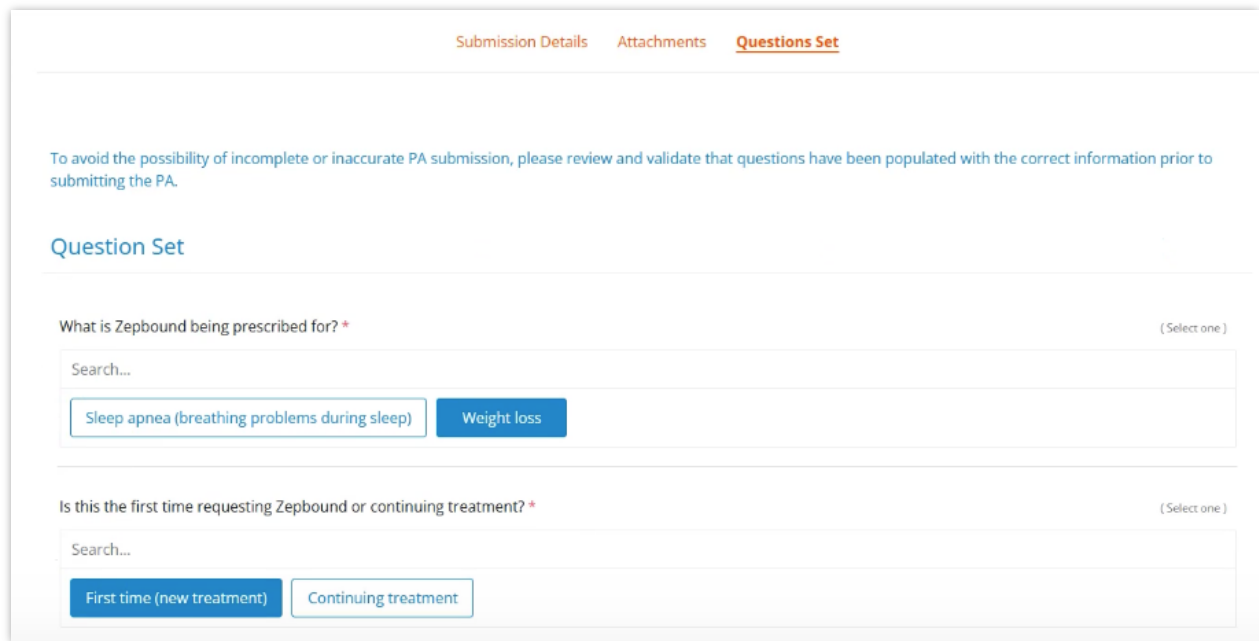
The screenshot shows the 'Attachments' tab in the DrFirst E-Prescribing Desktop interface. At the top, there are three tabs: 'Submission Details', 'Attachments' (which is selected and underlined), and 'Questions Set'. Below the tabs, a message states: 'You can upload your attachment and click Answer Questions for the Artificial Intelligence (AI) Feature to populate answers to the prior authorization questions.' The main heading is 'Attachments'. Below this, a message says: 'Upload any supporting documentation below. Allowed formats: .jpg, .png, .pdf, .tif, .ccr, or .cda. Maximum file size: 18 MB.' There is a 'Choose File' button. At the bottom right, there is an 'Answer Questions' button. At the bottom left, there is a '< Previous' button, and at the bottom right, there is a 'Next >' button.

Selecting the '**Answer Questions**' action will bring the user to the Attachments tab. Users can upload any supporting documentation that the payer may need to evaluate the prior authorization request. Once documents are uploaded, selecting '**Answer Questions**' triggers a feature to automatically pre-populate answers to the payer's clinical questions based on the uploaded documentation.



Users who prefer not to wait for pre-population can skip by selecting '**Cancel and Continue**' to proceed directly to the Question Set.

Step 2 – Review & Complete the Question Set



The screenshot shows the 'Questions Set' tab in the DrFirst E-Prescribing Desktop. At the top, there are three tabs: 'Submission Details', 'Attachments', and 'Questions Set' (which is selected). Below the tabs, a message states: 'To avoid the possibility of incomplete or inaccurate PA submission, please review and validate that questions have been populated with the correct information prior to submitting the PA.' The main section is titled 'Question Set'. The first question is 'What is Zepbound being prescribed for? *' with a '(Select one)' dropdown. Below the question is a search bar with the text 'Search...'. Two buttons are visible: 'Sleep apnea (breathing problems during sleep)' and 'Weight loss'. The second question is 'Is this the first time requesting Zepbound or continuing treatment? *' with a '(Select one)' dropdown. Below the question is a search bar with the text 'Search...'. Two buttons are visible: 'First time (new treatment)' and 'Continuing treatment'.

Once a document has been uploaded, users are brought to the Questions Set tab. From here, users will see any questions requested by the payer. Note that questions will appear incrementally, with the next question appearing once the preceding question has been answered. Any answers pre-populated from the uploaded documents should be reviewed for accuracy before submission. Questions not pre-populated must be answered manually.

Once all required questions have been answered, the user can select 'Submit Answers'. This will send the question responses to the payer for review. Upon returning to the worklist, the list is refreshed.

Submitted to Plan

To see records that have been submitted and are awaiting a response, from the worklist, select the 'Filter' option and add the status of 'Submitted to Plan'.

Respond Received

To see records that have received a response, from the worklist, select the 'Filter' option and add the status of 'Response Received'. This will then show records that have either been Approved or Denied. Additional details about the response can be seen by selecting the 'View Details' option for the record.

Canceling

If a prior authorization was submitted in error or is no longer needed, the user can select the 'X' icon to cancel. This will remove the record from the worklist.

Archiving

Once a response has been received and reviewed, the record can be archived. This will remove the record from the worklist (like canceling for responded records).

Best Practices

- Actively monitor the worklist for new prior authorizations
- Cancel any PA requests that are not needed or have been completed outside of DrFirst
- Once a response is received from the plan, archive the record once the patient has received their prescription.

Electronic Prior Authorization Evaluation

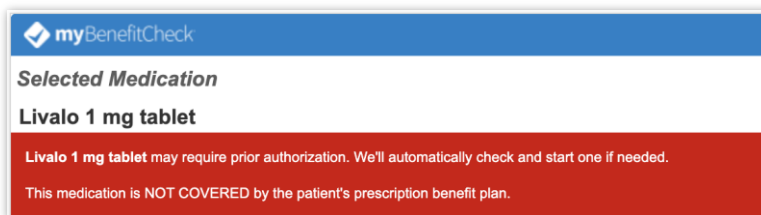
Functionality Impacted:	Related Ticket:	Requires Configuration:
Prescribing workflows	RC4-34431	No

Overview

Prior to this release, when a user creates a prescription in the E-Prescribing Desktop, prior authorization was being checked and initiated. As a result, if the user did not proceed with prescribing after being presented with this information, erroneous prior authorizations were being created.

With this release, we have adjusted the logic. Prior authorization checks will still occur and will display to the user, allowing the user to leverage this information in their decision making. The initiation of the prior authorization itself will not occur until the prescription has been created.

For prescriptions where the patient's benefit returns a real-time prior authorization response, indicating that a prior authorization is needed, users will notice that the 'Start PA' button has been replaced with a message. Users can launch the prior authorization worklist after seeing this message to see if the patient's plan returns a question set for a prior authorization. (Feature validation may be performed using Test Case examples below)



DrFirst E-Prescribing Desktop (Rcopia)

Health Awareness Messages (Clinical Decision Support)

Functionality Impacted:

Prescribing workflows

Related Ticket:

RC4-34433

Requires Configuration:

No

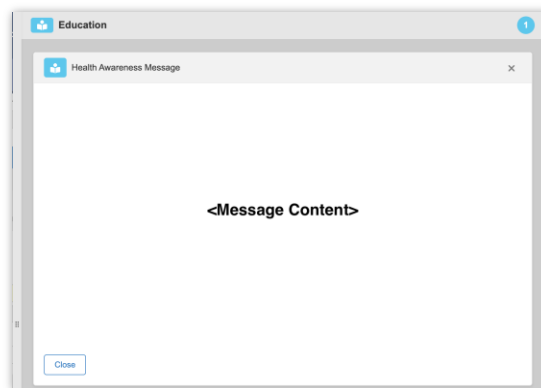
Overview

This release migrates the current Clinical Decision Support feature into the Decision Support drawer. When users navigate the system, the previous display of a yellow box message will be replaced with a drawer slide out of the same content. All existing checks and logic are maintained.

Current



New



To dismiss the content, users can select either the 'Close' or 'X' options from the drawer.

Re-Accessing Messages

A new button has been added to the application header. If a user dismisses content and wishes to review it again, this button will appear and allow the user to open the drawer to view the content.

Current



New



Incident Fixes

Incident	Functionality Impacted	Description
RC4-35255	Clinical Alerts	Issue: 'Response Required' verbiage in the clinical alerts card header displays when a justification response isn't required. Resolution: The 'Response Required' verbiage should only display when alert acknowledgement and a justification is required. Reproduction Steps: Prerequisites: - Clinical Alerts preference: 'When Alerts Required Acknowledgment' is set to 'Reason field optional' (More Menu > Settings > Preferences > Alerts) (as Admin user) - Clinical Alerts preference: 'Require acknowledgement of <alert type>' is disabled for one or more alert types - Patient with an active medication that, when prescribed, will trigger an alert type that does not require acknowledgement Steps: 1. Launch the E-Prescribing Desktop 2. Navigate to Patient Search 3. Select the patient from the prerequisites 4. Navigate to the Medications panel 5. Select the Prescribe ('Rx') action on the medication from the prerequisites 6. On the Prescribe Medication screen, select the Alerts icon

		Pre-Resolution: Notice that the 'Response Required' verbiage displays in the clinical alerts card header. With Resolution: 'Response Required' verbiage should not display.
RC4-35256	Clinical Alerts	Issue: One-click prescriptions don't respect the 'Require acknowledgement' alert setting. Resolution: When 'Require acknowledgement of <alert type>' is deselected for all relevant alert types in alert preferences, one-click prescriptions should complete without requiring clinical alert acknowledgement. Reproduction Steps: Prerequisites: - Clinical Alerts preference: 'Require acknowledgement of <alert type>' is disabled for one or more alert types (More Menu > Settings > Preferences > Alerts) (as Admin user) - Patient with an active medication that, when prescribed, will trigger an alert type that does not require acknowledgement Steps: 1. Launch the E-Prescribing Desktop 2. Navigate to Patient Search 3. Select the patient from the prerequisites 4. Navigate to the Medications panel 5. Select the Renew action on the medication from the prerequisites Pre-Resolution: Clinical Alerts drawer opens and user is required to acknowledge the alert. With Resolution: Clinical Alerts drawer does not open if all alerts returned do not require acknowledgement.

RC4-35265	Clinical Alerts	Issue: One-click renewals may open a blank Drug-Diagnosis clinical alert drawer, displaying a diagnosis alert chip with a count of 0 and no alert content. Resolution: When a one-click renewal triggers a Drug-Diagnosis alert check, the clinical alert drawer should only open if the patient's active diagnoses meet the configured alert threshold. In this case, the alert preference is set to "Contraindicated for Exact Diagnosis." If none of the patient's diagnoses fall within that threshold, one-click prescriptions should complete without opening clinical alerts. Reproduction Steps: Prerequisites: - Drug-Diagnosis Alert Warning Preference: 'Contraindicated for Exact Diagnoses' selected (More Menu > Settings > Preferences > Alerts) (as Admin user) - Patient with an active medication (e.g., Prometrium 100 mg capsule) that will trigger an alert for Related Diagnoses (not Exact Diagnoses). - Patient has related active diagnoses on record (e.g., I20.9, E11.9) Steps: 1. Launch the E-Prescribing Desktop 2. Navigate to Patient Search 3. Select the patient from the prerequisites 4. Navigate to the Medications panel 5. Select the Renew action on the active medication from the prerequisites Pre-Resolution: Clinical alert drawer opens displaying a Drug-Diagnosis alert chip with a count of 0 and no alert message content. With Resolution: Clinical alert drawer does not open when the patient's diagnoses do not meet the configured Drug-Diagnosis alert threshold.
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RC4-35149	Add/Update Medication	Issue: At certain screen resolutions, scrolling while on the Add/Update Medication screen delayed. Resolution: Scrolling on the Add/Update Medication screen has been enhanced to ensure a smooth scrolling experience.
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Test Cases - Electronic Prior Authorization (ePA)

Case ID	Description	Test Case
1	Prior authorization is required via myBenefitCheck (mBC)	Patient: Barbara Anderson DOB: 12/10/1974 Drug: Zepbound (tirzepatide) 2.5 mg/0.5 mL subcutaneous pen injector Sig: Inject 0.5 mL subcutaneously once a week Qty: 2 mL Days Supply: 28 Diagnosis: Obesity, unspecified (E66.9).
2	Prior authorization is required via myBenefitCheck (mBC).	Patient: Jennifer Brown DOB: 12/26/1971 Drug: Xdemvy (lotilaner) 0.25% ophthalmic drops Sig: Instill 1 drop into affected eye twice a day Qty: 10 mL Days Supply: 42 Diagnosis: Infestation by Demodex mites (B88.01).

3	Prior authorization is required via myBenefitCheck (mBC).	Patient: Robert Jones DOB: 06/29/1971 Drug: Xifaxan (rifaximin) 550 mg tablet Sig: Take 1 tablet by mouth three times a day Qty: 42 tablets Days Supply: 14 Diagnosis: Irritable Bowel Syndrome with Diarrhea (K58.0)
4	Prior authorization is required via PBM RXPBM1.	Patient: Thomas Taylor DOB: 06/13/1974 Drug: Vraylar (cariprazine) 3 mg capsule Sig: 1 capsule once a day Qty: 30 capsule Days Supply: 30 Diagnosis: Bipolar Disorder, current episode depressed, severe (F31.4)

Contact Information

To contact us about this release, please submit a request via the DrFirst [Help Center](#).