



User Training Guide

Updated: May 2022

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Document Control

#	Name	Version	Date
1	Dimple Jani	2.0	October 2017
2	Dimple Jani	2.1	November 2017
3	Dimple Jani	2.2	January 2018
4	Dimple Jani	2.3	February 2018
5	Dimple Jani	2.4	March 2018
6	J. Mark Brooks	2.5	November 2018
7	Zara Sikandar	2.6	May 2019
8	Dimple Jani	2.7	July 2019
9	Zara Sikandar	2.8	August 2019
10	Caitlynn Bennett	2.9	January 2020
11	Caitlynn Bennett	2.9.1	February 2020
12	Caitlynn Bennett	3.0	December 2020
13	Caitlynn Bennett	3.1	February 2021
14	Caitlynn Bennett	3.2	June 2021
15	Bruno Dacanay	3.3	October 2021
16	Bruno Dacanay	3.4	December 2021
17	Bruno Dacanay	3.5	January 2022
18	Bruno Dacanay	3.6	February 2022
19	Caitlynn Bennett	3.7	May 2022

Introduction

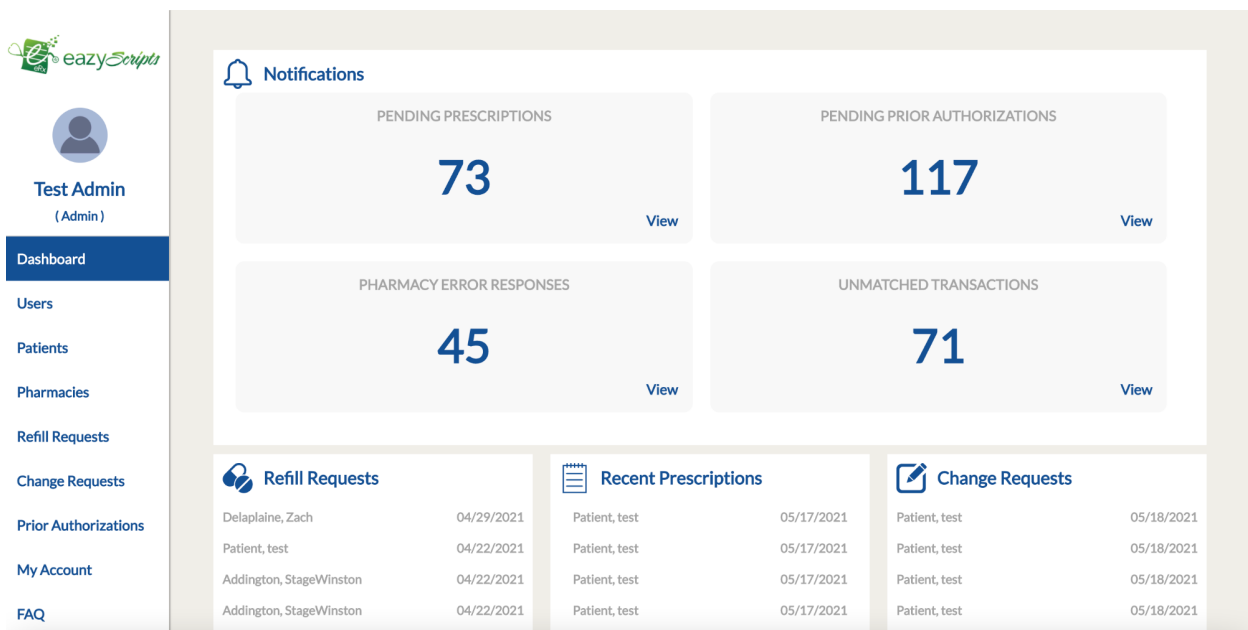
eazyScripts is a SureScripts certified ePrescribing platform that allows for seamless submission of electronic prescriptions. With eazyScripts, prescriptions are written in a more efficient manner using electronic prior authorization, electronic prescribing of controlled substances, formulary, price transparency and more to achieve drug adherence and better outcomes for patient and provider alike.

This documentation will allow for users to gain a comprehensive understanding of how to utilize the eazyScripts platform and the functionalities included within.

Administrator

Administrator is a role given to a user in eazyScripts that grants full authorization to create and maintain user roles and to view patient and prescription data. Only the Administrator can create and edit other users (all users can create patients), but this role does not have the ability to submit new prescriptions without supervisor approval. The Administrator also has the sole ability to manually add pharmacies that are not found in the SureScripts network through the Pharmacies tab..

Dashboard



The screenshot shows the eazyScripts Administrator Dashboard. On the left is a sidebar with the user profile 'Test Admin (Admin)' and navigation links for Dashboard, Users, Patients, Pharmacies, Refill Requests, Change Requests, Prior Authorizations, My Account, and FAQ. The main content area is titled 'Notifications' and contains four summary cards: 'PENDING PRESCRIPTIONS' (73), 'PENDING PRIOR AUTHORIZATIONS' (117), 'PHARMACY ERROR RESPONSES' (45), and 'UNMATCHED TRANSACTIONS' (71). Below these are three tables: 'Refill Requests', 'Recent Prescriptions', and 'Change Requests', each with columns for patient name, date, and status.

Patient Name	Date
Delaplaine, Zach	04/29/2021
Patient, test	04/22/2021
Addington, StageWinston	04/22/2021
Addington, StageWinston	04/22/2021

Patient Name	Date
Patient, test	05/17/2021
Patient, test	05/17/2021
Patient, test	05/17/2021
Patient, test	05/17/2021

Patient Name	Date
Patient, test	05/18/2021
Patient, test	05/18/2021
Patient, test	05/18/2021
Patient, test	05/18/2021

1. Upon logging in, the user will be sent to the **Dashboard**:
 - a. It can also be accessed by clicking on **Dashboard** in the left sidebar.
2. Under the **Notifications** section, there are several sections with important data.
 - a. The number of **Pending Prescriptions**
 - These are prescriptions that have not been submitted to a pharmacy as of yet, usually queued up by other users for the provider to approve.
 - b. The number of **Pending Prior Authorizations**
 - Shows pending prior authorizations - a PBM may need further details for a prescription.


- c. The number of **Pharmacy Error Responses**
 - Shows prescriptions that had errors in transmission.
- d. The number of **Unmatched Transactions**
 - Shows any prescription that was not available - an equivalent needs to be prescribed.

UnMatched Refill/Change Request

REQUEST DATE	REQUEST TYPE	PATIENT NAME	MEDICINE NAME	REQUESTED BY	STATUS
08/24/2017	Refill Request	Plower, Howard	Oxycodone HCL 20 mg Tablet	Pharmacy	Pending
06/07/2016	Un Known	,	Pharmacy		Pending

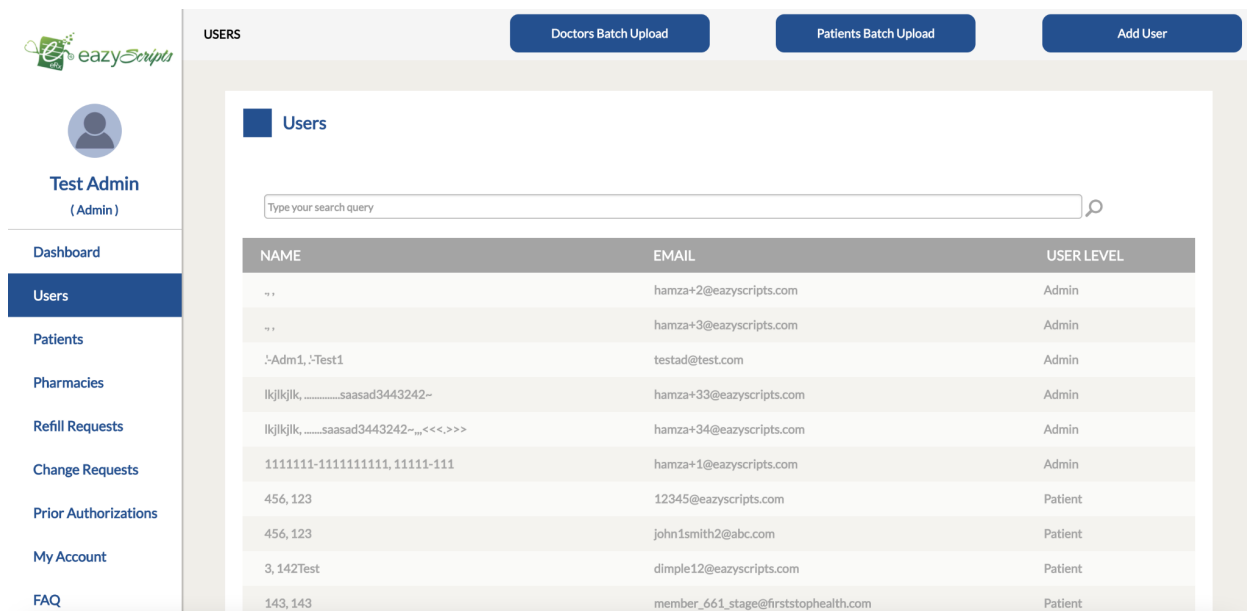
UnMatched Pharmacy Response

REQUEST DATE	PHARMACY NAME	TRANSACTION TYPE	MESSAGE ID	RELATED MESSAGE ID	DESCRIPTION
02/17/2021	Medi-Blue Rapid Clinic (000)	Error	faa0b9193e7341ec9e089699f65fd30f	mdemo-a-41-1470-268-12524	Try again later
02/17/2021	Medi-Blue Rapid Clinic (000)	Error	89689f2563ee4f4ea12256b57e147b77	mdemo-a-41-1470-268-12524	Try again later
01/08/2021	Medi-Blue Rapid Clinic (000)	Error	f6ea293818ae4016b4c5a3ff5f345e9d	mdemo-a-41-2157-292-12450	tret
10/23/2020	Medi-Blue Rapid Clinic (000)	Error	5a1f1c0da52b4899a5de4261809d32ac	mdemo-a-41-1470-28-12181	test




- e. If the **View**  button is clicked, the information for each section can be expanded for further details.
3. **Refill Requests** displays any recent medication refill requests from the pharmacy.
 4. **Recent Prescriptions** lists prescriptions that the user has sent out most recently.
 5. **Change Requests** lists any changes to existing medications as requested by the pharmacy.

Users

The **Users** tab lists all current users, along with their email addresses and user levels. As mentioned before, only an Admin can create other users. All users can create patients.



NAME	EMAIL	USER LEVEL
**	hamza+2@eazyscripts.com	Admin
**	hamza+3@eazyscripts.com	Admin
!-Adm1,!-Test1	testad@test.com	Admin
lkjlkjlk, _____saasad3443242-	hamza+33@eazyscripts.com	Admin
lkjlkjlk, _____saasad3443242-_-<<>>	hamza+34@eazyscripts.com	Admin
1111111-11111111111, 11111-111	hamza+1@eazyscripts.com	Admin
456, 123	12345@eazyscripts.com	Patient
456, 123	john1smith2@abc.com	Patient
3, 142Test	dimple12@eazyscripts.com	Patient
143, 143	member_661_stage@firststophealth.com	Patient

1. A user profile can be edited by clicking on the user name. The user profile will be expanded, and edits can be made to their information.
2. **Doctors Batch Upload**  button: with this functionality a batch of doctors can be imported instead of creating them individually.
 - a. Download the Sample File (an Excel Spreadsheet) via the [DOWNLOAD SAMPLE](#) link.
 - b. Complete the file with provider information in the fields designated in the sample file.
 - c. Upload the file via the Upload File  button on the screen.
3. **Patients Batch Upload**  button: with this functionality a batch of patients can be imported instead of creating them individually:

- a. Follow the above directions for a Doctors Batch Upload, but filling in the Excel Spreadsheet with patient data.

Batch Upload Note: An alert will appear if the upload encounters an error. For example: An error will occur if more than one user is uploaded with the same email address.

 Patients Batch Upload


DOWNLOAD SAMPLE

Upload File

patients-batch-sample.csv 100%

Submit Patients

Records No: 1 Email Already exist
Records No: 2 Email Already exist

4. The **Add User**  button on the upper right will direct the user to a new screen.
5. Define the User Level:
 - a. Administrator
 - b. Doctor
 - c. Nurse
 - d. Assistant
 - e. Patient
 - f. Accounting



6. Define User Information

- a. Orange highlighted fields are **required** to create a user profile.
- b. Passwords *must* be **6 characters** minimum in length.
- c. Email addresses must be unique to each user and are only used as identifiers. Every user requires an email address, including patients. If an email address is not available or the patient does not have an email a 'dummy' email address may be used.
 - i. e.g. The admin at a practice is the same as the provider. The admin email address might be george@doctor.com, and the provider email address could be george1@doctor.com.

7. Adding an Admin User

- a. Complete all required fields ensuring responses meet minimum criteria.

Add User

User Level?
Administrator

INFORMATION

Test Account?
The Account will be disabled after two weeks

Prefix <input type="text" value="Prefix"/>	First Name <input type="text" value="First Name"/>
Middle Name <input type="text" value="Middle Name"/>	Last Name <input type="text" value="Last Name"/>
Suffix <input type="text" value="Suffix"/>	Email(Username) ? <input type="text" value="Email(Username)"/>
Password ? <input type="text" value="Password"/>	Confirm Password <input type="text" value="Confirm Password"/>

8. Define User Prescriber Information (If Doctor level)
 - a. The Specialty Qualifier field is not mandatory, but the Specialty field is.

User Level?
Doctor

INFORMATION

PRESCRIBER INFORMATION

NPI

Specialty Qualifier

Specialty

CLINIC INFORMATION

9. Define Clinic Information (If Doctor level)

- a. Once Clinic Name is defined, that will populate in Clinic Information area.
- b. New fields are added for Phone Types
 - i. Work
 - ii. Personal
 - iii. Fax
 - iv. CellPhone
 - v. Unknown

CLINIC INFORMATION

Clinic Name

DEA Number ?

If prescriber are planning to prescribe a controlled substance, prescriber need to complete identity proofing process. To start [Click here](#)

Address 1

Address 2(Optional)

City

State

Country

Zip code

Number <input type="text" value="Phone Number"/>	Ext <input type="text" value="Ext"/>	Type <input type="text" value="Work"/>
Number <small>?</small> <input type="text" value="Fax Number"/>	Ext <input type="text" value="Ext"/>	Type <input type="text" value="Fax"/>

Note: If a DEA number is added, new fields will appear that will also need to be populated.

- DEA Activation Date (Required with DEA Number)
- DEA Expiration Date (Required with DEA number)
- Narcotic Addiction DEA Number (Optional, only if provider has this)

CLINIC INFORMATION

Clinic Name

DEA Number ?

DEA State :



DEA Activation Date



DEA Expiration Date



Narcotic Addiction DEA Number ?

Narcotic Addiction DEA Activation Date



Narcotic Addiction DEA Expiration Date



10. Define Permissions of the User

- a. Note: If DEA number added, a new checkbox called "Controlled Substance" will appear. If that box is selected, it will be sent for approval from an authorized prescriber in eazyScripts before being saved.

Note: These checkboxes can ONLY be updated by an admin user.

Permissions ?

New Rx

Refill

Change

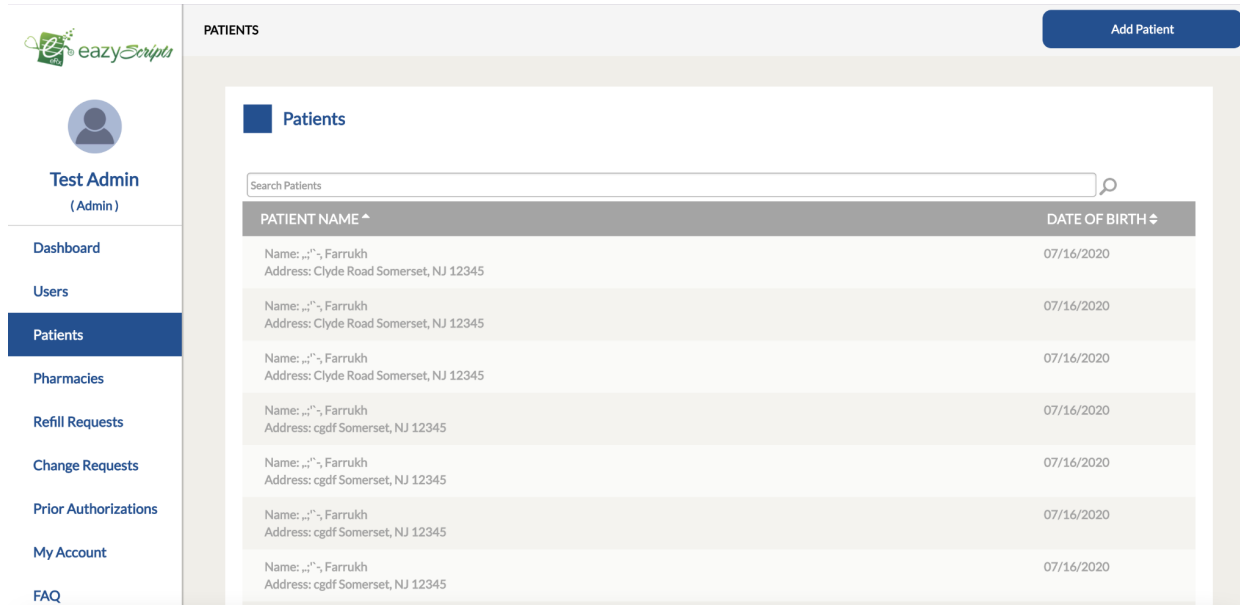
Cancel

Controlled Substance ?

Save

11. Click Save  when completed.

Patients




The screenshot shows the 'PATIENTS' management page in the eazyScripts application. On the left is a navigation sidebar with the user profile 'Test Admin (Admin)' and menu items: Dashboard, Users, Patients (highlighted), Pharmacies, Refill Requests, Change Requests, Prior Authorizations, My Account, and FAQ. The main content area has a search bar and a table of patients. The table has columns for 'PATIENT NAME' and 'DATE OF BIRTH'. Each row contains a patient's name and address, and their birth date (07/16/2020).

PATIENT NAME ^	DATE OF BIRTH ⇅
Name: ,,-, Farrukh Address: Clyde Road Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: Clyde Road Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: Clyde Road Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: cgdf Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: cgdf Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: cgdf Somerset, NJ 12345	07/16/2020
Name: ,,-, Farrukh Address: cgdf Somerset, NJ 12345	07/16/2020

1. Under the **Patient's** tab, all current patients are displayed with visit date, patient name, date of birth, and active medications.
 - a. Clicking on a patient name will take the user to the patient profile page.

Demographic



Rune, Jonathan

DOB: 01/06/1988
 Gender: Male
 Gender Identity: Identifies as Male.
 Sexual Orientation: Straight or heterosexual.
 Preferred Language: ENGLISH
 Race and Ethnicity: SPANIARD
 Weight: 180 lbs
 Height: 6 Inches
 Address: 225 North Michigan Avenue
 Chicago, IL 60601
 Phone: (123) 456-7890
 Mobile:
 Email: jonathannrune@eazyscripts.com

Preferred Pharmacy
 1- CA CA Pharmacy Store 10.6, 1313-A.S. Harbor Boulevard

Problem List

Amendment

Allergy ADD/DELETE

Allergen Group

Medication Name
 *Advil Report Date: 10/13/2017

Base Ingredient
 *paracet Report Date: 10/13/2017

Medication Details ADD MEDICATION MANUALLY CHECK ELIGIBILITY PRESCRIBE NEW RX

Active Medications	Refill Requests	Change Requests	Medication History
<p>MEDICINE: CORTISONE 25 MG TABLET [100 Tablet/kg]</p> <p>QUANTITY: 30</p> <p>SUBSTITUTION ALLOWED: Yes</p> <p>TOTAL FILLS: 1</p> <p>PRESCRIBER: Martin, Chris2</p> <p>STATUS: Active</p> <p style="font-size: small;">DETAILS MAKE INACTIVE CANCEL</p>			

ADD/DELETE
ADD/DELETE
ADD AMENDMENT

2. Under the **Demographic** section patient information such as name, address, date of birth, gender, height, weight, gender identity, sexual orientation, preferred language, race and ethnicity, address, and phone number can be viewed.
 - a. This can be updated with **Edit** EDIT button.

 Demographic


EDIT



Rune, Jonathan

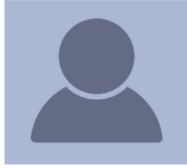
DOB: 01/06/1988
Gender: Male
Gender Identity: Identifies as Male.
Sexual Orientation: Straight or heterosexual.
Preferred Language: ENGLISH
Race and Ethnicity: SPANIARD
Weight: 180 lbs
Height: 6 Inches
Address: 205 North Michigan Avenue
Chicago, IL
60601
Phone: (123) 456-7890
Mobile:
Email: jonathanrune@eazyscripts.com

3. Update Patient Demographics

Each section can be expanded with the  buttons.

Note: all fields that are orange are **required**.

 Edit User




THROWER, DAVID

INFORMATION	+
HOME ADDRESS	+
WORK ADDRESS	+
PHONE NUMBERS	+
PATIENT INFORMATION	+

Information

This is where the patient's basic information is entered.

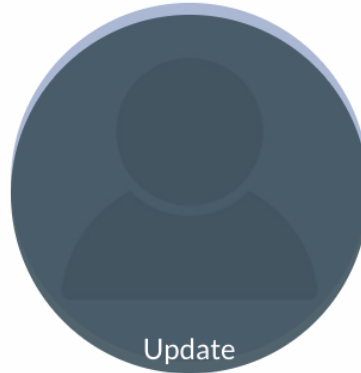
INFORMATION
—



<p>Prefix</p> <input type="text" value="Prefix"/>	<p>First Name</p> <input style="border: 1px solid orange;" type="text" value="DAVID"/>
<p>Middle Name</p> <input type="text" value="M"/>	<p>Last Name</p> <input style="border: 1px solid orange;" type="text" value="THROWER"/>
<p>Suffix</p> <input type="text" value="Suffix"/>	<p>Email(Username)</p> <input style="border: 1px solid orange;" type="text" value="davidT@gmail.com"/>
<p>Date of birth</p> <input style="border: 1px solid orange;" type="text" value="02/22/1933"/>	<p>Gender</p> <input style="border: 1px solid orange;" type="text" value="Male"/>
<p>Weight</p> <input style="border: 1px solid orange;" type="text" value="165"/> <input style="border: 1px solid orange;" type="text" value="LBS"/>	<p>Height(FEET + INCHES)</p> <input style="border: 1px solid orange;" type="text" value="6"/> <input style="border: 1px solid orange;" type="text" value="0"/>

Note: The suffix field *must* be 10 (alpha-numeric) characters in length (if used).

A patient's profile image can be updated by hovering over and clicking on the current profile image and uploading a new photo.



After clicking on the Update button a window will open in which the new image can be uploaded.

Home/Work Address

Patient addresses are added in these sections. A patient's home address is required, but a work address is optional.

HOME ADDRESS

Address 1
64 VIOLET LANE

Address 2(Optional)
Address 2(Optional)

City
HOWEY IN THE HILLS

State
FL

Country
United States

Zip code
34737

Save

Phone Numbers

This is the area where patient phone numbers are added. A least one preferred phone number is required for a patient's profile. Any phone number may be entered into the 'Home Number' field.

PHONE NUMBERS

Home Number

Home Ext

Work Number

Work Ext

Mobile Number

Save

Patient Information

This is the area where consent and additional patient information can be added.

Consent confirms a patient's permission for medication history to be viewed by other medical staff.

SMS Consent confirms a patient's permission to receive SMS/text messages sent to their mobile device when prescription medication coupons or discount drug cards are available for their medication(s).

Additional Patient Information

Patients also have the option to include Gender Identity, Sexual Orientation, Preferred Language, and Race and Ethnicity to their profiles.

PATIENT INFORMATION

Consent

Yes



SMS Consent

Yes



Gender Identity

Gender Identity ... Type to filter



Sexual Orientation

Sexual Orientation ... Type to filter



Preferred Language

Preferred Language ... Type to filter



Race And Ethnicity

Race And Ethnicity ... Type to filter



Save

Preferred Pharmacy

This section contains a patient's preferred pharmacy/pharmacies to visit.

Preferred Pharmacy

ADD/DELETE

1 - OH GIANT EAGLE #6299, 290 EAST AURORA ROAD

2 - TX TX Pharmacy Store 10.6, 3001 Alamo Plaza

- a. These can be edited with the **Add/Delete**  button directly to the right.

Pharmacies Details

Name Address or Zip

Select Type: All Retail Mail Order Long Term Care Specialty

Twenty Four Hour Store Compounding In House Dispensing Kiosk

DME

--Search By Pharmacy Store Name--



 1 - OH GIANT EAGLE #6299, 290 EAST AURORA ROAD

 2 - TX TX Pharmacy Store 10.6, 3001 Alamo Plaza

Problem List

In this section, current or ongoing health issues/injuries/illnesses that prescribers should be aware of are added/displayed here.

Problem List

ADD/DELETE

1 - High blood pressure (& [essential hypertension])

- To add a new problem, click the **ADD/DELETE** button.
- Search for the problem.
- Select the desired option from the drop down list results.

Problem Lists Details

Migraine

Migraine

Migraine

Migraine (disorder)

Migraine (disorder)

Migraine - menstrual

	REPORT DATE	REMOVAL DATE
	02/04/2020	02/04/2020
	07/21/2020	05/19/2021
	12/16/2019	12/16/2019
Street stall salesman	02/04/2020	02/04/2020

- Click the **Add** button and then the **Submit Changes** button.

Problem Lists Details


 1 - Migraine

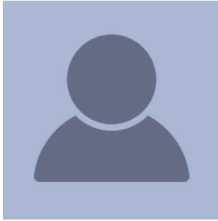
Submit Changes

Problem List History

TERM	REPORT DATE	REMOVAL DATE
Anxiety	02/04/2020	02/04/2020
Cough suppressant	07/21/2020	05/19/2021
Migraine prophylaxis	12/16/2019	12/16/2019
Street stall salesman	02/04/2020	02/04/2020

e. This will now appear on the patient's profile under the **Problem List** section.

 Demographic
[EDIT](#)



THROWER, DAVID

DOB: 02/22/1933
 Gender: Male
 Weight: 165 LBS
 Height: 72 Inches
 Address: 64 VIOLET LANE
 HOWEY IN THE HILLS, FL
 34737
 Phone: (123) 456-7891
 Mobile:
 Email: davidT@gmail.com

Preferred Pharmacy
[ADD/DELETE](#)


1- OH GIANT EAGLE #6299, 290 EAST AURORA ROAD
 2- TX TX Pharmacy Store 10.6, 3001 Alamo Plaza

Problem List
[ADD/DELETE](#)

1- Migraine

Amendment
[ADD AMENDMENT](#)

If a problem is no longer existing for a patient, it can be deleted and automatically stored in the same area as Problem List History with the report date and removal date recorded.

- f. To delete a current problem, click the  button.
- g. Click the trash can icon to delete a problem.


Problem Lists Details

 1 - Stress

- h. Click  .

Problem Lists Details



- i. To view the updated history, click  button.

Problem Lists Details

Problem List History

TERM	REPORT DATE	REMOVAL DATE
Stress	02/13/2018	02/13/2018

Allergy

The allergy section displays allergen groups, allergies to specific medications, and base ingredients to which the patient is known to be allergic.

Allergy

ADD/DELETE

Allergen Group

*4-Aminoquinolines

Medication Name

*4 Way Saline Moisturizing

*Bactrim

Base Ingredient

*shellfish derived

*peanut

ADD/DELETE

- To add a new allergy, click the **ADD/DELETE** button.
- Search for the allergy.

Allergies Details

- c. Once the allergy has been selected, two more fields will appear: Severity and Reaction.

Allergies Details

Advil

Severity
Choose Severity

Reaction
Write Reaction

Add

- d. Select Severity from, Mild, Moderate and Severe.

Severity is related to the reaction that the patient has with this allergy.

Allergies Details

Advil

Severity
Choose Severity

Mild

Moderate

Severe

Add

e. Next, add the type of reaction.

Allergies Details

Advil

Severity
Severe

Reaction
Difficulty Breathing

Add

Example: Severity - Severe, Reaction – Difficulty Breathing

f. When these fields satisfy the patient’s needs, click the



button, and then click the



button to save this information to the patient’s profile.

g. Now the Allergy section displays the allergy, severity, and reaction.

Allergy

ADD/ DELETE

Allergen Group

*4-Aminoquinolines

Report Date: 01/25/2016

Medication Name

*Advil

Report Date: 02/13/2018

Severity : Severe
Reaction : Difficulty Breathing

*Acerflex

Report Date: 04/29/2016

Base Ingredient

- h. If an allergy is no longer existing for a patient, it can be deleted and automatically stored under Allergy List History with the report date and removal date recorded.
- i. To delete a current allergy, click the **ADD/DELETE** button.

Allergies Details

Allergen Group

 4-Aminoquinolines

Medication Name

 Advil

 Acerflex

Base Ingredient

- j. Click the trash can icon to remove an allergy.

Allergies Details

Allergen Group

Medication Name

 Advil

 Acerflex

Base Ingredient

Submit Changes

Submit Changes

- k. Click the **Submit Changes** button.

Allergy

ADD/DELETE

Allergen Group

Medication Name

*Advil

Report Date: 02/13/2018

Severity: Severe

Reaction: Difficulty Breathing

*Acerflex

Report Date: 04/29/2016

Base Ingredient

ADD/DELETE

- To view the updated allergy history, click the **ADD/DELETE** button.

Allergies Details

--Search Allergy-- ▼

Allergen Group

Medication Name

 Advil

 Acerflex

Base Ingredient

Allergy History

NAME	TYPE	REPORT DATE	REMOVAL DATE
4-Aminoquinolines	Allergen Group	01/25/2016	02/13/2018

Amendment

This section allows a prescriber to record a patient's request of an amendment to his/her medical record. The prescriber has the ability to approve or deny these requests, but all requests should be documented even if the request is denied.

Examples include:

- During an executive physical examination, a physician asks the patient how many alcoholic drinks he has in a day. Because the patient does not drink every day, he responds that he has about five drinks each week. The physician incorrectly

documents “ETOH: 5/day.” Subsequent healthcare providers who have received copies of the physical examination refer to the patient’s “daily” alcohol intake. The patient eventually identifies the source of the confusion and requests an amendment to the medical record.

- A patient returning for follow-up of back strain due to gardening now insists that the original injury occurred at work and wants the prior visit note changed.

Amendment

ADD AMENDMENT

Change of Notes

Patient has requested that in the notes we change that he indeed does suffer from a mental disorder

Result: **Approved**

By: Martin, Chris

Date: 12/21/2017

Change of Name

Patient wants to change name to Jesus because he believes he is Jesus.

Result: **Denied**

By: Martin, Chris

Date: 12/21/2017

- To add a new amendment, click the **ADD AMENDMENT** button.
- A box will appear with three fields, “Reason”, an area for notes, and “Result”.
- Fill out all fields. The Result field will contain the approval or denial decision.

Create Amendment

Reason

Write a note

Result

Create Amendment

Reason

Patient states that the record of 5 drinks per day is incorrect, and should be 5 drinks a week.

This was a mistake on the behalf of the provider when inputting the information initially. This will be accepted to update with correct details.

Result

Accepted

Cancel
Save

d. Click the  button.

Amendment

ADD AMENDMENT

Patient states that the record of 5 drinks per day is incorrect, and should be 5 drinks a week.

This was a mistake on the behalf of the provider when inputting the information initially. This will be accepted to update with correct details.

Result: **Approved**

By : Martin, Chris

Date : 02/13/2018

Change of Notes

Patient has requested that in the notes we change that he indeed does suffer from a mental disorder

Result: **Approved**

By : Martin, Chris

Date : 12/21/2017

Change of Name

Patient wants to change name to Jesus because he believes he is Jesus.

Result: **Denied**

By : Martin, Chris

Date : 12/21/2017

Medication Details

This section contains four tabs: Active Medications; Refill Rx; Change Rx; and Med History Rx.

Medication Details

[SHOW ELIGIBILITY](#)
[PRESCRIBE NEW RX](#)
[Active Medications](#)
[Refill Rx](#)
[Change Rx](#)
[Med History Rx](#)

●	<p>MEDICINE: ADVIL 200 MG CAPLET</p> <p>QUANTITY: 2</p> <p>SUBSTITUTION ALLOWED: No</p> <p>TOTAL FILLS: 1</p> <p>PRESCRIBER: PALTROW, BRUCE</p> <p>STATUS: Active</p> <p>DETAILS MAKE INACTIVE CANCEL</p>
●	<p>MEDICINE: SPIRONOLACTONE 25 MG TABLET</p> <p>QUANTITY: 30</p> <p>SUBSTITUTION ALLOWED: No</p> <p>TOTAL FILLS: 2</p> <p>PRESCRIBER: Visagi, James</p> <p>STATUS: Active</p> <p>DETAILS MAKE INACTIVE CANCEL</p>

- a. **Active Medication** – Displays the current medications the patient is actively taking, as well as the quantity and status (whether the pharmacist has filled the order, or if it is pending).


- i. **Details:** Allows the prescriber to further view information of the prescription.
- ii. **Make Inactive:** Flags prescription as inactive in eazyScripts, and will no longer appear under Active Medications.
- iii. **Cancel:** Sends a cancellation to the pharmacy.
- b. **Refill Rx** and **Change Rx** provide similar functions for instances of refilling or changing an existing patient’s medication.
- c. **Med History Rx** lists all previous medications and when they were prescribed. Note: The patient must have their consent set to “YES” to be able to see their medication history (this is in the patient demographics under Patient Information).

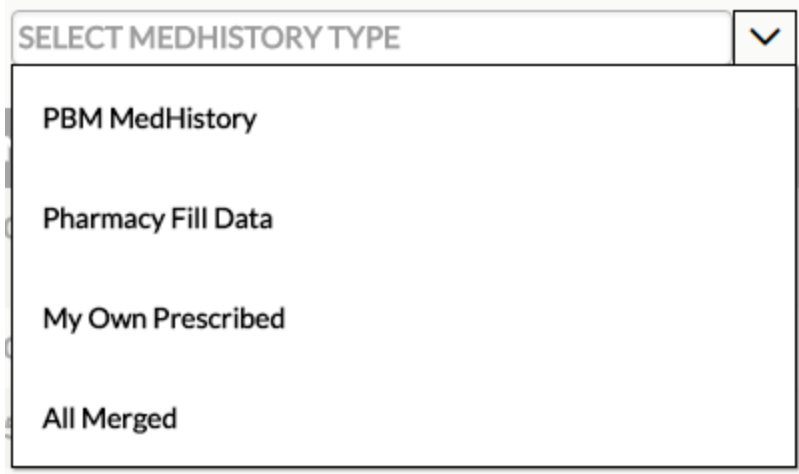
Medication Details

SHOW ELIGIBILITY


PRESCRIBE NEW RX


Active Medications	Refill Rx	Change Rx	Med History Rx
<p>GET LATEST MEDHISTORY</p>		<p>SELECT MEDHISTORY TYPE <input type="button" value="v"/></p>	
DRUG DISPENSED	NDC	LAST FILL DATE	
AMITRIPTYLINE/CHLORDIAZEPOXIDE ORAL TABLET 25-10MG	00364215801	07/01/2017	Show
VICODIN ES 7.5MG-750MG TABLET	00074197354	08/11/2017	Show
CRESTOR 10 MG TABLET	54868496303	07/01/2017	Show
<p>DISCLAIMER:</p> <p>Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.</p>			


- i. The **Get Latest Medhistory**  button pulls the most recent medication history of the patient.
- ii. **Select Medhistory Type** dropdown list allows the user to view specific drug history. A user may return to viewing all drug history simultaneously by selecting “All Merged” from the dropdown list.



Show Eligibility

The  button will direct the user to information containing the patient’s insurance company and insurance plan. Once the check eligibility step is completed, a new button will appear, **Prescribe New Rx**.

 **Demographic**



Lam, Albert

DOB: 06/04/1980
 Gender: Male
 Weight: 0
 Height: 0
 Address: 222 N Columbus Dr 123
 address2 123
 Chicago 123, NJ
 78945
 Phone: (630) 857-3955
 Email: member_2_stage@firststophealth.com

Patient Eligibility, Coverage or Benefit Information

Insurance company & Plan:

PBM/PAYER:	PBM PARTICIPANT ID:
COVERMYMEDS	T00000000021633
PLAN NAME:	PLAN STATUS:
	INACTIVE (NON-COVERED)
CUSTOMER IDENTIFICATION NUMBER:	PHARMACY COVERAGE:
VV%PBMF0011111%BBB222233333%RRID33337777%MBZZ44444444%3210	

Subscriber Demographics:

SUFFIX:	FIRST NAME:
MIDDLE NAME:	LAST NAME:
GENDER:	DOB:
UN KNOWN	01/01/0001
ADDRESS:	

Prescribe New Rx

Prescribe New Rx – As Non-Prescriber

1. The **Prescribe New Rx** PRESCRIBE NEW RX button will open the **New Rx** window. This button is available based on the Patient Eligibility screen or on the patient profile next to the Show Eligibility button.

Note: If the **Prescribe New Rx** PRESCRIBE NEW RX button is not available, the patient's eligibility must be checked by clicking on the **Check Eligibility** CHECK ELIGIBILITY button. Patient eligibility is a SureScripts requirement prior to writing a new Rx.

THROWER, DAVID | MALE

BENEFIT PLAN: CARPLANNAME (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION:

PRESCRIPTION NAME: hydrocodone 5 mg-cpm 4 mg-pseudoephedrine 60 mg/5 mL oral solution NDC: 00574110316

ALTERNATIVE MEDICINE +

FORMULARY +

QUANTITY: 5 RX/OTC: Rx

DURATION (Days): 0 BRAND/GENERIC: Generic

EXTRA REFILLS: 0 SUBSTITUTION: Yes No

POTENCY UNIT CODE: Milliliter Change Potency Unit Code



NOTES: STRENGTH: 5-4-60MG/5

DIRECTION: take 5 milliliters by oral route every 6 hours as needed


PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP

TX Pharmacy Store 10.6 3001 Alamo Plaza San Antonio

Cancel Add

- The New Rx window requires information related to the new prescription, such as refills needed, duration of treatment, strength of the drug, chosen pharmacy, patient instructions, and any relevant notes to the pharmacist.
- Save**  button will save the prescription in prescriber's queue, while **Cancel**  button cancels the prescription.

2. The top of the New Rx window displays patient demographics, Benefit Plan, and other details.

 **New Rx** Step 1 of 4

THROWER, DAVID | MALE

DOB: 02/22/1933 GENDER: Male WEIGHT: 0
 HEIGHT: 0 PHONE: 923 (45) 877-6246 EMAIL: davidT@gmail.com
 ADDRESS: 64 VIOLET LANE, HOWEY IN THE HILLS, FL 34737

BENEFIT PLAN: CARPLANNAME (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION:

PRESCRIPTION NAME: --Search Prescription-- NDC:

3. **Choose Benefit Plan:** When no Benefit Plan exists, the Benefit Plan field will display the message “No Benefit Plan Exists”.



Step 1 of 4

RAJAN, ARTHI | FEMALE

BENEFIT PLAN:	<input type="text" value="No Benefit Plan Exists"/>	
PRESCRIPTION NAME:	<input type="text" value="--Search Prescription--"/>	NDC: <input type="text"/>

4. Populate the ‘Prescription Name’ field with the medication being prescribed. The desired drug can be selected by one of two ways:
 - a. Typing the medication name into the Prescription Name field, pressing enter and then choosing an option from the resulting drop down list.
 - b. Typing the medication name into the Prescription Name field, clicking on the search icon, and finally choosing an option from the drop down list.
5. The NDC will be populated based on the contents of the Prescription Name field.

BENEFIT PLAN:	<input type="text" value="CoverMyMeds Mock payer (pseudo)"/>	<input type="text" value="PRIOR AUTHORIZATION:"/>
PRESCRIPTION NAME:	<input type="text" value="LIPITOR 80 MG TABLET"/>	NDC: <input type="text" value="58864083430"/>

6. Define **Quantity**.
7. **Duration** (in days) of the treatment is specified, as well as the quantity of the medication.
8. A number of **extra refills** can be specified.
 - a. The maximum number of refills allowed is 99.
9. **Potency Unit Code** will be populated based on **Prescription Name**.
10. **RX/OTC** will be populated based on **Prescription Name**.
11. **Brand/Generic** will be populated based on **Prescription Name**.
12. **PRN:** Check this if it is an "as needed medication".
13. Define if **Substitution** is allowed or not.
14. Add **Notes** for the Pharmacist in the designated field.
15. Define the **Directions** of the prescription for the patient to follow.

QUANTITY:	<input type="text" value="10"/>	RX/OTC:	<input type="text" value="Rx"/>
DURATION:	<input type="text" value="10"/>	BRAND/GENERIC:	<input type="text" value="Brand"/>
EXTRA REFILLS:	<input type="text" value="1"/>	PRN: <input type="checkbox"/>	SUBSTITUTION <input checked="" type="radio"/> Yes <input type="radio"/> No
POTENCY UNIT CODE	<input type="text" value="Tablet"/>	ALLOWED:	<input type="text" value="Change Potency Unit Code"/> <input type="button" value="v"/>
NOTES:	<input type="text" value="Notes for Pharmacist"/>		STRENGTH: <input type="text" value="80 MG"/>
	Enter maximum 210 characters without breaking the line.		Enter maximum 70 characters without breaking the line.
DIRECTION:	<input type="text" value="take 1 tablet (80 mg) by oral route once daily"/> <input type="button" value="v"/>		
	<input type="text" value="take 1 tablet (80 mg) by oral route once daily"/>		

16. Choose the desired **Pharmacy** using the Pharmacy field. This drop down menu functions similar to that of the Prescription Name field.
- The user can choose a pharmacy based on name, address, zip, type, NCPDP, or a pharmacy not listed by SureScripts.
 - Note: If you want to change pharmacies after you have already chosen one, clear your current selection, and perform a new search.

PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP

- Address or Zip: Input an address or zip code to pinpoint all pharmacies within a 5 mile radius. A dropdown list will appear with pharmacies within the specified parameters.

PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP

SUPERVISOR:

60601

- CVS/pharmacy #8910 205 N COLUMBUS CHICAGO IL 60601 3128610315 Retail
- CVS Pharmacy # 4781 205 N. MICHIGAN AVE. CHICAGO IL 60601 3129384095
- Walgreens Drug Store 09438 30 N MICHIGAN AVE CHICAGO IL 606023400 3123323540 Retail
- Farmacia Professional Dr. Barbosa St. # 22 Adjuntas PR 00601 7878293305 Retail
- OURCLINIC AT CNO CHICAGO 111 EAST WACKER DRIVE CHICAGO IL 60601 3126839090 MailOrder
- Michigan Avenue Immediate Care 104 S Michigan Ave, Ste 905 Chicago IL 60603 3122011234 Retail

d. Type: A user can also search pharmacies by their type and state.

PHARMACY: Name Address or Zip Type Non-Surescripts NCP

SUPERVISOR:

Type

- Fax Pharmacy Surescripts
- Fax Pharmacy External
- Long Term Care
- Mail Order
- Retail
- Specialty

PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP

SUPERVISOR:

Type

State

SELECT SUPERVISOR

Cancel Add

- AL
- AK
- AS
- AZ
- AR
- CA

e. Non-Surescripts: A user can apply this filter to search the pharmacy.

PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP

--Search By Pharmacy Store Name--

- f. NCPDP: An additional filter is added to aid the user's pharmacy search.

PHARMACY:

Name
 Address or Zip
 Type
 Non-Surescripts
 NCPDP

--Search By Pharmacy Store Name--

17. Admins (or other users who do not have a Doctor level role in eazyScripts with a valid NPI) are unable to prescribe, so they must choose a "Supervisor" (a prescriber with a valid NPI) to approve the prescription.




18. Save the newly created Rx.


- a. The prescription will be queued under Pending Prescriptions for the assigned supervisor.
- b. The supervisor (prescriber) will then either approve or deny the pending prescription(s).

SUPERVISOR:

BRUCE PALTROW

19. Clicking the **Save**  button will bring up the next confirmation screen.


- a. The **Add More**  button allows the user to add another prescription.
- b. The **Next**  button brings the user to a confirmation screen summarizing the newly created prescription(s).
- c. The **Cancel**  button cancels the newly created prescription(s).


 **New Rx**


Step 2 of 4

Added Medicine

Prescription Name	NDC	✉	🗑
LIPITOR 80 MG TABLET	58864083430	✉	🗑








20. Click the Next **NEXT** button to proceed to the Step 3 summary screen.

At this screen you are also able to add diagnoses in the field labeled “Primary Diagnoses”, however this is optional.

ATIENTS / CROSS, DAVID / PRESCRIPTION


Step 3 of 4

Primary Diagnosis

Prescriber

Dr Martin

250 N. Columbus,
San Francisco, CA, 94102

Martin, Chris

Phone: (628) 796-7893 Fax: (628) 796-7893
NPI: 4305723163

DEA Number

EDIT
SUBMIT

Patient Demographics

NAME	DOB	GENDER
MR. CROSS, DAVID	09/10/1972	MALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (WORK):	6785 LAUGHALOT LANE, TRENTON, NJ 08608	
PHONE NUMBER (PERSONAL): (787) 653-4590		

Pharmacy Details

STORE NAME	ADDRESS	NCPDPID
CA PHARMACY STORE 10.6	1313-A S. HARBOR BOULEVARD, ANAHEIM, CA 92804	9900118
Phone	Fax	NPI
(714) 212-1113	(714) 113-2224	1234567893

21. Scroll down and click the **Add** **Add** button to save the order to the prescriber’s queue for approval.

New Rx Submission Status


MEDICINE NAME: LIPITOR 80 MG TABLET
 RESULT: PRESCRIPTION SUBMITTED TO PRESCRIBER SUCCESSFULLY.

RETURN

Prescribe New Rx with Formulary/Alternatives/Benefits – As Non-Prescriber

When writing a new prescription for a patient, the Alternative Medicine and Formulary sections may populate depending on the patient’s benefit plan.


Once a medication that qualifies for Alternative Medicine and/or Formulary options, these sections appear under the Prescription Name field. If these options are not available, “Formulary Status Unknown” will appear in that area..

When the Formulary Status is “Unknown” the option will be automatically collapsed. Clicking on the  button will open the details of this section.

PRESCRIPTION NAME: NDC:

FORMULARY 

PRESCRIPTION NAME: NDC:

FORMULARY 

FORMULARY STATUS: UNKNOWN

KYLE, SELENA | FEMALE

BENEFIT PLAN: No Plan Name (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION: 0

PRESCRIPTION NAME: FETZIMA ER 120 MG CAPSULE NDC: 00456221230

ALTERNATIVE MEDICINE

VENLAFAXINE ER 150 MG CAPSULE, EXTENDED RELEASE 24 HR
FORMULARY STATUS: On-Formulary/Non-Preferred
 GENERIC: Y
 OTC: N
 SUPPLY: N
 RELATIVE COST LIMIT: \$0.00

VENLAFAXINE ER 37.5 MG CAPSULE, EXTENDED RELEASE 24 HR
FORMULARY STATUS: On-Formulary/Non-Preferred
 GENERIC: Y

FORMULARY

FORMULARY STATUS: NON-FORMULARY
GENERIC: N
 OTC: N
 SUPPLY: N

QUANTITY: 1 RX/OTC: Rx

DURATION: 1 BRAND/GENERIC: Brand


EXTRA REFILLS: 0 PRN: SUBSTITUTION ALLOWED: Yes No


POTENCY UNIT CODE: Capsule Change Potency Unit Code

NOTES: STRENGTH: 120 MG

DIRECTION: Search Direction or Insert your own direction in the text area below

Insert your own direction here

If the Alternative Medicine and Formulary sections are not useful or not needed, they can be minimized with the  button.

If the user feels that the options provided in one of the two sections is appropriate for the patient, they can select it by clicking on that specific option. Once the form is completed, the user clicks the  button.

At Step 2, the prescription can be confirmed. Additional pricing information from **PBM**s may appear to alert the prescriber of better pricing at different pharmacies. Depending on their benefit plan, alternative pricing will not always occur for every patient. The text in red will state:

“Multiple alternatives are available at potentially lower cost”.

Prescription Name	NDC	Offer?
VENLAFAXINE HCL ER 150 MG CAP	00093738605	<input type="checkbox"/>

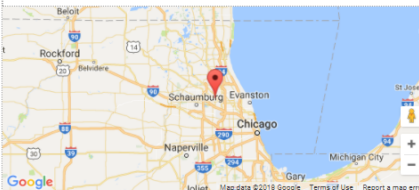
CANCEL ADD MORE NEXT

Multiple alternatives are available at potentially lower cost

Keefer's Pharmacy
5 W. Prospect Ave. Mount Prospect IL 60056

Estimated Total Patient Pay Amount **\$115.06**

VENLAFAXINE HCL ER 150 MG CAP
Pharmacy Type: Retail
Quantity Priced: 30.00, Price Per Unit: \$3.84
Duration Priced: 20
Estimated Patient Pay Amount: \$115.06
Drug Status Code: Covered



If the user would like to choose a better pricing option at a specific pharmacy for the patient,

simply click that option, and click the



button. Click the



button to continue the new prescription.

New Rx
Added Medicine

Step 2 of 4

Prescription Name	NDC	Offer?
VENLAFAXINE HCL ER 150 MG CAP	00093738605	<input type="checkbox"/>

[CANCEL](#) [ADD MORE](#) [NEXT](#)


Multiple alternatives are available at potentially lower cost

Keefer's Pharmacy


3 W. Prospect Ave. Mount Prospect IL 60056

Estimated Total Patient Pay Amount **\$115.06**

VENLAFAXINE HCL ER 150 MG CAP
 Pharmacy Type Retail
 Quantity Priced : 30.00 , Price Per Unit : \$3.84
 Duration Priced : 20
 Estimated Patient Pay Amount : \$115.06
 Drug Status Code / Coverage



Save Changes

Step 3 will be the same as any other new prescription, scroll down and click **Add**  button to save the order to the prescriber's queue for approval.

New Rx

Step 3 of 4

Primary Diagnosis
 Search Primary Diagnosis

Prescriber
Dr Martin
 250 N. Columbus,
 San Francisco, CA,94102
Martin, Chris
 Phone: (628) 796-7893 Fax: (628) 796-7893
 NPI: 4305723163

DEA Number
 BE3225416

EDIT SUBMIT

Patient Demographics

NAME	DOB	GENDER
KYLE, SELENA	10/11/1966	FEMALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (PERSONAL): (330) 655-7741 PHONE NUMBER (WORK): (330) 655-7741	23230 PORT, AKRON, OH 44306	

Pharmacy Details

STORE NAME	ADDRESS	NCPDPID
KEEPER'S PHARMACY	5 W. PROSPECT AVE., MOUNT PROSPECT, IL 60056	1401304
Phone	Fax	NPI
(847) 255-3220	(847) 255-7568	1295702892

Note: Cancel Rx to this Pharmacy is not permitted.

Supervisor

NOT SENT

Medication Prescribed



NAME	PRODUCT ID	REFILL
VENLAFAXINE HCL ER 150 MG CAP	00093738405	0

Prescribe New Rx with Coupons – As Non-Prescriber

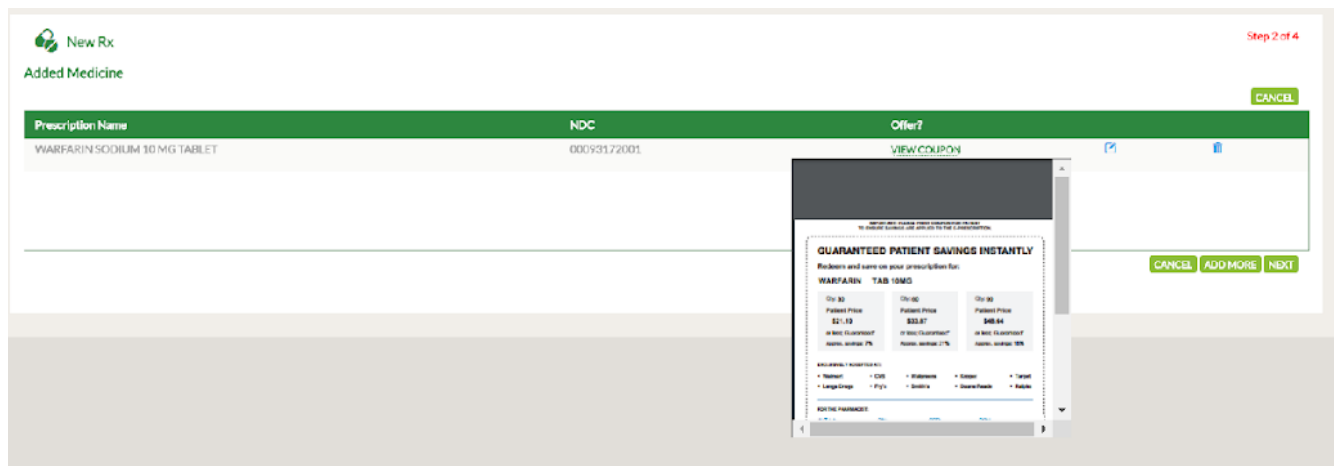
While writing a new prescription, the user may come across a scenario where a coupon is available at Step 2 under the column “Offer?”. They have the choice of texting the coupon to the patient’s mobile number automatically (only if patient consent is set to “Yes”) or a PDF version, which can be printed for them to present at the pharmacy.

New Rx Step 2 of 4

Added Medicine CANCEL

Prescription Name	NDC	Offer?
WARFARIN SODIUM 10 MG TABLET	00093172001	VIEW COUPON  

CANCEL ADD MORE NEXT



As in the above image, a coupon is available and can be previewed when the mouse hovers over the link. If the user clicks on “View Coupon” they are able to open the coupon to view it in full-sized, PDF format which can be printed for the patient.

Once the user clicks the **NEXT** button to go through steps 3 and 4 as normal, the coupon will also be texted to the patient automatically (again, only if patient consent is set to “Yes”) once the prescription has been submitted to the pharmacy by the prescriber.

Example of how the SMS text will appear for the patient:

Show Pharmacist Coupon to
Save on your Rx:

WARFARIN TAB 10MG:
Submit as primary insurance to
SingleCare adjudicator.
Questions: [800.974.3135](tel:800.974.3135)
BIN: [610378](tel:610378)
PCN: SC1
GRP #: [615482](tel:615482)
ID #: 012124115

[https://stage.samplemd.com/
samplemd/resources/
getResource/
66/0524f700-2789-4d95-
afc8-0c12afae09ff.pdf](https://stage.samplemd.com/samplemd/resources/getResource/66/0524f700-2789-4d95-afc8-0c12afae09ff.pdf)

Reply STOP to opt-out of
future savings alerts.



Text Message




Prescribe New Rx with Coupons – ConnectiveRx & OptimizeRx (As Non-Prescriber)

KYLE, SELENA FEMALE			
DOB: 10/11/1966	GENDER: Female	WEIGHT: 120	
HEIGHT: 5.2	PHONE: 923 (33) 588-0498	EMAIL: kyleselena@eazyscripts.com	
ADDRESS: 23230 PORT, AKRON, OH 44306			
BENEFIT PLAN:	No Plan Name (PBMF) <input type="button" value="v"/>		
PRESCRIPTION NAME:	CombiPatch 0.05 mg-0.14 mg/24 hr transdermal <input type="button" value="v"/>	NDC:	68968051401
FORMULARY <input type="button" value="+"/>			
QUANTITY:	<input type="text" value="1"/>	RX/OTC:	<input type="text" value="Rx"/>
DURATION (Days):	<input type="text" value="1"/>	BRAND/GENERIC:	<input type="text" value="Brand"/>
EXTRA REFILLS:	<input type="text" value="0"/>	PRN: <input type="checkbox"/>	SUBSTITUTION <input checked="" type="radio"/> Yes <input type="radio"/> No
POTENCY UNIT CODE:	<input type="text" value="Patch"/>	ALLOWED:	<input type="text" value="Change Potency Unit Code"/> <input type="button" value="v"/>
NOTES:	<input type="text"/>		STRENGTH: <input type="text" value=".05-14/24"/>
	<small>You have maximum 210 characters without breaking the line left.</small>		<small>You have maximum 60 characters without breaking the line left.</small>
DIRECTION:	<input type="text" value="apply 1 patch by transdermal route twice weekly"/> <input type="button" value="v"/>		
	<input type="text" value="apply 1 patch by transdermal route twice weekly"/>		

When writing a new prescription for a patient there may be a coupon available from ConnectiveRx or OptimizeRx for a certain medication.

Potential scenarios are as follows:

1. If ConnectiveRx or OptimizeRx returns a coupon for a prescription, this coupon will be sent to SureScripts as well as to the patient via SMS (if enabled), all other discount options will be ignored.
2. If no coupon returns from ConnectiveRx or OptimizeRx, the patient's drug card will be sent to SureScripts and to the patient.


New Rx

Step 2 of 4

Added Medicine


CANCEL

Prescription Name	NDC	Offer?	✉	🗑
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	68968051401	VIEW COUPON VIEW COUPON	✉	🗑

CANCEL
ADD MORE
NEXT

While writing a new prescription, the user may come across a scenario where a coupon is available at Step 2 under the column “Offer?”, where they have the choice of texting the coupon to the patient’s mobile number automatically (only if patient consent is set to “Yes”) or a PDF version which can be printed for them to present at the pharmacy.

As in the above image, a coupon is available due to the column “Offer?” that has a link that says “View Coupon”. If the mouse hovers over the link, the user can see a preview of the coupon.


New Rx

Step 2 of 4

Added Medicine

CANCEL

Prescription Name	NDC	Offer?	✉	🗑
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL	68968051401	VIEW COUPON VIEW COUPON	✉	🗑

595582b9-9613-4603-a4ec-8b4f203b3e29.pdf

IMPORTANT: PLEASE PRINT COUPON FOR PATIENT TO ENSURE SAVINGS ARE APPLIED TO THIS PRESCRIPTION.

GUARANTEED PATIENT SAVINGS INSTANTLY

Redeem and save on your prescription for:
Combipatch Box 8 Patch Twice Weekly

City: 8 Patient Price \$207.39 or less, Guaranteed* <small>Approx. savings: 11%</small>	City: 24 Patient Price \$609.52 or less, Guaranteed* <small>Approx. savings: 12%</small>	City: 16 Patient Price \$407.18 or less, Guaranteed* <small>Approx. savings: 13%</small>
--	---	---

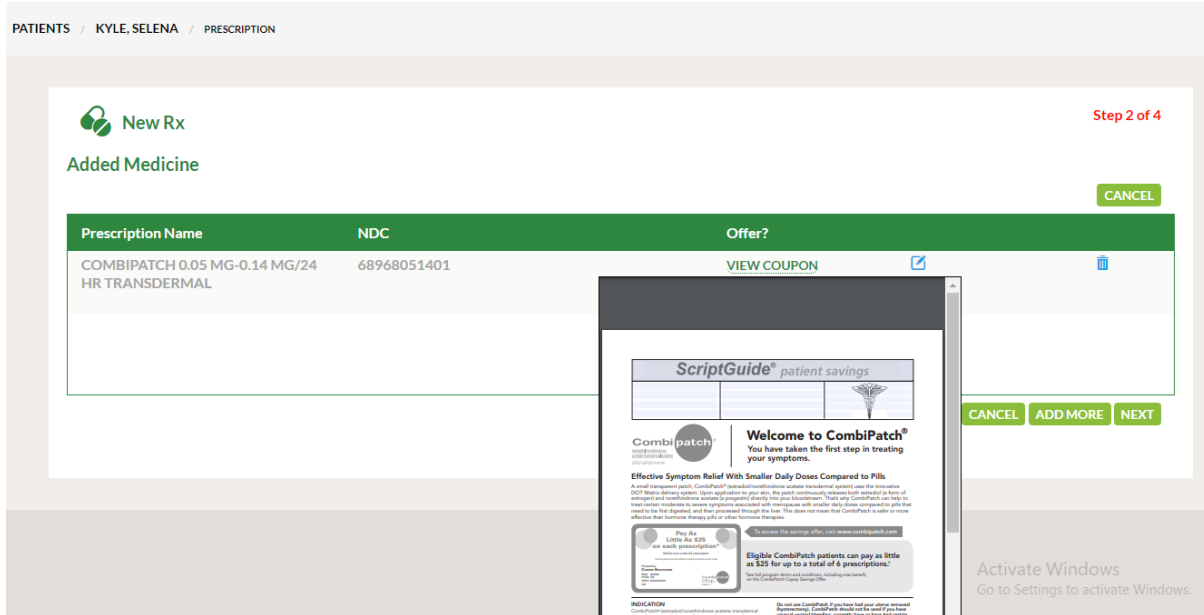
EXCLUSIVELY ACCEPTED AT:

- Wal-Mart
- CVS
- Walgreens
- Kroger
- Longs Drugs
- Fry's
- Smith's
- Duane Reade
- RiteAid

FOR THE PHARMACIST:

ACT#:	SIN#:	OSP#:	PCN#:
28198624	618275	615467	SC1

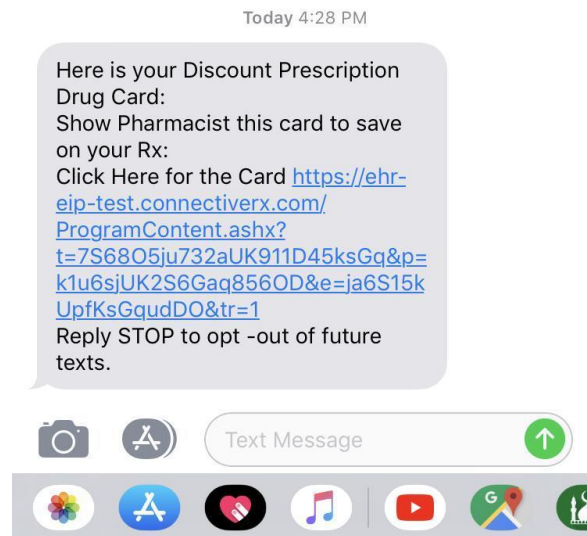
CANCEL
ADD MORE
NEXT



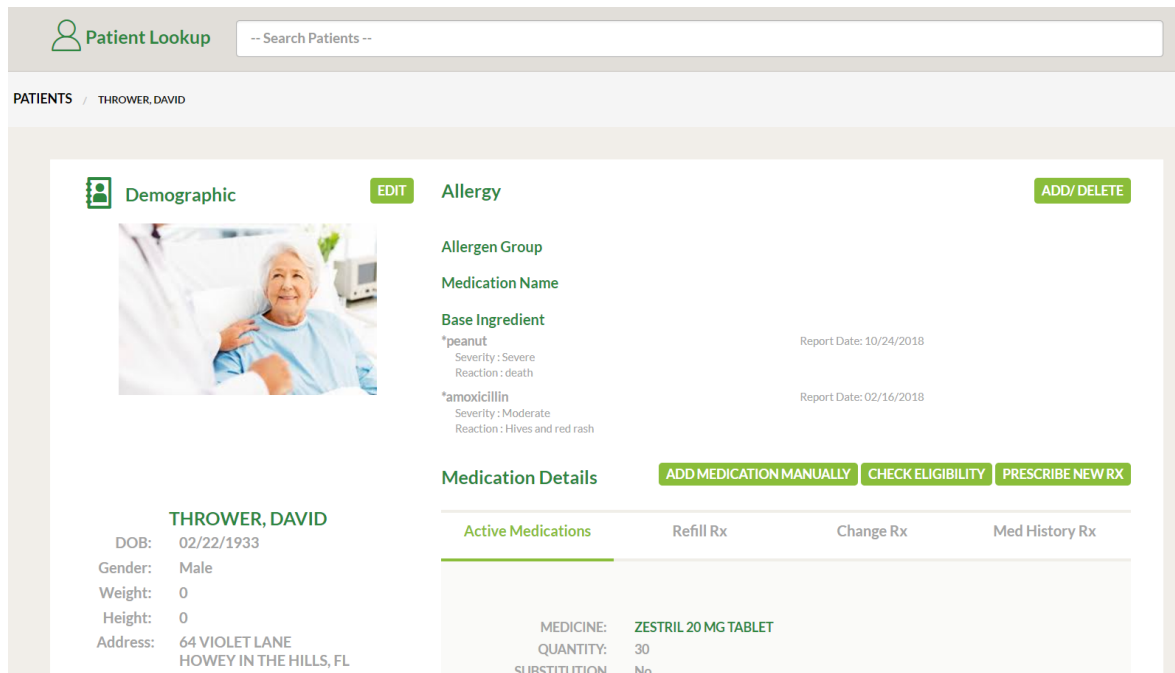
If the user clicks on “View Coupon” they are able to open the coupon to view it in full-sized PDF format which can also be printed for the patient.

Once the user clicks the **NEXT** button to go through step 3 and 4 as normal, the coupon will also be texted to the patient automatically once the prescription has been submitted to the pharmacy by the prescriber. The coupon will also be texted to the patient automatically, **ONLY IF THE PATIENT’S CONSENT IS SET TO “YES” ON THEIR PROFILE.**

Example of how text will appear for patient:



Add Medication Manually



Patient Lookup -- Search Patients --

PATIENTS / THROWER, DAVID

Demographic [EDIT](#)

Allergy [ADD/DELETE](#)

Demographic
 THROWER, DAVID
 DOB: 02/22/1933
 Gender: Male
 Weight: 0
 Height: 0
 Address: 64 VIOLET LANE
 HOWEY IN THE HILLS, FL
 34707

Allergy

Allergen Group

Medication Name

Base Ingredient

*peanut Report Date: 10/24/2018
 Severity: Severe
 Reaction: death

*amoxicillin Report Date: 02/16/2018
 Severity: Moderate
 Reaction: Hives and red rash

Medication Details [ADD MEDICATION MANUALLY](#) [CHECK ELIGIBILITY](#) [PRESCRIBE NEW RX](#)

Active Medications	Refill Rx	Change Rx	Med History Rx
MEDICINE: ZESTRIL 20 MG TABLET			
QUANTITY: 30			
SUBSTITUTION: No			

A prescriber may choose to add additional medications/supplements manually if the patient is already taking them (they do not need to be prescribed).


Medication

- Under the **Patient's** tab click on [ADD MEDICATION MANUALLY](#) to add the details.

Patient Lookup -- Search Patients --

PATIENTS / THROWER, DAVID / PROBLEM LISTS

Demographic



THROWER, DAVID
DOB: 02/22/1933

Add Medication History Manually

SELECT TYPE: Medication Supplements

PRESCRIPTION NAME: --Search Prescription--

ACTIVE

START DATE: dd-----yyyy

END DATE: dd-----yyyy

NOTES:

- Select the type. **SELECT TYPE:** Medication Supplements
- Add prescription name and select the details from the dropdown.

--Search Prescription--

- The status of the medication can also be marked as active. **ACTIVE**
- If the medication is active, a start date is required.

START DATE: dd-----yyyy

- If the medication is inactive, an end date is required.

END DATE: dd-----yyyy

- The prescriber can also include notes in the notes section.



- The save button will save all details and prescriber notes. The

button will cancel the manual medication details.

9. Once the details are completed, the medication will be shown in the Manual Medication list.


MEDICINE	START DATE	END DATE	SUPPLEMENT	ACTIVE
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/30/2019	N/A	N/A	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
Hydrocodone Compound 5 mg-1.5 mg/5 mL syrup	6/30/2019	N/A	N/A	true  

Activate Windows

true  

10. The added medications can be edited and deleted from the listing.


Supplements

1. Under the **Patient's** tab click on  to add the details.

Patient Lookup

PATIENTS / THROWER, DAVID / PROBLEM LISTS

Demographic



THROWER, DAVID
DOB: 02/22/1933

Add Medication History Manually

SELECT TYPE: Medication Supplements

SUPPLEMENT:

ACTIVE

START DATE:

END DATE:

NOTES:

2. Select the type. **SELECT TYPE:** Medication Supplements
3. Add supplements by adding the supplement name.

SUPPLEMENT:

4. Status of the supplements can be marked as active. **ACTIVE**
5. If the supplement is active, a start date is required.

START DATE:

6. If the supplement is inactive, an end date is required.



















END DATE:

7. A prescriber can add notes in notes section.

8. The save button will save all details and prescriber notes, and

the button will cancel the manual supplement details.

- Once all necessary details are completed, the supplement will be shown in the list on the Manual Supplements tab.

MEDICINE	START DATE	END DATE	SUPPLEMENT	ACTIVE
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/30/2019	N/A	N/A	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
Hydrocodone Compound 5 mg-1.5 mg/5 mL syrup	6/30/2019	N/A	N/A	true  

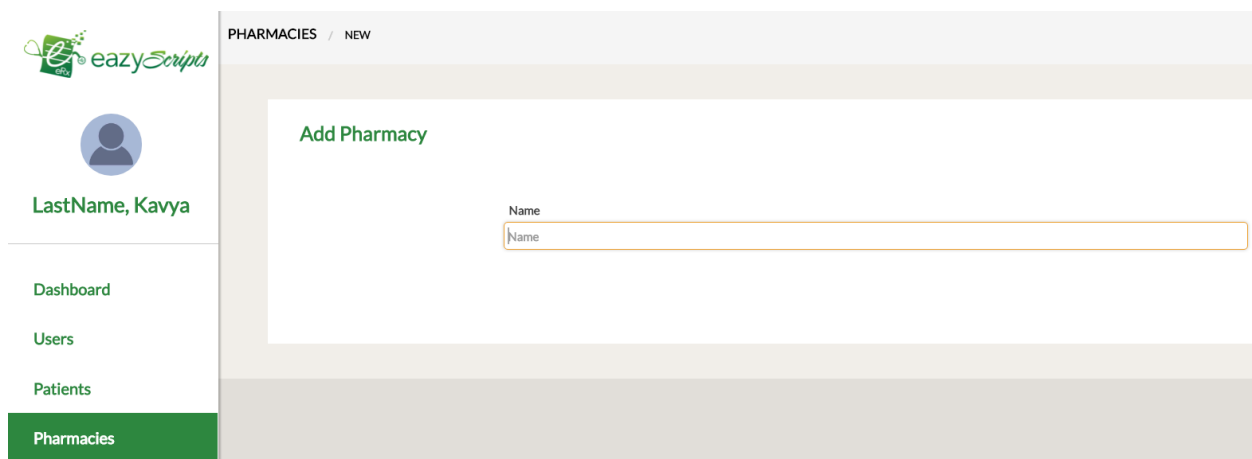
Activate Windows

true



- The added supplement can be edited and deleted from the listing.

Pharmacies



PHARMACIES / NEW

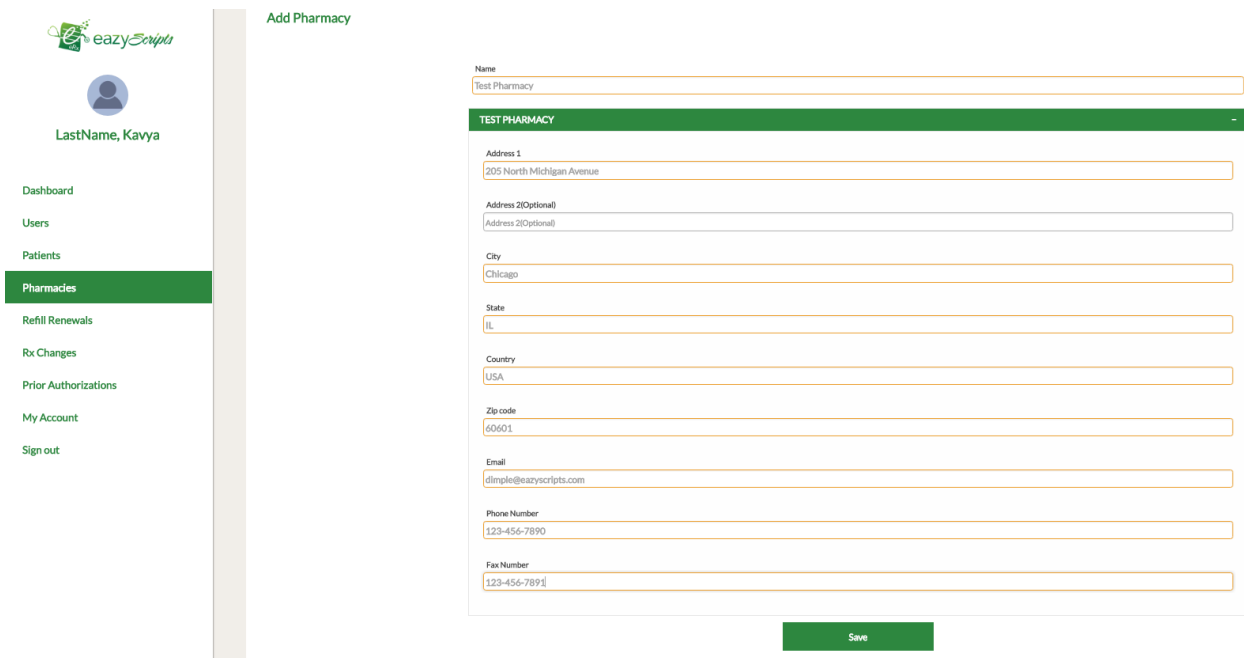
Add Pharmacy


Name

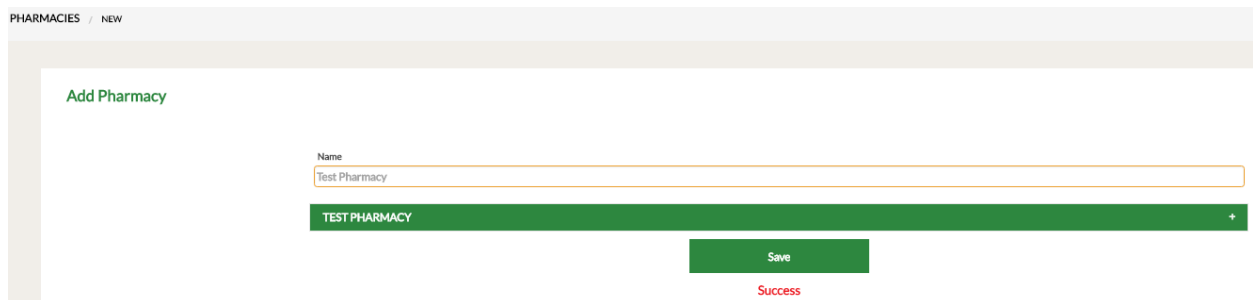
LastName, Kavya

- Dashboard
- Users
- Patients
- Pharmacies**

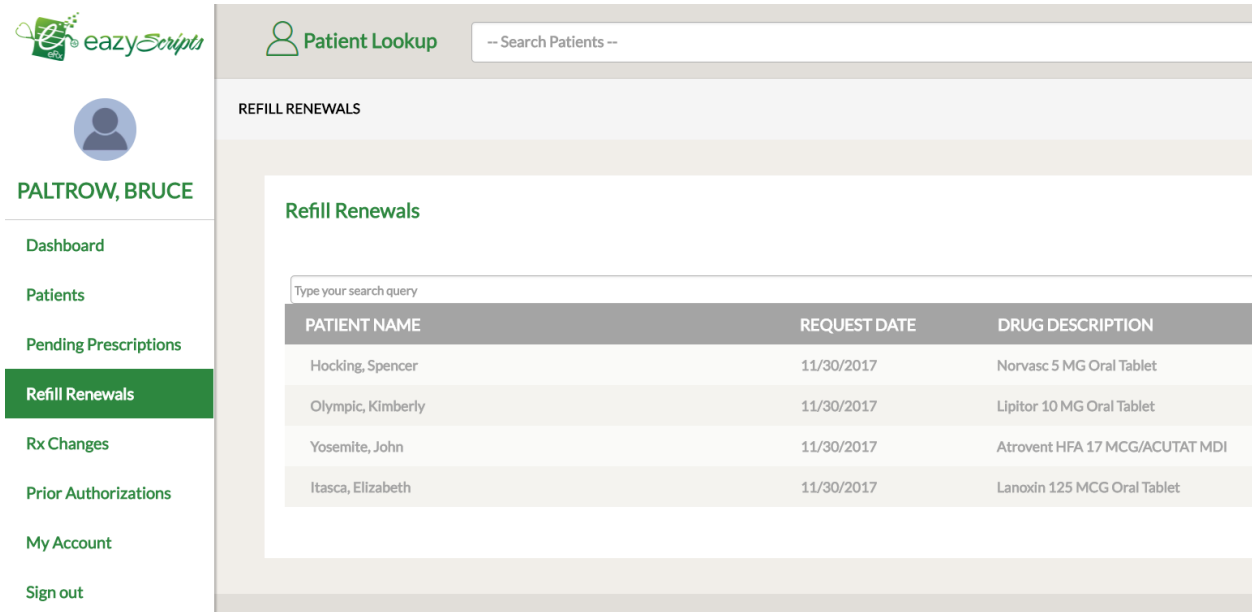
The pharmacy tab allows the administrator to add non-SureScript pharmacies.



1. To add a new non-SureScripts pharmacy, define the name of the pharmacy in the “Name” field. This will display the rest of the pharmacy information that is required to be filled out.
2. The name that is defined will also be populated in the green header area.
3. The orange highlighted fields are **required**.
4. Once all the information is entered, click the **Save**  button, and the following screen will appear once the new pharmacy is successfully saved.



Refill Renewals



Patient Lookup -- Search Patients --

REFILL RENEWALS

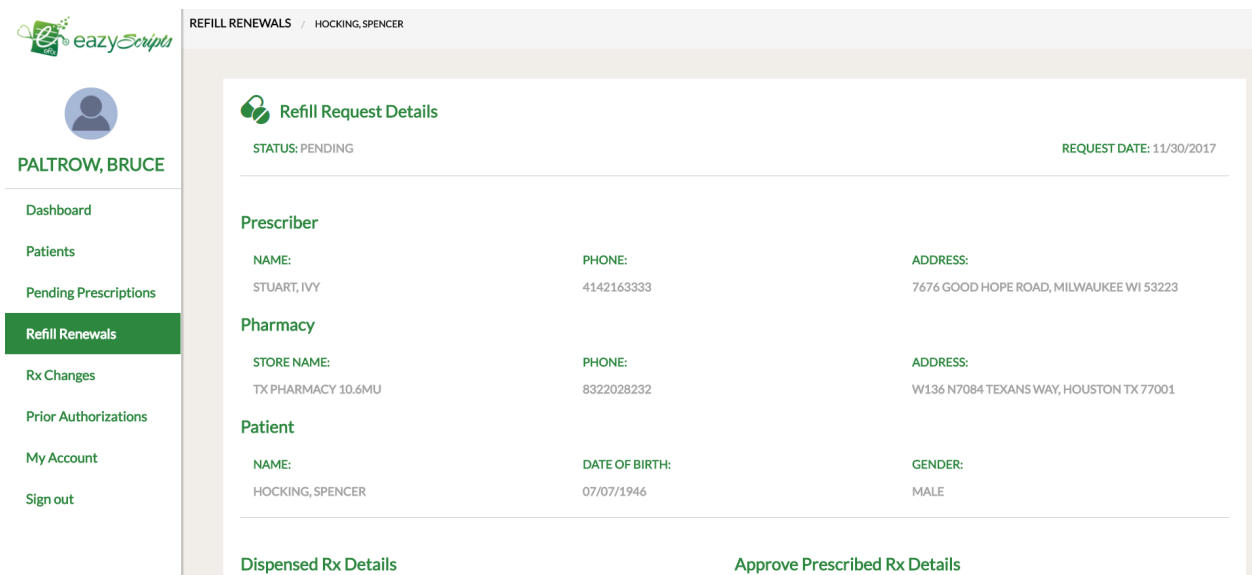
Refill Renewals

Type your search query

PATIENT NAME	REQUEST DATE	DRUG DESCRIPTION
Hocking, Spencer	11/30/2017	Norvasc 5 MG Oral Tablet
Olympic, Kimberly	11/30/2017	Lipitor 10 MG Oral Tablet
Yosemite, John	11/30/2017	Atrovent HFA 17 MCG/ACUTAT MDI
Itasca, Elizabeth	11/30/2017	Lanoxin 125 MCG Oral Tablet

The Refill Renewal tab takes the user to a list that displays the recent medication refill requests from the pharmacy, along with the patient's name, request date, and drug description.

The prescriber has the ability to approve the refill request, deny the refill request, or deny and write a new prescription by clicking on a patient's name.



REFILL RENEWALS / HOCKING, SPENCER

Refill Request Details

STATUS: PENDING REQUEST DATE: 11/30/2017

Prescriber

NAME: STUART, IVY	PHONE: 4142163333	ADDRESS: 7676 GOOD HOPE ROAD, MILWAUKEE WI 53223
----------------------	----------------------	---

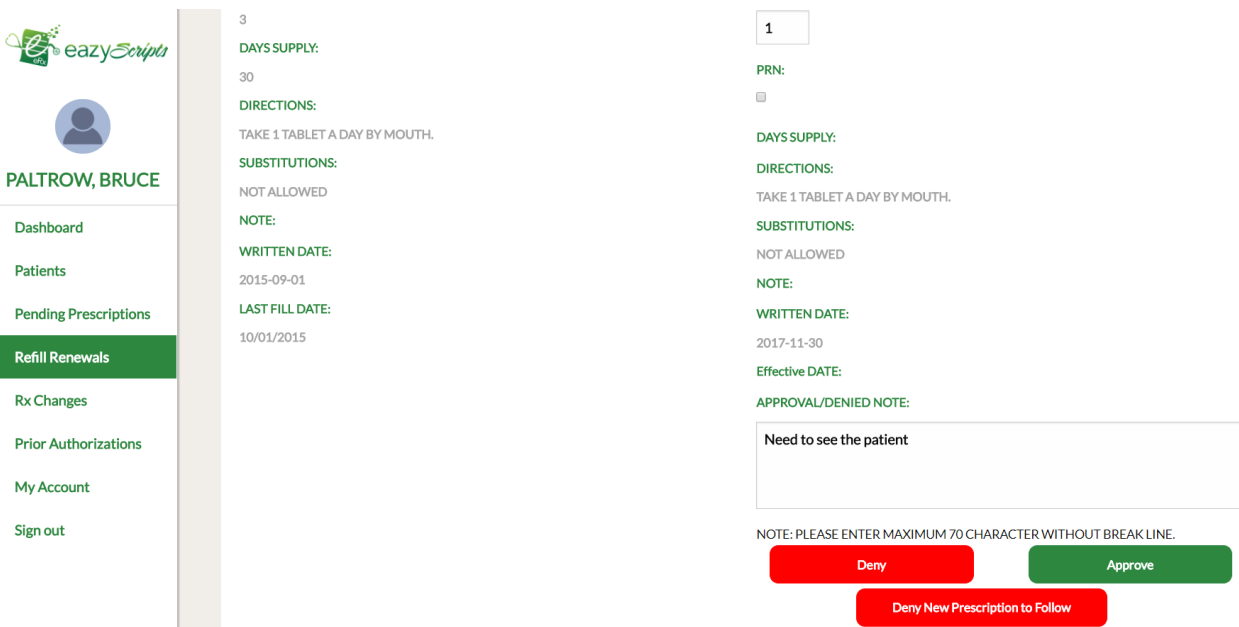
Pharmacy

STORE NAME: TX PHARMACY 10.6MU	PHONE: 8322028232	ADDRESS: W136 N7084 TEXANS WAY, HOUSTON TX 77001
-----------------------------------	----------------------	---

Patient

NAME: HOCKING, SPENCER	DATE OF BIRTH: 07/07/1946	GENDER: MALE
---------------------------	------------------------------	-----------------

[Dispensed Rx Details](#) [Approve Prescribed Rx Details](#)




The screenshot shows the eazyScripts interface. On the left is a navigation menu with options: Dashboard, Patients, Pending Prescriptions, Refill Renewals (highlighted), Rx Changes, Prior Authorizations, My Account, and Sign out. The main content area displays patient information for BRUCE PALTROW and a refill renewal form. The form includes the following fields:




- 3
- DAYS SUPPLY: 30
- DIRECTIONS: TAKE 1 TABLET A DAY BY MOUTH.
- SUBSTITUTIONS: NOT ALLOWED
- NOTE:
- WRITTEN DATE: 2015-09-01
- LAST FILL DATE: 10/01/2015
- APPROVAL/DENIED NOTE: Need to see the patient

At the bottom of the form are three buttons: a red "Deny" button, a green "Approve" button, and a red "Deny New Prescription to Follow" button. A note above the buttons reads: "NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAK LINE."

To Approve a Refill Renewal:

1. Fill in the empty field with a note.
2. Click the  "Mark Ready to Sign" button.
3. Click the  "Approve" button, and the refill request is approved.



To Deny a Refill Renewal:

1. Fill in the empty field with a note.
2. Click the  "Mark Ready to Sign" button.
3. Click the  "Deny" button, and the refill request is denied.
4. Upon clicking the  button, the user can view the Refill Request status, which is shown as denied below..

Transaction History

DATE	TYPE	STATUS	RESPONSE DESCRIPTION
05/21/2019	RefillRequestResponse	RefillRequestDenied	Refill Request Denied
02/27/2019	RefillRequest	RefillRequestPending	Refill Request from Pharmacy
02/26/2019	NewRx	Done Successfully	N/A.

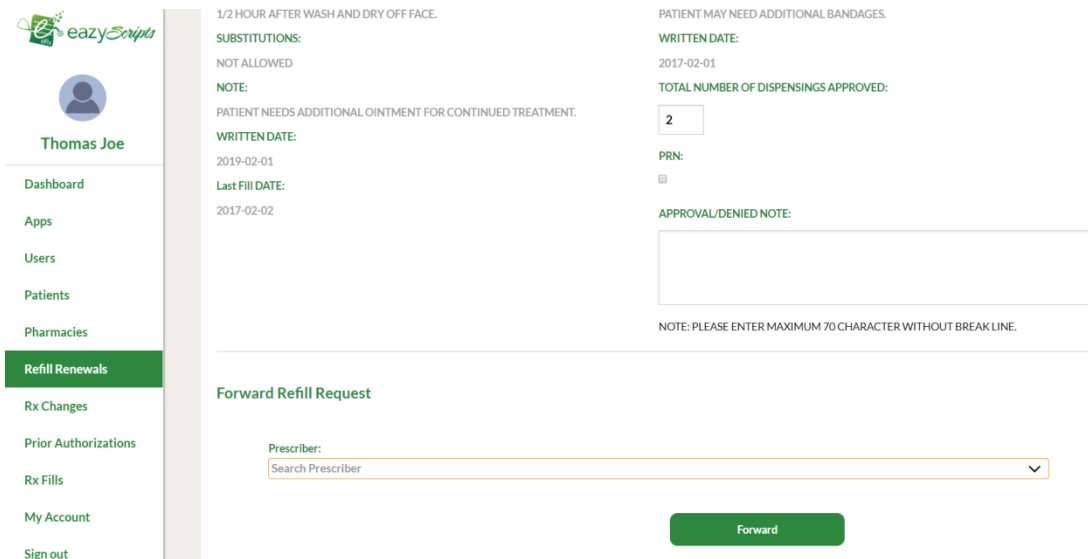
To Deny and Add a New Prescription:

1. Fill in the empty field with a note.
2. Click the  “Mark Ready to Sign” button.
3. Click the  “Deny New Prescription to Follow” button.
4. Write the new prescription, and submit.

Forward Refill Renewals Workflow

The Forward Refill Renewals flow is added for the administrator to have the ability to forward the refill request to the Prescriber.

Clicking on Refill Renewals will take the user to the patient list from where the admin can select the desired patient.



1/2 HOUR AFTER WASH AND DRY OFF FACE.

SUBSTITUTIONS:
NOT ALLOWED

NOTE:
PATIENT NEEDS ADDITIONAL OINTMENT FOR CONTINUED TREATMENT.

WRITTEN DATE:
2019-02-01

Last Fill DATE:
2017-02-02

PATIENT MAY NEED ADDITIONAL BANDAGES.

WRITTEN DATE:
2017-02-01

TOTAL NUMBER OF DISPENSINGS APPROVED:
2

PRN:
☐

APPROVAL/DENIED NOTE:

NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAK LINE.

Forward Refill Request

Prescriber:

Forward

To Forward the refill to the prescriber:

1. Click the patient name **Rodgersson, Teague** to view the patient's details.
2. Scroll down within the patient detail screen to view the Forward Refill Request section.

Forward Refill Request



Prescriber:

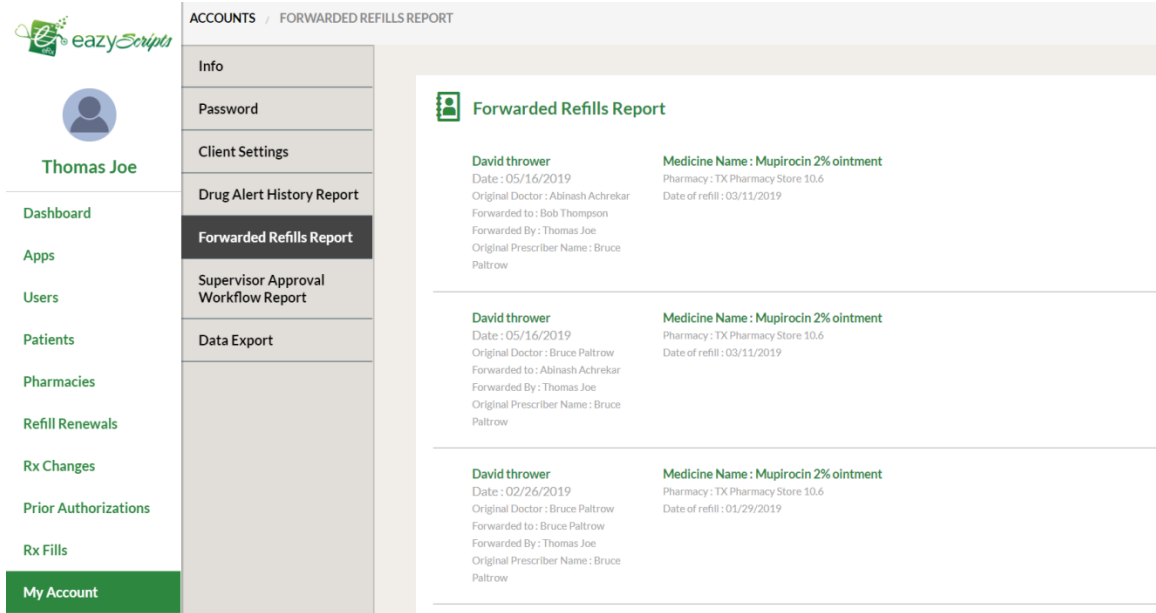
Forward

3. Select the Prescriber from the list by typing in the Prescriber's name.
4. Click the **Forward** button to forward the request.

Refill Renewals Forward Report

The Administrator has the ability to view Forwarded Refill Renewal reports.

Click on My Account on the bottom of the left sidebar. The Administrator can view the "Forwarded Refills Report" by clicking on that tab.



ACCOUNTS / FORWARDED REFILLS REPORT

My Account

Forwarded Refills Report

<p>David thrower Date : 05/16/2019 Original Doctor : Abinash Achrekar Forwarded to : Bob Thompson Forwarded By : Thomas Joe Original Prescriber Name : Bruce Paltrow</p>	<p>Medicine Name : Mupirocin 2% ointment Pharmacy : TX Pharmacy Store 10.6 Date of refill : 03/11/2019</p>
<p>David thrower Date : 05/16/2019 Original Doctor : Bruce Paltrow Forwarded to : Abinash Achrekar Forwarded By : Thomas Joe Original Prescriber Name : Bruce Paltrow</p>	<p>Medicine Name : Mupirocin 2% ointment Pharmacy : TX Pharmacy Store 10.6 Date of refill : 03/11/2019</p>
<p>David thrower Date : 02/26/2019 Original Doctor : Bruce Paltrow Forwarded to : Bruce Paltrow Forwarded By : Thomas Joe Original Prescriber Name : Bruce Paltrow</p>	<p>Medicine Name : Mupirocin 2% ointment Pharmacy : TX Pharmacy Store 10.6 Date of refill : 01/29/2019</p>

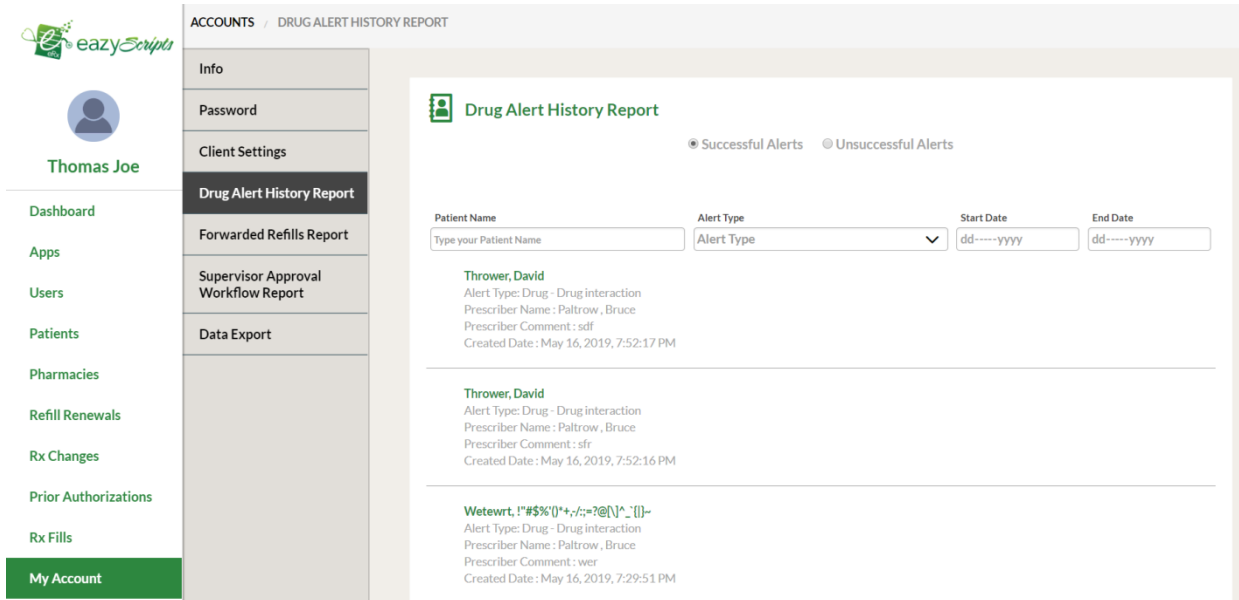
1. Click on the **My Account** " My Account" button.
2. Click **Forwarded Refills Report** to view the list of reports.

 **Forwarded Refills Report**

<p>David thrower Date : 05/16/2019 Original Doctor : Abinash Achrekar Forwarded to : Bob Thompson Forwarded By : Khuram Saeed Original Prescriber Name : Bruce Paltrow</p>	<p>Medicine Name : Mupirocin 2% ointment Pharmacy : TX Pharmacy Store 10.6 Date of refill : 03/11/2019</p>
---	---

Drug Alert History Report

The Admin also has the ability to view the Drug Alert History Report in the My Account section.



Clicking on My Account will take the user to their account section, where the Administrator can view the Drug Alert History Report.

Type of Filter:

1. Successful Alerts
2. Unsuccessful Alerts

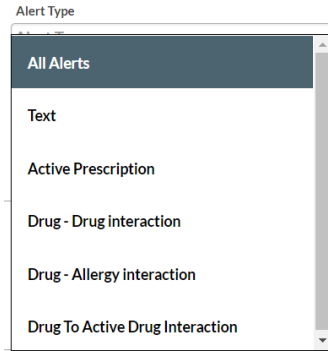
To View Successful Alerts:

1. Click on the **Drug Alert History Report** button to view the report list.
2. Select filter type Successful Alerts

3. Type in the Patient Name

Patient Name

4. Select the Alert type from the dropdown menu.



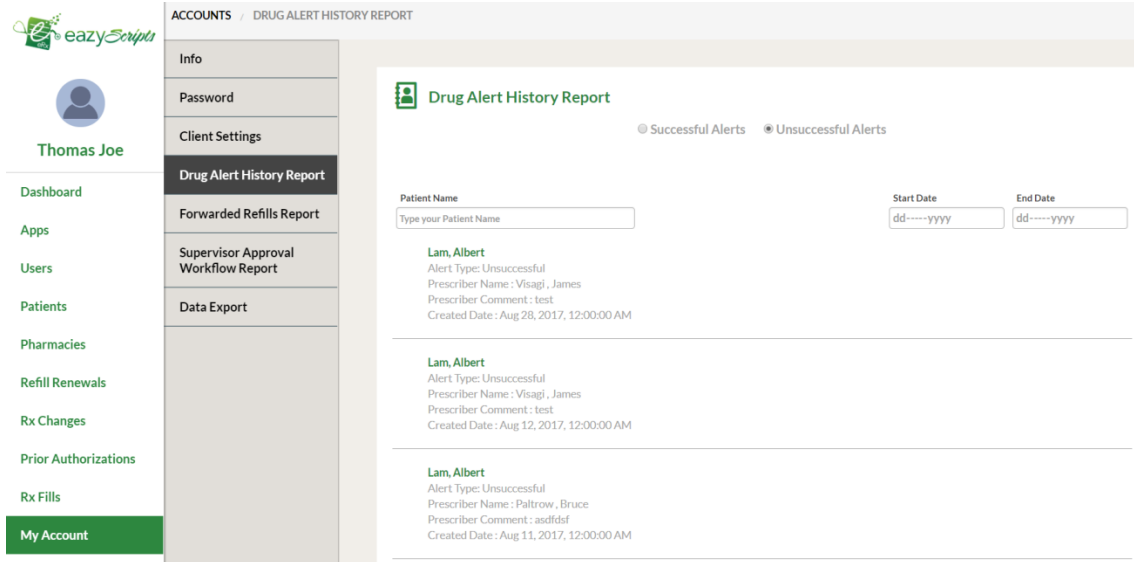
5. Select the Start Date and the End Date

To View Unsuccessful Alerts:

1. Click on the **Drug Alert History Report** to view the report list.
2. Select filter type **Unsuccessful Alerts**

3. Add the Patient's Name

4. Select the Start Date and the End Date



ACCOUNTS DRUG ALERT HISTORY REPORT

Thomas Joe

Drug Alert History Report

Successful Alerts Unsuccessful Alerts

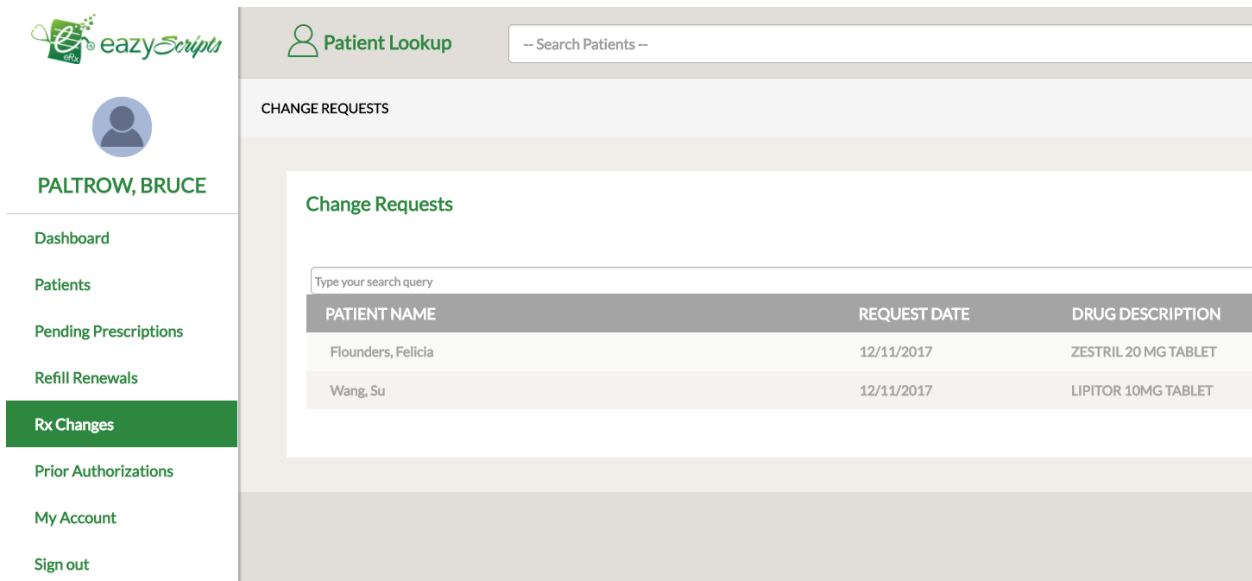
Patient Name: Start Date: End Date:

Lam, Albert
 Alert Type: Unsuccessful
 Prescriber Name: Visagi, James
 Prescriber Comment: test
 Created Date: Aug 28, 2017, 12:00:00 AM

Lam, Albert
 Alert Type: Unsuccessful
 Prescriber Name: Visagi, James
 Prescriber Comment: test
 Created Date: Aug 12, 2017, 12:00:00 AM

Lam, Albert
 Alert Type: Unsuccessful
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: asdfdsf
 Created Date: Aug 11, 2017, 12:00:00 AM

Rx Changes



PALTROW, BRUCE

Patient Lookup

CHANGE REQUESTS

Change Requests

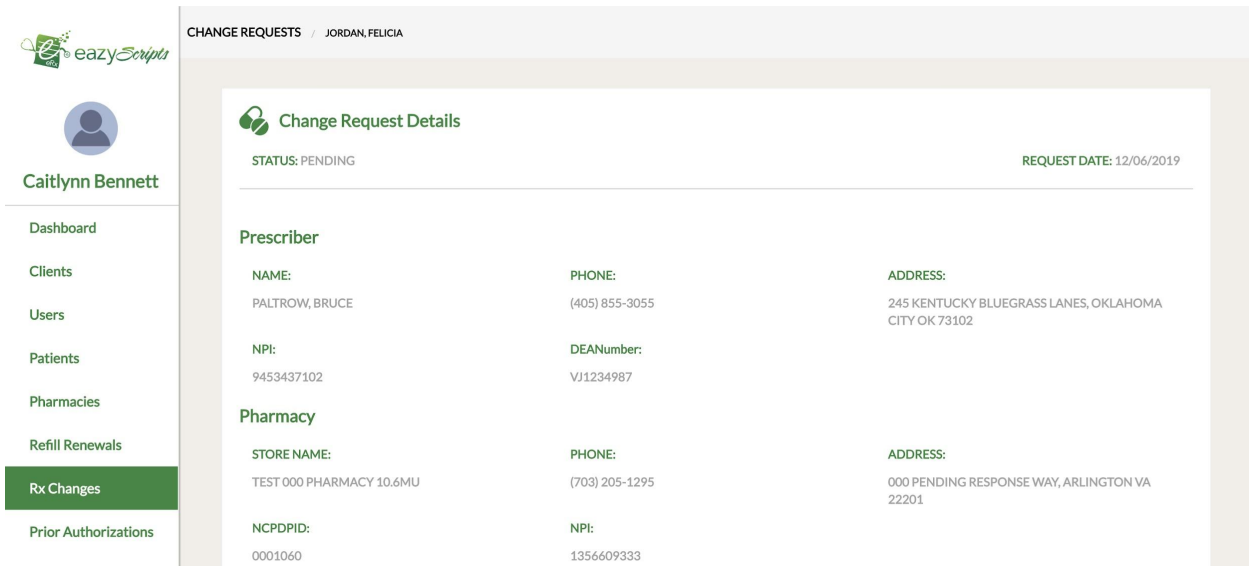
Type your search query

PATIENT NAME	REQUEST DATE	DRUG DESCRIPTION
Flounders, Felicia	12/11/2017	ZESTRIL 20 MG TABLET
Wang, Su	12/11/2017	LIPITOR 10MG TABLET

Clicking on the 'Rx Changes' tab on the left side of the screen takes the user to a window displaying a list of prescription change requests. The three columns denote patient name, the

change request date, and the drug description. The content of the drug description column indicates which prescription drug is pending change.

Clicking on a patient name will direct the user to view the full details of an Rx Change Request. The prescriber then has the options to either approve or deny the change request.



CHANGE REQUESTS / JORDAN, FELICIA

Change Request Details


STATUS: PENDING REQUEST DATE: 12/06/2019


Prescriber

NAME: PALTROW, BRUCE	PHONE: (405) 855-3055	ADDRESS: 245 KENTUCKY BLUEGRASS LANES, OKLAHOMA CITY OK 73102
NPI: 9453437102	DEANumber: VJ1234987	

Pharmacy

STORE NAME: TEST 000 PHARMACY 10.6MU	PHONE: (703) 205-1295	ADDRESS: 000 PENDING RESPONSE WAY, ARLINGTON VA 22201
NCPDPID: 0001060	NPI: 1356609333	





Caitlynn Bennett

- Dashboard
- Clients
- Users
- Patients
- Pharmacies
- Refill Renewals
- Rx Changes
- Prior Authorizations
- Rx Fills
- My Account

<p>Prescribed Rx Details</p> <p>NAME: ZESTRIL 20 MG TABLET</p> <p>QUANTITY: 30</p> <p>QUANTITY Measurement: TABLET</p> <p>REFILL: 3</p> <p>REFILL Type: NUMBER OF REFILLS</p> <p>DAYS SUPPLY: Strength:</p> <p>DIRECTIONS: TAKE ONE TABLET DAILY.</p> <p>SUBSTITUTIONS: NOT ALLOWED</p> <p>NOTE: WRITTEN DATE: 2016-09-01</p>	<p>Approve Requested Rx Details</p> <p>NAME: LISINOPRIL 20 MG TABLET</p> <p>QUANTITY: 30</p> <p>QUANTITY Measurement: TABLET</p> <p>REFILL: 3</p> <p>REFILL Type: NUMBER OF REFILLS</p> <p>DAYS SUPPLY: Strength:</p> <p>DIRECTIONS: TAKE ONE TABLET DAILY.</p> <p>SUBSTITUTIONS: ALLOWED</p> <p>NOTE: PLEASE ALLOW GENERIC SUBSTITUTION</p> <p>WRITTEN DATE: 2019-12-01</p>
--	---

Type:

GENERIC SUBSTITUTION

APPROVAL/DENIED NOTE:


Approval/Denial Note

NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAK LINE.


Deny

Approve

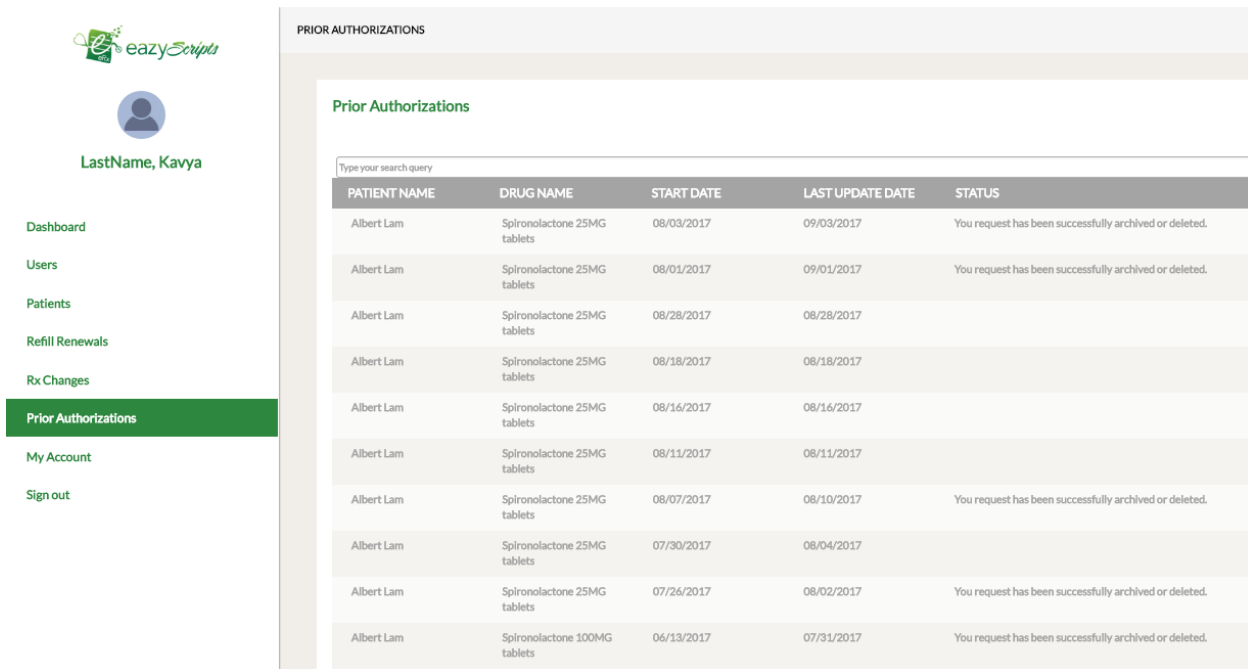
To Approve:

1. Fill in the empty field with an approval note.
2. Click the  "Approve" button, and the Rx Change Request is approved.

To Deny:

1. Fill in the empty field with a denial note.
2. Click the  "Deny" button, and the Rx Change Request is denied.

Prior Authorizations



PRIOR AUTHORIZATIONS

Prior Authorizations


Type your search query

PATIENT NAME	DRUG NAME	START DATE	LAST UPDATE DATE	STATUS
Albert Lam	Spironolactone 25MG tablets	08/03/2017	09/03/2017	You request has been successfully archived or deleted.
Albert Lam	Spironolactone 25MG tablets	08/01/2017	09/01/2017	You request has been successfully archived or deleted.
Albert Lam	Spironolactone 25MG tablets	08/28/2017	08/28/2017	
Albert Lam	Spironolactone 25MG tablets	08/18/2017	08/18/2017	
Albert Lam	Spironolactone 25MG tablets	08/16/2017	08/16/2017	
Albert Lam	Spironolactone 25MG tablets	08/11/2017	08/11/2017	
Albert Lam	Spironolactone 25MG tablets	08/07/2017	08/10/2017	You request has been successfully archived or deleted.
Albert Lam	Spironolactone 25MG tablets	07/30/2017	08/04/2017	
Albert Lam	Spironolactone 25MG tablets	07/26/2017	08/02/2017	You request has been successfully archived or deleted.
Albert Lam	Spironolactone 100MG tablets	06/13/2017	07/31/2017	You request has been successfully archived or deleted.

1. The **Prior Authorization** tab contains a brief summary of all prescriptions that are pending approval by the patient's insurance company. This window displays the patient name, the prescription drug name requiring prior authorization, the medication start date, the date the request was last updated, and the status of the request.
2. Clicking on a patient name opens the next screen, which contains a detailed review of information regarding the authorization.
3. After insurance approves or denies the request, the status of the prescription is either archived or deleted, which is shown under the status column.
4. The administrator user level is able to view all prior authorizations, but they cannot archive, delete, etc.
5. The following information is displayed in the header area:
 - a. Status
 - b. Drug
 - c. Form
 - d. Note


Prior Authorization

You request has been successfully archived or deleted.

	Status: Expired - Not Sent To Plan
	Drug: Spironolactone 25MG tablets
	Form: Pseudo PBM 4-part ePA
	Note:

- PATIENT +
- DRUG +
- PHARMACY +
- PROVIDER +
- MOCK REQUIRED QUESTIONS +

SAVE DELETE ARCHIVE

6. The following information is collapsed and can be expanded with the  icon.
 - a. Patient Information

PATIENT +

Name: Prefix

Name: First *

Name: Middle

Name: Last *

Name: Suffix

Address Street *

Address Street 2

Address City *

Address State * v

Address Zip *

Zip (5 digit)

Date of Birth: mm/dd/yyyy *

Gender * v

- b. Drug Information

DRUG

Quantity and dosage form: *

Quantity and dosage form: *

Days Supply:

Substitutions:

Refills:

Primary Diagnosis:

Secondary Diagnosis:

Dosing Schedule:

c. Pharmacy Information

PHARMACY

NCPDP ID:

d. Provider Information

PROVIDER

NPI - Must be 10 digits *

Name First *

Name Last *

Address Street *

Address Street 2

Address City *

Address State *

Address Zip *

Zip (5 digit)

Phone: XXX-XXX-XXXX *

Use XXX-XXX-XXXX format

Fac: XXX-XXX-XXXX *

Use XXX-XXX-XXXX format

E-mail:

e. Required Questions

MOCK REQUIRED QUESTIONS

What is the patient's age? *

Does the patient receive semi-annual checkups? *

Is the patient up-to-date on all vaccinations? *

What symptoms has the patient exhibited (select all that apply)? *

When was your patient first admitted to the hospital for coughing? *

When was your patient first admitted to the hospital for wheezing? *

When was your patient first admitted to the hospital for headaches? *

When was your patient first admitted to the hospital for nausea? *

When was your patient first admitted to the hospital for diarrhea? *

When do you need it by? *


How many refills will be needed? *


BONUS QUESTION- What is your favorite color? *

Please enter any additional comments. *

RX Fills

In this section the admin can view all medications that have been dispensed by a pharmacy.





LastName, Kavya

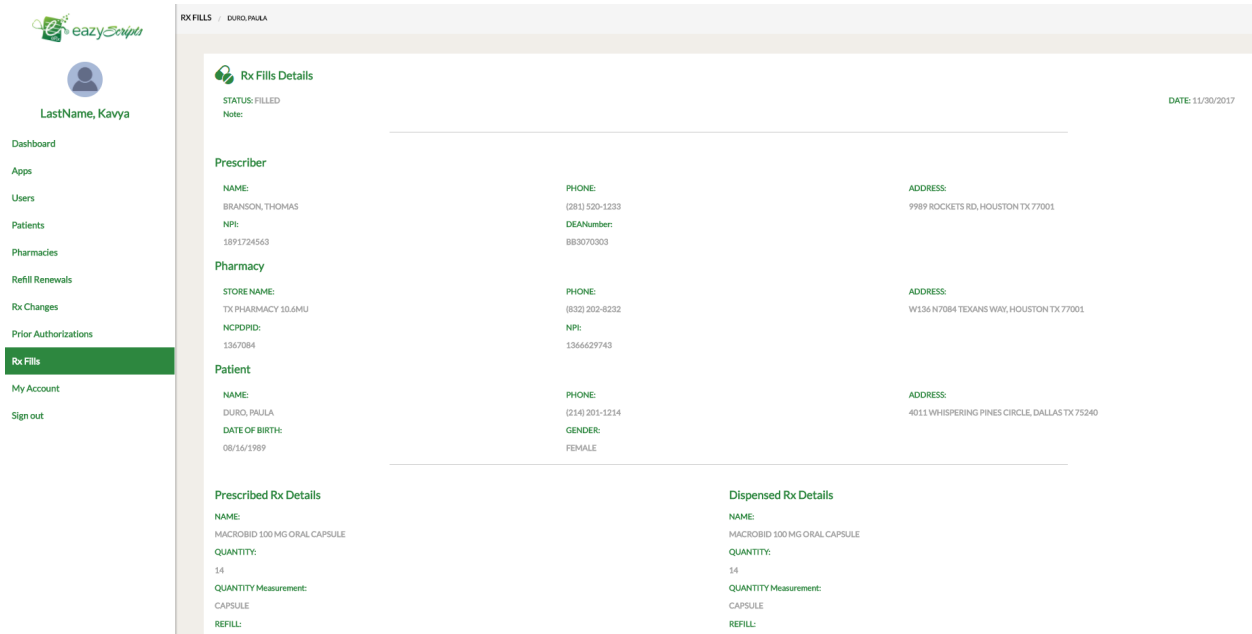
- Dashboard
- Apps
- Users
- Patients
- Pharmacies
- Refill Renewals
- Rx Changes
- Prior Authorizations
- Rx Fills
- My Account
- Sign out

RX FILLS

Rx Fills

PATIENT NAME	DATE	DRUG DESCRIPTION
Duro, Paula	11/30/2017	Macrobid 100 MG Oral Capsule
Custer, Grant	11/30/2017	Diclofenac Potassium 50 mg Tablet
MYLONGLASTNAMEISCRAZYATTHISMANYCHAR, BOBZIMBABWAYALPHAPAINUBERDOOBERNAME	11/30/2017	Azithromycin 200 MG/5 ML Suspension
Notch, Frank	11/30/2017	Simvastatin 20 MG Oral Tablet
Biscayne, Sophia	11/30/2017	Procardia XL 30 MG Oral Tablet

The admin has access to further specific fill details by clicking on each entry.



Rx Fills / DURO, PAULIA

Rx Fills Details DATE: 11/30/2017

STATUS: FILLED
Note:

Prescriber

NAME: BRANSON, THOMAS	PHONE: (281) 520-1233	ADDRESS: 9969 ROCKETS RD, HOUSTON TX 77001
NPI: 1891724563	DEANumber: BB3070303	

Pharmacy

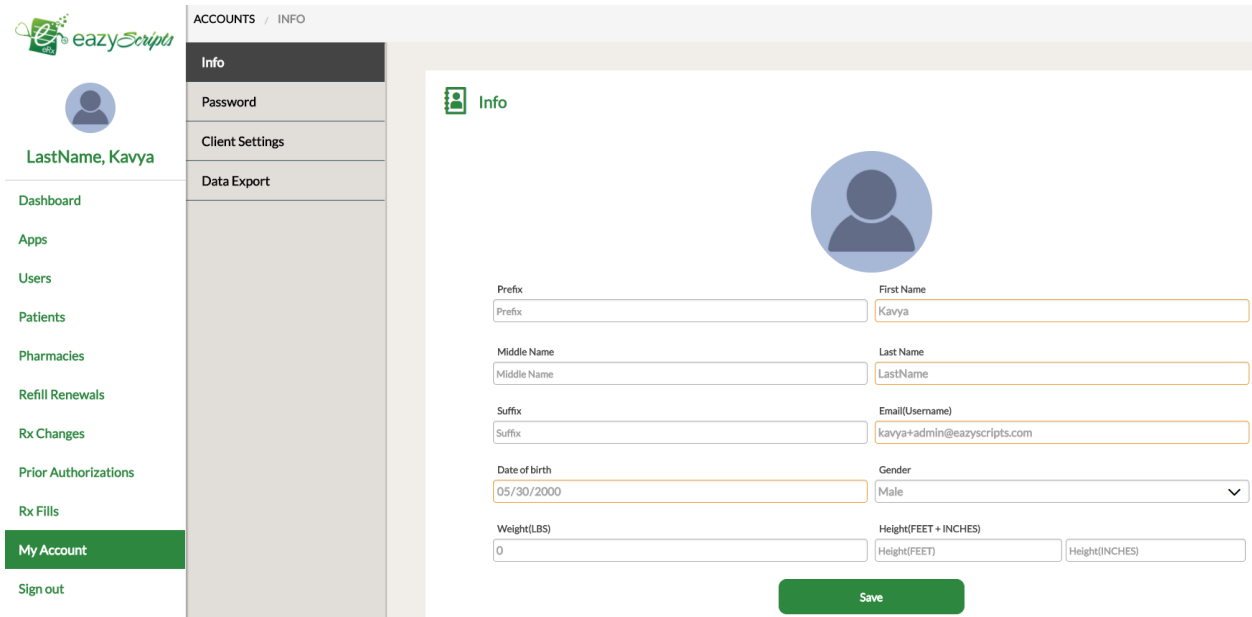
STORE NAME: TX PHARMACY 10.6MJ	PHONE: (832) 202-8232	ADDRESS: W136 N7084 TEXANS WAY, HOUSTON TX 77001
NCPDPID: 1367084	NPI: 1366629743	

Patient

NAME: DURO, PAULIA	PHONE: (214) 201-1214	ADDRESS: 4011 WHISPERING PINES CIRCLE, DALLAS TX 75240
DATE OF BIRTH: 08/16/1989	GENDER: FEMALE	

Prescribed Rx Details	Dispensed Rx Details
NAME: MACROBID 100 MG ORAL CAPSULE	NAME: MACROBID 100 MG ORAL CAPSULE
QUANTITY: 14	QUANTITY: 14
QUANTITY Measurement: CAPSULE	QUANTITY Measurement: CAPSULE
REFILL:	REFILL:

My Account



ACCOUNTS / INFO

Info

Prefix

First Name
Kavya

Middle Name
Middle Name

Last Name
LastName

Suffix
Suffix

Email (Username)
kavya+admin@eazyscripts.com

Date of birth
05/30/2000

Gender
Male

Weight (LBS)
0

Height (FEET + INCHES)
Height (FEET) Height (INCHES)

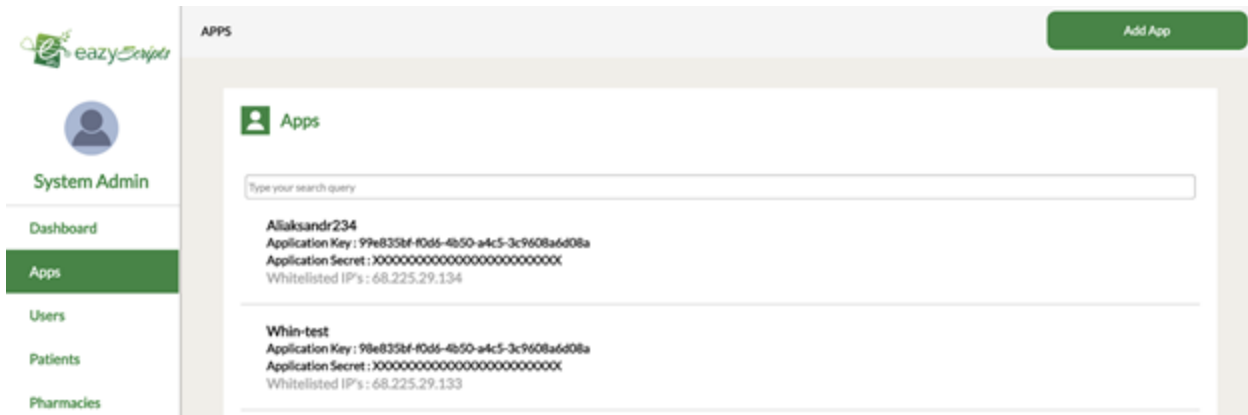
Save

1. **My Account** on the sidebar takes the user to the above screen. Each of the sections can be expanded by clicking on them.
 - a. **Info** displays the user's personal details.
 - b. **Client Settings** allows the admin to set a login session timeout (in minutes) for inactivity, as well as update the theme of the subdomain and the name.
 - c. **Password** tab allows the user to change their password.
 - d. **Data Export** allows the admin to pull data reports using the drop down menu to select and export any of the options listed below. The user must populate the prescriber and State/End Date fields.
 - i. Prescriptions
 - ii. Security Incidents
 - iii. Audit Trail
 - iv. ePrescribing – Modified Stage 2 and Stage 3
 - v. Medication CPOE – EP Modified Stage 2 and Stage 3

Sign Out

Sign Out on the sidebar allows the user to log out of their account.

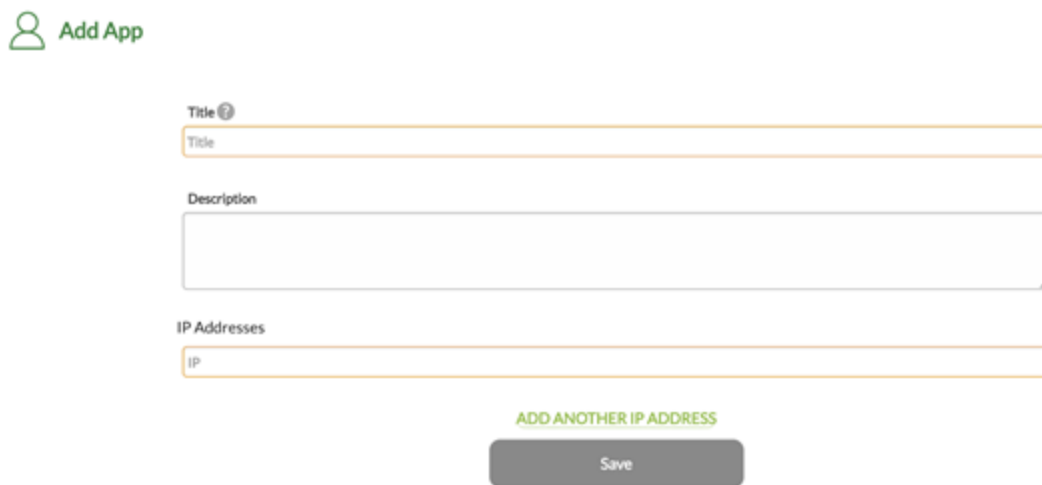
Technical Manager



The Apps tab is only accessible for technical manager users of integrated client accounts. This allows the technical manager to create a new app to obtain the Application Key and Application Secret if an active app does not exist already. This is mainly used by developers/technical users during the integration phase.

In order to make the API call, the application key and application secret must be assigned, and the IP address must be whitelisted by adding it to the created app.



1. A new App can be created by clicking the **Add App**  button.



2. The technical manager must add a title in the required, orange highlighted field.

- The description can be added for additional details.
- Add the necessary IP Address. More than one IP address can be added at a time by using the

Add Another IP Address [ADD ANOTHER IP ADDRESS](#) button.

- Click the **Save**  button to move forward.
- The Application Key will populate automatically.
- The Application Secret will also populate automatically and will appear only once. After this point it will only be populated by X's.
- Everytime you click **Save** , the Application Key changes.

 **Add App**


Application Key
5d5a78a4-8a03-4e87-b65a-d72e88219237


Application Secret
xxxxxxxxxxxxxxxxxxxxxxxxxxxx

Title
test2

Description

IP Address
12.12.345.12

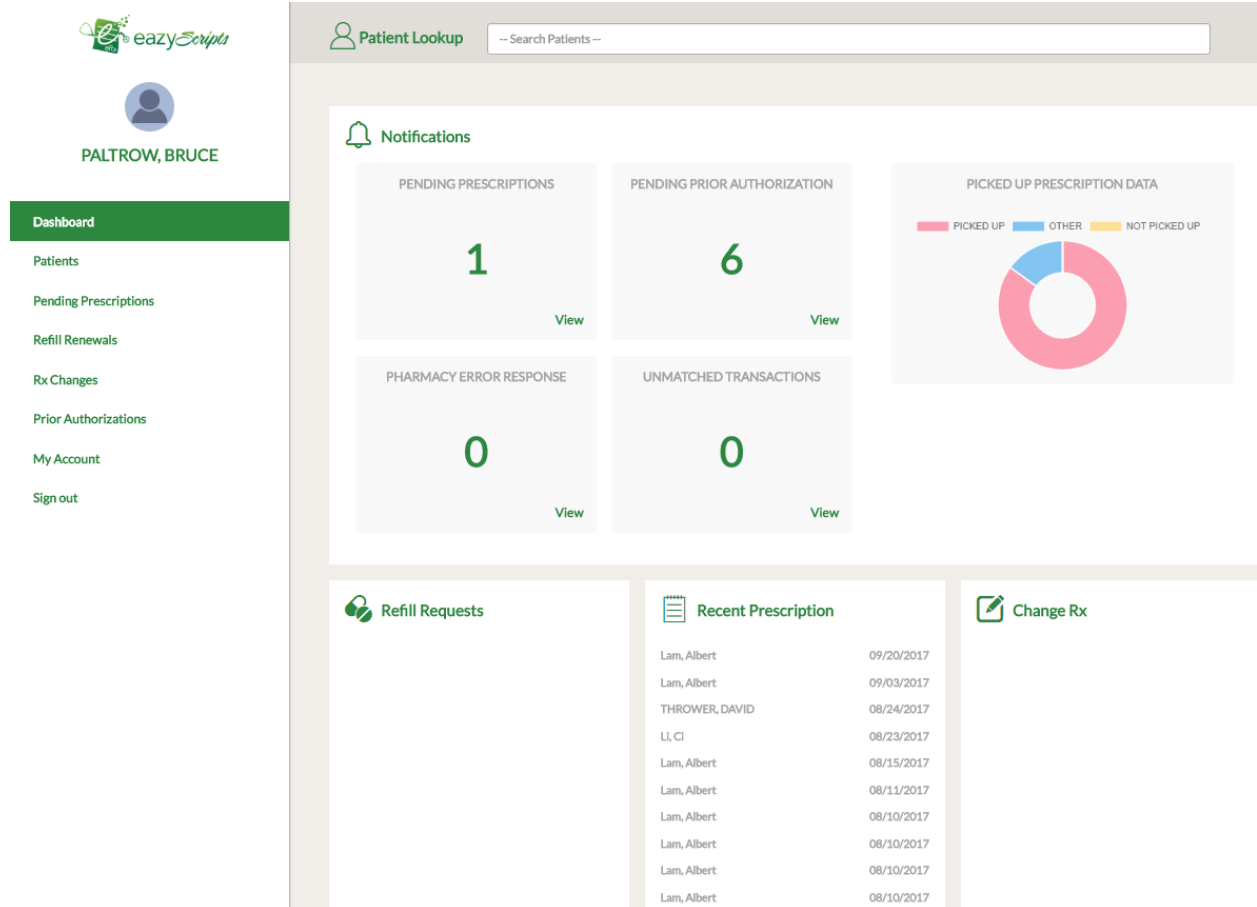


- Once both application fields are populated click the **Save**  button.

Doctor

'Doctor' is a user role that is given to a prescriber in eazyScripts. The Doctor has full authorization to prescribe new medications (with valid NPI), approve pending prescriptions, view patient and prescription data, and extract reports. Unlike the Administrator user level, the Doctor does not have the ability to create/maintain user roles. The following information will provide further details on the Doctor role, screen views, and processes.

Dashboard

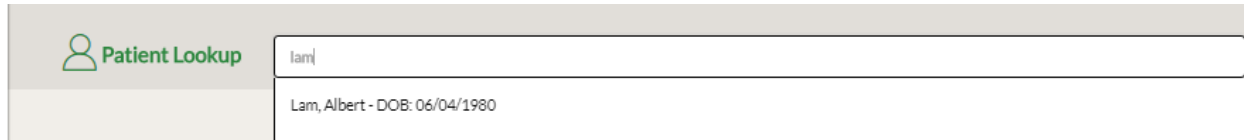


1. Upon logging in, the user will be sent to the **Dashboard**:
 - a. It can also be accessed by clicking on **Dashboard** in the left sidebar.
2. Under the **Notifications** section, there are several sections with important data.
 - a. The number of **Pending Prescriptions**
 - b. The number of **Pending Prior Authorizations**
 - c. The number of **Pharmacy Error Responses**
 - d. The number of **Unmatched Transactions**

If **View** **View** button is clicked the information for each section can be expanded for further details.

3. To the right, a chart (**Picked up Prescription Data**) displays statistics of patient prescriptions that have/have not been picked up.
4. **Refill Requests** displays any recent medication refills requested from patients.
5. **Recent Prescription** lists any prescriptions that the user has sent out most recently.
6. **Change Rx** lists any changes issued to existing medications.

Patient Lookup Search Bar

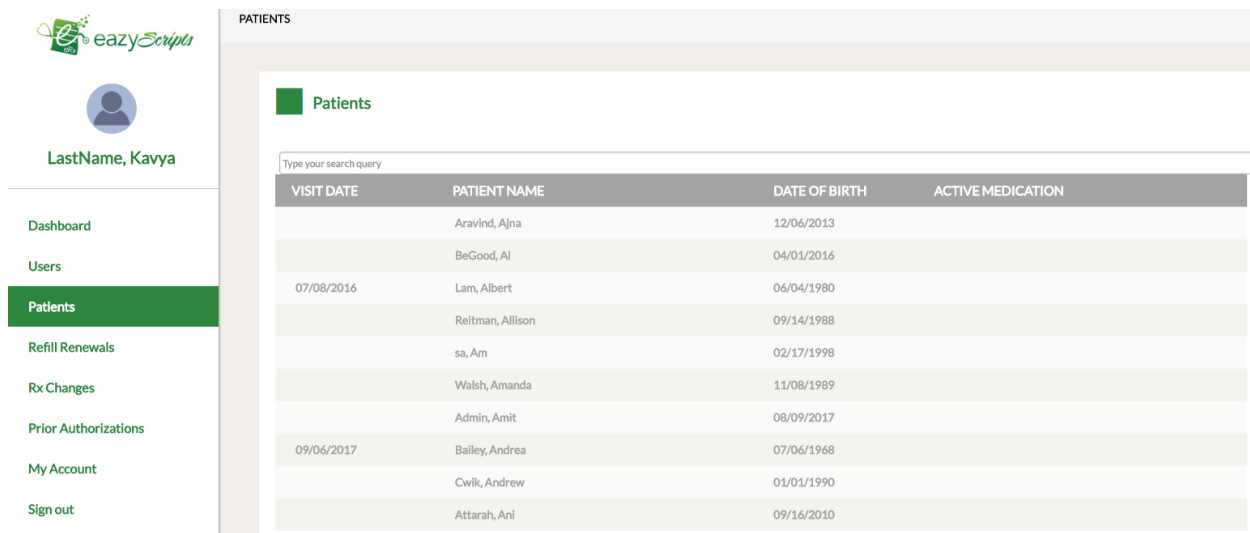


The screenshot shows a search bar with a person icon and the text "Patient Lookup". The search input field contains "lan". Below the input field, the search results display "Lam, Albert - DOB: 06/04/1980".

The **Search Bar** for **Patient Lookup** is active from every screen.

1. Specifies credentials such as patient name and date of birth.
2. Hit the enter key or click **Find Patient** to search.
3. Once a patient is found, click on their name to go to the patient profile.

Patients



The screenshot shows the "PATIENTS" page in the eazyScripts application. The left sidebar contains a navigation menu with options: Dashboard, Users, Patients (highlighted), Refill Renewals, Rx Changes, Prior Authorizations, My Account, and Sign out. The user's name "LastName, Kavya" is displayed above the menu. The main content area shows a "Patients" tab with a search bar and a table of patient records.

VISIT DATE	PATIENT NAME	DATE OF BIRTH	ACTIVE MEDICATION
	Aravind, Ajna	12/06/2013	
	BeGood, Al	04/01/2016	
07/08/2016	Lam, Albert	06/04/1980	
	Reitman, Allison	09/14/1988	
	sa, Am	02/17/1998	
	Walsh, Amanda	11/08/1989	
	Admin, Amit	08/09/2017	
09/06/2017	Bailey, Andrea	07/06/1968	
	Cwik, Andrew	01/01/1990	
	Attarah, Ani	09/16/2010	

1. Under the **Patient's** tab, all current patients are displayed with visit date, patient name, date of birth, and active medication.
 - b. Clicking on a patient name will take the user to the patient's profile page.

Demographic

EDIT

ADD/DELETE

Allergy

Allergen Group
*4-Aminoquinolines

Medication Name
*4 Way Saline Moisturizing
*Bactrim

Base Ingredient
*shellfish derived
*peanut

SHOW ELIGIBILITY
PRESCRIBE NEW RX

Lam, Albert

DOB: 06/04/1980
 Gender: Male
 Weight: 0
 Height: 0
 Address: 222 N Columbus Dr 123
 address2 123
 Chicago 123, NJ
 78945
 Phone: (630) 857-3955
 Email: member_2_stage@firststophealth.com

ADD/DELETE

SHOW ELIGIBILITY
PRESCRIBE NEW RX

Preferred Pharmacy

Medication Details

	Refill Rx	Change Rx	Med History Rx
●			
MEDICINE:	ADVIL 200 MG CAPLET		
QUANTITY:	2		
SUBSTITUTION	No		
ALLOWED:			
TOTAL FILLS:	1		
PRESCRIBER:	PALTROW, BRUCE		
STATUS:	Active		

ADD/DELETE

SHOW ELIGIBILITY
PRESCRIBE NEW RX

- a. Under the **Demographic** section, patient information such as name, address, date of birth, gender, height, weight, gender identity, sexual orientation, preferred language, race and ethnicity, address, and phone number can be viewed.
- b. This can be updated with the **Edit** EDIT button.

 Demographic


EDIT




Rune, Jonathan

DOB: 01/06/1988
Gender: Male
Gender Identity: Identifies as Male.
Sexual Orientation: Straight or heterosexual.
Preferred Language: ENGLISH
Race and Ethnicity: SPANIARD
Weight: 180
Height: 6
Address: 205 North Michigan Avenue
Chicago, IL
60601
Phone: (123) 456-7890
Email: jonathanrune@eazyscripts.com


b. Update Patient Demographics

Each section can be expanded with the  buttons.

Note: all fields that are orange are **required** and therefore must be populated.



Edit User




Rune, Jonathan

- INFORMATION +
- RESET PASSWORD +
- PATIENT INFORMATION +
- HOME ADDRESS +
- WORK ADDRESS +
- PHONE NUMBERS +

Information

This is where the patient's basic information is entered.

INFORMATION
—



<p>Prefix</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="Prefix"/>	<p>First Name</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="Jonathan"/>
<p>Middle Name</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="Middle Name"/>	<p>Last Name</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="Rune"/>
<p>Suffix</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="Suffix"/>	<p>Email(Username)</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="jonathanrune@eazyscripts.com"/>
<p>Date of birth</p> <input style="width: 90%; border: 1px solid #ccc; padding: 5px;" type="text" value="06-Jan-1988"/>	<p>Gender</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Male ▼ </div>
<p>Weight</p> <div style="display: flex; align-items: center;"> <input style="width: 60%; border: 1px solid #ccc; padding: 5px;" type="text" value="180"/> <div style="margin: 0 10px;"> <p>Unit</p> <div style="border: 1px solid #ccc; padding: 2px 5px; display: flex; justify-content: space-between; align-items: center;"> Unit ▼ </div> </div> </div>	<p>Height(FEET + INCHES)</p> <div style="display: flex; align-items: center;"> <input style="width: 40%; border: 1px solid #ccc; padding: 5px;" type="text" value="6"/> <div style="margin: 0 10px;"> <p>+</p> </div> <input style="width: 40%; border: 1px solid #ccc; padding: 5px;" type="text" value="0"/> </div>

Save

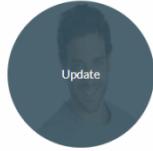
Hovering over and then clicking on the area where the patient's profile image is located allows the user to upload an image from a local hard drive.

Edit User



Rune, Jonathan

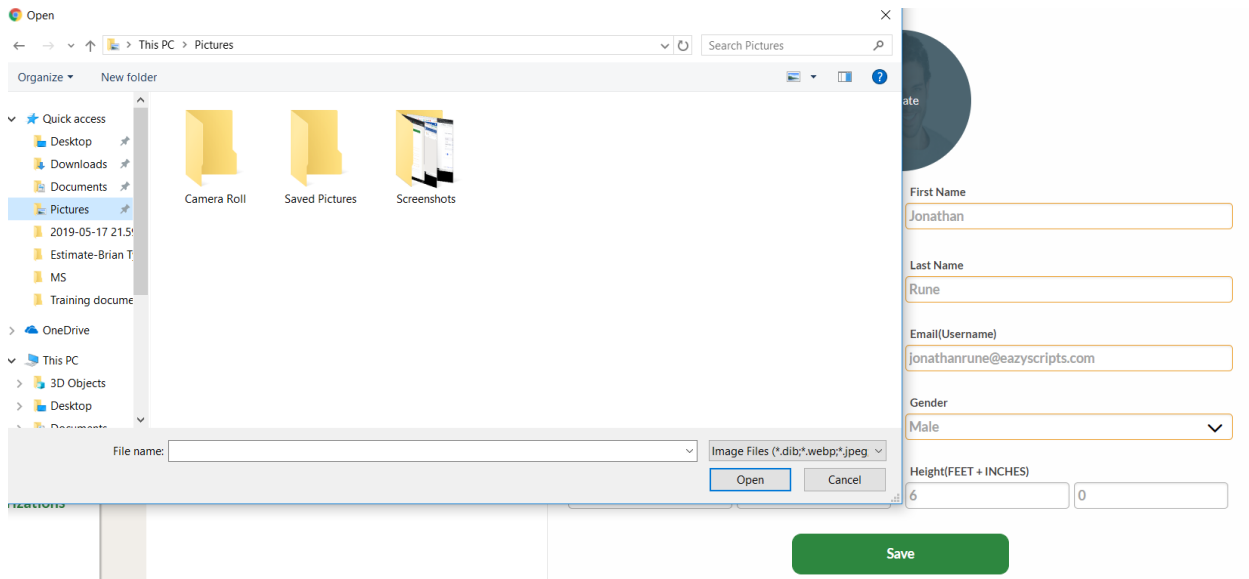
INFORMATION



Prefix <input type="text" value="Prefix"/>	First Name <input type="text" value="Jonathan"/>
Middle Name <input type="text" value="Middle Name"/>	Last Name <input type="text" value="Rune"/>
Suffix <input type="text" value="Suffix"/>	Email(Username) <input type="text" value="jonathanrune@eazyscripts.com"/>
Date of birth <input type="text" value="06-Jan-1988"/>	Gender <input type="text" value="Male"/>
Weight <input type="text" value="180"/> Unit <input type="text" value=""/>	Height(FEET + INCHES) <input type="text" value="6"/> <input type="text" value="0"/>

Save

Once the image is clicked the below box will appear to navigate to the desired image.



Reset Password

RESET PASSWORD

New Password

Confirm New Password

Reset Password

User levels of admins, doctors, and staff have the ability to change their passwords with this method. The reset password feature is not currently available for patients.

Patient Information

This is the area where consent and additional patient information can be added.

The patient **Consent** field pertains to a patient's permission for their medication history to be shared with their provider.

The **SMS Consent** field is in regards to patient permission to receive SMS texts alerting them of an available prescription coupon or a discount through their Prescription Savings Card. If consent is set to yes, the patient will receive these text messages.

PATIENT INFORMATION

Consent
Yes

SMS Consent
Yes

Gender Identity
Identifies as Male.

Sexual Orientation
Straight or heterosexual.

Preferred Language
ENGLISH

Race And Ethnicity
SPANIARD

Second Race And Ethnicity (Optional)
Second Race And Ethnicity ... Type to filter

Save

Home/Work Address

This is the area where patient addresses are added. The patient's home address is entered here. If a patient's work address is their home address, or if they do not have a work address, the work address section should reflect the home address section.

HOME ADDRESS

Address 1

205 North Michigan Avenue

Address 2(Optional)

Address 2(Optional)

City

Chicago

State

IL

Country

USA

Zip code

60601

Save

WORK ADDRESS

Address 1

205 North Michigan Avenue

Address 2(Optional)

Address 2(Optional)

City

Chicago

State

IL

Country

USA

Zip code

60601

Save

Phone Numbers

This is the area where patient phone numbers are added. Similar to the address section, a work phone number is required, but should reflect the home phone number if the patient works from home or doesn't have a work phone number.

There is an optional field for a patient to give the provider their mobile number. This number is also required if a patient has consented to SMS messages.

PHONE NUMBERS

Home Number

Home Ext

Work Number

Work Ext

Mobile Number

Save

Preferred Pharmacy

This section is where all of the pharmacies that the patient prefers to visit are displayed.

Preferred Pharmacy

ADD/DELETE

1 - CA CA Pharmacy Store 10.6, 1313-A S. Harbor Boulevard

- a. These can be edited with the **Add/Delete**  button directly to the right.

Pharmacies Details



 1 - CA CA Pharmacy Store 10.6, 1313-A S. Harbor Boulevard

Problem List

In this section, current or ongoing health issues/injuries/illnesses that prescribers should be aware of are added and displayed here.

Problem List

ADD/DELETE

1 - Stress

ADD/DELETE

- a. To add a new problem, click the button.
- b. Search for the problem.

Problem Lists Details

Search Problem Lists




- c. Select the desired option from the drop down list results.

Problem Lists Details

- Migraine
- Migraine
- Migraine
- Migraine (disorder)
- Migraine (disorder)
- Migraine - menstrual

- d. Click the  button and then the  button.

Problem Lists Details



Problem Lists Details

 1 - Migraine



- e. This will now appear on the patient's profile under the **Problem List** section.



CROSS, DAVID

DOB: 09/10/1972
Gender: Male
Weight: 0
Height: 0
Address: 6785 LAUGHALOT LANE
TRENTON, NJ
08608
Phone: (765) 432-1908
Email: david@paradigmerx.com

Preferred Pharmacy

ADD/DELETE

- 1 - CA CA Pharmacy Store 10.6, 1313-A S. Harbor Boulevard
- 2 - TX TX Pharmacy Store 10.6, 3001 Alamo Plaza

Problem List


ADD/DELETE

- 1 - Migraine

Amendment

ADD AMENDMENT

If a problem is no longer existing for a patient, it can be deleted and automatically stored in the **Problem List History** with the report date and removal dated recorded.

f. To delete a current problem, click the  button.

g. Click the trash can icon to delete a problem.

Problem Lists Details

Search Problem Lists 


 1 - Stress

h. Click  .

Problem Lists Details

Search Problem Lists 



i. To view the updated history, click  button.

Problem Lists Details

Problem List History

TERM	REPORT DATE	REMOVAL DATE
Stress	02/13/2018	02/13/2018

Allergy

The allergy section displays allergen groups, allergies to specific medications, and base ingredients to which the patient is known to be allergic.

Allergy

ADD/DELETE

Allergen Group

*4-Aminoquinolines

Medication Name

*4 Way Saline Moisturizing

*Bactrim

Base Ingredient

*shellfish derived

*peanut

ADD/DELETE

- c. To add a new allergy, click the **ADD/DELETE** button.
- d. Search for the allergy.

Allergies Details

- e. Once the allergy has been selected, two more fields will appear: Severity and Reaction.

Allergies Details

Severity

Reaction

- f. Select Severity from, Mild, Moderate and Severe.

Severity is related to the reaction that the patient has with this allergy.

Example: Severity - Severe, Reaction – Difficulty Breathing

- g. Next, add the type of reaction.

Allergies Details

Severity

Choose Severity

- Mild
- Moderate
- Severe

Add

Allergies Details

Severity



Severe

Reaction

Difficulty Breathing

Add

Add

- h. When these fields satisfy the patient's needs, click the  button, and then click the  button to save this information to the patient's profile.
- i. Now the Allergy section displays the allergy, severity, and reaction.

Allergy

ADD/DELETE

Allergen Group

*4-Aminoquinolines

Report Date: 01/25/2016

Medication Name

*Advil

Severity : Severe

Reaction : Difficulty Breathing

Report Date: 02/13/2018

*Acerflex

Report Date: 04/29/2016

Base Ingredient

- j. If an allergy is no longer existing for a patient, it can be deleted and automatically stored under Allergy List History with the report date and removal date recorded.
- k. To delete a current allergy, click the **ADD/DELETE** button.

Allergies Details

--Search Allergy--



Allergen Group

 4-Aminoquinolines

Medication Name

 Advil

 Acerflex

Base Ingredient

- l. Click the trash can icon to remove an allergy.

Allergies Details

Allergen Group

Medication Name

-  Advil
-  Acerflex

Base Ingredient

Submit Changes

m. Click the  button

Allergy

ADD/DELETE

Allergen Group


Medication Name

*Advil Report Date: 02/13/2018
Severity : Severe
Reaction : Difficulty Breathing

*Acerflex Report Date: 04/29/2016

Base Ingredient

ADD/DELETE

n. To view the updated allergy history, click the  button.

Allergies Details

Allergen Group

Medication Name

-  Advil
-  Acerflex

Base Ingredient

Allergy History

NAME	TYPE	REPORT DATE	REMOVAL DATE
4-Aminoquinolines	Allergen Group	01/25/2016	02/13/2018

Amendment

This section allows a prescriber to record a patient’s request of an amendment to his/her medical record. The prescriber has the ability to approve or deny these requests, but all requests should be documented even if the request is denied.

Examples include:

- During an executive physical examination, a physician asks the patient how many alcoholic drinks he has in a day. Because the patient does not drink every day, he responds that he has about five drinks each week. The physician incorrectly documents “ETOH: 5/day.” Subsequent healthcare providers who have received copies of the physical examination refer to the patient’s “daily” alcohol intake. The patient eventually identifies the source of the confusion and requests an amendment to the medical record.
- A patient returning for follow-up of back strain due to gardening now insists that the original injury occurred at work and wants the prior visit note changed.

Amendment

ADD AMENDMENT

Change of Notes

Patient has requested that in the notes we change that he indeed does suffer from a mental disorder

Result: **Approved**

By : Martin, Chris

Date : 12/21/2017


Change of Name

Patient wants to change name to Jesus because he believes he is Jesus.

Result: **Denied**

By : Martin, Chris

Date : 12/21/2017

- a. To add a new amendment, click the  button.
- b. A box will appear with three fields, "Reason", an area for notes, and "Result".

Create Amendment

Reason

Write a note

Result

- c. Fill out all fields. The Result field will contain the approval or denial decision.

Create Amendment

Reason

Patient states that the record of 5 drinks per day is incorrect, and should be 5 drinks a week.

This was a mistake on the behalf of the provider when inputting the information initially. This will be accepted to update with correct details.

Result

Accepted

Cancel
Save

d. Click the  button.

Amendment

ADD AMENDMENT

Patient states that the record of 5 drinks per day is incorrect, and should be 5 drinks a week.

This was a mistake on the behalf of the provider when inputting the information initially. This will be accepted to update with correct details.

Result: **Approved**

By : Martin, Chris

Date : 02/13/2018

Change of Notes

Patient has requested that in the notes we change that he indeed does suffer from a mental disorder

Result: **Approved**

By : Martin, Chris

Date : 12/21/2017

Change of Name

Patient wants to change name to Jesus because he believes he is Jesus.

Result: **Denied**

By : Martin, Chris

Date : 12/21/2017

Medication Details

This section contains four tabs: Active Medications; Refill Rx; Change Rx; Med History Rx; and PDMP.

Medication Details

PRESCRIBE ORDER SETS

ADD MEDICATION MANUALLY

SHOW ELIGIBILITY

PRESCRIBE NEW RX

Active Medications

Refill Requests

Change Requests

Medication History

PDMP

MEDICINE: Advil 200 mg tablet [24 Tablet/pkg]
 QUANTITY: 1
 SUBSTITUTION ALLOWED: No
 TOTAL FILLS: PRN
 PRESCRIBER: 5.1, Release
 STATUS: Active

DETAILS

MAKE INACTIVE

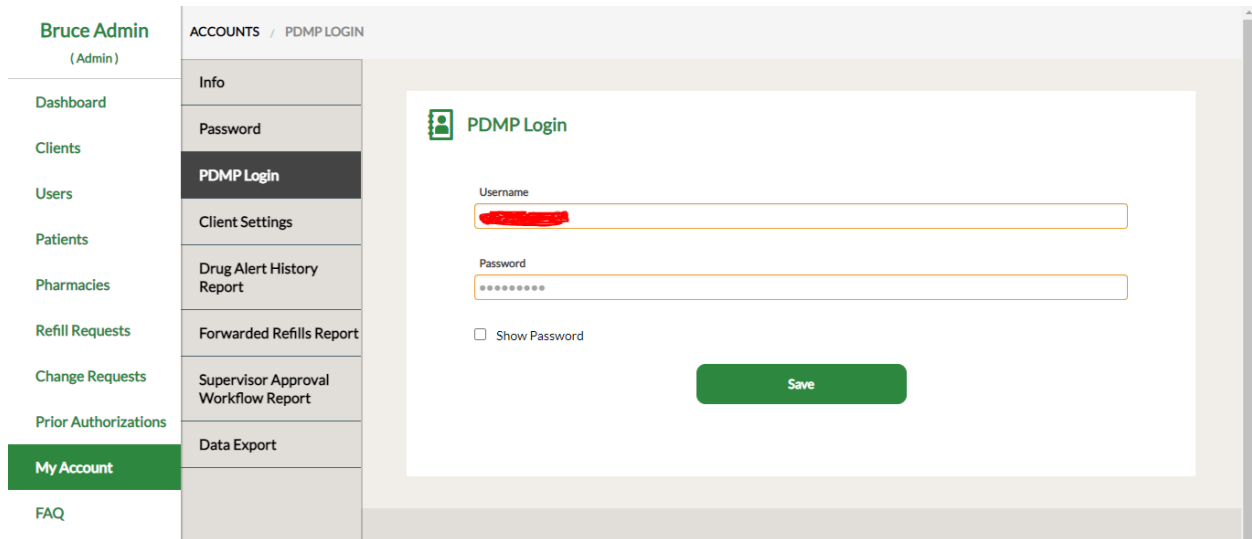
CANCEL


Previous Visits:

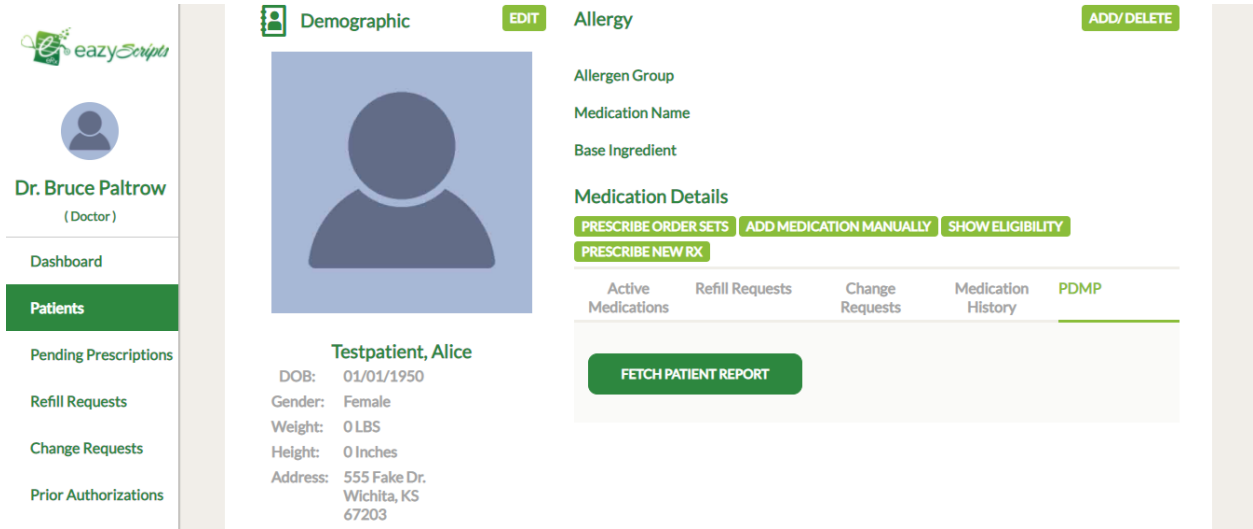
12/01/2021 12:48 PM

- a. **Active Medication** – Displays the current medications the patient is actively taking, as well as the quantity and status (whether the pharmacist has filled the order, or if it is pending).
 - i. **Details:** Allows the prescriber to further view information of the prescription.
 - ii. **Make Inactive:** Flags prescription as inactive in eazyScripts, and will no longer appear under Active Medications.
 - iii. **Cancel:** Sends a cancellation to the pharmacy.

- b. **Refill Rx** and **Change Rx** provide similar functions for instances of refilling or changing an existing patient’s medication.
- c. **Med History Rx** lists all previous medications and when they were prescribed. Note: The patient must have their consent set to “YES” to be able to see their medication history (this is in the patient demographics under Patient Information).
- d. **PDMP**
 - a. Setting Up PDMP



- b. To ensure that PDMP will work in the selected subdomain, login as a subdomain Admin.
- c. On the side tab select “My Account” category
- d. Select the subtab “PDMP Login”
- e. Insert the registered Username and Password, used when setting up PDMP, and click Save button 
- f. Operating PDMP



Demographic EDIT

Allergy ADD/DELETE

Allergen Group
Medication Name
Base Ingredient

Medication Details

PRESCRIBE ORDER SETS ADD MEDICATION MANUALLY SHOW ELIGIBILITY
PRESCRIBE NEW RX

Active Medications Refill Requests Change Requests Medication History **PDMP**

FETCH PATIENT REPORT

Testpatient, Alice
DOB: 01/01/1950
Gender: Female
Weight: 0 LBS
Height: 0 Inches
Address: 555 Fake Dr.
Wichita, KS
67203

- g. Once credentials have been saved in the Admin account, Doctors can log in to the eazyScripts platform.
- h. Find the selected Patient that is wished to be searched upon.

PDMP

- i. Under “Medication Details” Category, click PDMP

FETCH PATIENT REPORT

- j. Click the “Fetch Patient Report” Button
- k. The report below will show all prior patient information regarding PDMP

ALICE TESTPATIENT

Age: 71

Data as of: 12/16/2021

Status of States Queried | [View Details](#)

+ Demographics

- Summary

Summary	Narcotics* (excluding Buprenorphine)	Buprenorphine*
Total Prescriptions: 0	Current Qty: 0	Current Qty: 0
Total Prescribers: 0	Current MME/day: 0.00	Current mg/day: 0.00
Total Pharmacies: 0	30 Day Avg MME/day: 0.00	30 Day Avg mg/day: 0.00

- Prescriptions

Prescriptions
 Total Prescriptions: 0
 Total Private Pay: 0

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose*	Pymt Type	PMP
←												

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. mg = dose in milligrams.

Providers
 Total Providers: 0

Name	Address	City	State	Zipcode	Phone
←					

Pharmacies
 Total Pharmacies: 0

Name	Address	City	State	Zipcode	Phone
←					

Medication Details

[SHOW ELIGIBILITY](#)
[PRESCRIBE NEW RX](#)

Active Medications
Refill Rx
Change Rx
Med History Rx

GET LATEST MEDHISTORY


SELECT MEDHISTORY TYPE

▼

DRUG DISPENSED	NDC	LAST FILL DATE	
AMITRIPTYLINE/CHLORDIAZEPOXIDE ORAL TABLET 25-10MG	00364215801	07/01/2017	Show
VICODIN ES 7.5MG-750MG TABLET	00074197354	08/11/2017	Show
CRESTOR 10 MG TABLET	54868496303	07/01/2017	Show

DISCLAIMER:

Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

- i. The **Get Latest Medhistory**  button pulls the most recent medication history of the patient.


- ii. **Select Medhistory Type** dropdown list allows the user to view specific drug history. A user may return to viewing all drug history simultaneously by selecting “All Merged” from the dropdown list.


SELECT MEDHISTORY TYPE ▼

- PBM MedHistory
- Pharmacy Fill Data
- My Own Prescribed
- All Merged

Show Eligibility

The **SHOW ELIGIBILITY** button will direct the user to information containing the patient's insurance company and insurance plan. Once the check eligibility step is completed, a new button will appear, **Prescribe New Rx**.

 **Demographic**



Lam, Albert

DOB: 06/04/1980
 Gender: Male
 Weight: 0
 Height: 0
 Address: 222 N Columbus Dr 123
 address2 123
 Chicago 123, NJ
 78945
 Phone: (630) 857-3955
 Email: member_2_stage@firststophealth.com

Patient Eligibility, Coverage or Benefit Information

Insurance company & Plan:

PBM/PAYER:	PBM PARTICIPANT ID:
COVERMYMEDS	T00000000021633
PLAN NAME:	PLAN STATUS:
	INACTIVE (NON-COVERED)
CUSTOMER IDENTIFICATION NUMBER:	PHARMACY COVERAGE:
VV%PBMF0011111%BBB22223333%RRID33337777%MBZZ44444444%3210	

Subscriber Demographics:

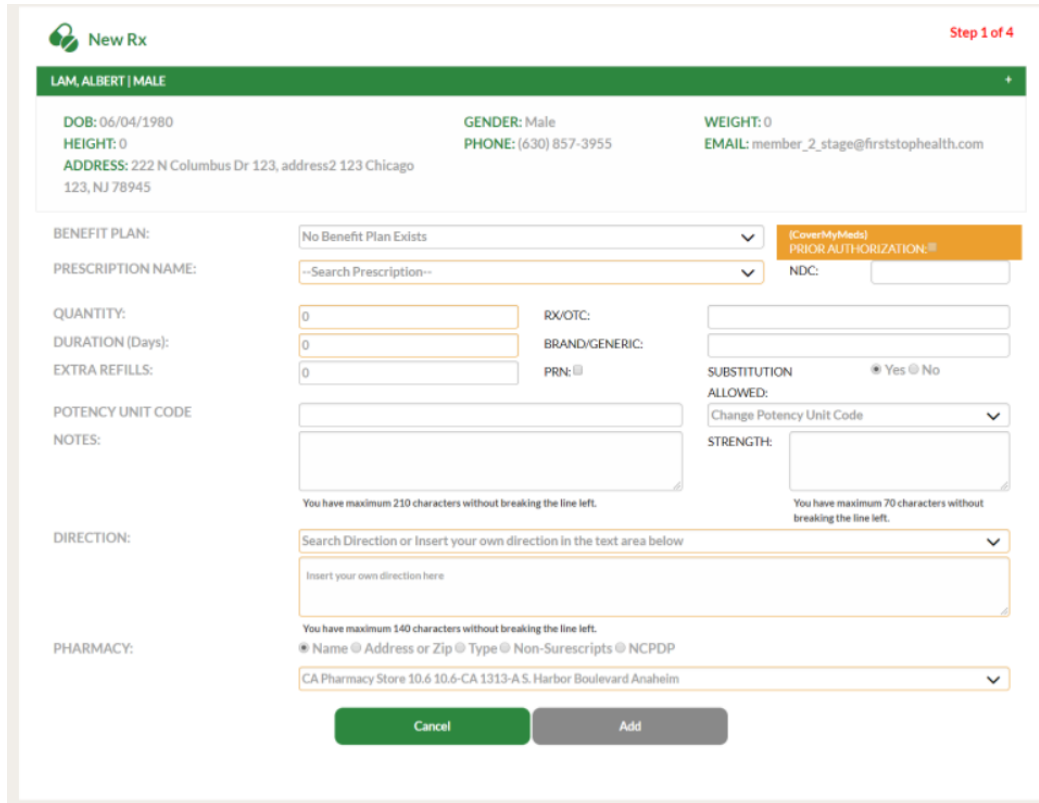
SUFFIX:	FIRST NAME:
MIDDLE NAME:	LAST NAME:
GENDER:	DOB:
UN KNOWN	01/01/0001
ADDRESS:	



[Prescribe New Rx](#)

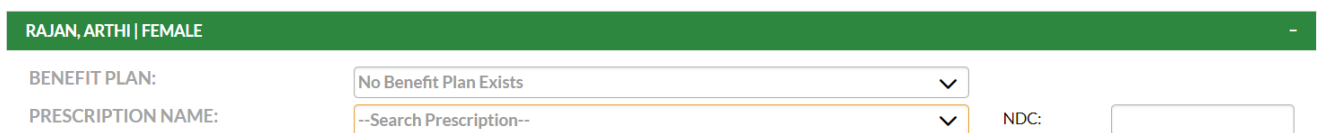
Prescribe New Rx – As Prescriber

- The **Prescribe New Rx** [PRESCRIBE NEW RX](#) button will open the **New Rx** window. This button is available based on the Patient Eligibility screen or on the patient profile next to the Show Eligibility button.

Note: If the **Prescribe New Rx** [PRESCRIBE NEW RX](#) button is not available, the patient's eligibility must be checked by clicking on the **Check Eligibility** [CHECK ELIGIBILITY](#) button. Patient eligibility is a SureScripts requirement prior to writing a new Rx.



- a. The New Rx window requires information related to the new prescription, such as refills needed, duration of treatment, strength of the drug, chosen pharmacy, patient instructions, and any relevant notes to the pharmacist.
 - b. **Save**  button will save the prescription in prescriber's queue, while **Cancel**  button cancels the prescription.
2. The top of the New Rx window displays patient demographics, Benefit Plan, and other details.
 3. **Choose Benefit Plan:** When no Benefit Plan exists, the Benefit Plan field will display the message "No Benefit Plan Exists".



4. Populate the 'Prescription Name' field with the medication being prescribed. The desired drug can be selected by one of two ways:
 - a. Typing the medication name into the Prescription Name field, pressing enter and then choosing an option from the resulting drop down list.

- b. Typing the medication name into the Prescription Name field, clicking on the search icon, and finally choosing an option from the drop down list.
 - c. Note: The drop down list and its search capabilities will not function if the Prescription Name field is left completely empty.
5. The NDC will be populated based on the contents of the Prescription Name field.

BENEFIT PLAN: PRIOR AUTHORIZATION:

PRESCRIPTION NAME: NDC:

- 6. Define **Quantity**.
- 7. **Duration** (in days) of the treatment is specified, as well as the quantity of the medication.
- 8. A number of **extra refills** can be specified.
 - a. The maximum number of refills allowed is 99.
- 9. **Potency Unit Code** will be populated based on **Prescription Name**.
- 10. **RX/OTC** will be populated based on **Prescription Name**.
- 11. **Brand/Generic** will be populated based on **Prescription Name**.
- 12. **PRN**: Check this if, it is an "as needed medication".
- 13. Define if **Substitution** is allowed or not.
- 14. Add **Notes** for the Pharmacist in the designated field.
- 15. Define the **Directions** of the prescription for the patient to follow.

QUANTITY: RX/OTC:

DURATION: BRAND/GENERIC:

EXTRA REFILLS: PRN: SUBSTITUTION ALLOWED: Yes No

POTENCY UNIT CODE: Change Potency Unit Code

NOTES: STRENGTH:





Enter maximum 210 characters without breaking the line. Enter maximum 70 characters without breaking the line.


DIRECTION:

- 16. Choose the desired **Pharmacy** using the Pharmacy field. This drop down menu functions similar to that of the Prescription Name field.
 - a. The user can choose a pharmacy based on name, address, zip, type, NCPDP, or a pharmacy not listed by SureScripts.

- b. Note: If you want to change pharmacies after you have already chosen one, clear your current selection, and perform a new search.
- c. When searching for a pharmacy users have the ability to insert data in each of the categories in the image below or just one depending on the information they have. The more data inserted, the more refined the search results will be.




24-Hr
 EPCS


17. Clicking the **Save**  button will bring up the next confirmation screen.
- a. The **Add More**  button allows the user to add another prescription.
 - b. The **Next**  button brings the user to a confirmation screen summarizing the newly created prescription(s).
 - c. The **Cancel**  button cancels the newly created prescription(s).

 **New Rx**
Step 2 of 4

Added Medicine

Prescription Name	NDC	✎	🗑
LIPITOR 80 MG TABLET	58864083430	✎	🗑

18. Click the Next  button to proceed to the Step 3 summary screen.

At this screen you are also able to add diagnoses in the field labeled “Primary Diagnoses”, however this is optional.

ATIENTS / CROSS, DAVID / PRESCRIPTION

New Rx Step 3 of 4

Primary Diagnosis
Search Primary Diagnosis

Prescriber
Dr Martin
 250 N. Columbus,
 San Francisco, CA, 94102
Martin, Chris
 Phone: (628) 796-7893 Fax: (628) 796-7893
 NPI: 4305723163

DEA Number
BE3225416


EDIT **SUBMIT**

Patient Demographics

NAME	DOB	GENDER
MR. CROSS, DAVID	09/10/1972	MALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (WORK): PHONE NUMBER (PERSONAL): (787) 653-4590	6785 LAUGHALOT LANE, TRENTON, NJ 08608	

Pharmacy Details

STORE NAME	ADDRESS	NCPDPID
CA PHARMACY STORE 10.6	1313-A S. HARBOR BOULEVARD, ANAHEIM, CA 92804	9900118
Phone	Fax	NPI
(714) 212-1113	(714) 113-2224	1234567893

19. Click the **Submit**  button to save the order to the prescriber’s queue for approval.

New Rx Step 4 of 4

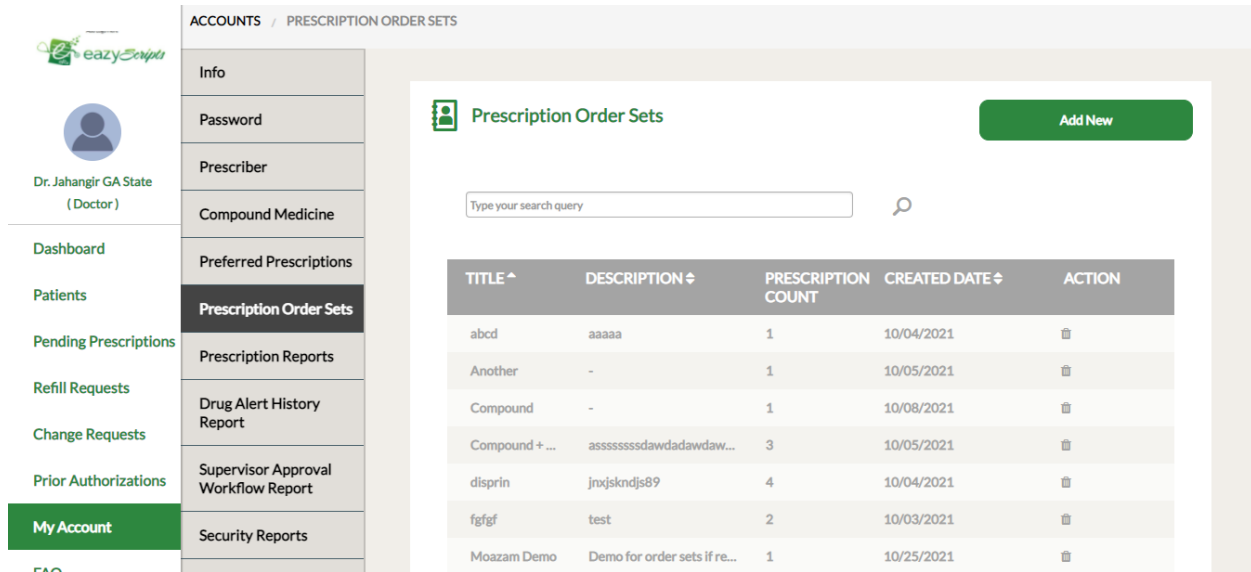
New Rx Submission Status

MEDICINE NAME: LIPITOR 80 MG TABLET
 RESULT: PRESCRIPTION SUBMITTED TO PRESCRIBER SUCCESSFULLY.

RETURN

Prescription Order Sets

My Account - Prescription Order Sets



ACCOUNTS / PRESCRIPTION ORDER SETS

Info
Password
Prescriber
Compound Medicine
Preferred Prescriptions
Prescription Order Sets
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports

Dr. Jahangir GA State (Doctor)

Dashboard
Patients
Pending Prescriptions
Refill Requests
Change Requests
Prior Authorizations
My Account

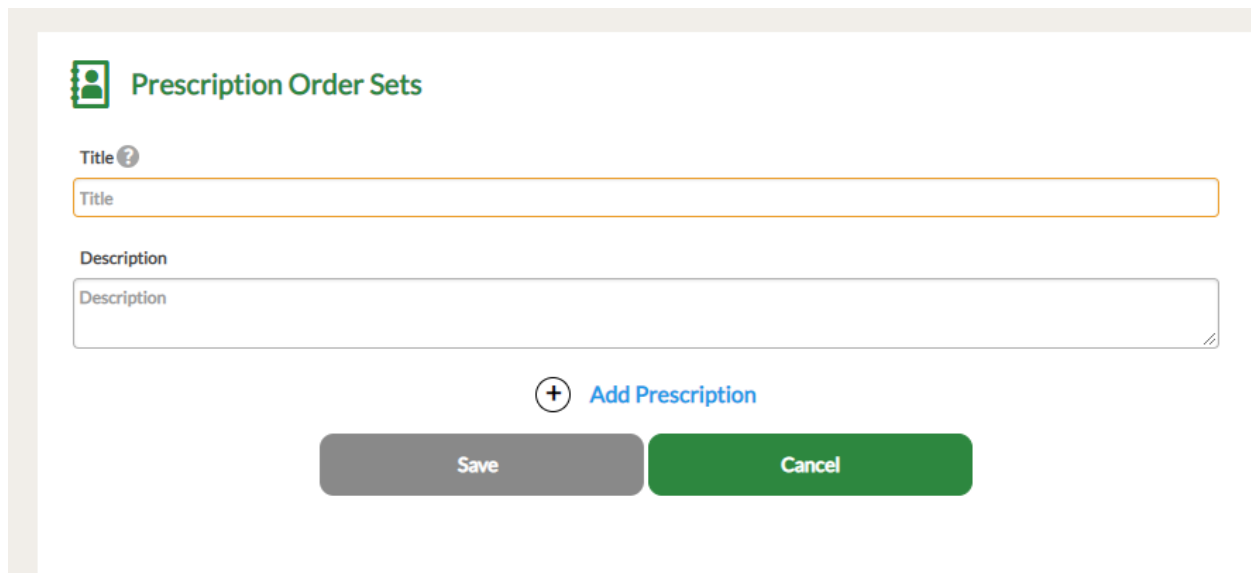
Prescription Order Sets Add New

Type your search query

TITLE ^	DESCRIPTION ⇅	PRESCRIPTION COUNT	CREATED DATE ⇅	ACTION
abcd	aaaaa	1	10/04/2021	🗑️
Another	-	1	10/05/2021	🗑️
Compound	-	1	10/08/2021	🗑️
Compound + ...	asssssssdawdadawdaw...	3	10/05/2021	🗑️
disprin	jrxjskndjs89	4	10/04/2021	🗑️
fgfgf	test	2	10/03/2021	🗑️
Moazzam Demo	Demo for order sets if re...	1	10/25/2021	🗑️

1. Located in the My Account's tab as a prescriber is the subtab "Prescription Order Sets"
 - a. In this section prescribers can Add, Edit or Delete Prescription Order Sets if they see fit

2. To Add a new Order Set, click the **ADD NEW** button  on the top right corner.



Prescription Order Sets

Title ?


Title

Description

Description

+ Add Prescription


Save Cancel

- a. A required Title and optional Description text boxes are shown and underneath is an **Add Prescription**  **Add Prescription**

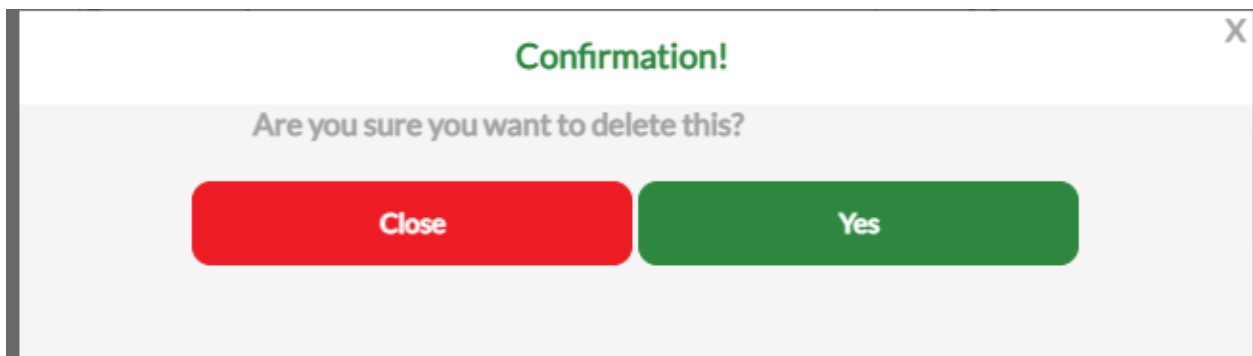
- b. When the Add Prescription button is clicked, the prescriber will see a visual similar to the prescribing new rx, where they can fill out one of the prescription they would like to add to the Order Set
- c. Continuing adding prescriptions that are desired and once satisfied, click the

Save button  to have this as a saved Order Set.

- 3. To Edit an existing Order Set, click under the Title or Description of the Order Set.
 - a. Once clicked the screen will look exactly like it did for Add new Order Set, where prescriber may change anything they wish, even deleting prescription(s) if that is what they want.
 - b. If satisfied with the changes that were made, prescriber can click the **Save** button

 and can continue editing other Order Sets.

- 4. To Delete an existing Order Set, click the **Trash Can** button  located in the Action column.












- a. A pop up screen will appear prompting the prescriber to confirm that they wish to delete the selected Order Set or cancel the decision.

Prescription Order Sets - Prescribing to a Patient

- 1. Find the patient you wish to prescribe an Orderset.
- 2. Once at the patient profile page, click the **PRESCRIBE ORDER SETS** button



- a. Find an existing Order Set to prescribe or create a new one (following the steps from Add New Order Set) and click the **PRESCRIBE** button 
- b. The following screen will display all major information regarding each prescription in the Order Set, prescribers now have the ability to add, edit or delete individual prescriptions, prescribers can even add a completely separate Order Set to add to the existing Order Set.

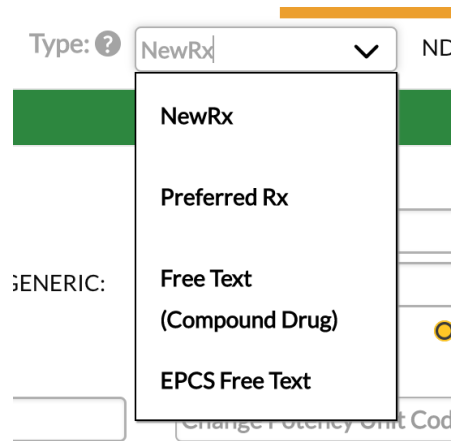
- i. To ADD another prescription, click the **ADD MORE** button . The prescriber will be taken to the Step 1 of 4 screen that exists in the prescribe RX action. Once added, click the **ADD** button  and take back to screen 2 of 4.
 - ii. To EDIT a prescription, click the **Notepad** button . The prescriber will be taken to the Step 1 of 4 screen that exists in the prescribe RX action. Once edited, click the **ADD** button  and take back to screen 2 of 4.
 - iii. To DELETE a prescription, click the **Trash Can** button . NOTE: there will NOT be a screen asking to confirm deletion. Make sure when deleting a confident decision is made.
 - iv. To ADD another Order Set, click the **ADD ANOTHER ORDER SET** button . The prescriber will be taken back to the original prescribing order set page, where they can choose which order set they wish to add. Click the Prescribe button [insert]. The following screen will be screen 2 of 4 with the new order set added to the collection of order sets.
- c. If all prescriptions have been properly validated and not other prescriptions are added, click the **NEXT** button 
- i. If some prescriptions need to be validated, a screen will pop up prompting the prescriber to make sure proper judgment has been made.
- d. The following screens will be similar to Screen 3 of 4 and Screen 4 of 4 of prescribing an rx, where the prescriber will give a final review of all the prescriptions in the order set(s). If satisfied, click the **SUBMIT ALL** button 

Prescribing Compound Medications

Compound medications are created during the New Rx process by clicking the Prescribe New Rx button **PRESCRIBE NEW RX** on a patient's profile page under the Medication Details section.

Step 1

1. Navigate to the desired patient.
2. Click Prescribe New Rx **PRESCRIBE NEW RX** and proceed to Step 1 of the New Rx process.
3. Under the Type dropdown box select either Free Text (Compound Drug) or EPCS Free Text.



4. Complete all orange highlighted fields as required.
5. Type the name of the medication and its drug components into the Prescription Name field.

PRESCRIPTION NAME:

Note: After a compound medication is created during the New Rx process, it becomes searchable in the Prescription Name field.

6. Enter in the Quantity, and add the Duration if desired.
7. In the Notes section, again enter the medication name and its drug components.

NOTES:

Magic Mouthwash; Diphenhydramine 12.5mg/5mL, Viscous lidocaine 2%, Maalox 1 part

You have maximum 130 characters without breaking the line left.

8. Use the Change Potency Unit Code dropdown to include the correct potency unit.

▼
Change Potency Unit Code

Blister

Capsule

Film

Gram

Gum

Implant

9. Enter the desired patient directions into the Directions field. These instructions will appear on the bottle.

DIRECTIONS: ? ▼

Gently wash with 20mL twice daily.

Gently wash with 20mL twice daily.


You have maximum 965 characters without breaking the line left and total count is 34.

10. Ensure the Pharmacy field is completed.

11. Click Add Add at the bottom of the page to proceed to Step 2.

Step 2

1. Review the prescription on Step 2. You have the options to cancel the prescription, add an additional prescription, and edit the prescription.


New Rx

Step 2 of 4

Added Medicine

CANCEL


Prescription Name	Pharmacy	PUC	QTY.	DAYS	REFILL	SUB
MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART	NYC Pharmacy Store 10.6	MILLILITER	1	0	0	YES
Notes: Magic Mouthwash; Diphenhydramine 12.5mg/5mL, Viscous lidocaine 2%, Maalox 1 part Directions: Gently wash with 20mL twice daily.						

PDMP REPORT
CANCEL
ADD MORE
NEXT

- If all is satisfactory, click Next **NEXT** to continue to Step 3.

Step 3

- Review and confirm patient information.
- Choose a Primary Diagnosis if desired.
- Ensure Prescriber Location and DEA Number are correct. Note: A DEA Number is only required if the compound medication includes a controlled substance.

 **New Rx**

Step 3 of 4

Primary Diagnosis

Search Primary Diagnosis ▼

Prescriber

New Clinic

123 address lane,
Chicago, IL,60654

Mr. Paltrow, Bruce

Phone: (888) 691-7867 Fax: (773) 404-9887
NPI: 1245319599

Prescriber Location

New Clinic (123 address lane , Chicago) ▼

DEA Number

VJ1234987 (KS) ▼

Patient Demographics

NAME	DOB	GENDER
WENTA, MEREDYTH	02/19/1996	FEMALE
Height	Weight	
0 INCHES	0 LBS	
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (PERSONAL): (856) 222-2343	5612 42ND ST, GREENFIELD, WI 53202	

EDIT

SUBMIT

- Review Prescription information. This includes Pharmacy Details and the Medication Prescribed.

Pharmacy Details		
STORE NAME	ADDRESS	NCPDPID
NYC PHARMACY STORE 10.6	3501 5TH AVE, NEW YORK, NY 10001	9900116
Phone	Fax	NPI
(752) 212-9995	(752) 919-2225	0123123123
Store Number		
Supervisor		
NOT SENT		
Medication Prescribed		
NAME	PRODUCT ID	REFILL
MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART		0
QUANTITY	POTENCY UNIT CODE	SUBSTITUTIONS
1	MILLILITER	TRUE
STRENGTH	DIRECTION	NOTES
	GENTLY WASH WITH 20ML TWICE DAILY.	MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART
DURATION	WRITTEN DATE	
	05/11/2022 01:11 PM CDT 05/11/2022 06:11 PM UTC	
Compound Information		
MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART		
PDMP REPORT EDIT PRINT SUBMIT		

- At the bottom of this screen you have the option to go back and edit the prescription, print a physical copy, or submit the prescription electronically.

Note: If you submit the prescription electronically, you cannot print a physical copy, and vice versa. If you would like to print a physical copy for patient records, this can be done from the patient's profile by clicking on Details under an active prescription.

- Click Submit SUBMIT to submit the prescription electronically.

Step 4

Confirm prescription submission.



Step 4 of 4

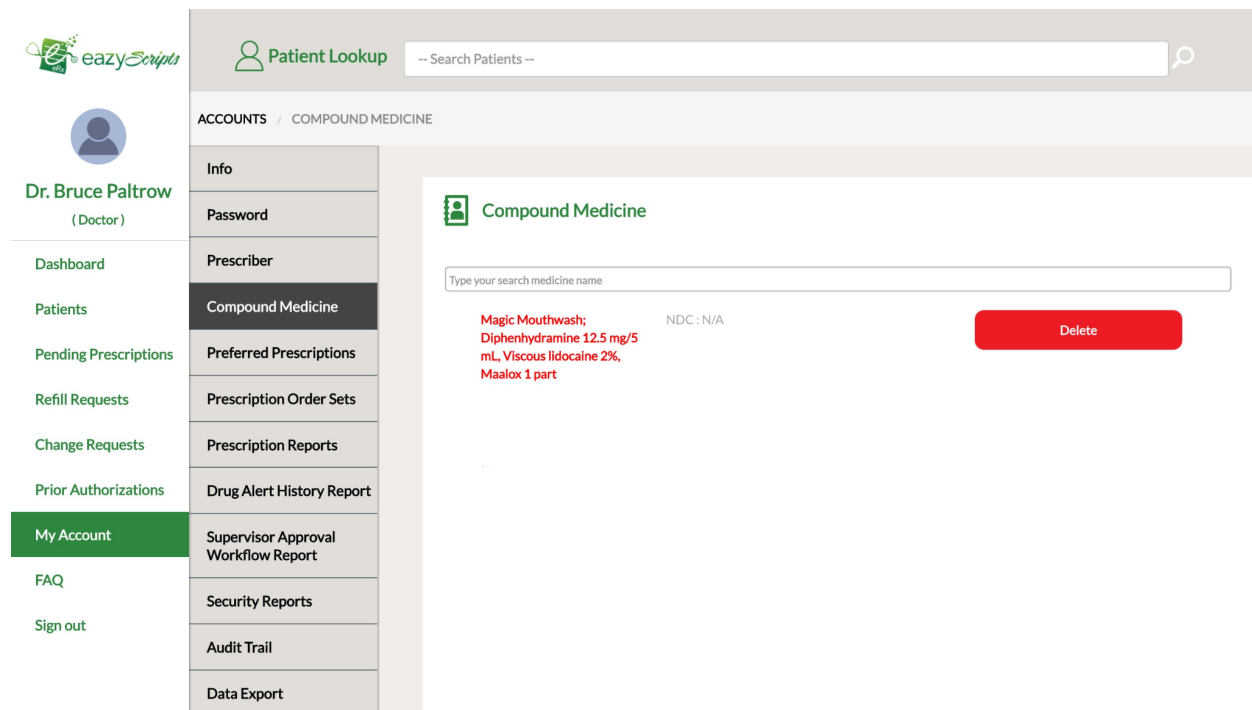
New Rx Submission Status

MEDICINE NAME: MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART
 RESULT: NEW RX SUBMITTED SUCCESSFULLY.

[RETURN](#)

My Account - Compound Medicine

Each created compound medication will automatically be added to the Compound Medicine tab under My Account, located in the left hand sidebar.




The screenshot shows the 'My Account' section of the eazyScripts application. On the left is a sidebar with a user profile for 'Dr. Bruce Paltrow (Doctor)' and various navigation links. The main content area is titled 'Compound Medicine' and features a search bar. Below the search bar, a single compound medication is listed with its name and a red 'Delete' button.

Navigation	Account Settings	Compound Medication
Dashboard	Info	Magic Mouthwash; Diphenhydramine 12.5 mg/5 mL, Viscous lidocaine 2%, Maalox 1 part
Patients	Password	NDC: N/A
Pending Prescriptions	Prescriber	Delete
Refill Requests	Compound Medicine	
Change Requests	Preferred Prescriptions	
Prior Authorizations	Prescription Order Sets	
My Account	Prescription Reports	
FAQ	Drug Alert History Report	
Sign out	Supervisor Approval Workflow Report	
	Security Reports	
	Audit Trail	
	Data Export	

Users can also delete compound medications from this tab. Deleting a compound medication from this tab will prevent them from being searchable in the Prescription Name field during the New Rx process.

My Account - Preferred Prescriptions - Compound Medicine


Compound medications can also be added to the Preferred Prescriptions tab under My Account, located in the left hand sidebar.



1. Click My Account, then select the Preferred Prescriptions tab.
2. Click Add New  in the upper right corner to add a Compound Medication to Preferred Prescriptions.
3. Complete the following screen as you would when writing a new prescription.
 - a. Choose Free Text (Compound Drug) or EPCS Free Text in the Type field.
 - b. In the Prescription Name field begin typing the name of the compound medication you created and press Enter. Select the medication from the dropdown.
 - c. Enter in the quantity, and ensure all other fields are completed as desired. Potency Unit Code, Notes, and Directions will automatically populate based on what was previously entered during the New Rx process.





















Preferred Prescriptions

MAGIC MOUTHWASH; DIPHENHYDRAMINE 12.5MG/5ML, VISCOUS LIDOCAINE 2%, MAALOX 1 PART -

PRESCRIPTION NAME: ?	Magic Mouthwash; Diphenhydramine ?	Type: ?	Free Text (Compound)	NDC: <input style="width: 80%;" type="text"/>
PACKAGE SIZE	Package Sizes v	QUANTITY:	1	RX/OTC: <input style="width: 80%;" type="text" value="Rx"/>
DURATION (Days):	<input style="width: 80%;" type="text"/>	BRAND/GENERIC:	Generic	
EXTRA REFILLS: ?	0	PRN: <input type="checkbox"/>	SUBSTITUTION <input checked="" type="radio"/> Yes <input type="radio"/> No	
POTENCY UNIT CODE	Milliliter	ALLOWED: <input style="font-size: small; border: none; border-bottom: 1px solid #ccc;" type="text" value="Change Potency Unit Code"/> v		
NOTES: ?	Magic Mouthwash; Diphenhydramine 12.5mg/5mL, Viscous lidocaine 2%, Maalox 1 part	STRENGTH:		
	You have maximum 130 characters without breaking the line left.		You have maximum 70 characters without breaking the line left.	
DIRECTIONS: ?	Gently wash with 20mL twice daily. v			
	Gently wash with 20mL twice daily.			
	You have maximum 176 characters without breaking the line left and total count is 34.			
<input style="width: 150px;" type="button" value="Save"/>		<input style="width: 150px;" type="button" value="Cancel"/>		

4. Click Save  at the bottom of the page and return to the Preferred Prescriptions tab, where you will now see the newly added compound medicine.

 Preferred Prescriptions


MEDICATION NAME	QTY	DAYS	REFILLS	PRN	SUB	ACTION
Magic Mouthwash; Diphenhydramine 12.5mg/5mL, Viscous lidocaine 2%, Maalox 1 part	1	N/A	0	N	Y	 
Direction : Gently wash with 20mL twice daily.						
Notes: Magic Mouthwash; Diphenhydramine 12.5mg/5mL, Viscous lidocaine 2%, Maalox 1 part						
Crestor 10 mg tablet	0	N/A	0	N	Y	 
Advil 200 mg tablet	0	N/A	0	N	Y	 
dexamethasone 0.5 mg tablet	0	N/A	0	N	Y	 
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	0	N/A	0	N	Y	 
atenolol 100 mg tablet	0	N/A	0	N	Y	 
tramadol 100 mg tablet	0	N/A	0	N	Y	 
azithromycin 250 mg tablet	0	N/A	0	N	Y	 
sertraline 100 mg tablet	0	N/A	0	N	Y	 
glyburide 5 mg tablet	0	N/A	0	N	Y	 

« Previous 1 2 Next »

This medication can now be chosen from the dropdown that appears when clicking inside the Prescription Name field on the New Rx page.

SureScripts Pharmacy

A pharmacy on the SureScripts network only receives and fills electronic prescriptions. If the user selects the print option for a SureScripts pharmacy a PDF version of the prescription will be printed. To ensure that multiple copies of a prescription cannot be created, the printed PDF will display the words “Copy That Can’t Be Dispensed” in bold lettering across the page. The printed version of a prescription is intended to be used for record keeping rather than the dispensing of medication.

A prescription cannot be faxed, and there will be no option for this function.



Step 4 of 4

New Rx Submission Status

MEDICINE NAME: LIPITOR 80 MG TABLET
RESULT: PRESCRIPTION SUBMITTED TO PRESCRIBER SUCCESSFULLY.

RETURN

01/16/2018

Copy that can't be dispensed

My Test Clinic
245 KENTUCKY BLUEGRASS LANE
OKLAHOMA CITY, OK, 73102

Mr. BRUCE PALTROW
Phone: 409553055 Fax: 409553055
NPI: 1234567890 DEA#: VJ1234987

PON pdcv-app-1-1470-26-10631 Prescription ID 10631	Message ID mcdv-app-1-1470-26-10631 Consultation/Encounter ID 1-1470-1174-1517413690225
--	---

Patient Demographics

Name DAVID THROWER
DOB 02/22/1933
Gender Male
Phone Number 3526685547
Payer ID ZZQ9PBM-UID-88877222-
9VVVVAAAAA10011XX-XX261L

Medication Prescribed

Name ACTIQ 1,200 MCG LOZENGIE
Product ID 63459051201
Refills 0
Quantity 30
Potency Unit Lozenge
Code
Substitutions True
Strength 1200 MCG
Direction place 1,200 mcg by buccal route 4
times per day as needed for
breakthrough pain
Notes
Duration 30
Written Date 2018-01-31
DEA Schedule II

Pharmacy Details

Store Name NYC Pharmacy 10.6MU
Address 88 Park Street Brooklyn, NY 11201
Phone Number 7185157181
Fax Number 7185157182

Transmitted at 01/16/2018

18

Non-SureScripts Pharmacy

If the chosen pharmacy is a **non-SureScripts pharmacy**, the provider must fax or print the prescription in order for it to be dispensed.

If a physical copy of the prescription or a fax is required, please follow the below steps.



New Rx Submission Status

MEDICINE NAME: LIPITOR 80 MG TABLET
 RESULT: NEW RX CREATED SUCCESSFULLY.

Medication Prescribed

MEDICINE	QUANTITY
NAME: LIPITOR 80 MG TABLET	VALUE: 1
PRODUCT ID: 00071015823	POTENCY UNIT CODE: TABLET
STRENGTH: 80 MG	
DIRECTION	TOTAL FILLS
TAKE 1 TABLET (80 MG) BY ORAL ROUTE ONCE DAILY	1
SUBSTITUTIONS	DURATION
ALLOWED	1
WRITTEN DATE	Notes
09/28/2017	QSDAFS

Other Details

PHARMACY:	PRESCRIBER:
FARAJ PHARMACY	MR. PALTROW, BRUCE
222 W MERCHANDISE MART PLAZA	MY TEST CLINIC
CHICAGO IL 60654	245 KENTUCKY BLUEGRASS LANE
PHONE: (312) 709-6813	OKLAHOMA CITY OK 73102
FAX: (312) 709-6813	PHONE: (405) 855-3055
NCPDPID:	NPI: 1234567893
SUPERVISOR	BENEFITS
NOT SENT	PLAN: COVERMYMEDS MOCK PAYER (PSEUDO)
	PAYER NAME: PSEUDO
	PAYER ID:
	BIN LOCATION NUMBER:
	CARD HOLDER ID: 773836
	GROUP ID: ABC1
	CARD HOLDER NAME:

Fax
Print
RETURN

1. At this screen the user has the option to fax the new prescription by clicking on the **Fax** Fax button. The prescription will be directly faxed to the chosen pharmacy.
2. Clicking the **Print** Print button will open the below window that allows the user to print the prescription.

Note: If fax is chosen initially, and then the user decides to print, the printed document will then have “Copy That Can’t Be Dispensed” marked across the page to prevent duplicates. The same will occur if fax or print are clicked twice.

Print

Total: **1 page**

Destination Save as PDF

Pages All

Layout

[+ More settings](#)

Medication Prescribed

MEDICINE	QUANTITY
NAME: LIPITOR 80 MG TABLET	VALUE: 1
PRODUCT ID: 00071015823	POTENCY UNIT CODE: TABLET
STRENGTH: 80 MG	
DIRECTION	TOTAL FILLS
TAKE 1 TABLET (80 MG) BY ORAL ROUTE ONCE DAILY	1
SUBSTITUTIONS	DURATION
ALLOWED	1
WRITTEN DATE	Notes
09/28/2017	QSDAFS

Other Details


<p>PHARMACY:</p> <p>FARAJ PHARMACY</p> <p>222 W MERCHANDISE MART PLAZA</p> <p>CHICAGO IL 60654</p> <p>PHONE: (312) 709-6813</p> <p>FAX: (312) 709-6813</p> <p>NCPDPID:</p> <p>SUPERVISOR</p> <p>NOT SENT</p>	<p>PRESCRIBER:</p> <p>MR. PALTROW, BRUCE</p> <p>MY TEST CLINIC</p> <p>245 KENTUCKY BLUEGRASS LANE</p> <p>OKLAHOMA CITY OK 73102</p> <p>PHONE: (405) 855-3055</p> <p>NPI: 1234567893</p> <p>BENEFITS</p> <p>PLAN: COVERMYMEDS MOCK PAYER (PSEUDO)</p> <p>PAYER NAME: PSEUDO <input type="button" value="⌵"/></p> <p>PAYER ID: <input type="button" value="⊕"/></p> <p>BIN LOCATION NUMBER: <input type="button" value="⌵"/></p> <p>CARD HOLDER ID: 773836</p> <p>GROUP ID: ABC1</p> <p>CARD HOLDER NAME: , <input type="button" value="⌵"/></p>
---	--

- This document can be taken by the patient directly to the selected pharmacy to have their medication dispensed.

Prescribe New Rx with Formulary/Alternatives/Benefits – As Prescriber

When writing a new prescription for a patient, the Alternative Medicine and Formulary sections may populate depending on the patient’s benefit plan.


Once a medication that qualifies for Alternative Medicine and/or Formulary options, these sections appear under the Prescription Name field. If these options are not available, “Formulary Status Unknown” will appear in that area.

When the Formulary Status is “Unknown” the option will be automatically collapsed. Clicking on the  button will open the details of this section.

PRESCRIPTION NAME: NDC:

FORMULARY 

PRESCRIPTION NAME: NDC:

FORMULARY 

FORMULARY STATUS: UNKNOWN

KYLE, SELENA | FEMALE

BENEFIT PLAN: No Plan Name (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION:

PRESCRIPTION NAME: FETZIMA ER 120 MG CAPSULE NDC: 00456221230

ALTERNATIVE MEDICINE


VENLAFAXINE ER 150 MG CAPSULE, EXTENDED RELEASE 24 HR
FORMULARY STATUS: On-Formulary/Non-Preferred
 GENERIC: Y
 OTC: N
 SUPPLY: N
 RELATIVE COST LIMIT: \$0.00


VENLAFAXINE ER 37.5 MG CAPSULE, EXTENDED RELEASE 24 HR
FORMULARY STATUS: On-Formulary/Non-Preferred
 GENERIC: Y

FORMULARY

FORMULARY STATUS: NON-FORMULARY
GENERIC: N
 OTC: N
 SUPPLY: N

QUANTITY: RX/OTC:
 DURATION: BRAND/GENERIC:
 EXTRA REFILLS: PRN: SUBSTITUTION ALLOWED: Yes No
 POTENCY UNIT CODE: Change Potency Unit Code
 NOTES: STRENGTH:
 DIRECTION:

If the Alternative Medicine and Formulary sections are not useful or not needed, they can be minimized with the  button.

If the prescriber feels that the options provided in one of the two sections is appropriate for the patient, they can select it by clicking on that specific option. Once the form is completed, the prescriber clicks the  button.

At Step 2, the prescription can be confirmed. Additional pricing information from **PBMs** may appear to alert the prescriber of better pricing at different pharmacies. Depending on their benefit plan, alternative pricing will not always occur for every patient. The text in red will state:

“Multiple alternatives are available at potentially lower cost”.

Prescription Name	NDC	Offer?
VENLAFAXINE HCL ER 150 MG CAP	00093738605	<input checked="" type="checkbox"/> <input type="checkbox"/>


CANCEL ADD MORE NEXT



Multiple alternatives are available at potentially lower cost

Keefer's Pharmacy
5 W. Prospect Ave. Mount Prospect IL 60056

Estimated Total Patient Pay Amount **\$115.06**

VENLAFAXINE HCL ER 150 MG CAP
Pharmacy Type: Retail
Quantity Priced: 30.00, Price Per Unit: \$3.84
Duration Priced: 20
Estimated Patient Pay Amount: \$115.06
Drug Status Code: Covered



If the prescriber would like to choose a better pricing option at a specific pharmacy for the patient, simply click that option, and click the  button. Click the  button to continue the new prescription.

New Rx
Added Medicine

Step 2 of 4

Prescription Name	NDC	Offer?
VENLAFAXINE HCL ER 150 MG CAP	00093738605	<input type="checkbox"/>

CANCEL ADD MORE NEXT


Multiple alternatives are available at potentially lower cost

Keefe's Pharmacy

3 W. Prospect Ave. Mount Prospect IL 60056

Estimated Total Patient Pay Amount **\$115.06**

VENLAFAXINE HCL ER 150 MG CAP
 Pharmacy Type Retail
 Quantity Priced : 30.00 , Price Per Unit : \$3.84
 Duration Priced : 20
 Estimated Patient Pay Amount : \$115.06
 Drug Status Code / Coverage



Save Changes

Step 3 will be the same as any other new prescription, scroll down and click the **Add** button to submit the prescription to the pharmacy.

Add

New Rx

Step 3 of 4

Primary Diagnosis

Prescriber
Dr Martin
 250 N. Columbus,
 San Francisco, CA,94102
Martin, Chris
 Phone: (628) 796-7893 Fax: (628) 796-7893
 NPI: 4305723163

DEA Number

EDIT SUBMIT

Patient Demographics

NAME	DOB	GENDER
KYLE, SELENA	10/11/1966	FEMALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (PERSONAL): (330) 655-7741 PHONE NUMBER (WORK): (330) 655-7741	23230 PORT, AKRON, OH 44306	

Pharmacy Details

STORE NAME	ADDRESS	NCPDPID
KEEFER'S PHARMACY	5 W. PROSPECT AVE., MOUNT PROSPECT, IL 60056	1401304
Phone	Fax	NPI
(847) 255-3220	(847) 255-7568	1295702892

Note: Cancel Rx to this Pharmacy is not permitted.

Supervisor

NOT SENT

Medication Prescribed

NAME	PRODUCT ID	REFILL
VENLAFAXINE HCL ER 150 MG CAP	00093738405	0

The final step confirms that the prescription was successfully sent to the pharmacy.

PATIENTS / KYLE, SELENA / PRESCRIPTION

New Rx Step 4 of 4

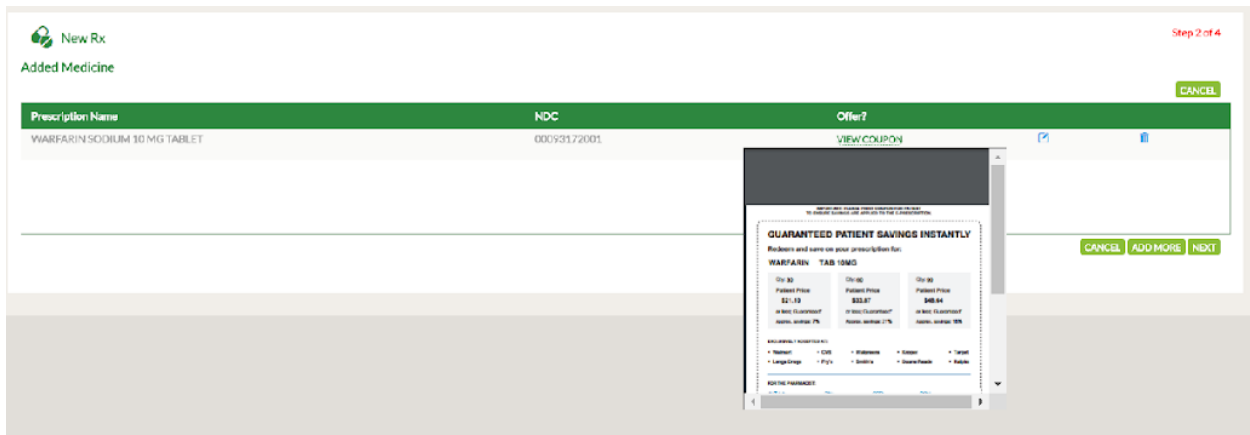
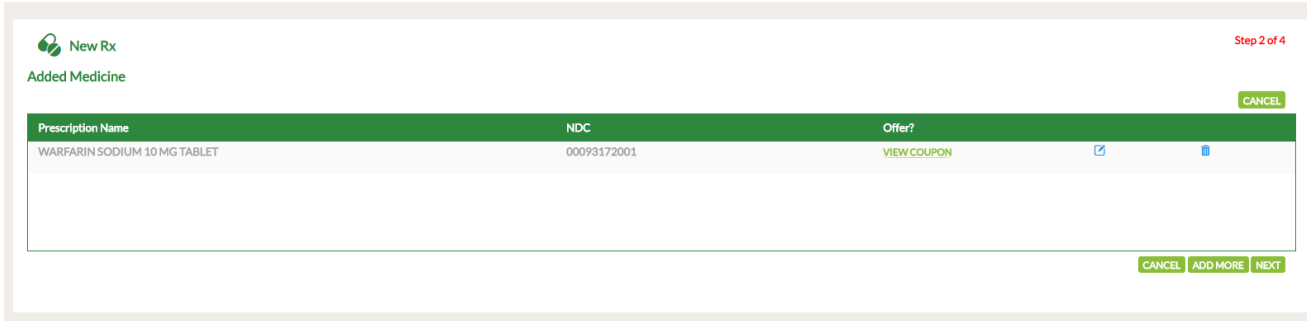
New Rx Submission Status

MEDICINE NAME: VENLAFAXINE HCL ER 150 MG CAP
 RESULT: RECEIVER ID NOT ON FILE

[RETURN](#)

Prescribe New Rx with Coupons – As Prescriber

While writing a new prescription, the user may come across a scenario where a coupon is available at Step 2 under the column “Offer?”. They have the choice of texting the coupon to the patient’s mobile number automatically (only if patient consent is set to “Yes”) or a PDF version, which can be printed for them to present at the pharmacy.



As in the above image, a coupon is available and can be previewed when the mouse hovers over the link. If the user clicks on “View Coupon” they are able to open the coupon to view it in full-sized, PDF format which can be printed for the patient.

Once the user clicks the **NEXT** button to go through steps 3 and 4 as normal, the coupon will also be texted to the patient automatically (again, only if patient consent is set to “Yes”) once the prescription has been submitted to the pharmacy.

Example of how the SMS text will appear for the patient:

Show Pharmacist Coupon to
Save on your Rx:

WARFARIN TAB 10MG:
Submit as primary insurance to
SingleCare adjudicator.
Questions: [800.974.3135](tel:800.974.3135)
BIN: [610378](tel:610378)
PCN: SC1
GRP #: [615482](tel:615482)
ID #: 012124115

[https://stage.samplemd.com/
samplemd/resources/
getResource/
66/0524f700-2789-4d95-
afc8-0c12afae09ff.pdf](https://stage.samplemd.com/samplemd/resources/getResource/66/0524f700-2789-4d95-afc8-0c12afae09ff.pdf)

Reply STOP to opt-out of
future savings alerts.



Text Message



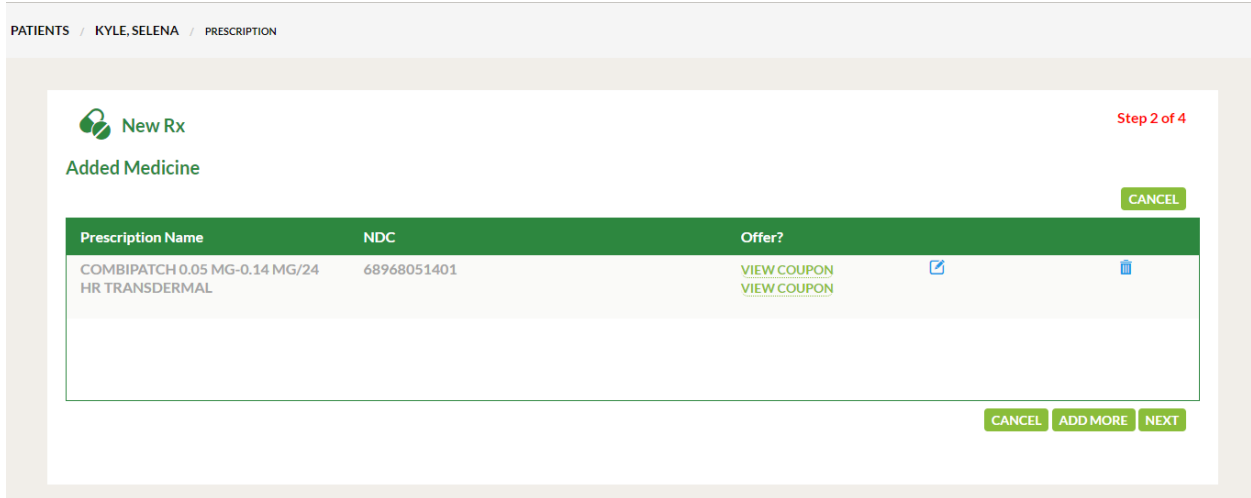
Prescribe New Rx with Coupons – ConnectiveRx & OptimizeRx (As Prescriber)

KYLE, SELENA FEMALE			
DOB: 10/11/1966	GENDER: Female	WEIGHT: 120	
HEIGHT: 5.2	PHONE: 923 (33) 588-0498	EMAIL: kyleselena@eazyscripts.com	
ADDRESS: 23230 PORT, AKRON, OH 44306			
BENEFIT PLAN:	No Plan Name (PBMF) <input type="text"/>		
PRESCRIPTION NAME:	CombiPatch 0.05 mg-0.14 mg/24 hr transdermal <input type="text"/>	NDC:	68968051401 <input type="text"/>
FORMULARY			
QUANTITY:	1 <input type="text"/>	RX/OTC:	Rx <input type="text"/>
DURATION (Days):	1 <input type="text"/>	BRAND/GENERIC:	Brand <input type="text"/>
EXTRA REFILLS:	0 <input type="text"/>	PRN: <input type="checkbox"/>	SUBSTITUTION <input checked="" type="radio"/> Yes <input type="radio"/> No
POTENCY UNIT CODE:	Patch <input type="text"/>	ALLOWED:	Change Potency Unit Code <input type="text"/>
NOTES:	<input type="text"/>		STRENGTH: .05-14/24 <input type="text"/>
	<small>You have maximum 210 characters without breaking the line left.</small>		<small>You have maximum 60 characters without breaking the line left.</small>
DIRECTION:	apply 1 patch by transdermal route twice weekly <input type="text"/>		
	<input type="text"/>		

When writing a new prescription for a patient there may be a coupon available from ConnectiveRx or OptimizeRx for a certain medication.

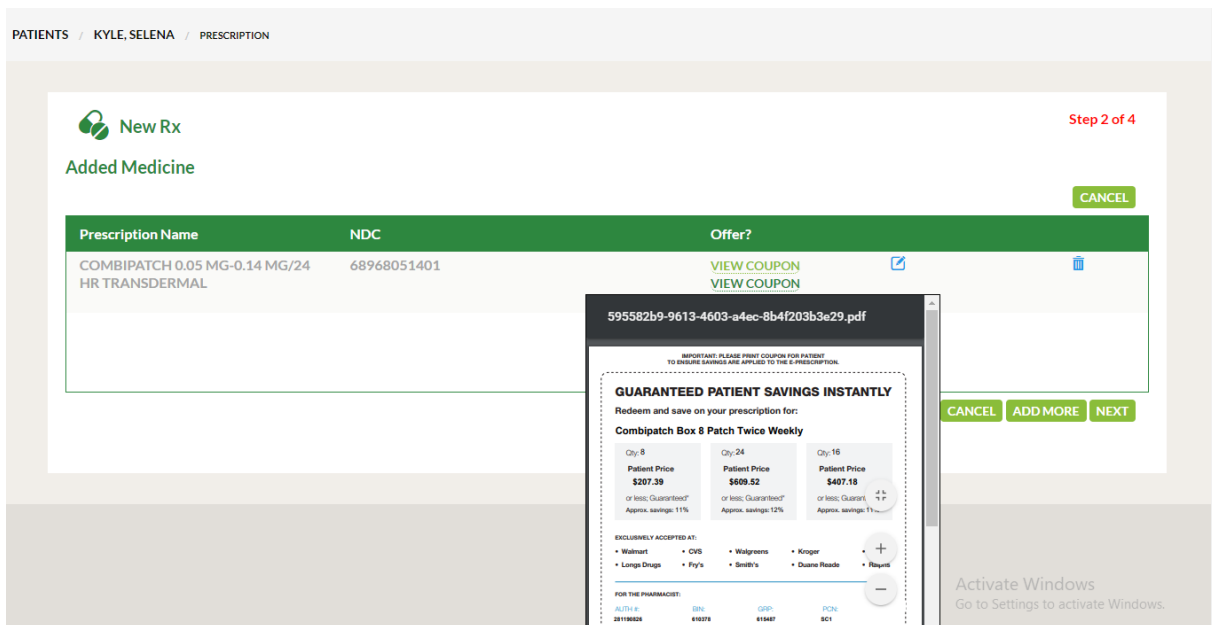
Potential scenarios are as follows:

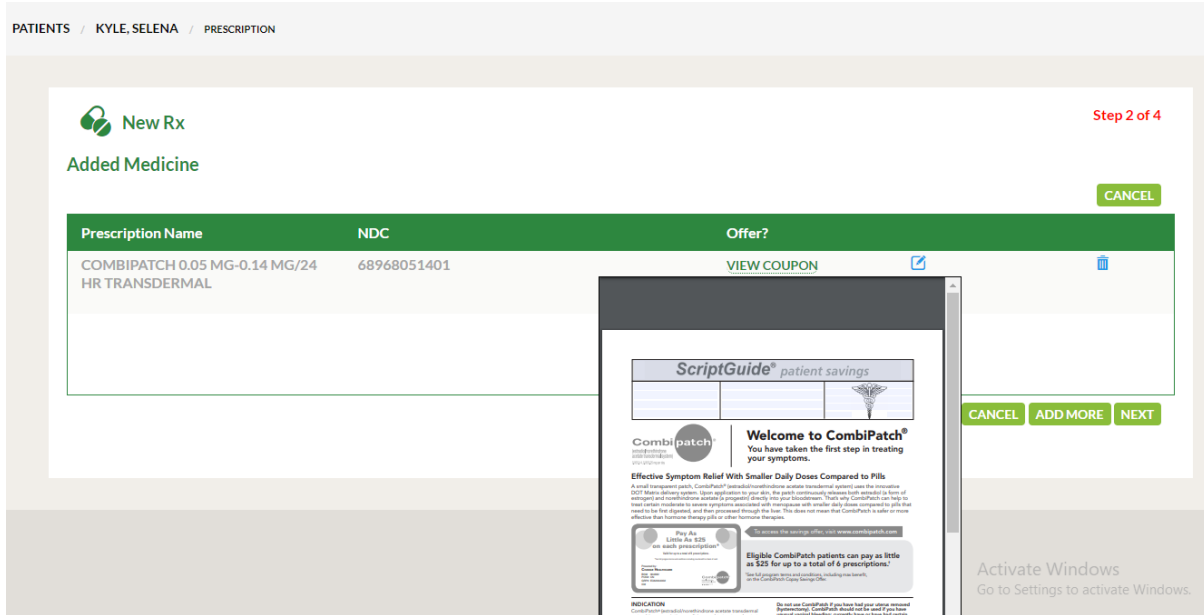
3. If ConnectiveRx or OptimizeRx returns a coupon for a prescription, this coupon will be sent to SureScripts as well as to the patient via SMS (if enabled), all other discount options will be ignored.
4. If no coupon returns from ConnectiveRx or OptimizeRx, the patient's drug card will be sent to SureScripts and to the patient.



While writing a new prescription, the user may come across a scenario where a coupon is available at Step 2 under the column “Offer?”, where they have the choice of texting the coupon to the patient’s mobile number automatically (only if patient consent is set to “Yes”) or a PDF version which can be printed for them to present at the pharmacy.

As in the above image, a coupon is available due to the column “Offer?” that has a link that says “View Coupon”. If the mouse hovers over the link, the user can see a preview of the coupon.

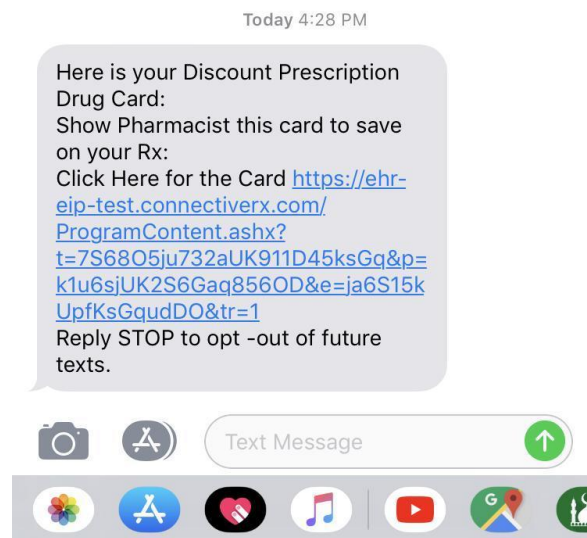




If the user clicks on “View Coupon” they are able to open the coupon to view it in full-sized PDF format which can also be printed for the patient.

Once the user clicks the **NEXT** button to go through step 3 and 4 as normal, the coupon will also be texted to the patient automatically once the prescription has been submitted to the pharmacy by the prescriber. The coupon will also be texted to the patient automatically, **ONLY IF THE PATIENT’S CONSENT IS SET TO “YES” ON THEIR PROFILE.**

Example of how text will appear for patient:



Prescribe New Rx – RX Valet

RX Valet provides the details of the drug, including the price patient price.

Before submitting a new prescription, the prescriber chooses a pharmacy.

For Example: Prescribe select the “Barlite, A Walgreens Drug Store”

PHARMACY:

Name Address or Zip Type Non-Surescripts NCPDP

Select Type: All Retail Mail Order Long Term Care Specialty Twenty Four Hour Store


Barlite, A Walgreens Drug Store



Cancel

Add


RX Valet will return the below details.

Barlite, A Walgreens Drug Store 

7333 BARLITE BLVD SAN ANTONIO TX 782241322

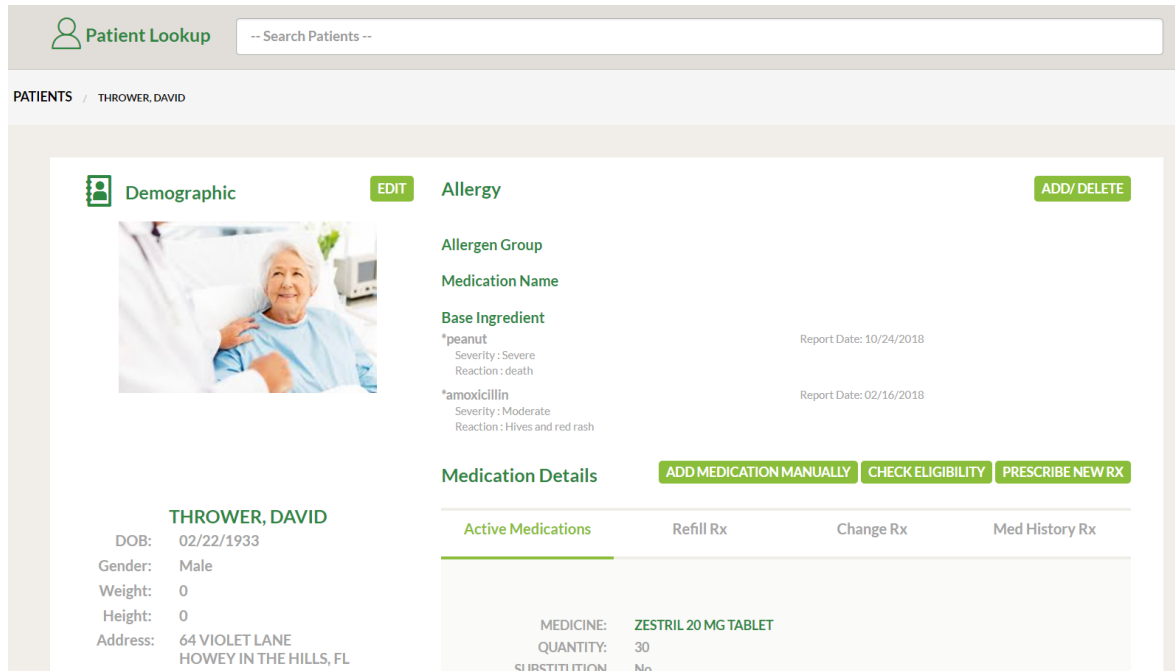
Estimated Total Patient Pay Amount
\$5.36

Advil 100 mg tablet
Pharmacy Type:Retail
Quantity Priced : 5 , Price Per Unit : \$1.07
Duration Priced : 2
Estimated Patient Pay Amount : \$5.36
Drug Status Code:Yes

A map showing the San Antonio area with a red location pin in the center. The map includes labels for various cities and highways: San Marcos, Boerne, New Braunfels, Seguin, San Antonio, Floresville, Pleasanton, Pearsall, and Karnes. Highways 10, 90, 35, and 281 are also marked. A person icon and zoom controls (+/-) are visible on the right side of the map.

The prescriber then clicks the **NEXT** button and completes through step 3 and 4 to submit the prescription to the pharmacy.

Add Medication Manually



Patient Lookup -- Search Patients --

PATIENTS / THROWER, DAVID

Demographic [EDIT](#)

Allergy [ADD/ DELETE](#)

Demographic
 DOB: 02/22/1933
 Gender: Male
 Weight: 0
 Height: 0
 Address: 64 VIOLET LANE
 HOWEY IN THE HILLS, FL
 32707

Allergy

Allergen Group

Medication Name

Base Ingredient

*peanut
 Severity: Severe
 Reaction: death
 Report Date: 10/24/2018

*amoxicillin
 Severity: Moderate
 Reaction: Hives and red rash
 Report Date: 02/16/2018

Medication Details [ADD MEDICATION MANUALLY](#) [CHECK ELIGIBILITY](#) [PRESCRIBE NEW RX](#)

Active Medications	Refill Rx	Change Rx	Med History Rx
MEDICINE: ZESTRIL 20 MG TABLET			
QUANTITY: 30			
SUBSTITUTION: No			

A prescriber may choose to add additional medications/supplements manually if the patient is already taking them (they do not need to be prescribed).


Medication

- Under the **Patient's** tab click on [ADD MEDICATION MANUALLY](#) to add the details.

Patient Lookup -- Search Patients --

PATIENTS / THROWER, DAVID / PROBLEM LISTS

Demographic



THROWER, DAVID
DOB: 02/22/1933

Add Medication History Manually

SELECT TYPE: Medication Supplements

PRESCRIPTION NAME: --Search Prescription--

ACTIVE

START DATE: dd-----yyyy

END DATE: dd-----yyyy

NOTES:

- Select the type. **SELECT TYPE:** Medication Supplements
- Add prescription name and select the details from the dropdown.

--Search Prescription--

- The status of the medication can also be marked as active. **ACTIVE**
- If the medication is active, a start date is required.

START DATE: dd-----yyyy

- If the medication is inactive, an end date is required.




END DATE: dd-----yyyy

- The prescriber can also include notes in the notes section.



- The save button will save all details and prescriber notes. The

button will cancel the manual medication details.

9. Once the details are completed, the medication will be shown in the Manual Medication list.

MEDICINE	START DATE	END DATE	SUPPLEMENT	ACTIVE
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/30/2019	N/A	N/A	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
Hydrocodone Compound 5 mg- 1.5 mg/5 mL syrup	6/30/2019	N/A	N/A	true  

Activate Windows

true  

10. The added medications can be edited and deleted from the listing.


Supplements

- Under the **Patient's** tab click on **ADD MEDICATION MANUALLY** to add the details.

Patient Lookup

PATIENTS / THROWER, DAVID / PROBLEM LISTS

Demographic



THROWER, DAVID
DOB: 02/22/1933

Add Medication History Manually

SELECT TYPE: Medication Supplements

SUPPLEMENT:

ACTIVE

START DATE:

END DATE:

NOTES:

7. Select the type. **SELECT TYPE:** Medication Supplements

8. Add supplements by adding the supplement name.

SUPPLEMENT:

9. Status of the supplements can be marked as active. **ACTIVE**

6. If the supplement is active, a start date is required.

START DATE:

7. If the supplement is inactive, an end date is required.


END DATE:

11. A prescriber can add notes in notes section.



12. The save button will save all details and prescriber notes, and

the button will cancel the manual supplement details.

10. Once all necessary details are completed, the supplement will be shown in the list on the Manual Supplements tab.

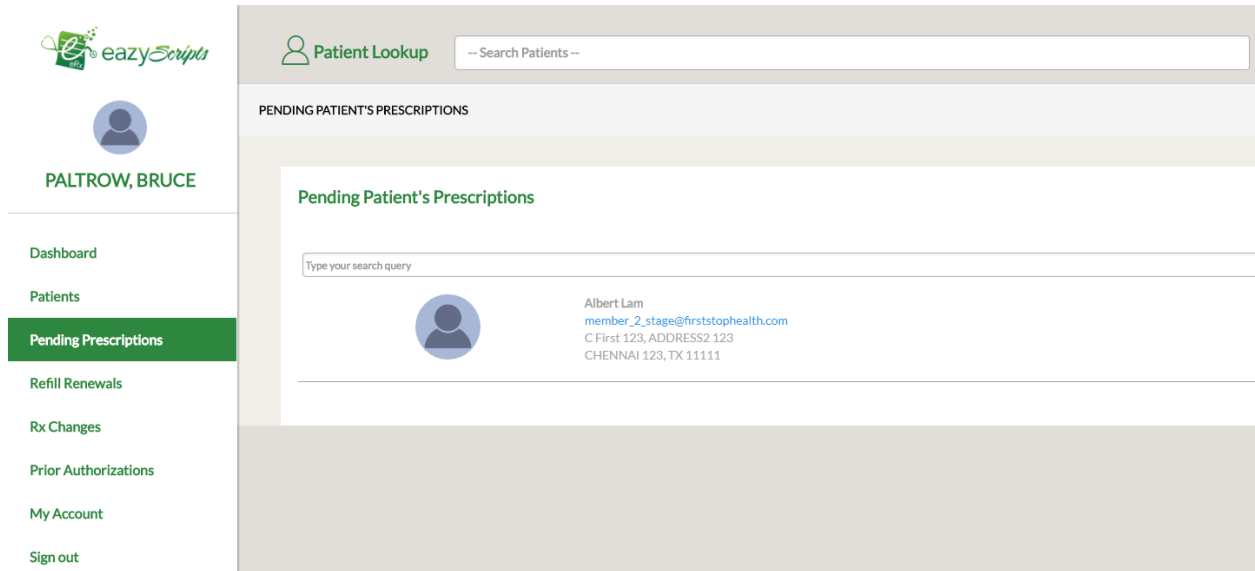
MEDICINE	START DATE	END DATE	SUPPLEMENT	ACTIVE
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/25/2019	N/A	N/A	true  
A and D Diaper Rash Cream 1 %-10 % topical	1/30/2019	N/A	N/A	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
N/A	7/30/2019	N/A	Test new supplement	true  
Hydrocodone Compound 5 mg-1.5 mg/5 mL syrup	6/30/2019	N/A	N/A	true  

Activate Windows

true  

11. The added supplement can be edited and deleted from the listing.

Pending Prescriptions




Patient Lookup -- Search Patients --

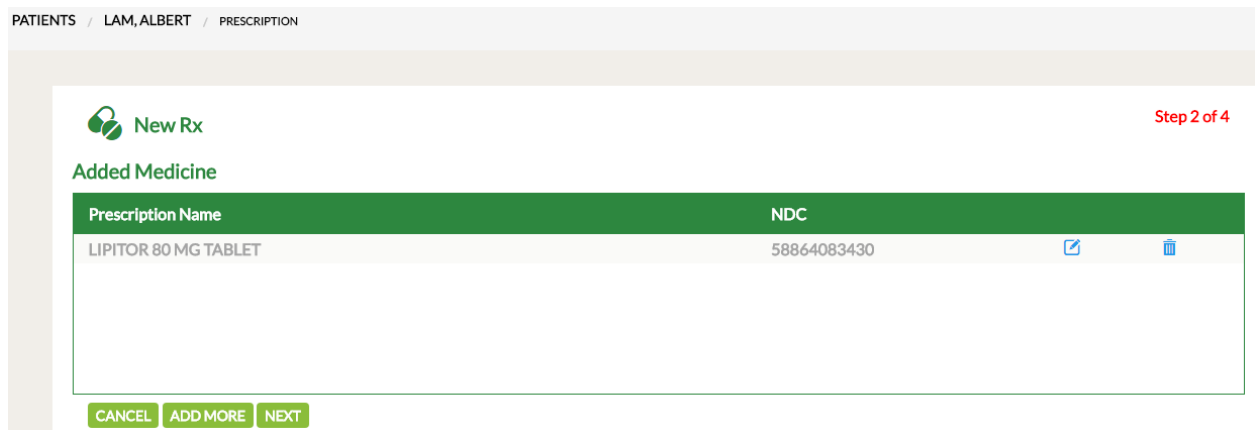
PENDING PATIENT'S PRESCRIPTIONS

Pending Patient's Prescriptions

Type your search query

Albert Lam
 member_2_stage@firststophealth.com
 C First 123, ADDRESS2 123
 CHENNAI 123, TX 11111



1. Under the Pending Prescriptions tab, the doctor can view all prescriptions that have been queu/ed for approval.
2. Click on the desired prescription, and click the **Review**  button.
3. The next screen will allow the prescriber to review the pending prescriptions, add additional prescriptions, or move forward with the prescription approval process.




PATIENTS / LAM, ALBERT / PRESCRIPTION

New Rx Step 2 of 4

Added Medicine

Prescription Name	NDC		
LIPITOR 80 MG TABLET	58864083430		

CANCEL **ADD MORE** **NEXT**

4. Click the **Next**  button to finalize and submit the prescription.

Prescriber

My Test Clinic

245 KENTUCKY BLUEGRASS LANE,
OKLAHOMA CITY, OK,73102

Mr. PALTROW, BRUCE

Phone: (405) 855-3055 Fax: (405) 855-3055
NPI: 1234567893

DEA Number

VJ1234987



EDIT **SUBMIT**

Patient Demographics

NAME	DOB	GENDER
PREFIX LAM, ALBERT	06/04/1980	MALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (WORK): PHONE NUMBER (PERSONAL): (630) 857-3955	222 N COLUMBUS DR 123, ADDRESS2 123 CHICAGO 123, NJ 78945	

Pharmacy Details

STORE NAME	ADDRESS	NCPDPID
10.6 PPI FACILITY	10.6 PPI FACILITY DRIVE, STE 24 MOON TOWNSHIP, PA 15108	0241242
Phone	Fax	
4128477877	4125884447	

Supervisor

NOT SENT

Medication Prescribed

NAME	PRODUCT ID	REFILL
LIPITOR 80 MG TABLET	58864083430	0
QUANTITY	POTENCY UNIT CODE	SUBSTITUTIONS

5. Click the **Add**  button to finalize the prescription.



Step 4 of 4

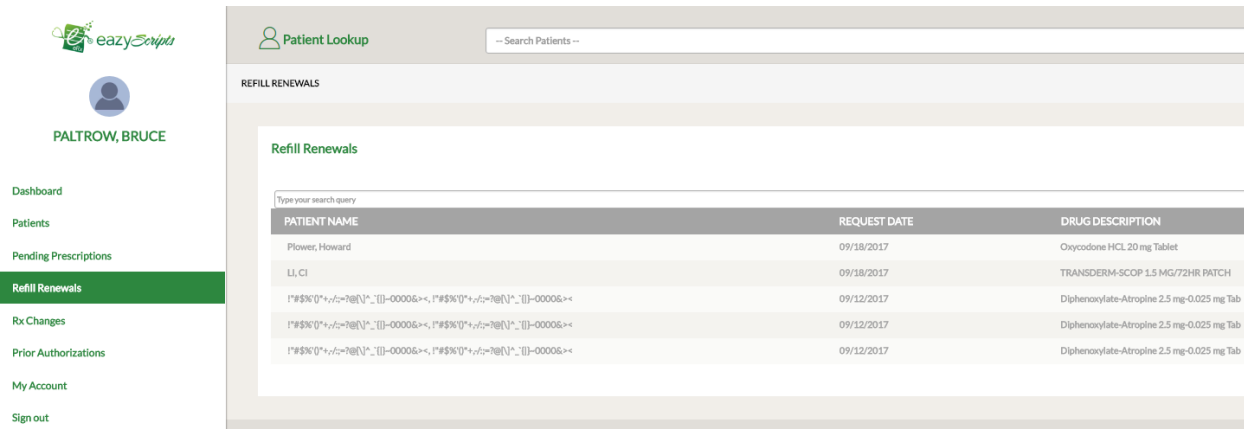
New Rx Submission Status

MEDICINE NAME: LIPITOR 80 MG TABLET
 RESULT: PRESCRIPTION SUBMITTED TO PRESCRIBER SUCCESSFULLY.

RETURN

Refill Renewals

The Refill Renewal tab takes the user to a list that displays the most recent medication refill requests from the pharmacy, along with the patient's name, request date, and drug description.



Patient Lookup

REFILL RENEWALS

Refill Renewals

Type your search query

PATIENT NAME	REQUEST DATE	DRUG DESCRIPTION
Plover, Howard	09/18/2017	Oxycodone HCL 20 mg Tablet
LI, CI	09/18/2017	TRANSDERM-SCOP 1.5 MG/72HR PATCH
!#\$%0'+,-/=:&@{^`_[]-0000&><, !#\$%0'+,-/=:&@{^`_[]-0000&><	09/12/2017	Diphenoxylate-Atropine 2.5 mg-0.025 mg Tab
!#\$%0'+,-/=:&@{^`_[]-0000&><, !#\$%0'+,-/=:&@{^`_[]-0000&><	09/12/2017	Diphenoxylate-Atropine 2.5 mg-0.025 mg Tab
!#\$%0'+,-/=:&@{^`_[]-0000&><, !#\$%0'+,-/=:&@{^`_[]-0000&><	09/12/2017	Diphenoxylate-Atropine 2.5 mg-0.025 mg Tab

The prescriber has the ability to approve the refill request, deny the refill request, or deny and write a new prescription by clicking on a patient's name.

1. Clicking on a patient name will display the full details of the refill request.

Refill Request Details

STATUS: PENDING

REQUEST DATE: 09/18/2017

Prescriber

NAME: PALTROW, BRUCE
PHONE: 4058553055
ADDRESS: 245 KENTUCKY BLUEGRASS LANE, OKLAHOMA CITY OK 73102

Pharmacy

STORE NAME: TEST000 PHARMACY STORE 10.6
PHONE: 9523137778
ADDRESS: 6000 E. BROADWAY, BLOOMINGTON MN 55425

Patient

NAME: FLOWER, HOWARD
DATE OF BIRTH: 05/20/1970
GENDER: MALE

Dispensed Rx Details

NAME: OXYCODONE HCL 20 MG TABLET
QUANTITY: 30
REFILL: 1
DAYS SUPPLY: 1
DIRECTIONS: TAKE 1 TABLET TWICE A DAY WITH PLENTY OF WATER.
SUBSTITUTIONS: ALLOWED
NOTE: PATIENT STILL NEEDS PAIN RELIEF.
WRITTEN DATE: 2017-02-01
LAST FILL DATE:

Approve Prescribed Rx Details

NAME: OXYCODONE HCL 20 MG TABLET
QUANTITY: 30
TOTAL NUMBER OF DISPENSINGS APPROVED:
DAYS SUPPLY:
DIRECTIONS: TAKE 1 TABLET TWICE A DAY WITH PLENTY OF WATER.
SUBSTITUTIONS: ALLOWED
NOTE: PLEASE WARN PATIENT OF POTENTIAL HYPOTENSION, BLOOD PRESSURE SHOULD BE MONITORED.
WRITTEN DATE: 2017-02-01

Dispensed Rx Details

NAME: OXYCODONE HCL 20 MG TABLET
QUANTITY: 30
REFILL: 1
DAYS SUPPLY: 1
DIRECTIONS: TAKE 1 TABLET TWICE A DAY WITH PLENTY OF WATER.
SUBSTITUTIONS: ALLOWED
NOTE: PATIENT STILL NEEDS PAIN RELIEF.
WRITTEN DATE: 2017-02-01
LAST FILL DATE: 02/01/2017

Approve Prescribed Rx Details

NAME: OXYCODONE HCL 20 MG TABLET
QUANTITY: 30
TOTAL NUMBER OF DISPENSINGS APPROVED:
DAYS SUPPLY:
DIRECTIONS: TAKE 1 TABLET TWICE A DAY WITH PLENTY OF WATER.
SUBSTITUTIONS: ALLOWED
NOTE: PLEASE WARN PATIENT OF POTENTIAL HYPOTENSION, BLOOD PRESSURE SHOULD BE MONITORED.
WRITTEN DATE: 2017-02-01
Effective DATE:
APPROVAL/DENIED NOTE:

NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAK LINE

2. Scroll to the bottom of the page and add an Approval/Denial note in the available field.
3. Click the **Mark Ready to Sign** button when completed.
4. A new set of buttons will appear, and the user must click the one that is appropriate.

APPROVAL/DENIED NOTE:

Approved

NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAKLINE.

Sign & Deny


Sign & Approve

Sign & Deny New Prescription to Follow

- 5. For EPCS: When signing an approved/denied refill request the following prompt is triggered:
Note: The prompt will contain a field already populated by the email/username the provider was required to make when signing up with IdenTrust. The IdenTrust email/username may not be the same as the eazyScripts login email address.

Login using Two Factor Authentication

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

6. Please provide the two-factor authorization login (IdenTrust account email/username), OTP password, and the code from the hard token) to move forward and complete the refill renewal.
7. For Non-EPCS: Click the **Mark Ready to Sign**  button.
8. A new set of buttons will appear, and the user must click the one that is appropriate.
 - a. Approve
 - b. Deny
 - c. Deny and New Prescription to Follow (this will trigger a New Rx screen in which a new prescription can be written).

APPROVAL/DENIED NOTE:

Approved

NOTE: PLEASE ENTER MAXIMUM 70 CHARACTER WITHOUT BREAK LINE.


9. Choose the appropriate selection for the refill renewal.

Refill Renewal Button

Prescribers also have the ability to now go under a patient’s medication history and renew a refill with a few clicks.

Medication Details

[PRESCRIBE ORDER SETS](#)
[ADD MEDICATION MANUALLY](#)
[SHOW ELIGIBILITY](#)
[PRESCRIBE NEW RX](#)

Active Medications

Refill Requests

Change Requests

Medication History

PDMP

MEDICINE: Seroquel 100 mg tablet [100 Tablet/pkg]
 QUANTITY: 60
 SUBSTITUTION: Yes
 ALLOWED:
 TOTAL FILLS: 2
 PRESCRIBER: Bennett, Caitlynn
 STATUS: Active

[DETAILS](#)
[MAKE INACTIVE](#)
[CANCEL](#)

Previous Visits:



12/17/2021 05:36 PM

 New Rx

Step 2 of 4

Added Medicine

[CANCEL](#)

Prescription Name	Pharmacy	PUC	QTY.	DAYS	REFILL	SUB	
SEROQUEL 100 MG TABLET	NYC Pharmacy Store 1...	TABLET	60	30	1	YES	 
Notes: N/A							
Directions: Take 1 tab by mouth 2 times p...							

[PDMP REPORT](#)
[CANCEL](#)
[ADD MORE](#)
[ADD ANOTHER ORDER SET](#)
[VALIDATING PRESCRIPTION\(S\)](#)

1. Clicking the Previous Visits button with the timestamp of the original prescription.
2. They will be taken to Step 2 of 4 where validation of the prescription will transpire.
3. Once validated continue through Steps 3 of 4 and 4 of 4 similar to any other prescription.

Rx Changes

This tab on the sidebar takes the user to a list that displays the recent changes in existing medications, along with the patient's name.


Prior Authorizations

1. Under the **Prior Authorizations** tab, all medications that need to be authorized by the doctor, as well as the patient name, drug name, and status are displayed.
2. Doctor user level is able to view their prior authorizations, archive, delete and save.
3. Clicking the patient name will open up the page with information on the patient and the medication that needs to be authorized.

PRIOR AUTHORIZATIONS / ALBERT LAM


Prior Authorization

You request has been successfully archived or deleted.

	Status: Expired - Not Sent To Plan
	Drug: Spironolactone 25MG tablets
	Form: Pseudo PBM 4-part ePA
	Note:

PATIENT	+
DRUG	+
PHARMACY	+
PROVIDER	+
MOCK REQUIRED QUESTIONS	+

SAVE
DELETE
ARCHIVE

4. The following information is displayed in the header area:
 - a. Status
 - b. Drug
 - c. Form
 - d. Note
5. The following information is collapsed and can be expanded with the  icon.
 - a. Patient Information

PATIENT

Name: Prefix

Name: First *

Name: Middle

Name: Last *

Name: Suffix

Address: Street *

Address: Street 2

Address: City *

Address: State *

Address: Zip *

Zip (5 digit)

Date of Birth: mm/dd/yyyy *

Gender: *

b. Drug Information

DRUG

Quantity and dosage form: *

Quantity and dosage form: *

Days Supply:

Substitutions:

Refills:

Primary Diagnosis:

Secondary Diagnosis:

Dosing Schedule:

c. Pharmacy Information

PHARMACY

NCPDP ID:
9900118

d. Provider Information

PROVIDER

NPI: Must be 10 digits *
1234567895

Name: First *
todd

Name: Last *
pccomy

Address: Street *
5 55

Address: Street 2

Address: City *
chicago

Address: State *
Illinois

Address: Zip *
60653

Zip: 5 digit

Phone: XXX-XXX-XXXX *
312-479-7744
Use XXX-XXX-XXXX format.

Fax: XXX-XXX-XXXX *
312-479-7744
Use XXX-XXX-XXXX format.

E-mail:

e. Required Questions

MOCK REQUIRED QUESTIONS

What is the patient's age?*

Does the patient receive semi-annual checkups?*

Is the patient up-to-date on all vaccinations?*

What symptoms has the patient exhibited (select all that apply)?*

When was your patient first admitted to the hospital for coughing?*

When was your patient first admitted to the hospital for wheezing?*

When was your patient first admitted to the hospital for headaches?*

When was your patient first admitted to the hospital for nausea?*




When was your patient first admitted to the hospital for diarrhea?*

When do you need it by?*


How many refills will be needed?*

BONUS QUESTION: What is your favorite color?*

Please enter any additional comments.*



6. The **Save**  button saves the information.
7. The **Delete**  button deletes the information
8. The **Archive**  button will allow doctor to choose a status for authorization and then will archive the prior authorization information after the status has been decided:


PRIOR AUTHORIZATIONS / ALBERT LAM

 **Prior Authorization**

Once archived, an email with the archive outcome is sent to any other users with access to this PA

ARCHIVE & NOTIFY

9. Click  icon to expand, and select status:
 - a. Approved
 - b. Denied
 - c. Not sent to plan

d. Don't Know Outcome

PRIOR AUTHORIZATIONS / ALBERT LAM

Prior Authorization

Once archived, an email with the archive outcome is sent to any other users with access to this PA

ARCHIVE & NOTIFY

The request was:

- Approved
- Denied
- Not sent to plan
- Don't know outcome

PRIOR AUTHORIZATIONS / ALBERT LAM

Prior Authorization

Once archived, an email with the archive outcome is sent to any other users with access to this PA

ARCHIVE & NOTIFY

The request was:

Approved

ARCHIVE CANCEL

10. Once the status is chosen click the **Archive**  button

Prior Authorization

Once archived, an email with the archive outcome is sent to any other users with access to this PA

ARCHIVE & NOTIFY


The request was:


ARCHIVE
CANCEL

PA already archived.

Rx Fills

In this section the prescriber can view all medications that have been dispensed by the pharmacy.





LastName, Kavya

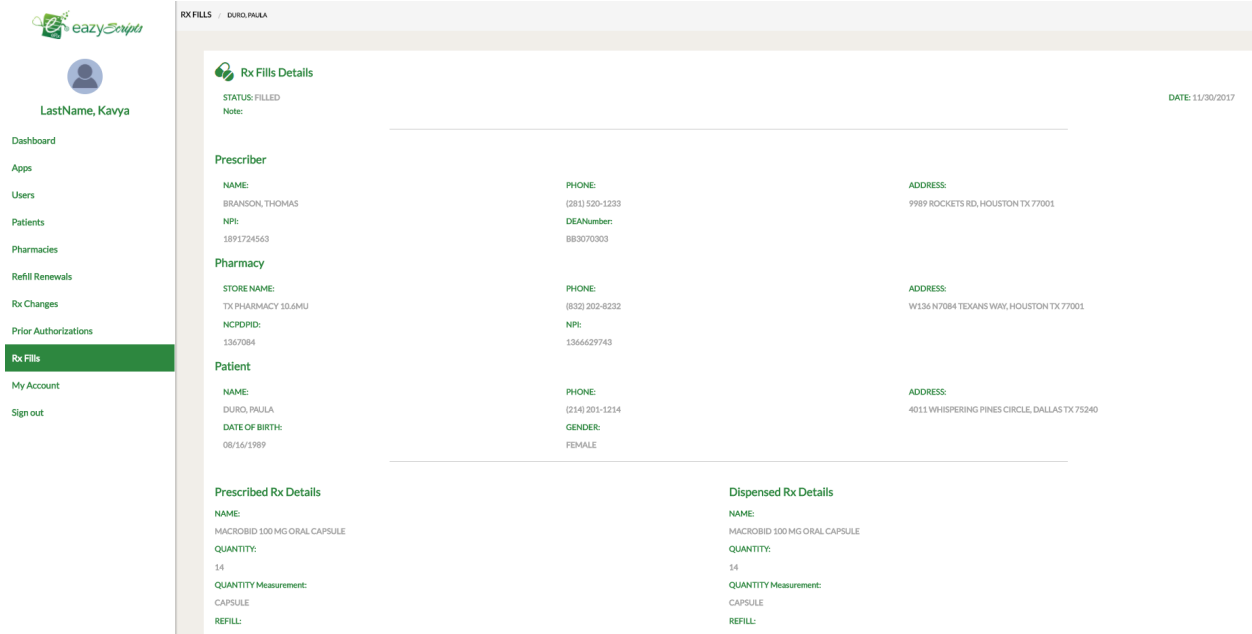
- Dashboard
- Apps
- Users
- Patients
- Pharmacies
- Refill Renewals
- Rx Changes
- Prior Authorizations
- Rx Fills
- My Account
- Sign out

RX FILLS

Rx Fills

PATIENT NAME	DATE	DRUG DESCRIPTION
Duro, Paula	11/30/2017	Macrolid 100 MG Oral Capsule
Custer, Grant	11/30/2017	Diclofenac Potasslum 50 mg Tablet
MYLONGLASTNAMEISCRAZYATTTHISMANYCHAR, BOBZIMBABWAYALPHAPAINUBERDOOBERNAME	11/30/2017	Azithromycin 200 MG/5 ML Suspension
Notch, Frank	11/30/2017	Simvastatin 20 MG Oral Tablet
Biscayne, Sophia	11/30/2017	Procardia XL 30 MG Oral Tablet

If the prescriber wants more information, they can click on each specific entry to get further details.



Rx Fills / DURO, PAULA

Rx Fills Details

STATUS: FILLED DATE: 11/30/2017
 Note:

Prescriber

NAME: BRANSON, THOMAS	PHONE: (281) 520-1233	ADDRESS: 9989 ROCKETS RD, HOUSTON TX 77001
NPI: 1891724563	DEANumber: 883070303	

Pharmacy

STORE NAME: TX PHARMACY 10.6MIJ	PHONE: (832) 202-8232	ADDRESS: W136 N7084 TEXANS WAY, HOUSTON TX 77001
NCPDPID: 1367084	NPI: 1366629743	

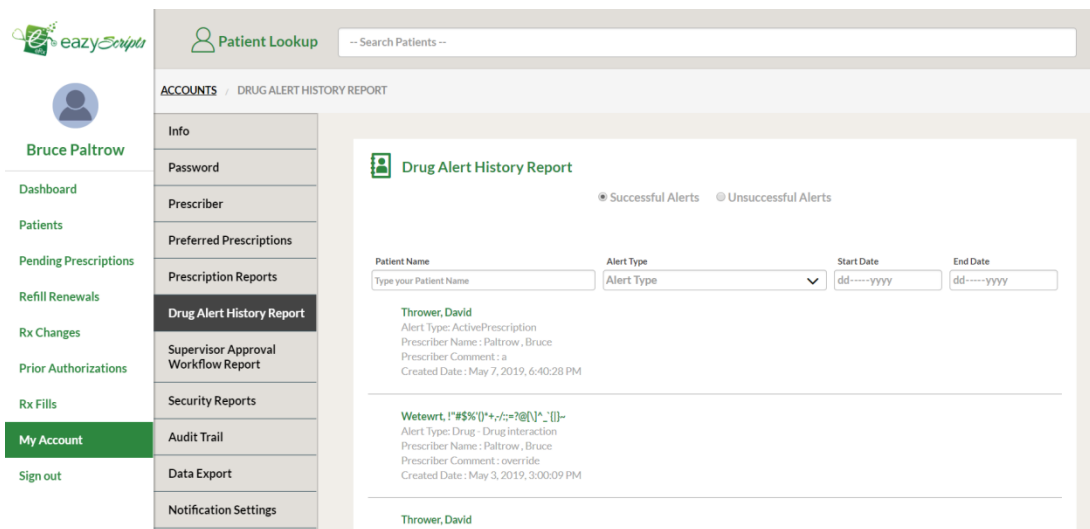
Patient

NAME: DURO, PAULA	PHONE: (214) 201-1214	ADDRESS: 4011 WHISPERING PINES CIRCLE, DALLAS TX 75240
DATE OF BIRTH: 08/16/1989	GENDER: FEMALE	

Prescribed Rx Details	Dispensed Rx Details
NAME: MACROBID 100 MG ORAL CAPSULE	NAME: MACROBID 100 MG ORAL CAPSULE
QUANTITY: 14	QUANTITY: 14
QUANTITY Measurement: CAPSULE	QUANTITY Measurement: CAPSULE
REFILL:	REFILL:

Drug Alert History Report

Clicking on My Account will take the user to the account section, where the Doctor can view their Drug Alert History Report.



Patient Lookup -- Search Patients --

ACCOUNTS / DRUG ALERT HISTORY REPORT

Bruce Paltrow

- Dashboard
- Patients
- Pending Prescriptions
- Refill Renewals
- Rx Changes
- Prior Authorizations
- Rx Fills
- My Account**
- Sign out

Drug Alert History Report

• Successful Alerts • Unsuccessful Alerts

Patient Name	Alert Type	Start Date	End Date
Type your Patient Name	Alert Type	dd----yyyy	dd----yyyy

Thrower, David
 Alert Type: ActivePrescription
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: a
 Created Date: May 7, 2019, 6:40:28 PM

Wetwrt.!"#\$%&'()*+,-/:;?@[\]^_`{|}~
 Alert Type: Drug - DrugInteraction
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: override
 Created Date: May 3, 2019, 3:00:09 PM

Thrower, David

Type of Filters:

1. Successful Alerts
2. Unsuccessful Alerts

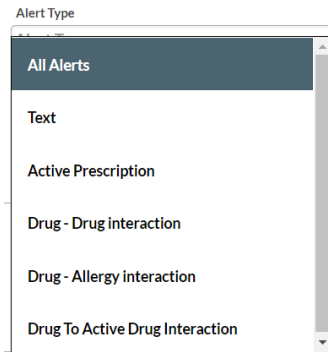
To View Successful Alerts:

1. Click on **Drug Alert History Report** to view the report list.

2. Select filter type. **Successful Alerts**

3. Add Patient Name by typing the patient name in the given field.

4. Select the Alert type from the dropdown list.



5. Select Start Date and End Date

To View Unsuccessful Alerts:

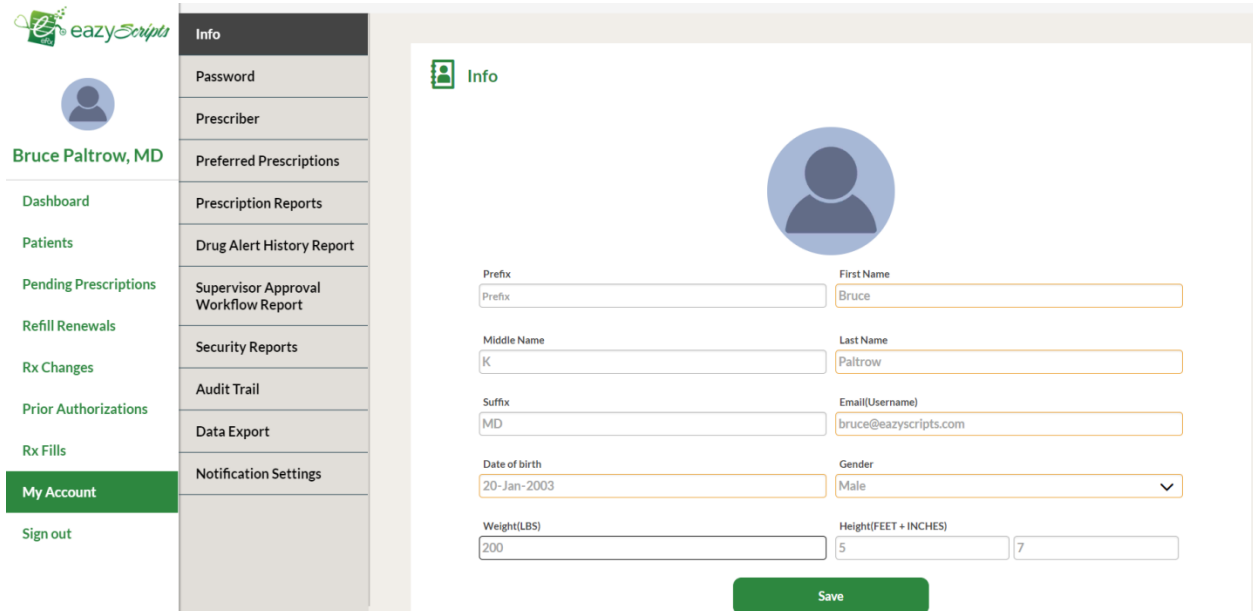
1. Click on **Drug Alert History Report** to view the report list.

2. Select filter type. **Unsuccessful Alerts**

3. Add Patient Name by typing in the given field.

4. Select Start Date and End Date

My Account



The screenshot displays the 'My Account' interface. On the left is a sidebar with the following items: a user profile icon for 'Bruce Paltrow, MD', 'Dashboard', 'Patients', 'Pending Prescriptions', 'Refill Renewals', 'Rx Changes', 'Prior Authorizations', 'Rx Fills', 'My Account' (highlighted), and 'Sign out'. The main content area is titled 'Info' and contains a user profile card with a placeholder for a profile picture. Below the profile card are several input fields for personal information:

- Prefix: Prefix
- First Name: Bruce
- Middle Name: K
- Last Name: Paltrow
- Suffix: MD
- Email (Username): bruce@eazyscripts.com
- Date of birth: 20-Jan-2003
- Gender: Male (dropdown menu)
- Weight (LBS): 200
- Height (FEET + INCHES): 5 feet, 7 inches

A green 'Save' button is located at the bottom right of the form.

1. **My Account** on the sidebar takes the user to the above screen. Each of the sections can be expanded by clicking on them on the side.
 - a. **Info** displays the user's personal details.
 - b. **Password** allows them to change their password.
 - c. **Prescriber** allows to input the following data
 - i. NPI number,
 - ii. EPCS 2-Factor Authentication ID (Identrust account email)
 - iii. Specialty Qualifier
 - iv. Specialty and Clinic Information
 - v. Two Factor Authentication Type
 1. Hard Token
 2. Mobile Authentication

Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

NPI	<input type="text" value="2816018867"/>
Two Factors Authentication User Id (Your IdenTrust Account User ID)	<input type="text" value="Khuram@eazyscripts.com"/>
Two Factor Authentication Type	<input type="radio"/> Hard Token <input checked="" type="radio"/> Mobile Authentication
Specialty Qualifier	<input type="text" value="American Medical Association"/>
Specialty	<input type="text" value="Surgical Oncology"/>

Note: If providers will be electronically prescribing controlled substances, they must input their two-factor authentication ID in this area (after completing the IdenTrust verification process).

Also, prescriber needs to select the authentication type. Once this part is complete for EPCS, the new provider also needs to be approved by another provider who already has EPCS authorizations in eazyScripts. This is a Federally mandated process (**Please see Electronic Prescribing Controlled Substances Section for this process**).

MY TEST CLINIC

Clinic Name

My Test Clinic

DEA Number

VJ1234987

DEA Activation Date

09/03/2017

DEA Expiration Date

09/03/2018

Narcotic Addiction DEA Number

DEA Number

Address 1

245 KENTUCKY BLUEGRASS LANE

Address 2(Optional)

Address 2(Optional)

City

OKLAHOMA CITY

State

OK

Country

United States

Zip code

73102

Number

4058553055

Ext

Ext

Type

Work

Number

4058553055

Ext

Ext

Type

Fax

Permissions

New Rx Refill

Change Cancel

[Save](#)



- d. **Permissions** shows the capabilities that each prescriber possesses with the eazyScripts platform. Permissions include: New Rx, Refill, Change, and Cancel
- e. **Preferred Prescriptions** allows the user to input the prescriptions that are prescribed often. These are added here, and can be accessed at the NEWRX screen when no medication has been selected. Click on the drop-down arrow and this list will appear.

ACCOUNTS / PREFERRED PRESCRIPTIONS

- Info
- Password
- Prescriber
- Preferred Prescriptions
- Prescription Reports
- Drug Alert History Report
- Supervisor Approval Workflow Report
- Security Reports
- Audit Trail
- Data Export
- Notification Settings

Preferred Prescriptions

MEDICATION NAME	DELETE
Lipitor 10 mg tablet	
Advil 100 mg tablet	
C-1000 with Rose Hips 1,000 mg tablet	
D and C green no.6 (bulk) 100 % powder	
Soothe and Cool Skin Cream with Aloe	
Actiq 1,200 mcg lozenge on a handle	
Sa3derm cream	
L.E.T. (lidocaine-epinephrine-tetracaine) 4 %-0.05 %-0.5 % topical gel	
t:30 Infusion Set	

- f. **Prescription Reports** Provides a detailed report of all prescriptions that were written using eazyScripts.

ACCOUNTS / PRESCRIPTION REPORTS

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

Prescription Reports

Type your search query

Thrower, David Date : 05/22/2019 Time : 12:07 pm Status : Active	Advil 100 mg tablet Quantity: 5 Refills: 0 Written Date: 05/22/2019
Epa, Epa Date : 05/21/2019 Time : 1:13 am Status : Active	Lamictal 100 mg tablet Quantity: 3 Refills: 0 Written Date: 05/21/2019
Epa, Epa Date : 05/21/2019 Time : 6:10 pm Status : Active	Lamictal 100 mg tablet Quantity: 3 Refills: 0 Written Date: 05/21/2019
Epa, Epa Date : 05/21/2019	Lipitor 10 mg tablet Quantity: 3

- g. **Security Reports** Allows a view to see the authentications that have occurred. The user can also find specific information via the search bar.

Note: Security Report should be viewed weekly by prescriber.

ACCOUNTS / SECURITY REPORTS

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

Security Reports

Type your search query

Authentication Attempt	Origin:
Date : 05/21/2019	IP Address: 127.0.0.1
Time : 1:43 am	

Authentication Attempt	Origin:
Date : 05/21/2019	IP Address: 127.0.0.1
Time : 12:53 am	


Authentication Attempt	Origin:
Date : 05/16/2019	IP Address: 127.0.0.1
Time : 11:06 pm	

Authentication Attempt	Origin:
Date : 05/16/2019	IP Address: 127.0.0.1
Time : 6:15 pm	

- h. **Data Export** allows prescribers to pull reporting, use drop down menu to select the below reporting options and export them. The prescriber and start/end date fields must be populated.
 - i. Prescriptions
 - ii. Security Incidents
 - iii. Audit Trail
 - iv. ePrescribing – Modified Stage 2 and Stage 3
 - i. Medication CPOE – EP Modified Stage 2 and Stage 3
- i. **Notification Settings** allows for prescriber to snooze alert for base ingredient allergy alerts. (Example: Peanut Allergy triggers the alert every time, even if no ingredient is peanut, this can be snoozed via this option).
- j. **Audit Trail** Allows for a full view of prescriptions for auditing and reporting purposes. The user can also find specific information via the search bar.

ACCOUNTS / AUDIT TRAIL

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

 **Audit Trail**

Type your search query

Event Type: User Created
 Details: 'last20, first20u' account with 'Patient' permissions has been created through WEB
 Result: Successful
 By: Paltrow, Bruce
 TimeStamp: 05/22/2019 3:55 pm


Event Type: User Created
 Details: 'last20, first20u' account with 'Patient' permissions has been created through WEB
 Result: Successful
 By: Paltrow, Bruce
 TimeStamp: 05/22/2019 3:52 pm

Event Type: User Created
 Details: 'mmmmm, kkkkkk' account with 'Patient' permissions has been created through WEB
 Result: Successful
 By: Paltrow, Bruce
 TimeStamp: 05/22/2019 3:52 pm

Event Type: User Created
 Details: 'last20, first20u' account with 'Patient' permissions has been created through WEB
 Result: Successful
 By: Paltrow, Bruce
 TimeStamp: 05/22/2019 3:50 pm

- k. **Data Export** Allows for extraction of data from Prescription Reports, Security Reports or the Audit Trail, by specifying a time frame.

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings


 **Data Export**

Data Type

Data Type

- Prescriptions
- Security Incidents
- Audit Trail
- ePrescribing - EP Modified Stage 2 and Stage 3
- Medication CPOE - EP Modified Stage 2 and Stage 3

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

 **Data Export**

Data Type

Prescriptions

Start Date End Date

dd----yyyy

dd----yyyy

Submit Request

ACCOUNTS / DATA EXPORT

- Info
- Password
- Prescriber
- Preferred Prescriptions
- Prescription Reports
- Drug Alert History Report
- Supervisor Approval Workflow Report
- Security Reports
- Audit Trail
- Data Export
- Notification Settings

Data Export

Data Type

Start Date End Date

[Submit Request](#)

I. **Drug Alert History Report** Allows to review the details of the report

ACCOUNTS / DRUG ALERT HISTORY REPORT

- Info
- Password
- Prescriber
- Preferred Prescriptions
- Prescription Reports
- Drug Alert History Report
- Supervisor Approval Workflow Report
- Security Reports
- Audit Trail
- Data Export
- Notification Settings

Drug Alert History Report

Successful Alerts
 Unsuccessful Alerts

Thrower, David
 Alert Type: Drug - Allergy interaction
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: Override
 Created Date: May 22, 2019, 7:07:37 AM

Epa, Epa
 Alert Type: ActivePrescription
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: LAMICTAL 100 MG TABLET
 Created Date: May 21, 2019, 8:13:41 PM

Epa, Epa
 Alert Type: Drug - Drug interaction
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: LAMICTAL 100 MG TABLET
 Created Date: May 21, 2019, 8:13:41 PM

Clicking on My Account will take to account section, where Administrator can view Drug Alert History Report.

Type of Filter:

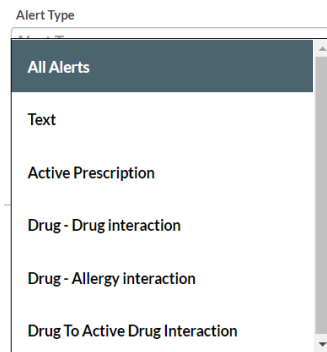
1. Successful Alerts
2. Unsuccessful Alerts

To View Successful Alerts:

1. Click on **Drug Alert History Report** to view report list.
2. Select filter type **Successful Alerts**

Patient Name

3. Add Patient Name by typing patient name in the field
4. Select Alert type from the dropdown



5. Select Start Date and End Date

To View Unsuccessful Alerts:

1. Click on **Drug Alert History Report** to view report list.
2. Select filter type **Unsuccessful Alerts**

Patient Name

3. Add Patient Name by typing patient name in the field.

4. Select Start Date and End Date

ACCOUNTS / DRUG ALERT HISTORY REPORT

Info
Password
Prescriber
Preferred Prescriptions
Prescription Reports
Drug Alert History Report
Supervisor Approval Workflow Report
Security Reports
Audit Trail
Data Export
Notification Settings

Drug Alert History Report

Successful Alerts
 Unsuccessful Alerts

Patient Name:
 Start Date:
 End Date:

Lam, Albert
 Alert Type: Unsuccessful
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: asdfdsf
 Created Date: Aug 11, 2017, 12:00:00 AM

Lam, Albert
 Alert Type: Unsuccessful
 Prescriber Name: Paltrow, Bruce
 Prescriber Comment: adfsasdfsdf
 Created Date: Jul 28, 2017, 12:00:00 AM

[Prepare Export](#)


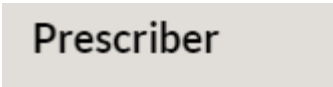
Sign Out

The **Sign Out** button on the sidebar allows the user to log out of their account.

Mobile App Authentication - For EPCS

Prescriber will select the Two Factor Authentication type from the Prescribe section in My Account tab.


To Select Mobile App Authentication:

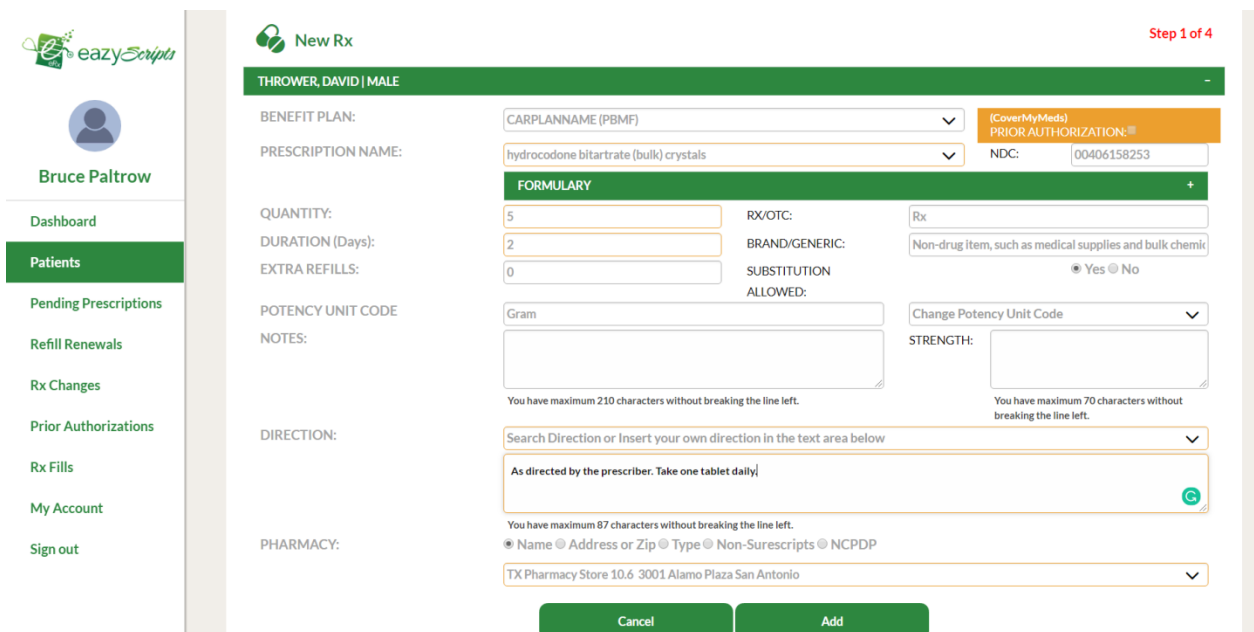
1. Go to 
2. Click on  tab

Two Factor Authentication Type

- Hard Token
 Mobile Authentication

3. Select filter type

1. The **Prescribe New Rx**  button will open up the **New Rx** window. This button is available on Patient Eligibility screen or on the patient profile next to Show Eligibility button.



New Rx Step 1 of 4

THROWER, DAVID | MALE

BENEFIT PLAN: CARPLANNAME (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION:

PRESCRIPTION NAME: hydrocodone bitartrate (bulk) crystals NDC: 00406158253

FORMULARY +

QUANTITY: 5 RX/OTC: Rx

DURATION (Days): 2 BRAND/GENERIC: Non-drug item, such as medical supplies and bulk chemi

EXTRA REFILLS: 0 SUBSTITUTION ALLOWED: Yes No

POTENCY UNIT CODE: Gram Change Potency Unit Code

NOTES: STRENGTH:

You have maximum 210 characters without breaking the line left. You have maximum 70 characters without breaking the line left.



DIRECTION: Search Direction or Insert your own direction in the text area below

As directed by the prescriber. Take one tablet daily

You have maximum 87 characters without breaking the line left.





PHARMACY: Name Address or Zip Type Non-Surescripts NCPDP


TX Pharmacy Store 10.6 3001 Alamo Plaza San Antonio


- a. Requires information related to the new prescription, such as refills needed, duration, strength, pharmacy, directions and any notes to the pharmacist.
- b. **Save**  button will save the prescription in prescriber's queue, while **Cancel**  button cancels the prescription.
- c. Please also note that the orange highlighted fields are **required fields**, while the non-orange fields are optional.



- d. Prescriber will add the EPCS PRESCRIPTION NAME: hydrocodone bitartrate (bulk) crystals




PRESCRIPTION NAME:

- 2. Clicking **Add**  button will bring up the next confirmation screen.
 - a. The Add More  button allows user to go back to add another prescription.
 - b. The Next  button brings the user to a confirmation screen summarizing the newly created prescriptions.
 - c. The Cancel  button cancels the newly created prescription.

 New Rx Step 2 of 4

Added Medicine 

Prescription Name	NDC		
HYDROCODONE BITARTRATE (BULK) CRYSTALS	00406158253		

- 3. Click Next  button for summary screen.

Primary Diagnosis
Search Primary Diagnosis

Prescriber
My Test Clinic
245 KENTUCKY BLUEGRASS LANE,
OKLAHOMA CITY, OK,73102
Mr. Paltrow, Bruce
Phone: (405) 855-3055 Fax: (405) 855-3055
NPI: 9453437102

DEA Number
VJ1234987

EDIT **READY TO SIGN**

4. Click **Ready to Sign** **READY TO SIGN** button to move forward. At this point the provider needs to have their OTP token read with them to sign and for the 2-factor authentication in the upcoming steps.
5. Click **Sign & Submit** **SIGN & SUBMIT** button.
6. Since this is a controlled substance prescription, the user must login with the Two Factor Authentication. The below prompt will appear:

Note: The prompt will also have the email prepopulated, this is from when the provider receives their certificate from IdenTrust, and this is NOT the eazyScripts ID/password.

Login using Two Factor Authentication

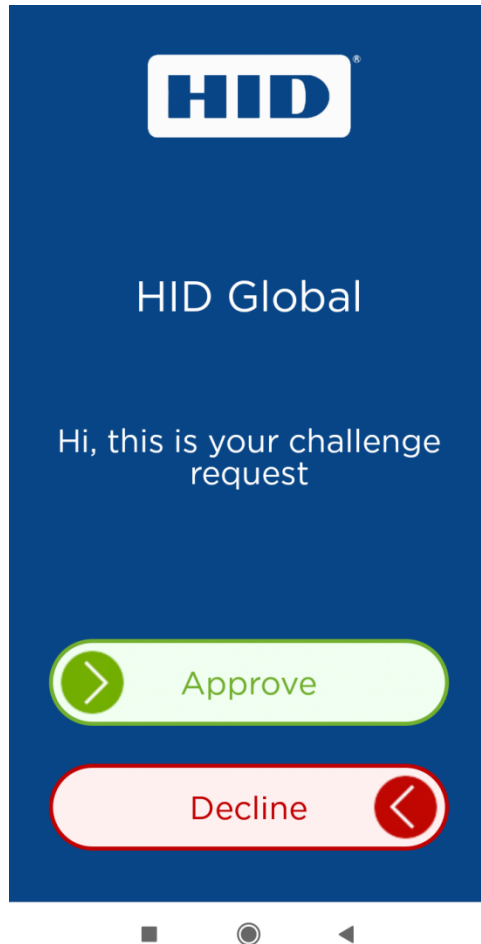
X


Request sent on your mobile device, please approve that

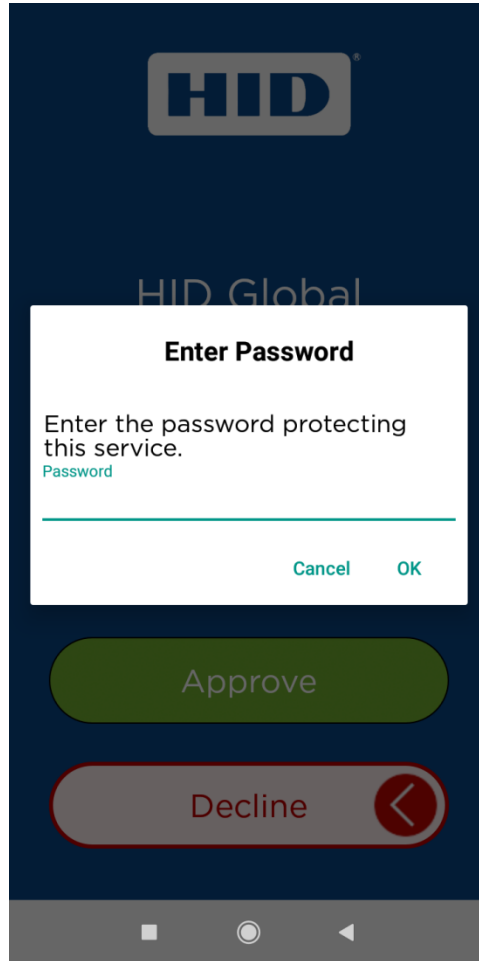


By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

7. The request will be going to the device and will be the below option.
 - a. Approve
 - b. Decline



8. On  request below screen will appear. Where password will be added.



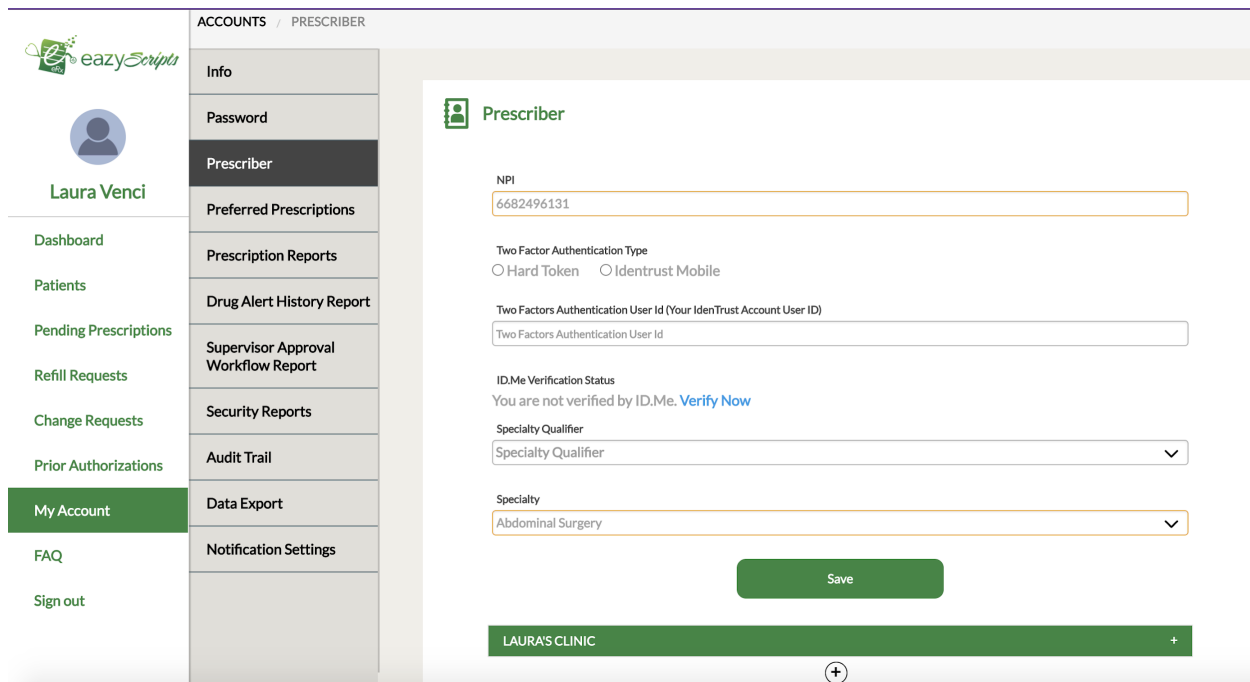
Electronically Prescribing Controlled Substances

ID.me Two-Factor Authentication

NOTE: Please have the following on-hand prior to starting the ID.Me registration:

- Personal email address and mobile number
- SSN, NPI and DEA certification (You will be asked to check each DEA schedule that you are certified to prescribe).
- State license OR State ID OR passport for Identity proofing
- Android or iOS (Apple) smartphone with internet and camera functionalities to download the mobile pp & scan QR code

1. Please login to eazyScripts with your provider login.
2. Once you are logged into eazyScripts as a provider, you will need to go to “My Account” on the left navigation, and then select “Prescriber”.



ACCOUNTS / PRESCRIBER

Info

Password

Prescriber

Preferred Prescriptions

Prescription Reports

Drug Alert History Report

Supervisor Approval Workflow Report

Security Reports

Audit Trail

Data Export

Notification Settings

Prescriber

NPI
6682496131

Two Factor Authentication Type
 Hard Token Identrust Mobile

Two Factors Authentication User Id (Your IdenTrust Account User ID)
Two Factors Authentication User Id

ID.Me Verification Status
You are not verified by ID.Me. [Verify Now](#)

Specialty Qualifier
Specialty Qualifier


Specialty
Abdominal Surgery

Save

LAURA'S CLINIC +

3. Please click on “Verify Now” and another box will pop for ID.Me.

4. You will be asked to either register if you do not have an account (“sign up for an account”), or sign in if you have an existing account with ID.Me.

ID.me +  **eazyScripts**

Sign In

[or sign up for an account](#)




Email

Password

Sign in

[Forgot Password](#)

Or sign in with

 Facebook  Google  LinkedIn

[View more login options >](#)

5. Fill out your email address and password, confirm your password, and click “Sign up”.

Sign Up

or [sign into your account](#)

Email

Password




Confirm password

I accept the ID.me [terms of service](#) and [privacy policy](#)

I want to subscribe to ID.me offers and discounts

Sign up


Or sign in with

 Facebook  Google  LinkedIn

[View more sign up options >](#)


- You will receive an email at the email address entered on the sign-up page. Please go to your email and locate the confirmation email and input the code received.

CONFIRM YOUR EMAIL ADDRESS



We sent an email to `test+email_conf@id.me`. Please check your inbox and find the confirmation email we've sent you.

This email's subject line will read, "ID.me - Please Confirm Your Email." If you cannot find the email within your Inbox, please check your Spam folder. It can take up to 10 minutes to receive this email.



After your email is confirmed, return to this page to continue.

Didn't receive the email? [Send it again](#)


Can't click on the button in your email?

Enter the 6-digit code from the email below.

Continue


[Why do I need to confirm my email?](#)

CONFIRM YOUR EMAIL ADDRESS



We sent an email to `test+email_conf@id.me`. Please check your inbox and find the confirmation email we've sent you.

This email's subject line will read, "ID.me - Please Confirm Your Email." If you cannot find the email within your Inbox, please check your Spam folder. It can take up to 10 minutes to receive this email.



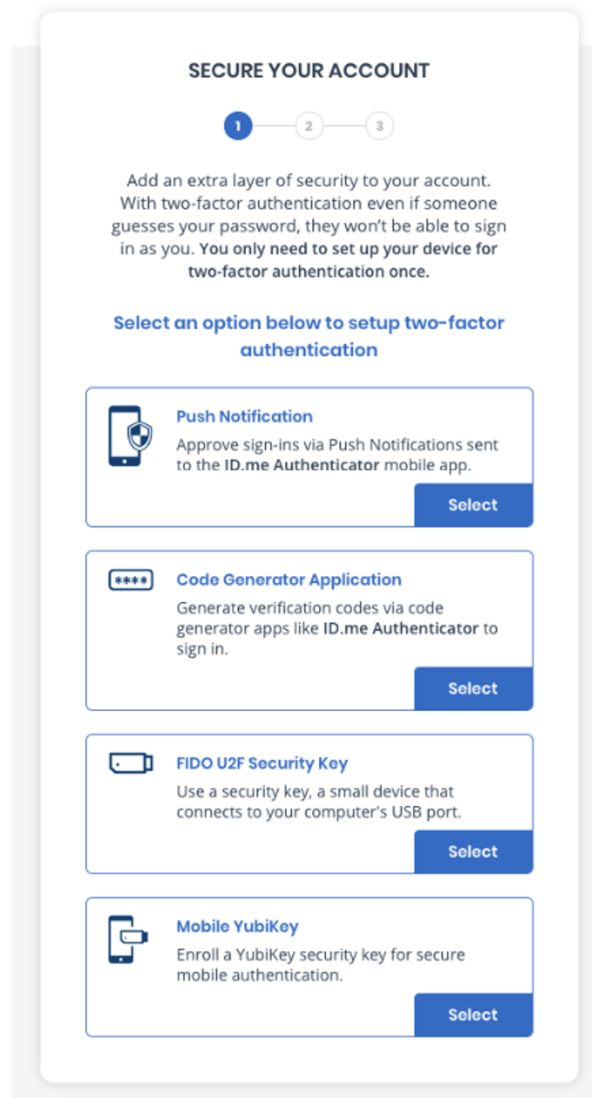
After your email is confirmed, return to this page to continue.

Didn't receive the email? [Send it again](#)

Can't click on the button in your email?

Enter the 6-digit code from the email below.

7. You will be asked to set up two-factor authentication, you can choose one method. Choose the first method to use the ID.Me app to get push notifications via the ID.Me app:



8. You can choose to receive the download link via text message or via email.



SECURE YOUR ACCOUNT

1 — 2 — 3

Choose app download method

Please download the ID.me Authenticator app to your smartphone or tablet device to get started.

How would you like to receive the download link?


 Text message <input checked="" type="checkbox"/>	 Email <input type="checkbox"/>
---	---

Your phone number

9. Download the ID.me authenticator app.

SECURE YOUR ACCOUNT


1 — 2 — 3



Download the ID.me Authenticator app

We've sent you a link to download (or activate) the ID.me Authenticator app. Please open the app and follow the instructions below.

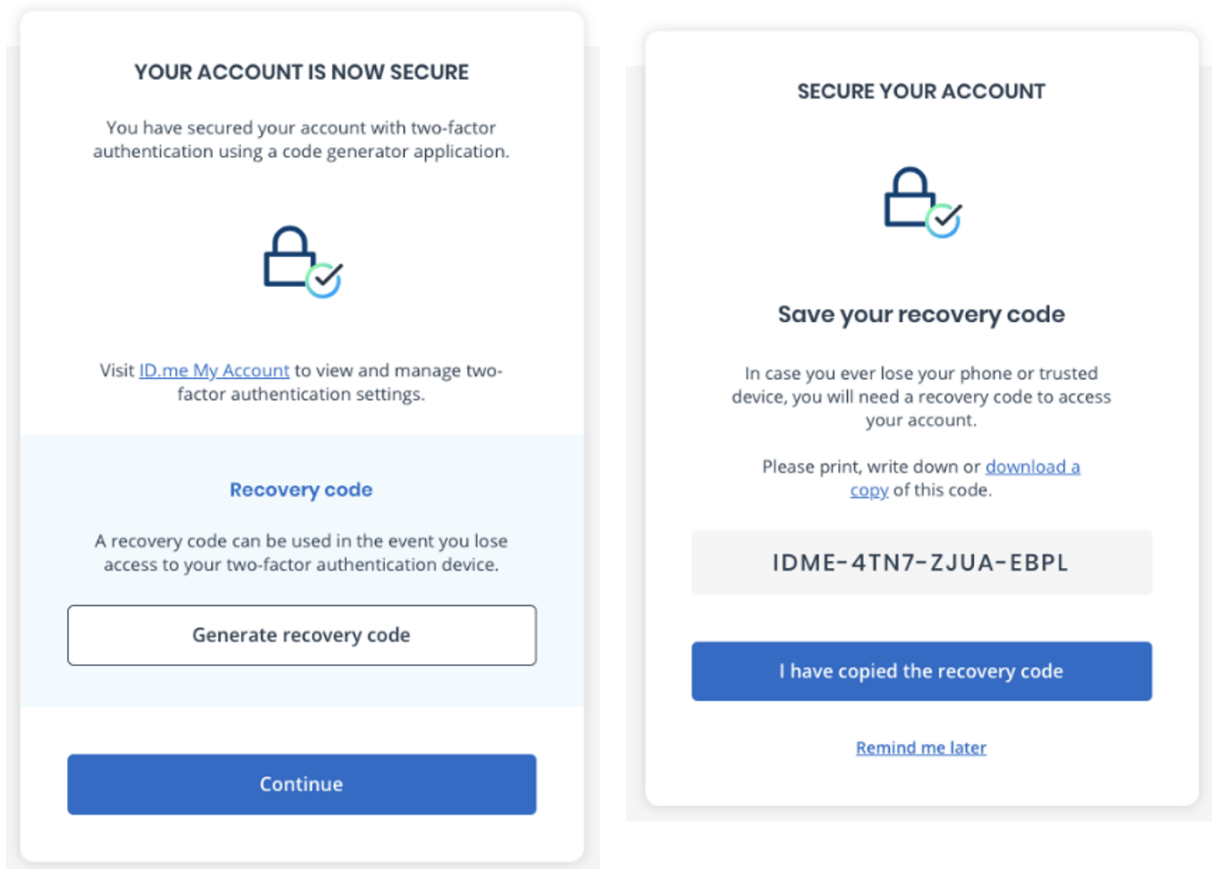
**THERE IS A TIME LIMIT ON THIS STEP FOR SECURITY REASONS.
YOU'LL BE ABLE TO TRY AGAIN IF YOU RUN OUT OF TIME.**



- Open the ID.me Authenticator app and follow prompts to securely access it via a PIN code, fingerprint or FaceID as applicable.
- Tap the "pending request" banner at the top of the ID.me Authenticator app's screen. If you don't see it, drag the screen down to refresh it.


[Go back](#)

10. Secure your account with a recovery code. Clicking “generate recovery code” will provide a code in case of loss of two-factor authentication device.



YOUR ACCOUNT IS NOW SECURE

You have secured your account with two-factor authentication using a code generator application.



Visit [ID.me My Account](#) to view and manage two-factor authentication settings.


Recovery code

A recovery code can be used in the event you lose access to your two-factor authentication device.

Generate recovery code

Continue

SECURE YOUR ACCOUNT



Save your recovery code

In case you ever lose your phone or trusted device, you will need a recovery code to access your account.

Please print, write down or [download a copy](#) of this code.

IDME-4TN7-ZJUA-EBPL

I have copied the recovery code

[Remind me later](#)

- 11.


12. Clicking “I have copied the recovery code” will take you to a page where you will be asked to verify your identity. You can decide how you would like to verify your identity from the four listed options.

VERIFY YOUR IDENTITY

There are several options for you to verify your identity and this process only takes a few minutes. You'll only need to verify your identity once.


We'll need your permission to use details from your credit profile and other public sources to verify your identity. Don't worry, this won't affect your credit score.

Choose a verification method

**Answer questions about your credit history**


Tell us your name, address, phone number, birth date, and social security number so we can confirm your identity.

[Start now](#)

**Upload photos of your license or state ID**


Upload photos of your driver's license or state ID, and enter your social security number.

[Start now](#)

**Upload a photo of your passport**

Upload a photo of your passport and enter your social security number.

[Start now](#)

**Upload photos of your passport card**

Upload photos of your passport card and enter your social security number.

[Start now](#)

13. Next you will be required to verify your identity by phone number. Enter your mobile number, and click “Continue”.

VERIFY YOUR IDENTITY


1 — 2 — **3** — 4 — 5

Enter your phone number


We'll verify your identity by making sure the phone number you enter matches the number in your credit profile, or we'll check your mobile carrier.

Select the phone type you have

If you have a smart phone with a web browser, we'll text you a link you can open. If you don't have a smart phone, we'll call you.



**Smartphone
with a web browser**



**Home or cell phone
without a web browser**

WE CAN'T SUPPORT VIRTUAL OR INTERNET PHONE SERVICES LIKE SKYPE AND GOOGLE VOICE RIGHT NOW.

Back
Continue

VERIFY YOUR IDENTITY


1 — 2 — **3** — 4 — 5

Enter your phone number


We'll verify your identity by making sure the phone number you enter matches the number in your credit profile, or we'll check your mobile carrier.

Select the phone type you have

If you have a smart phone with a web browser, we'll text you a link you can open. If you don't have a smart phone, we'll call you.



**Smartphone
with a web browser**



**Home or cell phone
without a web browser**

WE CAN'T SUPPORT VIRTUAL OR INTERNET PHONE SERVICES LIKE SKYPE AND GOOGLE VOICE RIGHT NOW.

Mobile Phone *

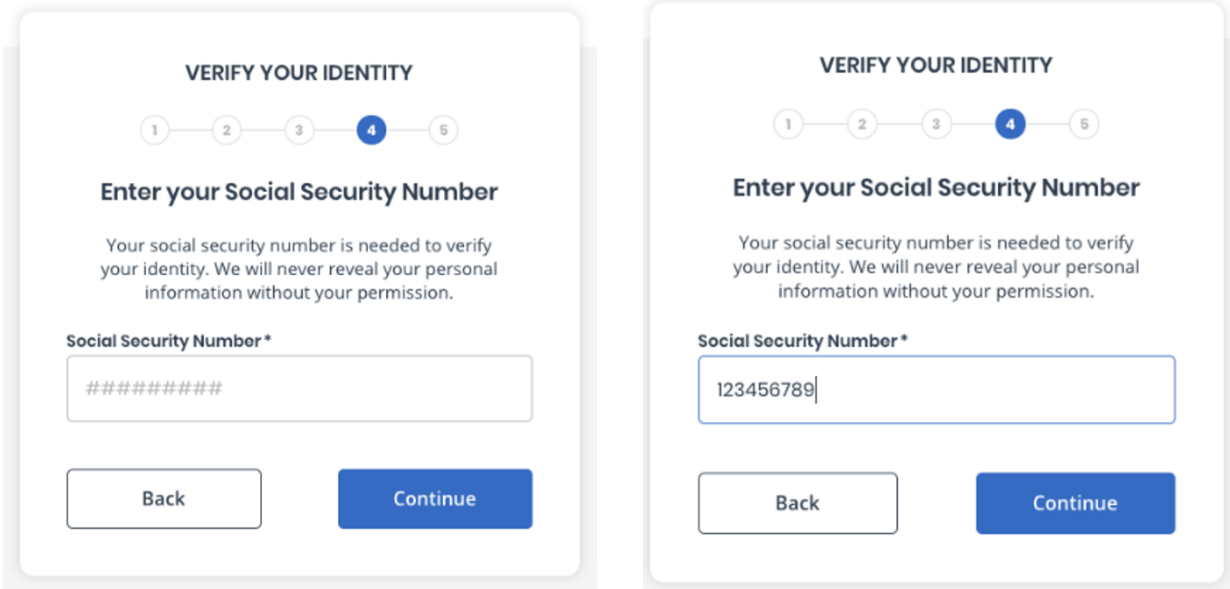
Home Phone

Optional

WE CAN'T SUPPORT VIRTUAL OR INTERNET PHONE SERVICES LIKE SKYPE AND GOOGLE VOICE RIGHT NOW.

Back
Continue

14. You will be asked to enter your Social Security number. Click “Continue”.



VERIFY YOUR IDENTITY

1 — 2 — 3 — 4 — 5

Enter your Social Security Number

Your social security number is needed to verify your identity. We will never reveal your personal information without your permission.

Social Security Number *

#####

Back Continue

VERIFY YOUR IDENTITY

1 — 2 — 3 — 4 — 5

Enter your Social Security Number

Your social security number is needed to verify your identity. We will never reveal your personal information without your permission.

Social Security Number *

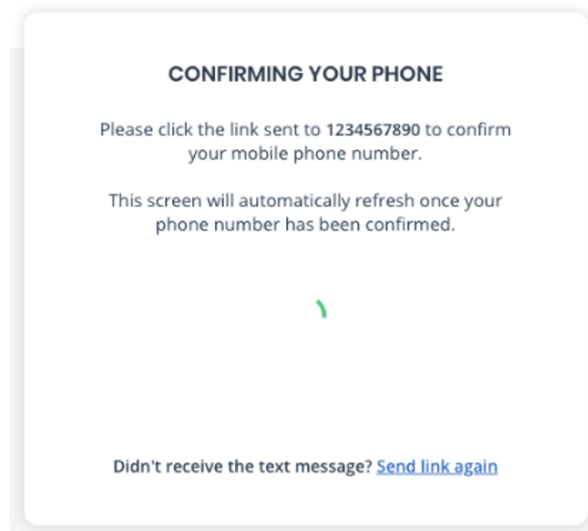
123456789|

Back Continue

15. In the next screen your name, address and phone number information will appear, you will be required to check the following checkbox at the bottom and click “Continue”.

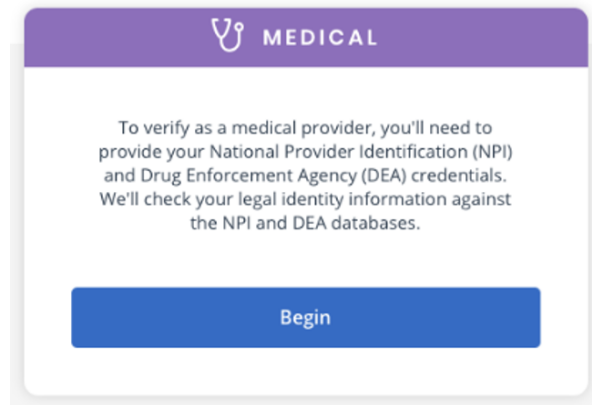
The information I've provided is correct, and I accept the use of [Fair Credit Reporting Act](#) data to verify my identity.

16. You will see the following screen confirming your phone number.



In the next section you will complete the medical credential verification:

17. Please click “Begin” to continue to the next screen.



18. Please enter your NPI and DEA information as it applies to you, and click “Continue”.

V MEDICAL

Your NPI number and DEA number are needed to verify your identity.

The NPI number is a unique 10-digit identification number issued to covered health care providers by the CMS (Centers for Medicare and Medicaid Services).

NPI Number *

Please enter your NPI Number

A DEA number is an identifier assigned to a health care provider by the United States Drug Enforcement Administration allowing them to write prescriptions for controlled substances. An example DEA number format is "BJ6125341".

DEA Number *

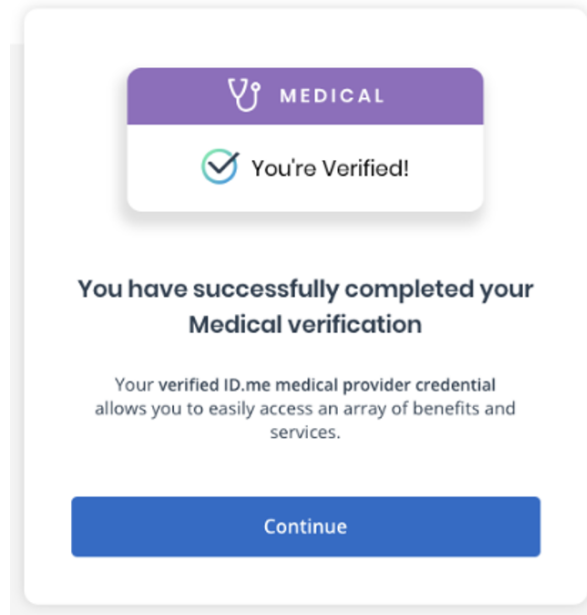
Please enter your DEA number

DEA Schedule

I II III IV V

Back **Continue**

19. On the next screen you will be asked to confirm information based on your role as a medical provider, please check and then click “Continue”. You will be taken to a screen confirming that you have been verified.



20. When you are redirected back to the eazyScripts application, you will now see the message “You are verified by ID.Me”.



Prescriber

NPI

Two Factor Authentication Type

Hard Token Identrust Mobile ID.Me

Two Factors Authentication User Id (Your IdenTrust Account User ID)

ID.Me Verification Status


You are verified by ID.Me

Specialty Qualifier

Specialty

Save

Updating Email

 **Prescriber**

NPI

Two Factor Authentication Type

Hard Token Identrust Mobile ID.Me

ID.Me Verification Status

You are verified by ID.Me

ID.Me verification Email (Username) currently in use: **partner+eazyscripts-med-210202-847102@id.me**. [CLICK HERE](#) to update

Specialty Qualifier

Specialty

Save

In the event that an email address needs to be updated in the ID.me system, a link is provided for the user to follow.

Approval Process Workflow of New EPCS Providers

Once a provider's identity has been validated and they have completed the EPCS process through ID.me, the Administrator must begin the controlled substance approval workflow.

Please note that when completing the EPCS workflow the Administrator and Doctor user roles must be two separate individuals, one individual being the provider DEA registrant who has obtained the two-factor authentication credentials, per DEA guidelines. In adherence to this principle eazyScripts reiterates: This person must be the provider registered with the DEA and has completed identity verification through ID.me and linked the ID.me Authenticator app on their smartphone and to their eazyScripts account.

The Administrator's role

1. The **Administrator** must navigate to the Users tab and select the provider requiring EPCS permissions, and expand the desired clinic section.
2. At the bottom of the expanded tab are the permissions checkboxes as seen during the provider creation process. The New Rx, Refill, Change, and Cancel boxes should be checked.
3. After the Admin checks the Controlled Substance box they must choose a supervisor, which must be a provider with a valid NPI and current controlled substance permissions.
4. Click **Save**.

Permissions ?

New Rx

Refill

Change

Cancel

Controlled Substance ?

Doctor For Approval Request



Save

NOTE: If a provider is the first provider needing controlled substance permissions at a clinic they may approve themselves. Each subsequent provider will then need to be approved by a provider that has already been granted permissions.

Permissions

New Rx

Change

Controlled Substance

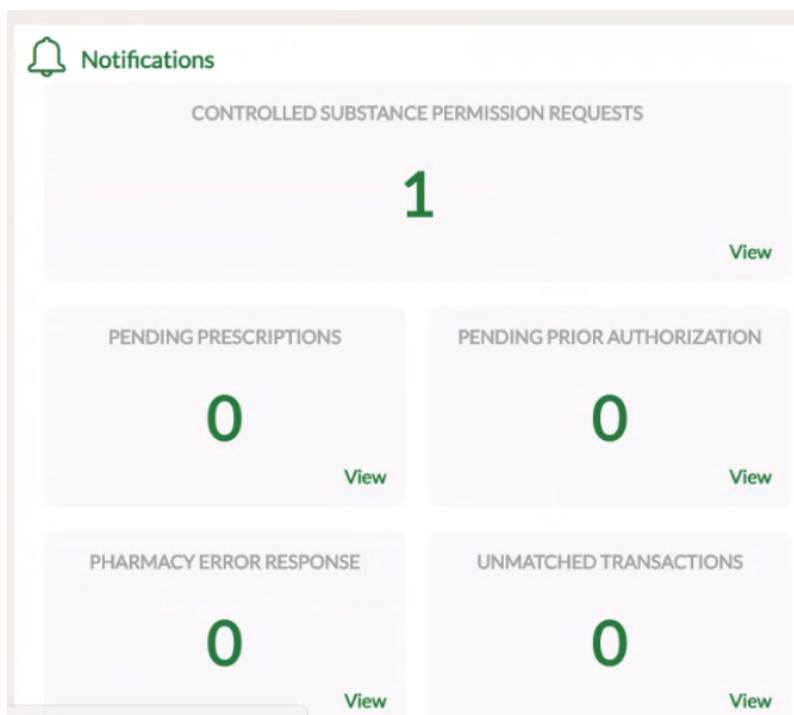
Refill

Cancel

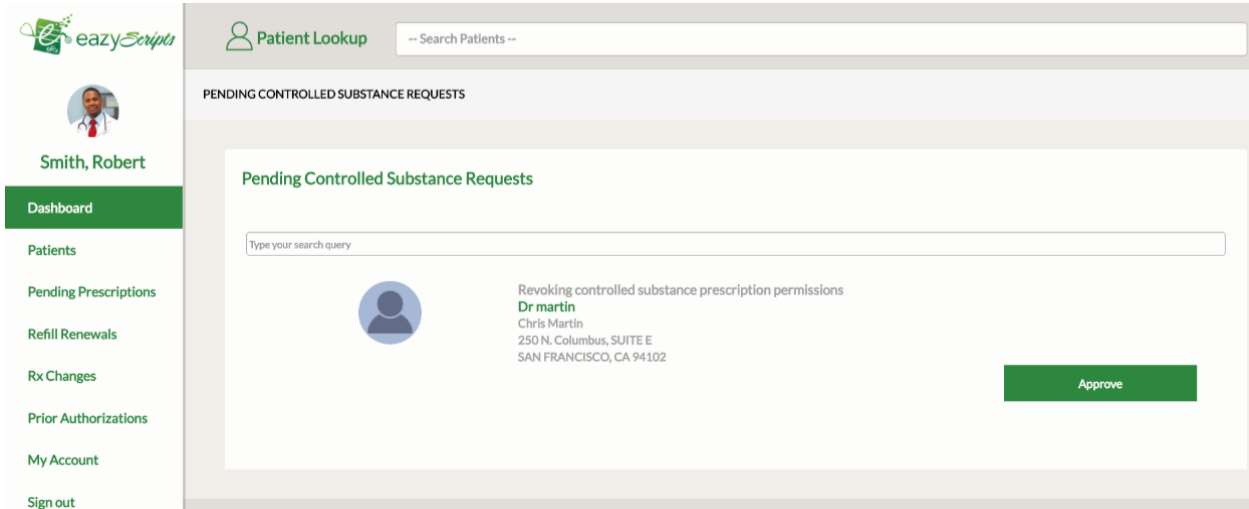
Approval is pending for Controlled Substance prescription


Save

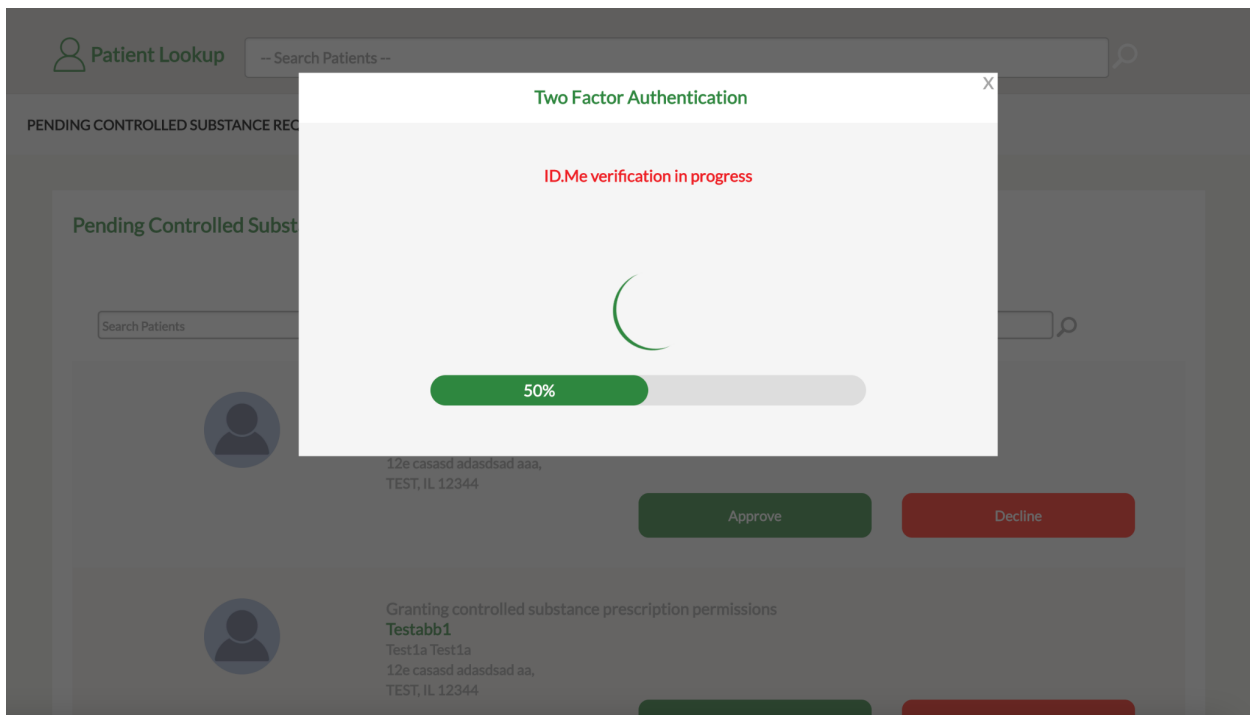
After the permission request has been sent it will appear at the top of the provider's Dashboard under Controlled Substance Permission Requests for approval.



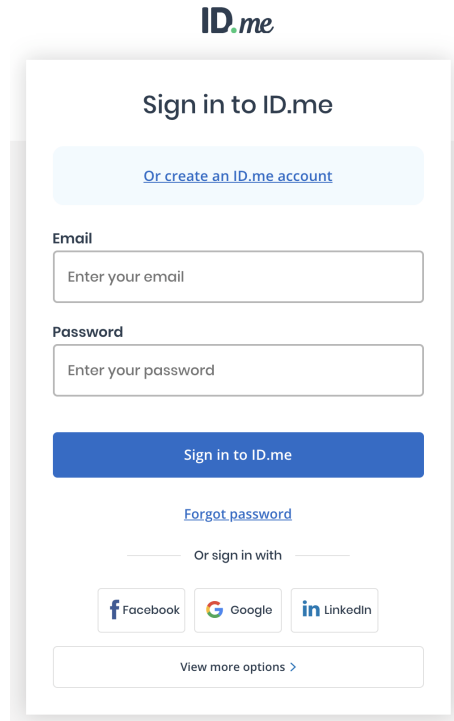
1. The provider will need to click the **View** [View](#) button, which will direct them to the next screen to approve or deny the request.



2. The provider will click the **Approve**  button to grant permissions.
3. After clicking Approve, eazyScripts will display the following popup:



4. This will trigger the ID.me two factor authentication confirmation that will need to be completed on the provider's smart device. It may request the provider complete login at this step. If not, the user will receive a push notification on their smart device.



5. Once this process workflow is completed, the new provider can prescribe controlled substances.

Electronically Prescribing Controlled Substances Process in eazyScripts

In this section the eazyScripts process to electronically prescribe controlled substances will be explained.

8. The **Prescribe New Rx** **PRESCRIBE NEW RX** button will open up the **New Rx** window. This button is available on Patient Eligibility screen or on the patient profile next to Show Eligibility button.

LAM, ALBERT | MALE

BENEFIT PLAN: PRIOR AUTHORIZATION:

PRESCRIPTION NAME: NDC:

ALTERNATIVE MEDICINE +

FORMULARY & BENEFIT +

QUANTITY: RX/OTC:

DURATION: BRAND/GENERIC:

EXTRA REFILLS: PRN: SUBSTITUTION Yes No

POTENCY UNIT CODE: ALLOWED:

NOTES: STRENGTH:

Enter maximum 210 characters without breaking the line. Enter maximum 70 characters without breaking the line.

DIRECTION:

Enter maximum 140 characters without breaking the line.
 Name Geography Type None Sure Script

PHARMACY:

SUPERVISOR:

Cancel
Save

- a. Requires information related to the new prescription, such as refills needed, duration, strength, pharmacy, directions and any notes to the pharmacist.
 - b. **Save** Save button will save the prescription in prescriber's queue, while **Cancel** Cancel button cancels the prescription.
 - c. Please also note that the orange highlighted fields are **required fields**, while the non-orange fields are optional.
9. On New Rx window patient demographics will be shown above Benefit Plan and other details

THROWER, DAVID | MALE +

DOB: 02/22/1933 GENDER: Male WEIGHT: 0
 HEIGHT: 0 PHONE: 923 (45) 877-6246 EMAIL: davidT@gmail.com
 ADDRESS: 64 VIOLET LANE, HOWEY IN THE HILLS, FL 34737

BENEFIT PLAN: CARPLANNAME (PBMF) (CoverMyMeds) PRIOR AUTHORIZATION:

PRESCRIPTION NAME: --Search Prescription-- NDC:

10. Choose Benefit Plan. When no Benefit Plan exists, an alert will be shown to the user "No Benefit Plan Exits".

RAJAN, ARTHI | FEMALE -

BENEFIT PLAN: No Benefit Plan Exists NDC:

PRESCRIPTION NAME: --Search Prescription-- NDC:

11. Choose Prescription Name or type of medication can be selected from a drop down menu or type in for a quick search.
12. The NDC will be populated based on Prescription Name.
13. Define **Quantity**
14. **Duration** (in days) of the treatment can be specified, as can quantity (of pills requested).
15. A number of **extra refills** can be specified.
 - a. The maximum number of refills allowed is 99.
16. **Potency Unit Code** will be populated based on **Prescription Name**.
17. **RX/OTC** will be populated based on **Prescription Name**.
18. **Brand/Generic** will be populated based on **Prescription Name**.
19. **PRN**: Check this if, it is a "as needed medication".
20. Define if **Substitution** is allowed or not.
21. Add **Notes** for Pharmacist in designated field.
22. Define the **Directions** for the prescription for the patient to follow.

LAM, ALBERT | MALE

BENEFIT PLAN: CoverMyMeds Mock payer (pseudo) PRIORITY AUTHORIZATION: #

PRESCRIPTION NAME: OXYCONTIN 10 MG TABLET NDC: 43063035402

ALTERNATIVE MEDICINE

FORMULARY & BENEFIT

QUANTITY: 10 RX/OTC: Rx

DURATION: 10 BRAND/GENERIC: Brand

EXTRA REFILLS: 0 SUBSTITUTION ALLOWED: * Yes @ No

POTENCY UNIT CODE: Tablet Change Potency Unit Code


NOTES: N/A STRENGTH: 10MG




DIRECTION: Take one daily

PHARMACY: CA Pharmacy Store 10.6 10.6-CA 1313-A S, Harbor Boulevard Anaheim

Cancel Add



23. Choose the desired **Pharmacy**, it can be selected from a similar drop-down menu
- Can choose pharmacy based on name, geography, type or non-SureScript.
 - If you want to change pharmacies after you have already chose one, you will have to clear your current selection and perform a search.

24. Clicking **Save**  button will bring up the next confirmation screen.

- The Add More  button allows user to go back to add another prescription.
- The Next  button brings the user to a confirmation screen summarizing the newly created prescriptions.
- The Cancel  button cancels the newly created prescription.

New Rx Step 2 of 4

Added Medicine

Prescription Name	NDC		
OXYCONTIN 10 MG TABLET	43063035402		

CANCEL ADD MORE NEXT

25. Click Next  button for summary screen.

Prescriber
My Test Clinic
 245 KENTUCKY BLUEGRASS LANE,
 OKLAHOMA CITY, OK, 73102
Mr. PALTROW, BRUCE
 Phone: (405) 855-3055 Fax: (405) 855-3055
 NPI: 1234567893

DEA Number
 VJ1234987

EDIT **READY TO SIGN**

Patient Demographics

NAME	DOB	GENDER
PREFIX LAM, ALBERT	06/04/1980	MALE
COMMUNICATION NUMBERS	ADDRESS	PAYER ID
PHONE NUMBER (WORK): PHONE NUMBER (PERSONAL): (630) 857-3955	222 N COLUMBUS DR 123, ADDRESS2 123 CHICAGO 123, NJ 78945	

Pharmacy Details

STORE NAME	ADDRESS	NCPPDID
CA PHARMACY STORE 10.6	1313-A S. HARBOR BOULEVARD, ANAHEIM, CA 92804	9900118
Phone	Fax	
7142121113	7141132224	

Supervisor

NOT SENT

Medication Prescribed

NAME	PRODUCT ID	REFILL
OXYCONTIN 10 MG TABLET	43069035402	0
QUANTITY	POTENCY UNIT CODE	SUBSTITUTIONS
10	TABLET	TRUE
STRENGTH	DIRECTION	NOTES
10 MG	TAKE ONE DAILY	N/A
DURATION	WRITTEN DATE	DEA Schedule
10	09/20/2017	II

CANCEL **READY TO SIGN**

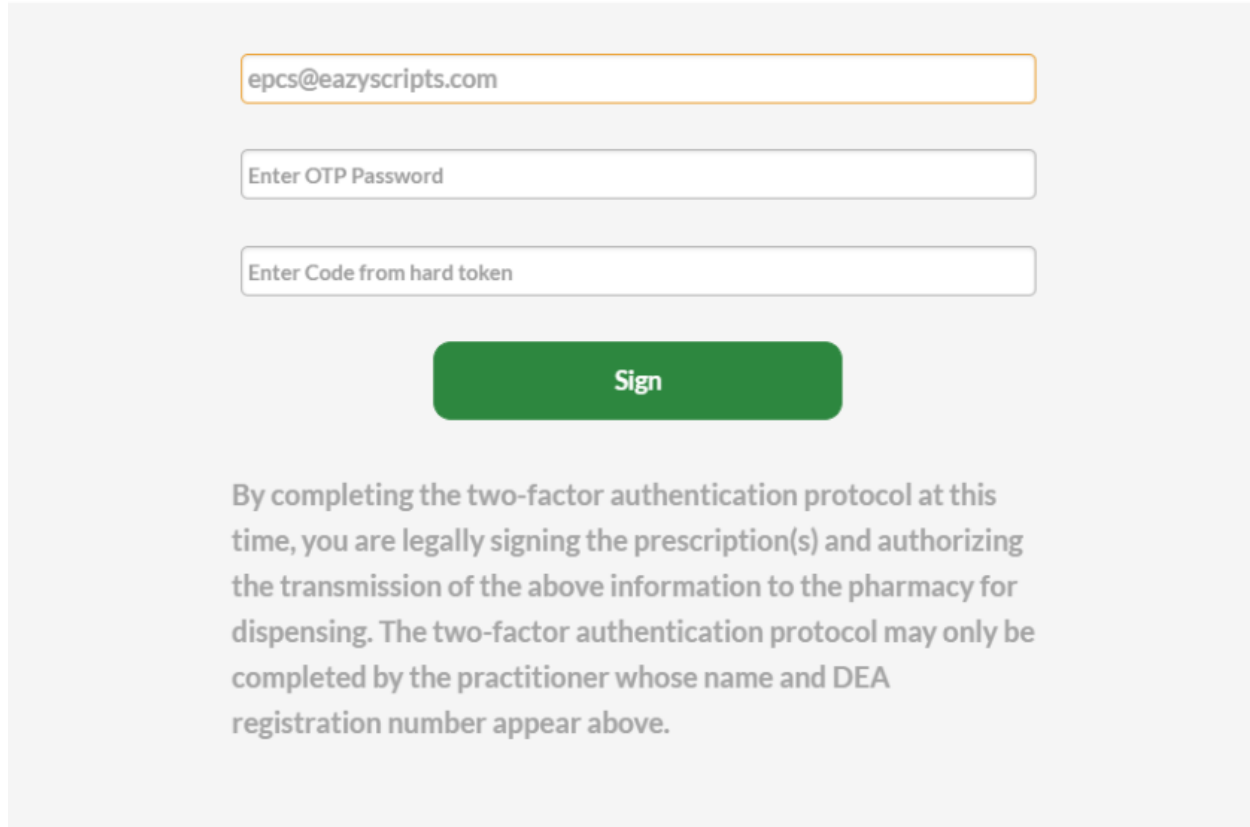
26. Click **Ready to Sign** **READY TO SIGN** button to move forward. At this point the provider needs to have their OTP token read with them to sign and for the 2-factor authentication in the upcoming steps.

27. Click **Sign & Submit** **SIGN & SUBMIT** button.

28. Since this is a controlled substance prescription, the user must login with the Two Factor Authentication. The below prompt will appear:

Note: The prompt will also have the email prepopulated, this is from when the provider receives their certificate from IdenTrust, and this is NOT the eazyScripts ID/password.

Login using Two Factor Authentication

A screenshot of a login form for two-factor authentication. It features three input fields: the first contains the email 'epcs@eazyscripts.com', the second is labeled 'Enter OTP Password', and the third is labeled 'Enter Code from hard token'. Below the fields is a green 'Sign' button. A paragraph of text below the button explains the legal implications of completing the authentication process.


epcs@eazyscripts.com

Enter OTP Password

Enter Code from hard token

Sign

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

29. Enter two-factor authorization login (Identrust account email address).
30. Enter OTP Password.
31. Enter Code from hard token.
32. Click Sign  button.

EPCS Workflow Trigger Print Option

When writing a new prescription for a patient the prescriber can only prescribe the EPCS medicine if EPCS is activated for them. Otherwise they can have the "Print Option" available.



Step 3 of 4

EPCS is not enabled, prescription can only be printed

Primary Diagnosis
 Search Primary Diagnosis

Prescriber

My Test Clinic

123 address lane,
 Chicago, IL,01234

Paltrow, Bruce

Phone: (734) 121-9001 Fax: (734) 121-9001
 NPI: 2816018867

DEA Number
 VJ1234987

[EDIT](#) [READY TO SIGN](#)

Alert will be shown to the Prescriber “EPCS is not enabled, prescription can only be printed”.

Medication Prescribed

NAME	PRODUCT ID	REFILL
BENZPHETAMINE 25 MG TABLET	75834010001	0
QUANTITY	POTENCY UNIT CODE	SUBSTITUTIONS
2	TABLET	TRUE
STRENGTH	DIRECTION	NOTES
25 MG	TAKE 1 TABLET (25 MG) BY ORAL ROUTE 2 TIMES PER DAY	
DURATION	WRITTEN DATE	DEA Schedule
2	05/22/2019	3

[CANCEL](#) [READY TO SIGN](#) [PRINT](#)

Print option is available for the prescriber.

Code of Federal Regulations – Requirements for Electronic Orders and Prescriptions

A prescription for a controlled substance must include the following information:

- Date of issue;
- Patient's name and address;
- Practitioner's name, address, and DEA registration number;
- Drug name;
- Drug strength;
- Dosage form;
- Quantity prescribed;
- Directions for use;
- Number of refills (if any) authorized; and
- Manual signature of prescriber.

A prescription must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner. An individual may be designated by the practitioner to prepare the prescriptions for his/her signature. The practitioner is responsible for making sure that the prescription conforms in all essential respects to the law and regulation.

Prescriptions for schedule II controlled substances must be written and signed by the practitioner. In emergency situations, a prescription for a schedule II controlled substance may be telephoned to the pharmacy and the prescriber must follow up with a written prescription being sent to the pharmacy within seven days. Prescriptions for schedules III through V controlled substances may be written, oral or transmitted by fax.

Title 21 Code of Federal Regulations Part 1306 — Prescriptions

1306.08 Electronic Prescriptions

(a) An individual practitioner may sign and transmit electronic prescriptions for controlled substances provided the practitioner meets all of the following requirements:

- (1) The practitioner must comply with all other requirements for issuing controlled substance prescriptions in this part;
- (2) The practitioner must use an application that meets the requirements of part 1311 of this chapter; and

(3) The practitioner must comply with the requirements for practitioners in part 1311 of this chapter.

(b) A pharmacy may fill an electronically transmitted prescription for a controlled substance provided the pharmacy complies with all other requirements for filling controlled substance prescriptions in this part and with the requirements of part 1311 of this chapter.

(c) To annotate an electronic prescription, a pharmacist must include all of the information that this part requires in the prescription record.

(d) If the content of any of the information required under Sec. 1306.05 for a controlled substance prescription is altered during the transmission, the prescription is deemed to be invalid and the pharmacy may not dispense the controlled substance.

1306.09 Prescription Requirements for Online Pharmacies

(a) No controlled substance that is a prescription drug may be delivered, distributed, or dispensed by means of the Internet without a valid prescription.

(b) In accordance with the Act, it is unlawful for any person to knowingly or intentionally fill a prescription for a controlled substance that was issued in a manner that constitutes dispensing by means of the Internet unless such person is a pharmacist who is acting in the usual course of his professional practice and is acting on behalf of a pharmacy whose registration has been modified under sections 1301.13 and 1301.19 of this chapter to authorize it to operate as an online pharmacy.

(c) Any online pharmacy that participates in the transfer between pharmacies of prescription information must do so in accordance with the requirements of §§1306.15 and 1306.25 of this part.

Title 21 Code of Federal Regulations PART 1311 — Requirements for Electronic Orders and Prescriptions

1311.120 Electronic Prescription Application Requirements

(a) A practitioner may only use an electronic prescription application that meets the requirements in paragraph (b) of this section to issue electronic controlled substance prescriptions.

(b) The electronic prescription application must meet the requirements of this subpart including the following:

(1) The electronic prescription application must do the following:

(i) Link each registrant, by name, to at least one DEA registration number.

(ii) Link each practitioner exempt from registration under Section 1301.22(c) of this chapter to the institutional practitioner's DEA registration number and the specific internal code number required under Section 1301.22(c)(5) of this chapter.

(2) The electronic prescription application must be capable of the setting of logical access controls to limit permissions for the following functions:

(i) Indication that a prescription is ready for signing and signing controlled substance prescriptions.

(ii) Creating, updating, and executing the logical access controls for the functions specified in paragraph (b)(2)(i) of this section.

(3) Logical access controls must be set by individual user name or role. If the application sets logical access control by role, it must not allow an individual to be assigned the role of registrant unless that individual is linked to at least one DEA registration number as provided in paragraph (b)(1) of this section.

(4) The application must require that the setting and changing of logical access controls specified under paragraph (b)(2) of this section involve the actions of two individuals as specified in Section 1311.125 or 1311.130. Except for institutional practitioners, a practitioner authorized to sign controlled substance prescriptions must approve logical access control entries.

(5) The electronic prescription application must accept two-factor authentication that meets the requirements of Section 1311.115 and require its use for signing controlled substance prescriptions and for approving data that set or change logical access controls related to reviewing and signing controlled substance prescriptions.

(6) The electronic prescription application must be capable of recording all of the applicable information required in part 1306 of this chapter for the controlled substance prescription.

(7) If a practitioner has more than one DEA registration number, the electronic prescription application must require the practitioner or his agent to select the DEA registration number to be included on the prescription.

- (8) The electronic prescription application must have a time application that is within five minutes of the official National Institute of Standards and Technology time source.
- (9) The electronic prescription application must present for the practitioner's review and approval all of the following data for each controlled substance prescription:
- (i) The date of issuance.
 - (ii) The full name of the patient.
 - (iii) The drug name.
 - (iv) The dosage strength and form, quantity prescribed, and directions for use.
- (v) The number of refills authorized, if applicable, for prescriptions for Schedule III, IV, and V controlled substances.
- (vi) For prescriptions written in accordance with the requirements of Section 1306.12(b) of this chapter, the earliest date on which a pharmacy may fill each prescription.
- (vii) The name, address, and DEA registration number of the prescribing practitioner.
 - (viii) The statement required under Section 1311.140(a)(3).
- (10) The electronic prescription application must require the prescribing practitioner to indicate that each controlled substance prescription is ready for signing. The electronic prescription application must not permit alteration of the DEA elements after the practitioner has indicated that a controlled substance prescription is ready to be signed without requiring another review and indication of readiness for signing. Any controlled substance prescription not indicated as ready to be signed shall not be signed or transmitted.
- (11) While the information required by paragraph (b)(9) of this section and the statement required by Section 1311.140(a)(3) remain displayed, the electronic prescription application must prompt the prescribing practitioner to authenticate to the application, using two-factor authentication, as specified in Section 1311.140(a)(4), which will constitute the signing of the prescription by the practitioner for purposes of Section 1306.05(a) and (e) of this chapter.
- (12) The electronic prescription application must not permit a practitioner other than the prescribing practitioner whose DEA number (or institutional practitioner DEA number and extension data for the individual practitioner) is listed on the prescription as the prescribing practitioner and who has indicated that the prescription is ready to be signed to sign the prescription.

- (13) Where a practitioner seeks to prescribe more than one controlled substance at one time for a particular patient, the electronic prescription application may allow the practitioner to sign multiple prescriptions for a single patient at one time using a single invocation of the two-factor authentication protocol provided the following has occurred: The practitioner has individually indicated that each controlled substance prescription is ready to be signed while the information required by paragraph (b)(9) of this section for each such prescription is displayed along with the statement required by Section 1311.140(a)(3).
- (14) The electronic prescription application must time and date stamp the prescription when the signing function is used.
- (15) When the practitioner uses his two-factor authentication credential as specified in Section 1311.140(a)(4), the electronic prescription application must digitally sign at least the information required by part 1306 of this chapter and electronically archive the digitally signed record. If the practitioner signs the prescription with his own private key, as provided in Section 1311.145, the electronic prescription application must electronically archive a copy of the digitally signed record, but need not apply the application's digital signature to the record.
- (16) The digital signature functionality must meet the following requirements:
- (i) The cryptographic module used to digitally sign the data elements required by part 1306 of this chapter must be at least FIPS 140–2 Security Level 1 validated. FIPS 140–2 is incorporated by reference in Section 1311.08.
 - (ii) The digital signature application and hash function must comply with FIPS 186–3 and FIPS 180–3, as incorporated by reference in Section 1311.08.
 - (iii) The electronic prescription application's private key must be stored encrypted on a FIPS 140–2 Security Level 1 or higher validated cryptographic module using a FIPS-approved encryption algorithm. FIPS 140–2 is incorporated by reference in Section 1311.08.
 - (iv) For software implementations, when the signing module is deactivated, the application must clear the plain text password from the application memory to prevent unauthorized access to, or use of, the private key.
- (17) Unless the digital signature created by an individual practitioner's private key is being transmitted to the pharmacy with the prescription, the electronic prescription application must include in the data file transmitted an indication that the prescription was signed by the prescribing practitioner.

- (18) The electronic prescription application must not transmit a controlled substance prescription unless the signing function described in Section 1311.140(a)(4) has been used.
- (19) The electronic prescription application must not allow alteration of any of the information required by part 1306 of this chapter after the prescription has been digitally signed. Any alteration of the information required by part 1306 of this chapter after the prescription is digitally signed must cancel the prescription.
- (20) The electronic prescription application must not allow transmission of a prescription that has been printed.
- (21) The electronic prescription application must allow printing of a prescription after transmission only if the printed prescription is clearly labeled as a copy not for dispensing. The electronic prescription application may allow printing of prescription information if clearly labeled as being for informational purposes. The electronic prescription application may transfer such prescription information to medical records.
- (22) If the transmission of an electronic prescription fails, the electronic prescription application may print the prescription. The prescription must indicate that it was originally transmitted electronically to, and provide the name of, a specific pharmacy, the date and time of transmission, and that the electronic transmission failed.
- (23) The electronic prescription application must maintain an audit trail of all actions related to the following:
- (i) The creation, alteration, indication of readiness for signing, signing, transmission, or deletion of a controlled substance prescription.
 - (ii) Any setting or changing of logical access control permissions related to the issuance of controlled substance prescriptions.
 - (iii) Notification of a failed transmission.
 - (iv) Auditable events as specified in Section 1311.150.
- (24) The electronic prescription application must record within each audit record the following information:
- (i) The date and time of the event.
 - (ii) The type of event.
 - (iii) The identity of the person taking the action, where applicable.
 - (iv) The outcome of the event (success or failure).

- (25) The electronic prescription application must conduct internal audits and generate reports on any of the events specified in Section 1311.150 in a format that is readable by the practitioner. Such internal audits may be automated and need not require human intervention to be conducted.
- (26) The electronic prescription application must protect the stored audit records from unauthorized deletion. The electronic prescription application shall prevent modifications to the audit records.
- (27) The electronic prescription application must do the following:
- (i) Generate a log of all controlled substance prescriptions issued by a practitioner during the previous calendar month and provide the log to the practitioner no later than seven calendar days after that month.
 - (ii) Be capable of generating a log of all controlled substance prescriptions issued by a practitioner for a period specified by the practitioner upon request. Prescription information available from which to generate the log must span at least the previous two years.
 - (iii) Archive all logs generated.
 - (iv) Ensure that all logs are easily readable or easily rendered into a format that a person can read.
 - (v) Ensure that all logs are sortable by patient name, drug name, and date of issuance of the prescription.
- (28) Where the electronic prescription application is required by this part to archive or otherwise maintain records, it must retain such records electronically for two years from the date of the record's creation and comply with all other requirements of Section 1311.305.

Schedule II Controlled Substances

1306.11 Requirement of Prescription

(a) A pharmacist may dispense directly a controlled substance listed in Schedule II that is a prescription drug as determined under section 503 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)) only pursuant to a written prescription signed by the practitioner, except as provided in paragraph (d) of this section. A paper prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy via

facsimile equipment, provided that the original manually signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance, except as noted in paragraph (e), (f), or (g) of this section. The original prescription shall be maintained in accordance with §1304.04(h) of this chapter.

(b) An individual practitioner may administer or dispense directly a controlled substance listed in Schedule II in the course of his professional practice without a prescription, subject to §1306.07.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule II only pursuant to a written prescription signed by the prescribing individual practitioner or to an order for medication made by an individual practitioner that is dispensed for immediate administration to the ultimate user.

(d) In the case of an emergency situation, as defined by the Secretary in §290.10 of this title, a pharmacist may dispense a controlled substance listed in Schedule II upon receiving oral authorization of a prescribing individual practitioner, provided that:

- (1) The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period (dispensing beyond the emergency period must be pursuant to a paper or electronic prescription signed by the prescribing individual practitioner);
- (2) The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in §1306.05, except for the signature of the prescribing individual practitioner;
- (3) If the prescribing individual practitioner is not known to the pharmacist, he must make a reasonable effort to determine that the oral authorization came from a registered individual practitioner, which may include a callback to the prescribing individual practitioner using his phone number as listed in the telephone directory and/or other good faith efforts to insure his identity; and
- (4) Within 7 days after authorizing an emergency oral prescription, the prescribing individual practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of §1306.05, the prescription shall have written on its face "Authorization for Emergency Dispensing," and the date of the oral order. The paper prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail it must be postmarked within the 7-day period. Upon receipt, the dispensing pharmacist must attach this paper prescription to the oral emergency prescription that had earlier been reduced to writing. For electronic prescriptions, the pharmacist must annotate the record of the electronic prescription with the original authorization and date of the oral

order. The pharmacist must notify the nearest office of the Administration if the prescribing individual practitioner fails to deliver a written prescription to him; failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescribing individual practitioner.

(5) Central fill pharmacies shall not be authorized under this paragraph to prepare prescriptions for a controlled substance listed in Schedule II upon receiving an oral authorization from a retail pharmacist or an individual practitioner.

(e) A prescription prepared in accordance with §1306.05 written for a Schedule II narcotic substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may be transmitted by the practitioner or the practitioner's agent to the pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this paragraph (e) and it shall be maintained in accordance with §1304.04(h) of this chapter.

(f) A prescription prepared in accordance with §1306.05 written for Schedule II substance for a resident of a Long Term Care Facility may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this paragraph (f) and it shall be maintained in accordance with §1304.04(h).

(g) A prescription prepared in accordance with §1306.05 written for a Schedule II narcotic substance for a patient enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the state may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent will note on the prescription that the patient is a hospice patient. The facsimile serves as the original written prescription for purposes of this paragraph (g) and it shall be maintained in accordance with §1304.04(h).

1306.12 Refilling Prescriptions; Issuance of Multiple Prescriptions

(a) The refilling of a prescription for a controlled substance listed in Schedule II is prohibited.

(b)(1) An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance provided the following conditions are met:

(i) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;

- (ii) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription;
 - (iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;
 - (iv) The issuance of multiple prescriptions as described in this section is permissible under the applicable state laws; and
 - (v) The individual practitioner complies fully with all other applicable requirements under the Act and these regulations as well as any additional requirements under state law.
- (2) Nothing in this paragraph (b) shall be construed as mandating or encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing Schedule II controlled substances. Rather, individual practitioners must determine on their own, based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.

1306.13 Partial Filling of Prescriptions

- (a) The partial filling of a prescription for a controlled substance listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription and he makes a notation of the quantity supplied on the face of the written prescription, written record of the emergency oral prescription, or in the electronic prescription record. The remaining portion of the prescription may be filled within 72 hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall notify the prescribing individual practitioner. No further quantity may be supplied beyond 72 hours without a new prescription.
- (b) A prescription for a Schedule II controlled substance written for a patient in a Long Term Care Facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription. Both the pharmacist and the prescribing practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist must record on the prescription whether the patient is

"terminally ill" or an "LTCF patient." A prescription that is partially filled and does not contain the notation "terminally ill" or "LTCF patient" shall be deemed to have been filled in violation of the Act. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed. Schedule II prescriptions for patients in a LTCF or patients with a medical diagnosis documenting a terminal illness shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of medication.

(c) Information pertaining to current Schedule II prescriptions for patients in a LTCF or for patients with a medical diagnosis documenting a terminal illness may be maintained in a computerized system if this system has the capability to permit:

- (1) Output (display or printout) of the original prescription number, date of issue, identification of prescribing individual practitioner, identification of patient, address of the LTCF or address of the hospital or residence of the patient, identification of medication authorized (to include dosage, form, strength and quantity), listing of the partial fillings that have been dispensed under each prescription and the information required in Sec. 1306.13(b).
- (2) Immediate (real time) updating of the prescription record each time a partial filling of the prescription is conducted.
- (3) Retrieval of partially filled Schedule II prescription information is the same as required by Sec. 1306.22(b)(4) and (5) for Schedule III and IV prescription refill information.

1306.14 Labeling of Substances and Filling of Prescriptions

(a) The pharmacist filling a written or emergency oral prescription for a controlled substance listed in Schedule II shall affix to the package a label showing date of filling, the pharmacy name and address, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, and directions for use and cautionary statements, if any, contained in such prescription or required by law.

(b) If the prescription is filled at a central fill pharmacy, the central fill pharmacy shall affix to the package a label showing the retail pharmacy name and address and a unique identifier, (i.e. the central fill pharmacy's DEA registration number) indicating that the prescription was filled at the central fill pharmacy, in addition to the information required under paragraph (a) of this section.

(c) The requirements of paragraph (a) of this section do not apply when a controlled substance listed in Schedule II is prescribed for administration to an ultimate user who is institutionalized: Provided, That:

- (1) Not more than 7-day supply of the controlled substance listed in Schedule II is dispensed at one time;
- (2) The controlled substance listed in Schedule II is not in the possession of the ultimate user prior to the administration;
- (3) The institution maintains appropriate safeguards and records regarding the proper administration, control, dispensing, and storage of the controlled substance listed in Schedule II; and
- (4) The system employed by the pharmacist in filling a prescription is adequate to identify the supplier, the product, and the patient, and to set forth the directions for use and cautionary statements, if any, contained in the prescription or required by law.

(d) All written prescriptions and written records of emergency oral prescriptions shall be kept in accordance with the requirements of Sec. 1304.04(h) of this chapter.

(e) Where a prescription that has been prepared in accordance with section 1306.12(b) contains instructions from the prescribing practitioner indicating that the prescription shall not be filled until a certain date, no pharmacist may fill the prescription before that date.

1306.15 Provision of Prescription Information Between Retail Pharmacies and Central Fill Pharmacies for Prescriptions of Schedule II Controlled Substances

Prescription information may be provided to an authorized central fill pharmacy by a retail pharmacy for dispensing purposes. The following requirements shall also apply:

(a) Prescriptions for controlled substances listed in Schedule II may be transmitted electronically from a retail pharmacy to a central fill pharmacy including via facsimile. The retail pharmacy transmitting the prescription information must:

- (1) Write the words "CENTRAL FILL" on the face of the original paper prescription and record the name, address, and DEA registration number of the central fill pharmacy to which the prescription has been transmitted, the name of the retail pharmacy pharmacist transmitting the prescription, and the date of transmittal. For electronic prescriptions the name, address, and DEA registration number of the central fill pharmacy to which the prescription has been transmitted, the name of the retail pharmacy pharmacist

transmitting the prescription, and the date of transmittal must be added to the electronic prescription record.

- (2) Ensure that all information required to be on a prescription pursuant to Section 1306.05 of this part is transmitted to the central fill pharmacy (either on the face of the prescription or in the electronic transmission of information);
 - (3) Maintain the original prescription for a period of two years from the date the prescription was filled;
 - (4) Keep a record of receipt of the filled prescription, including the date of receipt, the method of delivery (private, common or contract carrier) and the name of the retail pharmacy employee accepting delivery.
- (b) The central fill pharmacy receiving the transmitted prescription must:
- (1) Keep a copy of the prescription (if sent via facsimile) or an electronic record of all the information transmitted by the retail pharmacy, including the name, address, and DEA registration number of the retail pharmacy transmitting the prescription;
 - (2) Keep a record of the date of receipt of the transmitted prescription, the name of the pharmacist filling the prescription, and the date of filling of the prescription;
 - (3) Keep a record of the date the filled prescription was delivered to the retail pharmacy and the method of delivery (i.e. private, common or contract carrier).

Schedule III, IV, and V Controlled Substances

1306.21 Requirement of Prescription

(a) A pharmacist may dispense directly a controlled substance listed in Schedule III, IV, or V that is a prescription drug as determined under section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)) only pursuant to either a paper prescription signed by a practitioner, a facsimile of a signed paper prescription transmitted by the practitioner or the practitioner's agent to the pharmacy, an electronic prescription that meets the requirements of this part and part 1311 of this chapter, or an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist containing all information required in Sec. 1306.05, except for the signature of the practitioner.

(b) An individual practitioner may administer or dispense directly a controlled substance listed in Schedule III, IV, or V in the course of his/her professional practice without a prescription, subject to Sec. 1306.07.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule III, IV, or V only pursuant to a paper prescription signed by an individual practitioner, a facsimile of a paper prescription or order for medication transmitted by the practitioner or the practitioner's agent to the institutional practitioner-pharmacist, an electronic prescription that meets the requirements of this part and part 1311 of this chapter, or an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist (containing all information required in Sec. 1306.05 except for the signature of the individual practitioner), or pursuant to an order for medication made by an individual practitioner that is dispensed for immediate administration to the ultimate user, subject to Sec. 1306.07.

1306.22 Refilling of Prescriptions

(a) 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. Prescriptions for schedule V controlled substances may be refilled as authorized by the practitioner.

(b) Each refilling of a prescription shall be entered on the back of the prescription or on another appropriate document or electronic prescription record. If entered on another document, such as a medication record, or electronic prescription record, the document or record must be uniformly maintained and readily retrievable.

(c) The following information must be retrievable by the prescription number:

- (1) The name and dosage form of the controlled substance.
- (2) The date filled or refilled.
- (3) The quantity dispensed.
- (4) The initials of the dispensing pharmacist for each refill.
- (5) The total number of refills for that prescription.

(d) If the pharmacist merely initials and dates the back of the prescription or annotates the electronic prescription record, it shall be deemed that the full face amount of the prescription has been dispensed.

(e) The prescribing practitioner may authorize additional refills of Schedule III or IV controlled substances on the original prescription through an oral refill authorization transmitted to the pharmacist provided the following conditions are met:

- (1) The total quantity authorized, including the amount of the original prescription, does not exceed five refills nor extend beyond six months from the date of issue of the original prescription.
- (2) The pharmacist obtaining the oral authorization records on the reverse of the original paper prescription or annotates the electronic prescription record with the date, quantity of refill, number of additional refills authorized, and initials the paper prescription or annotates the electronic prescription record showing who received the authorization from the prescribing practitioner who issued the original prescription.
- (3) The quantity of each additional refill authorized is equal to or less than the quantity authorized for the initial filling of the original prescription.
- (4) The prescribing practitioner must execute a new and separate prescription for any additional quantities beyond the five-refill, six-month limitation.

(f) As an alternative to the procedures provided by paragraphs (a) through (e) of this section, a computer application may be used for the storage and retrieval of refill information for original paper prescription orders for controlled substances in Schedule III and IV, subject to the following conditions:

- (1) Any such proposed computerized application must provide online retrieval (via computer monitor or hard-copy printout) of original prescription order information for those prescription orders that are currently authorized for refilling. This shall include, but is not limited to, data such as the original prescription number; date of issuance of the original prescription order by the practitioner; full name and address of the patient; name, address, and DEA registration number of the practitioner; and the name, strength, dosage form, quantity of the controlled substance prescribed (and quantity dispensed if different from the quantity prescribed), and the total number of refills authorized by the prescribing practitioner.
- (2) Any such proposed computerized application must also provide online retrieval (via computer monitor or hard-copy printout) of the current refill history for Schedule III or IV controlled substance prescription orders (those authorized for refill during the past six months). This refill history shall include, but is not limited to, the name of the controlled substance, the date of refill, the quantity dispensed, the identification code, or name or

initials of the dispensing pharmacist for each refill and the total number of refills dispensed to date for that prescription order.

- (3) Documentation of the fact that the refill information entered into the computer each time a pharmacist refills an original paper, fax, or oral prescription order for a Schedule III or IV controlled substance is correct must be provided by the individual pharmacist who makes use of such an application. If such an application provides a hard-copy printout of each day's controlled substance prescription order refill data, that printout shall be verified, dated, and signed by the individual pharmacist who refilled such a prescription order. The individual pharmacist must verify that the data indicated are correct and then sign this document in the same manner as he would sign a check or legal document (*e.g.*, J.H. Smith, or John H. Smith). This document shall be maintained in a separate file at that pharmacy for a period of two years from the dispensing date. This printout of the day's controlled substance prescription order refill data must be provided to each pharmacy using such a computerized application within 72 hours of the date on which the refill was dispensed. It must be verified and signed by each pharmacist who is involved with such dispensing. In lieu of such a printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in such dispensing shall sign a statement (in the manner previously described) each day, attesting to the fact that the refill information entered into the computer that day has been reviewed by him and is correct as shown. Such a book or file must be maintained at the pharmacy employing such an application for a period of two years after the date of dispensing the appropriately authorized refill.
- (4) Any such computerized application shall have the capability of producing a printout of any refill data that the user pharmacy is responsible for maintaining under the Act and its implementing regulations. For example, this would include a refill-by-refill audit trail for any specified strength and dosage form of any controlled substance (by either brand or generic name or both). Such a printout must include the name of the prescribing practitioner, name and address of the patient, quantity dispensed on each refill, date of dispensing for each refill, name or identification code of the dispensing pharmacist, and the number of the original prescription order. In any computerized application employed by a user pharmacy the central recordkeeping location must be capable of sending the printout to the pharmacy within 48 hours, and if a DEA Special Agent or Diversion Investigator requests a copy of such printout from the user pharmacy, it must, if requested to do so by the Agent or Investigator, verify the printout transmittal capability of its application by documentation (*e.g.*, postmark).
- (5) In the event that a pharmacy which employs such a computerized application experiences system down-time, the pharmacy must have an auxiliary procedure which will be used for documentation of refills of Schedule III and IV controlled substance prescription

orders. This auxiliary procedure must ensure that refills are authorized by the original prescription order, that the maximum number of refills has not been exceeded, and that all of the appropriate data are retained for online data entry as soon as the computer system is available for use again.

(g) When filing refill information for original paper, fax, or oral prescription orders for Schedule III or IV controlled substances, a pharmacy may use only one of the two applications described in paragraphs (a) through (e) or (f) of this section.

(h) When filing refill information for electronic prescriptions, a pharmacy must use an application that meets the requirements of part 1311 of this chapter.

1306.23 Partial Filling of Prescriptions

The partial filling of a prescription for a controlled substance listed in Schedule III, IV, or V is permissible, provided that:

- (a) Each partial filling is recorded in the same manner as a refilling,
- (b) The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and
- (c) No dispensing occurs after 6 months after the date on which the prescription was issued.

1306.24 Labeling of Substances and Filling of Prescriptions

(a) The pharmacist filling a prescription for a controlled substance listed in Schedule III, IV, or V shall affix to the package a label showing the pharmacy name and address, the serial number and date of initial filling, the name of the patient, the name of the practitioner issuing the prescription, and directions for use and cautionary statements, if any, contained in such prescription as required by law.

(b) If the prescription is filled at a central fill pharmacy, the central fill pharmacy shall affix to the package a label showing the retail pharmacy name and address and a unique identifier, (i.e. the central fill pharmacy's DEA registration number) indicating that the prescription was filled at the central fill pharmacy, in addition to the information required under paragraph (a) of this section.

(c) The requirements of paragraph (a) of this section do not apply when a controlled substance listed in Schedule III, IV, or V is prescribed for administration to an ultimate user who is institutionalized: Provided, That:

- (1) Not more than a 34-day supply or 100 dosage units, whichever is less, of the controlled substance listed in Schedule III, IV, or V is dispensed at one time;
- (2) The controlled substance listed in Schedule III, IV, or V is not in the possession of the ultimate user prior to administration;
- (3) The institution maintains appropriate safeguards and records the proper administration, control, dispensing, and storage of the controlled substance listed in Schedule III, IV, or V; and
- (4) The system employed by the pharmacist in filling a prescription is adequate to identify the supplier, the product and the patient, and to set forth the directions for use and cautionary statements, if any, contained in the prescription or required by law.

(d) All prescriptions for controlled substances listed in Schedules III, IV, and V shall be kept in accordance with §1304.04(h) of this chapter.

1306.25 Transfer Between Pharmacies of Prescription Information for Schedules III, IV, and V Controlled Substances for Refill Purposes

(a) The transfer of original prescription information for a controlled substance listed in Schedule III, IV, or V for the purpose of refill dispensing is permissible between pharmacies on a one-time basis only. However, pharmacies electronically sharing a real-time, online database may transfer up to the maximum refills permitted by law and the prescriber's authorization.

(b) Transfers are subject to the following requirements:

- (1) The transfer must be communicated directly between two licensed pharmacists.
- (2) The transferring pharmacist must do the following:
 - (i) Write the word "VOID" on the face of the invalidated prescription; for electronic prescriptions, information that the prescription has been transferred must be added to the prescription record.
 - (ii) Record on the reverse of the invalidated prescription the name, address, and DEA registration number of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information; for electronic prescriptions, such information must be added to the prescription record.

- (iii) Record the date of the transfer and the name of the pharmacist transferring the information.
- (3) For paper prescriptions and prescriptions received orally and reduced to writing by the pharmacist pursuant to §1306.21(a), the pharmacist receiving the transferred prescription information must write the word “transfer” on the face of the transferred prescription and reduce to writing all information required to be on a prescription pursuant to §1306.05 and include:
 - (i) Date of issuance of original prescription.
 - (ii) Original number of refills authorized on original prescription.
 - (iii) Date of original dispensing.
 - (iv) Number of valid refills remaining and date(s) and locations of previous refill(s).
- (v) Pharmacy's name, address, DEA registration number, and prescription number from which the prescription information was transferred.
 - (vi) Name of pharmacist who transferred the prescription.
- (vii) Pharmacy's name, address, DEA registration number, and prescription number from which the prescription was originally filled.
- (4) For electronic prescriptions being transferred electronically, the transferring pharmacist must provide the receiving pharmacist with the following information in addition to the original electronic prescription data:
 - (i) The date of the original dispensing.
 - (ii) The number of refills remaining and the date(s) and locations of previous refills.
- (iii) The transferring pharmacy's name, address, DEA registration number, and prescription number for each dispensing.
 - (iv) The name of the pharmacist transferring the prescription.
- (v) The name, address, DEA registration number, and prescription number from the pharmacy that originally filled the prescription, if different.
- (5) The pharmacist receiving a transferred electronic prescription must create an electronic record for the prescription that includes the receiving pharmacist's name and all of the information transferred with the prescription under paragraph (b)(4) of this section.

(c) The original and transferred prescription(s) must be maintained for a period of two years from the date of last refill.

(d) Pharmacies electronically accessing the same prescription record must satisfy all information requirements of a manual mode for prescription transferal.

(e) The procedure allowing the transfer of prescription information for refill purposes is permissible only if allowable under existing State or other applicable law.

1306.26 Dispensing Without Prescription

A controlled substance listed in Schedules II, III, IV, or V which is not a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, may be dispensed by a pharmacist without a prescription to a purchaser at retail, provided that:

(a) Such dispensing is made only by a pharmacist (as defined in part 1300 of this chapter), and not by a non-pharmacist employee even if under the supervision of a pharmacist (although after the pharmacist has fulfilled his professional and legal responsibilities set forth in this section, the actual cash, credit transaction, or delivery, may be completed by a non-pharmacist);

(b) Not more than 240 cc. (8 ounces) of any such controlled substance containing opium, nor more than 120 cc. (4 ounces) of any other such controlled substance nor more than 48 dosage units of any such controlled substance containing opium, nor more than 24 dosage units of any other such controlled substance may be dispensed at retail to the same purchaser in any given 48-hour period;

(c) The purchaser is at least 18 years of age;

(d) The pharmacist requires every purchaser of a controlled substance under this section not known to him to furnish suitable identification (including proof of age where appropriate);

(e) A bound record book for dispensing of controlled substances under this section is maintained by the pharmacist, which book shall contain the name and address of the purchaser, the name and quantity of controlled substance purchased, the date of each purchase, and the name or initials of the pharmacist who dispensed the substance to the purchaser (the book shall be maintained in accordance with the recordkeeping requirement of Sec. 1304.04 of this chapter); and

(f) A prescription is not required for distribution or dispensing of the substance pursuant to any other Federal, State or local law.

(g) Central fill pharmacies may not dispense controlled substances to a purchaser at retail pursuant to this section.

1306.27 Provision of Prescription Information Between Retail Pharmacies and Central Fill Pharmacies for Initial and Refill Prescriptions of Schedule III, IV, or V Controlled Substances

Prescription information may be provided to an authorized central fill pharmacy by a retail pharmacy for dispensing purposes. The following requirements shall also apply:

(a) Prescriptions for controlled substances listed in Schedule III, IV or V may be transmitted electronically from a retail pharmacy to a central fill pharmacy including via facsimile. The retail pharmacy transmitting the prescription information must:

- (1) Write the word "CENTRAL FILL" on the face of the original prescription and record the name, address, and DEA registration number of the central fill pharmacy to which the prescription has been transmitted and the name of the retail pharmacy pharmacist transmitting the prescription, and the date of transmittal;
- (2) Ensure that all information required to be on a prescription pursuant to §1306.05 of this part is transmitted to the central fill pharmacy (either on the face of the prescription or in the electronic transmission of information);
- (3) Indicate in the information transmitted the number of refills already dispensed and the number of refills remaining;
- (4) Maintain the original prescription for a period of two years from the date the prescription was last refilled;
- (5) Keep a record of receipt of the filled prescription, including the date of receipt, the method of delivery (private, common or contract carrier) and the name of the retail pharmacy employee accepting delivery.

(b) The central fill pharmacy receiving the transmitted prescription must:

- (1) Keep a copy of the prescription (if sent via facsimile) or an electronic record of all the information transmitted by the retail pharmacy, including the name, address, and DEA registration number of the retail pharmacy transmitting the prescription;
- (2) Keep a record of the date of receipt of the transmitted prescription, the name of the licensed pharmacist filling the prescription, and dates of filling or refilling of the prescription;

(3) Keep a record of the date the filled prescription was delivered to the retail pharmacy and the method of delivery (i.e. private, common or contract carrier).

SureScripts Test Pharmacies

Please refer to the SureScripts test pharmacy document **ONLY** for testing purposes in demo environments. The test pharmacies to be used for testing are also listed below.

- Brooklyn @ Gates Pharmacy
- Lawrence Rx 10.6
- Lawrence Academy Rx 10.6
- Shollenberger Pharmacy
- Medi-Blue Rapid Clinic (000)
- Bethesda City Hospital Pharmacy
- Rapid-Rx Online Pharmacy
- Yalaha Pharmacy
- Lane-Wooster Pharmacy
- Bannockburn Pharmacy
- Local Peach Rx Pharmacy