*e***MDs** July 10, 2019

Practice Partner Lunch & Learn

Focus on the Enterprise Send Rx

screen

- New texting feature in the Send Rx Window
- Prescribe Management window
- Send Rx window processing Medications.



0	Patient <edit>: Cross, David M</edit>
Send Rx	General Billing Other Data Providers Dates Notes Cases Configuration Chart Access Consent
Cross, David M 46 y/o M 9/10/1972	Send Rx (1) Send Patient SMS text notifications: (303) 912-0357 Patient ID: CR0DA000 Status: Active OK to Mail: Image: Cross First Name / MI: David M Greeting: Image: Cross Suffix: Image: Cross Image: Cross Image: Cross Image: Cross Suffix: Image: Cross Image: Cross </th
NT: 189 lb BSA: 1.36 m2 🟮	Medication Date of Birth: 09/10/1972 46y Occupation:
Provider: Best, JR, Wayne W Preferred Pharmacy: <u>RITE AID-984 MAIN STREET</u>	Send Patient SMS text notifications: (303) 912-0357 Time of Bids. Sex. M Employer: Image: Sex. M cefTRIAXone 0 Solution, route z times per day Maitat School: Image: Sex. M Bace: Image: Sex. M Preferred Language: Image: Sex. M Ak IDs
Send Rx	Address: 6785 LAUGHALOT ANE Home:
Cross, David M 46 y/o M 9/10/1972	Send R _x (1) Save and Close Send Selected R _x (1)
WT: 189 lb BSA: 1.36 m2 🟮	Medication Refills Pharmacy Method Action
Provider: Best, JR, Wayne W Preferred Pharmacy: <u>RITE AID-984 MAIN STREET</u>	cefTRIAXone

emds

Wayne Best wrote you a prescription. To view your record click <u>https://link-stage.getmyrx.com/?c=R6vmYr</u> To unsubscribe reply STOP.

Patient's will receive a text as shown, the patient can select the link to look at the text or they can simply type in STOP in the reply of the text to not receive them.



Patient's will receive a text as shown, the patient can select the link to look at the text or they can simply type in STOP in the reply of the text and send to stop them.



- Texting the medication sent, is to help with prescription abandonment.
- The patient can see the Pharmacy it was sent to.
- Scheduled a pick up
- Give feed back on the service.





Confirming a pick up time will help with the prescription being ready when the patient arrives to pick it up.

Educate your patients to better serve them!

Prescriber Management Messages

6			
🕗 Practice Partne	er Patient Records		
<u>F</u> ile <u>V</u> iew <u>T</u> ask	Maintenance Reports Hel	р	
8 A Constant	<u>P</u> roviders Pr <u>a</u> ctices <u>R</u> ooms R <u>e</u> sources Referring Sources O <u>t</u> her Care Team		Pat In Mag eRx Review Letter Prov
	<u>C</u> alendars Schedule Templates <u>O</u> n Call Scheduling Appointment <u>G</u> roups		
	Ta <u>b</u> les Configuration <u>T</u> emplates	> > >	
	Set <u>U</u> p	>	Describe Computer System
	Ut <u>i</u> lities	>	Operators Operator Groups
			Prescriber <u>M</u> anagement

Prescriber Management				- 🗆 X
Name / Facility	SMS Enabled	IDP	EPCS	SPI
🖲 Best, JR, Wayne W			Enrolled	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			5530230644001
🗷 Crane, Matthew T		Missing Info	Missing Info	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			6285861024001
🔚 Faulk, Hannah S		Invite	Invite	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			4199011996001
🗷 Finigan, Robert T		Missing Info	Missing Info	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			5592681583564
🔚 Gazoo, MD, William S		Invite	! Missing Info	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			9383660028001
🖩 Green, Jerry L		Invite	Invite	

Prescriber Management Messages

(yle, Selena R 2 y/o F 10/11/1966	Send $R_{\!X}$ (1)	O Send Patient SMS text notifications:				
VT: 136 lb BSA: 1.21 m2 🕚	Medication	Sond Patient SMS taxt notifications:	F	Refills	Pharmacy	
ast Appt: 6/19/2019	Percocet		oral route	0 -	ny favorite 88	
referred Pharmacy:			as needed _			
				w c	Operator: WBS Provider: WBS	

If the SMS enabled is turned off in Prescriber Management window, and the provider logs in the send SMS is defaulted to off.

le, Selena R	Send R _X (1)	Send Patient SMS text notifications:			
//o F 10/11/1966 : 136 lb BSA: 1.21 m2 ()	Medication	Send Patient SMS text notifications:		Refills	F
t Appt: 6/19/2019 ferred Pharmacy: 'avorite	budesonide-form		/ inhalation ar day in the	2 •	
	1		Operator: PMSI	Provider: WSG	-

If a prescriber agent is in the Send Rx window they must manually turn off the ٠ text. **emds**

Prescriber Management Messages indicates the trail of the actions

i≜≣ Jones, Indiana		! Missing Info	! Missing Info	
PMSI	Enable by default Patient Notifications via SMS to reduce prescription abandonment			9917539870001
🔎 Jones-Thomas, Julia T		Invite	! Missing Info	
Happy Family Practice				! Missing Info
Available Licenses: IDP: 20 / 20 EPCS: 19 / 20				
PMSI, Master				Message History OK

	Message Hi	istory							×
٨	Patient:	ient: Prescriber:			From:	💾 To:	Type:	•	
	Routing	Eligibility	/ Directo	ry					Search Clear
1	Date		Prescriber	Patient	Туре		Status	Inbound	
	7/6/2019 10:13	AM	Best, Wayne	Cross, David	Status		Verified	Delivered	Ø
+	7/6/2019 10:13	AM	Best, Wayne	Cross, David	New Rx		Verified		Ø
	7/2/2019 6:18	РМ	Best, Wayne	Notch, Frank	Status		Verified	Delivered	Ø
	7/2/2019 6:18	PM	Best, Wayne	Notch, Frank	New Rx		Verified		Ø

eRx Worklist



Operator: PMSI Provider: WSG

Rx Worklist



Rx Worklist contains ALL meds and DME that require further management to complete.

Rx Worklist replaces the Med refills formally received in the Inbox.

Rx Change is an upcoming useful tool for pharmacies to electronically suggest a change when needed.

The Rx Worklist and the Medication list work together with a status in Rx Status

	Current	Ineffective	Historical Rx Fill History Elig	ibility	Not Performed Med Rec
ſ	Date	Rx Status	s Name	Dose Description	Extended Sig
[03/19/2019	Verified	Vitamin C	1,000 mg oral tablet	1 daily
	03/19/2019	Verified	metFORMIN	500 mg/5 mL oral Solution	take 20 milliliters (1,000 mg) by oral route 2 times per day w
	03/19/2019	Verified	Crestor	20 mg oral tablet	take 1 tablet (20 mg) by oral route once daily at bedtime
	03/19/2019	Completed	d lancets 30 gauge	30	take as needed

Send RX Screen

Use the **Send Rx** screen to process prescriptions that are in an Incomplete status.

Date	Date Rx Status Name		Dose Description	Extended Sig		Dur	Prov	Indication1	Indication2	Send Method
03/18/2019	18/2019 Incomplete Mebendazole		Take 1 PO ? every 2 weeks for 14 days.		-	WSG			Do not print	
03/18/2019	Incomplete	lithium carbonate	150 mg oral capsule	take 2 capsules (300 mg) by mouth in the morning.	100	-	WSG	F31.89		Do not print
03/18/2019	03/18/2019 Incomplete HC 1% cream			Take for 14 days. Apply lightly tid		-	WSG			Do not print

Incomplete status is created using the Refill and Refill all buttons.

The Send Rx screen allows you to select one, several, or all prescriptions to process for a patient.

ĺ	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	Method	Action	
	metFORMIN 0	500 mg/5 mL oral Solution	1 Milliliter	take 10 milliliters (1,000 mg) by oral route 2 times per day with meals	0	 NYC Pharmacy 10.6MU 88 	eRx	•	•
	🗌 Lipofen 🌒	150 mg oral capsule	20 Capsule	take 1 capsule (150 mg) by oral route once daily with food	0	 NYC Pharmacy 10.6MU 88 	eRx	•	•

Worklist Functionality – Rx Types



Worklist Functionality

Allergies or Ir	ntolerances:							Allerg	gies Revie
PCN				Sulfacet-R					
Current	Ineffective	istorical R <u>x</u> F	Fill History Eligibility						
Date	Last Prescribed	Rx Status	Name	Dose Description	Extended Sig	Disp Amt	Refill	Dur	Prov
05/03/2019	05/03/2019	Ready to Print	Itch Relief	1-0.1 % Topical Cream	Apply as needed to effected area	1	1	-	WSG
05/03/2019	05/03/2019	Ready to Print	ibuprofen	100 mg oral tablet,chewable	chew 2 tablets (200 mg) by oral route every 4 hours as needed v	60	2	-	WSG
04/29/2019	04/29/2019	Incomplete	magic butt cream	2% cream	apply to affected areas as needed	20	1	-	WSG
04/23/2019	04/23/2019	Incomplete	Crestor	40 mg oral tablet	take 1 tablet (40 mg) by oral route once daily in the am	100	2	-	WSG
04/22/2019	04/22/2019	Incomplete	Advil	100 mg oral tablet	take 2 tablets (200 mg) by oral route every 4 hours as needed w	60	0	-	WSG
04/02/2019	04/02/2019	Incomplete	Baxdela	300 mg Intravenous Solution, Reconstituted	infuse 300 mg over 60 minute(s) by intravenous route every 12 h	1	1	-	WBS
03/28/2019	03/28/2019	Incomplete	Butalbital Compound W/Codeine	30-50-325-40 mg oral capsule	take 1 - 2 capsules by oral route every 4 hours as needed not to	1	0	-	WBS
03/19/2019	03/19/2019	Completed	Срар	to use at night	use at night	1	1	-	WBS
03/19/2019	03/19/2019	Incomplete	butalbital-aspirin-caffeine	50-325-40 mg oral capsule	take 1 - 2 capsules by oral route every 4 hours as needed not to	30	0	-	WBS
03/19/2019	03/22/2019	Completed	Lipitor	20 mg oral tablet	take 1 tablet (20 mg) by oral route once daily	30	2	-	WBS
02/27/2019	03/25/2019	Completed	traMADol	100 mg oral capsule,extended release bipha	take 1 capsule (100 mg) by oral route once daily	30	0	-	WBS
02/20/2019	02/20/2019	Recorded	LIPITOR	20 mg oral tablet	take 1 tablet (20 mg) by oral route once daily	30	2	-	Outside

- Worklist Data is reflected in the Medication window and the RX Status column will indicate the status:
- Incomplete = Prescriptions where the Renew or Renew All button have been selected and have not been sent.
- Incomplete = New Prescriptions that have been created in the Medication window and have not been Sent.
- eRx Refill = indicates an eRX Refill is in the worklist.

Worklist Functionality



Worklist Functionality

2	Practice Par	rtner Patient	Records								-	o ×
Eil	e <u>E</u> dit <u>V</u> ie	w <u>S</u> how <u>T</u> ask <u>F</u>	eports <u>W</u> indow	<u>H</u> elp								
é	3) 🔒 🛛	ash Chart Close	Sched Patient Ac	tet Chk In Timing		w Letter N	ote Rx	Orders Pat Ed Pt I	info Prov	? Help		
2	Rx / Medicat	ions: Johnson, Carol	e									
E.				Allereies Devie					lorgion	Allessian Deservation 4047247201	10 10:00 444	All Dec. 1
Ĺ	allergies of ir	itolerances:		Allergies nevie	wed: 12731	171043 1003			icigios 🗉	Allergies Neconciled:047247201	13 10:33 AM	All hec.
H	PCN			Sullacet-R								
ļ	Current	Ineffective H	Historical R <u>x</u> F	ill History Eligibility				1	Me	ds Reconciled:04/24/2019 10:33	3 AM	Med Rec.
	Date	Last Prescribed	Rx Status	Name		Dose Des	scription		Ex	tended Sig		
U)	05/07/2019	05/07/2019	Incomplete	Flomax		0.4 mg ora	I capsule		tak	e 1 capsule (0.4 mg) by oral r	oute once d	aily 2 t 🔺
	05/03/2019	05/03/2019	Ready to Print	ibuprofen		100 mg or	al tablet,ch	ewable	che	w 2 tablets (200 mg) by oral i	route every 4	hour:
	05/03/2019	05/03/2019	Ready to Print	Itch Relief		1-0.1 % To	pical Crea	m	App	ly as needed to effected area	3	
	04/29/2019	04/29/2019	Incomplete	magic butt cream		2% cream			app	ly to affected areas as neede	ed	
	04/23/2019	04/23/2019	Incomplete	Crestor		40 mg oral	l tablet		tak	e 1 tablet (40 mg) by oral rout	e once daily	in the
	04/22/2019	04/22/2019	Incomplete	Advil		100 mg or	al tablet		take	e 2 tablets (200 mg) by oral ro	oute every 4	hours
	04/02/2019	04/02/2019	Incomplete	Baxdela		300 mg Int	travenous	Solution, Reconstit	ituted infu	se 300 mg over 60 minute(s) by intraven	ous ro
	03/28/2019	03/28/2019	Incomplete	Butalbital Compound W/C	Codeine	30-50-325	-40 mg ora	I capsule	tak	e 1 - 2 capsules by oral route	every 4 hou	rs as r
	03/19/2019	03/19/2019	Completed	Срар		to use at n	ight		use	atnight		[]]/
	03/19/2019	03/19/2019	Incomplete	butalbital-aspirin-caffeine		50-325-40	mg oral ca	ipsule	take	e 1 - 2 capsules by oral route	every 4 hou	rs as r
	03/19/2019	03/22/2019	Completed	Lipitor		20 mg ora	Itablet		take	e 1 tablet (20 mg) by oral rout	e once daily	/
	02/27/2019	03/25/2019	Completed	tramADOI		100 mg or	al capsule,	extended release	Dipnatak	e 1 capsule (100 mg) by oral	route once o	
	02/20/2019	02/20/2019	Recorded			20 mg ora				• •	illy	[] [] /
	01/15/2019	01/15/2019	Recorded			1-0.1 % 10	Ine	Send KX	scree	en is also		in the
	01/09/2019	01/09/2019	Recorded	INVOKAMET		40 mg ora					iny	in the
	12/19/2019	12/10/2019	Incomplete	Amovi		50-500 mg	ava	liable in t	ine <i>i</i> v	lealcation	2 I	
Ľ	12/13/2018	12/13/2018	Recorded	AMOXI		Soomg		dave ta		on Drocorintia		[] []
ш	12/13/2010	12/13/2010	Recorded				WING	OI - WOL	proc	ess Prescripilo	ns –	
ш							in th	a Marklin	+			
ш							n in		sl.			
						1						
						1						
	•	-	-									
E												
C	ose <u>N</u> ew	Record Rx Renew	Renew All	Discontinue Allergy Se	end Rx Or	n No <u>M</u> eds	<u>A</u> ction	<u>O</u> ther ±				
Su	mmary Cha	art Prog Notes R>	<pre>/ Meds Recent La</pre>	ab Lab Tables Vitals TH	ilth Maint	Prob List YF	low Chart					
		Patient Wei	ght:	Patient ID: JOHCA002	F	Patient DOB: 12	/05/1948	Patient Age: 70y	Pati	ent Gender: Female Operator: PMSI	Provider: WB	S WebView

Send Rx Screen – Action Types



- With a **Refill type** following options are available:
- Adjust allows for adjusting the Sig, Dispense, Pharmacy, Quantity, Refills.
- Delete removes the item from the Send Rx screen but doesn't remove from the Worklist and the Rx status in the Medication window remains at INCOMPLETE.
- **Discontinue** will prompt the Discontinue window and place the Medication in Historical or ineffective depending the reason selected.
- Fill will fill the Medication and send to the Pharmacy or print depending on the Method selected.

Send Rx Screen – Action types

Adjust
Delete
Fill

- With NEW type following options are available:
 Adjust allows for adjusting the Sig, Dispense, Pharmacy, Quantity, Refills.
- Delete removes the item from the Send Rx screen but doesn't remove from the Worklist and the Rx status in the Medication window remains at INCOMPLETE.
- Fill will fill the Medication and send to the Pharmacy or print depending on the Method selected.

Send Rx Screen – Action Types



- With **eRX Refill** following options are available:
- Adjust allows for adjusting the Sig, Dispense, Pharmacy, Quantity, Refills.
- Replace allows for replacing the current medication with a suggested alternative from Pharmacy.
- Deny sends a message to the Pharmacy that the request is being denied.
- **Discontinue** prompts the discontinue screen and pushes the current med to the Historical tab.
- **Approve** will Approve the request and send to the Pharmacy or print depending on the Method selected.

Tips to Manage the Worklist

In the worklist glance at name & last / next appointment, then click on the check box to view the meds.

Ξ	Bland, Betrix			12/31/2018	990:51:24	3
		Medication	Туре	Provider	Comment	Time in Queue
	1	MECLIZINE HCL 25 mg	Refill	Best, Wayne		990:51:23
	2	ADVIL 100 mg oral tablet	Refill	Best, Wayne		990:51:24
	3	AMOXICILLIN 250 mg Cap	Refill	Best, Wayne		990:51:25

If simple review / Refill then double click on the Medication or select the Send RX button and process.



Tips to Manage the Worklist – Send Rx

Historical BacFillHistory Johnson, Carole S Send R (4)	
70 y/o F 12/5/1948	0)
d Rx Status Name Last Appt: 1/17/2019 🗌 Medication 🥄 Dose Form Qty/Unit Sig Refills Pharmacy Method Action	
Incomplete Flomax Preferred Pharmacy: Preferred Pharmacy: Image:	
Incomplete Description Incomplete Description Incomplete Creator Rx Benefits (0) butalbital-aspirin-caffeine 50-329-40 mg oral capsule 30 Capsule take 1 - 2 capsules by oral route every 4 hours as needed 0 VA Pharmacy 10.6MU 7723 eRx	
Incomplete Advi Incomplete Baxdela Incomplete Baxdela Incomplete Detential Interactions (10)	n' i
Completed Cpap	
Incomplete Dutaibital PCN Flomax 0.4 mg capsule	
Completed trainADDI	
Recorded LIPITOR +Add New Allergy #30 Capsule with 4 refills Through the Sena KX WINDOW OF the	
Recorded ITCH RE(Recorded ICCHESTO Medications (10)	
Recorded INVOKAM traMADol	
incomplete Amost Liptor Liptor	- F.
Recorded AMOXI LIPITOR III CO6 141-2800	
Itch Relief Prescriber Agent: prescriptions ready to be processed by	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Written Date: 05/07/2019	
Last Prescribed: 05/07/2019 that specific provider	
+ Add a New Prescription Warning! (2) Controlled substance can only be sent electronically by the prescriber.	
A potential interaction has been associated with medication. View darg alert.	
Current Problems (2) New Rx Formulary Information	
Moderate asthma butalbital-aspirin-caffeine 50 mg-325 mg-40 mg consule O Unknown	
Nasal neadacne take 1 - 2 capsules by oral route every 4 hours as needed not to exceed 6 capsules per 24hrs Send Method: eRx	
Close New Renew Renew All Discontinue Allergy Send Rx On No Meds Action ± Other ±	
Summary Chart Prog Notes) Rx / Meds Recent Lab Lab Tables Vitals Hith Maint Prob List Flow Chart	
Patient Weight: 136 lbs : 05/09/2019 Patient ID: KYLSE000 Patient DOB: 10/11/1966 Patient Age: 52y Patient Gender: Female Operator: PMSI Provider: WBS 😾	/bView

Worklist Functionality – Mismatch Medications

Please match the refill requests in the left column to the corresponding medications in the right chamm, or use Deny option. Once all refill requests have been resolved, use Proceed button to save all matches and send medications.

Refill Requests:	Medications:	
AIMOVIG 140 DOSE 70MG/M		<u> </u>
IMITREX 100MG TAB	Deny this request. Medication not on list, correct when sending ZOLOFT 100MG MG ORAL Tablet ZOLOFT 100MG MG ORAL Tablet	î
Proceed Cancel	ZOLOFT 100MG MG ORAL Tablet ZOLOFT 100MG MG ORAL Tablet ZOLOFT 100MG MG ORAL Tablet	
		01/07/2019

2	Match Refill Requests for Smith, Julia					
	Deny Reason for Refill R	equest: aspirin 325 mg tablet				
	(⁸ Deny Reason:		•			
	F Custom Deny Reason: 2 <u>Dk</u>	Abuse potential Adverse reaction Allergic reaction Changed strength Changed to another medication Completed course				
	Proceed Cano	lneffective <u>n</u> ep				

eRX refill requests received in the Worklist that do not have a corresponding Medication in the current Medications list will result in this pop up box, you have a choice to match the refill request to the Medication on the left to a medication in the drop down list, OR you may deny the request and select the Proceed button.

This will then send a denial back to the pharmacy, you may also select deny now and send a new Medication if desired.

emds

Rx Change with a Replacement Medication

The fee just sports ginder july Per just just sports ginder july Fee just Coast Scheel Parent Acel OA in Fee in New and and in Fee just here for the fee in the fee
New State New S
Park Date
Alter Anna Johns - Sher F Rangeoules F Sector Provider
Norm List Visit House Recents Image: Shire
Note Last Visit House Recents Image: Shire Last Visit Next Visit Hours in Queue Recents Image: Shire Last Visit Next Visit Hours in Queue Recents Image: Shire Last Visit Next Visit Hours in Queue Recents Image: Shire Type Ponder Connext Hours in Queue 1 ONETOUCH VERIO STRUPS Change Unamer, Joshus 0.00
Name Last Visit Hours in Queue Repuests Image: Contended Tad 0.00 1 Medication Type Provider Contended Tad 1 Children Utility Charge Outlinest Joshual
Name Lest Visit Head Visit Hours in Queue Requests ID obtained of, Tad 0.00 1 Medication Type Provider Connent Hears in Queue 1 ONETCUCH VERIO STRIPS Change Warrer, Joshus 0.00
Contended Tad Operation Type Nedication Type Nedication Type New Content New Industry Operat Opera
Medication Type Provider Contract Hours in Queue 1 ChillTOUCH VERIO STRIPS Charge Maries Joshue 0.00
T CNETCUCH VERIO STRUPS Charge Whater, Joshus 0.00

Responding to an Rx Change Requiring a Prior Authorization

Send Rx									×
Duro, Paula	Send Rx (1)							Send Selected	d Rx (0)
Provider: Pratt, Glen, MD	Medication [Dose Form	Qty/Unit	Sig	Refills Phar	macy	Method ()	Action	
Chronology View	Macrobid 0	00 mg oral apsule	14 Capsule	Take 1 capsule by mouth every 12	0 💌 TX P	harmacy 10.6MU 77(💌	eRx	•	•
Preferred Pharmacy. <u>TX Pharmacy 10.6MU 77001</u>									
▼ Rx Benefits (1)									
Unknown Plan 1	Current Rx		Ch	ange Request 🌡		Rx Benefits			
Payer Name: PBMC Payer ID: T00000000001012 🔂 Retail	Macrobid 100 mg capsule Take 1 capsule by mouth e days.	7 Tak day	crobid 100 MG Oral (e 1 capsule by mouth s.	C <mark>apsule</mark> every 12 hours fo	TX Pharmacy 10.6MU or 7 W136 N7084 Texans Way				
Mail Order	#14 Capsule	atitution.	#14	Capsule with <u>o refills</u>		TE: (832) 202-8;	232		
? Specialty Pharmacy	Provider Information:	sulution	Pr	ior Authorization Rec	uired:				
O Potential Interactions (0)	Branson, Jr., Dr. Thomas (281) 520-1233	, MD							
🕨 Allergies (0)	(281) 520-1234	Pri	or Auth	orization		Payer Not Contac	ted De	eny	
✓ Medications (1)	Written Date: 11/14/2018 Original Px Date: 11/14/20	18				Approve			
Macrobid	Last Prescribed: 11/14/20:	18 64	5549216	54		View los			
+ Add a New Prescription									
Current Problems (1)									

Approving a Rx Change with a Replacement Medication

Notch, Frank	Send R _X (1)								
Provider: Pratt, Glen, MD	Medication Dose Form		Qty/Unit Sig Refills Pharmacy			acy Method ()		Action	
hronology View	simvastatin	10 mg oral tablet	30 Tablet	Take 1 tablet by mouth every	2 👻 NYC Phan	nacy 10.6MU 8 💌	eRx	***	
referred Pharmacy: YC Pharmacy 10.6MU 88								Renlace	
Rx Benefits (0)]							Deny	
Potential Interactions (3)	Warning! (1) A drug a	lert has been overridd	en for the fol	lowing reason: Benef	it outweighs risk . <u>View d</u>	rug alert.		Approve	
Allergies (1)	Current Rx		Ch	nange Request 🌡		Formulary In	forma <mark>tion</mark>		
Catapres + Add New Allergy	Crestor 10 mg tablet Take 1 tablet by mout #30 Tablet with 2 refi	t th every day Ils	TI Se	herapeutic Interchar cript Clarification	nge	Ø Unknown Send Method:	eRx		
Medications (1) Crestor + Add a New Prescription	Do not allow Generic Provider Information Bates, Anna, MD (718) 392-1212 (718) 392-1313	c Substitution	pi pi ()	harmacy is requestir rescriber) Simvastatin 10 MG Take 1 tablet by mo #30 Tablet with <u>2.re</u>	ng clarification from the Oral Tablet outh every evening. afills	Pharmacy: NYC Pharmacy 88 Park Street Brooklyn, NY 1 4 (718) 515-718	y 10.6MU 88 1201 81		
Current Problems (3) Insulin resistance Hypertension Hyperlipidaemia	Written Date: 11/14/2 Original Rx Date: 11/1 Last Prescribed: 11/1 Notes to Pharmacy:	2018 14/2018 4/2018	<u>√ie</u> No	ew Request	Deny Approve	🗎 (718) 515-71	82		
Vitals	Prescriber aware of p	ootential drug-allergy							

Approving a Rx Change with a Replacement Medication

Replace Medication				×						
Notch, Frank 53 y/o M 2/10/1965	Warning: Select a rep	Warning: Select a replacement medication for simvastatin 10 mg tablet								
Provider: Pratt, Glen, MD	Search: Drug Name 💌 s	simvastatin								
Most Recent Note	All Favorites		All Matching Meds	+ Add free text medication						
Preferred Pharmacy: NYC Pharmacy 10.6MU 88	Drug Name	Generic	Route	Formulary						
Rx Benefits (0)	simvastatin 10 mg tablet (generic)	simvastatin 10 mg tablet	oral	Ø Unknown						
Potential Interactions (3)	simvastatin 20 mgtablet (generic)	simvastatin 20 mg tablet	oral	🖉 Unknown						
✓ Allergies (1)	simvastatin 40 mg tablet (generic)	simvastatin 40 mg tablet	oral	🖉 Unknown						
Catapres	simvastatin 5 mg tablet (generic)	simvastatin 5 mg tablet	oral	Ø Unknown						
 Medications (1) 	simvastatin 80 mg tablet (generic)	simvastatin 80 mg tablet	oral	Ø Unknown						
Crestor										
Insulin resistance Hypertension										
Hyperlipidaemia										

*e***MDs**

Approving a Rx Change with a Replacement Medication

Ser	nd 🍢 (1)								Send Select
	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharm	асу	Method 0	Action
	simvastatin	20 mg oral tablet	30 Tablet	take 1 tablet (20 mg) by oral route 2	2 •	NYC F	The App	Action window allows fo proving as well	r
War	ning! (1) A drug ale	rt has been overridd	en for the follo	owing reason: Benefit	outweighs	; risk . <u>Vie</u>	ew drug	<u>g alert.</u>	
Curi	rent Rx		Ch	ange Request 🌡				Formulary Information	
Cres Take #30	tor 10 mg tablet 1 tablet by mouth Tablet with 2 refills tot allow Generic S	every day Substitution	Th Sc	erapeutic Interchang ript Clarification	je Lorifosti	on from	the	Ø Unknown Send Method: eRx	
Indic Prov Ba C (71 I (7	ation ICD10s: E88. ider Information: ates, Anna, MD 18) 392-1212 18) 392-1313	81, E78.5	pro sin tak da #3 All	escriber nvastatin 20 mg table (e 1 tablet (20 mg) by y then 2 tablets (40 m o Tablet with <u>2 refills</u> (ow Generic Substitut	et oral route : g) in the ev tion	2 times p vening	er	Pharmacy: NYC Pharmacy 10.6MU 88 88 Park Street Brooklyn, NY 11201 \$\$ (718) 515-7181 \$\$ (718) 515-7182	
Writt Origi Last	ten Date: 11/14/20 inal Rx Date: 11/14/ Prescribed: 11/14/	18 /2018 /2018	Inc Re <u>Se</u>	lication ICD10s: E88.8 quested Date: 11/14/ e more therapeutics a	1, E78.5 2018 available				
Note Presi inter	es to Pharmacy: criber aware of por action.	tential drug-allergy	Viev	w Request	Deny	Aprico	ve		
			Not	es to Pharmacy					

Deny and Change Rx Change Request

Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	Method ()	Action
Adalat CC	30 mg oral tablet, extended release	53 Tablet	Take 1 tablet a day by mouth for seven days, then take 2 tablets		Mail Order Pharmacy 10.(🔻	eRx	▼ Deny Approve
Warning! (1) A drug alert has bee Current Rx	en overridden for the follo	Change	e Request 🌡	<u>alert</u> .	Formulary Informatio	'n	
Procardia XL 30 mg tablet,exter Take 1 tablet a day by mouth for tablets by mouth once a day. #53 Tablet Do not allow Generic Substitution Provider Information: Crawley, Robert, MD (707) 210-3333 (707) 210-3334 Written Date: 11/12/2018 Original Rx Date: 11/12/2018 Last Prescribed: 11/12/2018	nded release seven days, then take 2 on	Generic New Ge Generic Adalat (Take 1 t 2 tablet #53 Tab Allow G Reques	E Substitution eneric Available c subsitution requested by Pharma CC 30 mg tablet, extended release ablet a day by mouth for seven day s by mouth once a day. olet with <u>0 refills</u> eneric Substitution ted Date: 11/12/2018 regener Vailable Deny	cy s, then take	 ⊘ Non-Formulary Has therapeutic alternat Send Method: eRx Pharmacy: Mail Order Pharmacy 10 1629-90 Supply Ln Chicago, IL 60622 < (312) 260-3142 (314) 260-3143 	ives 6MU NOCS 1629	-90

Delete Action in Send Rx window

ohnson, Carole S 1 y/o F 12/5/1948	Send R _X (4)								Send S	ielected Rx (1)	
st Appt: 1/17/2019	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	M	ethod	Ac	tion	
eferred Pharmacy: <u>Pharmacy 10.6MU 7723</u>	Flomax	0.4 mg oral capsule	30 Capsule	take 1 capsule (0.4 mg) by oral route once daily 2 hours	4 •	VA Pharmacy 10.6MU 77	23 🔻 e	Rx	▼ Fi	ill	, ;
Rx Benefits (0)	butalbital-aspirin-caffeine 0	50-325-40 mg oral capsule	30 Capsule	take 1 - 2 capsules by oral route every 4 hours as needed	0 🗸	VA Pharmacy 10.6MU 77	23 • e	Rx	▼ Fi	ill •	, -
Potential Interactions (10)	Butalbital Compound W/Codeine	30-50-325-40 mg oral capsule	1 Capsule	take 1 - 2 capsules by oral route every 4 hours as needed	0 🗸	VA Pharmacy 10.6MU 77	23 🔻 e	Rx	D	lajust)elete]
Allergies (2)	Written Date: 05/07/2019								F	ill	
PCN Sulfacet-R	Last Prescribed: 05/07/2019										

- Prescriptions that are in an "incomplete" Rx Status will show up in the Send Rx window, and exist on the Worklist.
- If a Medication is "Deleted" within the Send Rx window it will remove the line item from the Worklist but doesn't delete the medication.
- These Medications will push back to the Medication window as "Completed" Rx Status Type, allowing for processing at a later date.

Adjust Action in Send Rx window

emds

🔊 Send Rx						– 🗆 X .
Johnson, Carole S 70 y/o F 12/5/1948	Send P_X (1)				Save and Close	Send Selected Rx (0)
Last Appt: 1/17/2019	Medication	Dose Form 0	ty/Unit Sig	Refills Pharmacy	Method	Action
Preferred Pharmacy: <u>VA Pharmacy 10.6MU 7723</u>	Flomax	0.4 mg oral capsule 3	0 Capsule take 1 capsule (0.4 route once daily 2 l	mg) by oral 4 🔻 VA Pharmacy 10 ours	0.6MU 7723 🔻 eRx	▼ Fil l ▼ Adjust
Rx Benefits (0)						Delete
Potential Interactions (17)						Fill
12/5/1948	···· × (··)					
t Adjust Medication						×
Johnson, Carole S	Provider:	Best, JR, Wayne W		Pharmacy: VA	Pharmacy 10.6MU 7723	•
Last Appt: 1/17/2019	Name:	Flomax 0.4 mg capsule		Indi		
Preferred Pharmacy:	Dose:	0.4 mg oral capsule	Dosage	Adjusting a p	rescription only	allows for
VA Pharmacy 10.6MU 7723	Sia:	take 1 capsule (0.4 mg) by oral	oute once daily 2 hours follow	Changing Prov	vider, the Sig, Q	uantity,
Formulary Information	Dispense:	take 1 capsule (0.4 mg) by oral following the same meal each d	route once daily 1/2 hour ay	Not for changing	armacy. It does the actual Med	ication.
Potential Interactions (1	7) Quantity:	take 2 capsules (0.8 mg) by ora following the same meal each d	route once daily 1/2 hour ay			
✓ Allergies (2)	Allow Ge	meric Substitution				of 210 obstactors used

Adjust Action to push an prescription to another Providers Worklist:

eRxWorklist								
Provider: Best, Wayne	Show: Non-p	roviders 🔲 Inactive Providers						
	2 Sen	they are a second se						×
1 🖃 Johnson, Carole	Johns 70 y/o	son, Carole S Send F 12/5/1948	F _X (1)				Save and Close	Send Selected Rx (0)
1 FLOMAX 0.4 mg oral capsule	Last Ap	opt Adjust Medication						×
2 ALBUTEROL SULFATE	Preferr	ed Johnson, Carole S	Provider:	Best, JR, Wayne W	•	Pharmacy: VA Pharmacy 10	.6MU 7723	
2 E Bland, Betrix	<u>VA Pla</u>	Last Appt: 1/17/2019	Name:	Best, JR, Wayne W		Indications:		-
1 MECHZINE HCL 25 ma	Rx	Be Preferred Pharmacy:	Dose:	Crane, Matthew T		Indications to Pharmacy:		• (max 2)
2 AMOXICILLIN 250 mg Cap	Pote	en VA Pharmacy 10.6MU 7723	Sig:	Faulk, Hannah S		Prior Authorization:		
3 🛨 Kyle, Selena	- Alle	rg Formulary Information	Dispense:	Green, Jerry L		Notes to Pharmacy:		
	PCN	Potential Interactions (17)	Quantity:	Jones, Indiana				
	Sulla	+ Allergies (2)	Allow Gen	Jones-Thomas, Julia T			0 of 210 obor	actors used
		PCN		Vincient, John M		Internal Comments	0 01 2 10 char	acters used
Adjust Medication			/					×
/ ajust mearourion								~
Johnson, Carole S	Provider	Cares MD William O	-		harmacy:	VA Dharmaay 40 CMU	7700	_
70 v/o F 12/5/1948	TTOVIDET.	Gazoo, MD, William S		•	nannacy.	VA Pharmacy TU.ONIU	1123	•
	Name:	Flomax 0.4 mg capsule		Ir	ndications:			•
Last Appt: 1/17/2019						📌 Make Favorit	e Save	
erxworklist					_			
Provider: Gazoo, William		✓ Show:	Non-pro	oviders 🔲 Inactive Provide	ers Th	ne Request is now ι	under the	other
		*			Pr	ovider's worklist to	be proce	essed
- Johnson Carole				01/17/2019	- hu	that Dravidar and		frame
			-	011112010	by	r that Provider and	removed	nom
	Medication		lype	Provider	th	e other's worklist.		
1 FLOMAX 0.4 mg oral capsule		Ne	ew	Gazoo, William				6 .11
emds						© 2019	eMDs, Inc. All Rig	hts Reserved.

A current dose cannot be changed requiring a discontinue of the current and writing a new script.

Select the Add a New Prescription on the left side of the screen under medications to open the Prescribe Medication window.

Witeside, Kara	Send R _X (2)							Send Selected	d Rx
06 y/0 F 10/11/1952	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	Method	Action	
Provider: Best, JR, Wayne W Preferred Pharmacy:	Mebendazole	1	1 Ampule	Take 1 PO ? every 2 weeks for 14 days.	0 🗸	VA Pharmacy 10.6MU 7723	▼ eRx	Fill	
VA Pharmacy 10.6MU 7723	Crestor	10 mg oral tablet	90 Tablet	take 1 tablet (10 mg) by oral route once daily	1 •	VA Pharmacy 10.6MU 7723	▼ eRx	▼ Fill	
? Specialty Pharmacy									_
PLANX									
Payer Name: PBMF	Take 1 PO ? every 2 weeks for 14 d	avs.		0 0000					
Card Holder ID:	#1 Ampule with <u>0 refills</u>			Send Me	ethod: eRx				
Mail Order	Do not allow Generic Substitution	1		Pharma	cv.				
? Long Term Care	Drovider Information:			VA Phar	macy 10.6N	IU 7723			
? Specialty Pharmacy	Best JR Wayne			7723 Jet	fferson Davi	s Highway			
	(206) 441-2400			Arlingtor	n, VA 22201				
Potential Interactions (6)	(206) 441-2800			(703)	205-7034				
-	Written Date: 02/20/2040			(703)	205-7035				
Allergies (4)	Last Prescribed: 03/28/2019								
Crestor									
Egg Derived	Notes to Pharmacy: 🧭								
Penicillins									
shellfish derived	Warning! (1) A potential interaction	has been associate	d with medica	tion. <u>View drug alert</u> .					
+ Add New Allergy	Current Rx		Pendi	ng Rx 🤷		Formulary Informa	ation		
- Modications (5)	Crestor 10 mg tablet take 1 tablet (10 mg) by oral route o	nce daily	Staff I	Refill Request Best, JR, Wayne		Ø Non-Formulary Has payer alternative	IS		
 Inedications (5) 	Do not allow Generic Substitution	1	Crest	or 10 mg tablet		Cond Mathedus Dr			
Vitamin C			take 1	tablet (10 mg) by oral route once	daily	Send Method: eRX			
Vitamin C metFORMIN	Provider Information:			Contraction of the second s		Pharmacy:			
Vitanin C metFORMIN levothy.oxine	Provider Information: Best, JR, Wayne		#90 Ta	blet with <u>1 retill</u>					
Vitamin C <u>metFQRMIN</u> <u>levothyloxine</u> HC 1% clearn	Provider Information: & Best, JR, Wayne (206) 441-2400		#90 Ta Do no	t allow Generic Substitution		VA Pharmacy 10.6M	J 7723		
Vitanin C metr DRMIN levothyloxine HC 1% cham Crestor	Provider Information:		#90 Ta Do no Indical	t allow Generic Substitution ion ICD10s: 110		VA Pharmacy 10.6MI 7723 Jefferson Davis Arlington, VA 22201	U 7723 Highway		
Vitanin C metr NMIN levothytoxine HC 1% cham Crestor + Add a New Prescription	Provider Information:		#90 Ta Do no Indical Reque	bet with <u>1 refli</u> t allow Generic Substitution ion ICD10s: I10 sted Date: 03/28/2019		VA Pharmacy 10.6MU 7723 Jefferson Davis Arlington, VA 22201	U 7723 Highway		

• **Prescribe Medication window** opens, and in the Drug Name type in the Medication to have the dose changed.

Select the New Dose

Prescribe Medication				×
Witeside, Kara 86 y/o F 10/11/1952	Search: Drug Name 💌 C	Crestor		
WT: 180.31 lb BSA: 1.23 m2 0 Provider: Best, JR, Wayne W	All Favorite	95	All Matching Meds	+ Add free text medication
Preferred Pharmacy: VA Pharmacy 10.6MU 7723	Drug Name	Generic	Route	Formulary
	Crestor 10 mg tablet	rosuvastatin 10 mg tablet	oral	Non-Formulary
 Rx Benefits (3) 	Crestor 20 mg tablet	rosuvastatin 20 mg tablet	oral	Non-Formulary
PLANABX	Crestor 40 mg tablet	rosuvastatin 40 mg tablet	oral	Non-Formulary
O PLANA4	Crestor 5 mg tablet	rosuvastatin 5 mg tablet	oral	Non-Formulary
O PLANX				
Potential Interactions (6)				
 Allergies (4) 				
Crocter				

• If there ae alternatives per Formulary, you have the option to choose one of these or keep the original, or select the alternative.

Alternatives - ANTIHYPERLIPIDEMIC HMG COA R	EDUCTASE INHIBITORS	
Original Rx: Crestor 20 mg tablet		
Payer Preferred Therapeutic		
Drug	Formulary	Copay Information
ovastatin 20 mg tablet (generic)	 On Formulary (Non-Preferred) 	
lovastatin 10 mg tablet (generic)	⊘ On Formulary (Non-Preferred)	
lovastatin 40 mg tablet (generic)	On Formulary (Non-Preferred)	
ovastatin ER 20 mg tablet,extended release 24 hr (generic)	On Formulary (Non-Preferred)	
lovastatin ER 40 mg tablet,extended release 24 hr (generic)	On Formulary (Non-Preferred)	
lovastatin ER 60 mg tablet,extended release 24 hr (generic)	On Formulary (Non-Preferred)	
Lipitor 10 mg tablet	On Formulary (Non-Preferred)	
.ipitor 20 mg tablet	 On Formulary (Non-Preferred) 	
Lipitor 40 mg tablet	On Formulary (Non-Preferred)	
Lipitor 80 mg tablet	On Formulary (Non-Preferred)	
		₩ H Page 1 of 1 H HH 22
Previous		Keep Original Select Alternative



• Fill in the script information and SAVE

Prescribe Medication								>
Witeside, Kara 66 v/o F 10/11/1952	Provider:	Best, JR,	Wayne W		Pharmacy:	VA Pharmacy 10).6MU 7723	•
WT: 180.31 lb BSA: 1.23 m2 0	Name:	lovastati	n 20 mg tablet (generic)		Indications			-
Provider: Best, JR, Wayne W	Dose:	20 mg ora	al tablet		Indications	to Pharmacy:	-	(max 2)
Preferred Pharmacy: VA Pharmacy 10.6MU 7723	Sig:	take 1 ta	blet (20 mg) by oral route 2	times per day with meals 👻	Prior Autho	rization:		-
	Dispense:	Rx Only		•	Notes to Pt	narmacy:		
 Formulary Information 	Quantity:	100	Tablet • Refills	2 • Pkg Sizes	Prescriber	aware of potential drug-allergy	interaction.	
PLANABX								
On Formulary (Non- Preferred)	Allow Ge	eneric Subs	titution				55 of 210 charac	ters used
No alternatives exists			Real Time Benefits		Internal Co	mments		
Potential Interactions (6)	۲	Prescriber	Pharmacy	 Quantity 				
 Allergies (4) 	Quantity	Constru	Pamaining Deductible	Applied Deductible			0 of 1000 charac	ters used
Crestor	#100					lovastatin		
Egg Derived						(Lovastatin)		
Penicillins						(,		-
shellfish derived						Full Prescribing Information	on Patient Drug Info	
 Medications (5) 								i
Vitamin C						Select Medications in PDR	Therapeutic Class	
metFORMIN								-
HC 1% cream						Terms of Service		
Crestor						About FDB Patient	Education + Add	another R
	Previous						🏠 Make Favorite	Save

Back in the Send Rx window, select the Crestor and in the Action select Discontinue – to push to the Medication History.

Send Rx								- 🗆 X	
Viteside, Kara 6 y/o F 10/11/1952	Send P _X (3)								
/T: 180.31 lb BSA: 1.23 m2 0	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	Method	Action	
rovider: Best, JR, Wayne W referred Pharmacy:	Mebendazole	1	1 Ampule	Take 1 PO ? every 2 weeks for 14 days.	0 -	VA Pharmacy 10.6MU 7723 •	eRx	• Fill •	
A Pharmacy 10.6MU 7723	Crestor	10 mg oral tablet	90 Tablet	take 1 tablet (10 mg) by oral route once daily	1 •	VA Pharmacy 10.6MU 7723 🔹	eRx	• Fill •	
? Specialty Pharmacy PLANX	lovastatin	20 mg oral tablet	100 Tablet	take 1 tablet (20 mg) by oral route 2 times per day with	2 •	VA Pharmacy 10.6MU 7723 💌	eRx	Adjust Delete	
Payer Name: PBMF Card Holder ID: Retail Mail Order 2 Long Term Care 2 Specialty Pharmacy Potential Interactions (6) Allergies (4)	#1 Ampule with <u>0 refills</u> Do not allow Generic Substitution Provider Information: Best, JR, Wayne (206) 441-2400 (206) 441-2800 Written Date: 03/28/2019 Last Prescribed: 03/28/2019	n		Send N Pharmo VA Pha 7723 Je Arlingto (703) Iei (703)	lethod: eRx macy 10.6lv merson Davi n, VA 22201 205-7034) 205-7035	IU 7723 s Highway		Discontinue Fill	

Document the Discontinue Medication reason

Discontinue Medication	\times
Crestor 10 mg oral tablet	
O Abuse potential	
O Adverse reaction	
Allergic reaction	
Changed strength	
Changed to another medication	
Completed course	
O Ineffective	
Prescribed/recorded in error	
O Too expensive	
O No reason given	
O Other	

Send RX window allows for sending the updated Medication removing the old from the window which updated the Medication window.

Se	Send F _X (2)						Send Selected Rx (0)	
	Medication	Dose Form	Qty/Unit	Sig	Refills	Pharmacy	Method	Action
	Mebendazole	1	1 Ampule	Take 1 PO ? every 2 weeks for 14 days.	0	VA Pharmacy 10.6MU 7723 💌	eRx	▼ Fill ▼
	lovastatin	20 mg oral tablet	100 Tablet	take 1 tablet (20 mg) by oral route 2 times per day with	2	VA Pharmacy 10.6MU 7723 🔹	eRx	▼ Fill ▼

Current	Ineffective	Historical	Rg Fill History	Eligibility			
Date	Last Prescr	ibed Rx Statu	s Name		Dose Description	Extended Sig	
03/27/2019	03/27/2019		Crestor		10 mg oral tablet	take 1 tablet (10 mg) by oral route once daily	
			<u></u>				

Upcoming Lunch and Learn Sessions

July 24, 2019

- Revisit MIPS/MACRA reporting 2019
- August 7, 2019 Enterprise updates the next steps.

Questions?

