

What's Next for PCC eRx?

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Operations Manager - Clinical Interoperability
Clinical Applications Project Manager
PCC's Virtual Users Conference 2021



PCC eRx: A Year in Review

- In-depth testing and planning for PCC 9.0 deployment
- Assorted bug fixes patched to your office:
 - Unexpected strength change when renewing certain medications
 - One common cause for the *PCC eRx is unavailable* message
 - ICD10 mapping issues for Indications



Dewey Howell, MD, PhD joins PCC!



PCC EHR 9.0: Coming soon to an EHR near you

Beta
Testing
begins
mid-July

Blue
Account
Team:
Sunday 8/1

Green
Account
Team:
Sunday 8/8

Red
Account
Team:
Sunday 8/25



PCC EHR 9.0: Coming soon to an EHR near you

- ARRA 2015-E PI Updates
- PHP v5 to PHP v7
- NCPDP SCRIPT Standard Version (2017071)
- PCC eRx Delighters
- Industry Quality Improvements
- PCC eRx SME Support Tools
- Educational Content for the PCC eRx v9 Update



Pediatric Delighters: Updates to Favorites



Pediatric Delighters: Access to Favorites in a drop-down list

Prescribe

Favorites:

+ Adderall 1 tablet(s) PO every day 5 mg tablet 30 Tablet(s), 0 refills	+ Flovent 1 puff(s) Inhalation twice daily 110 mcg/actuation HFA aerosol inhaler 1 x 120 inhalation aerosol with adapter, 0 refills	+ Keppra 1 tablet(s) PO twice daily 250 mg tablet 60 Tablet(s), 0 refills
+ Ciprofloxacin 1 tablet(s) PO twice daily; for 3 days 250 mg tablet 6 Tablet(s), 0 refills	+ Focalin XR 1 capsule(s) PO every morning 5 mg capsule, ER biphasic 50-50 30 Capsule(s), 0 refills 3 month supply	+ Loratadine 1 capsule(s) PO every day allergy symptoms 10 mg capsule 30 Capsule(s), 0 refills
+ Famotidine 1 tablet(s) PO every day at bedtime 10 mg tablet 30 Tablet(s), 0 refills	+ Hydrocortisone 1 application Topical twice daily; for 7 days 2.5 % cream 1 x 20 gram tube, 0 refills	+ Vyvanse 1 capsule(s) PO every day 10 mg capsule 30 Capsule(s), 0 refills

Add Medication:

Search Type: ☒ Quick Rx ☐ Full Product Search ☐ Identify Medication

Pediatric Delighters: Access to Favorites in a drop-down list

Prescribe

Favorites:

+ Adderall
5 mg tablet
30 Tablet(s)

+ Ciprofloxacin
250 mg tablet
6 Tablet(s)

+ Famotidine
10 mg tablet
30 Tablet(s)

Search:

Adderall 1 tablet(s) PO every day, 5 mg tablet, 30 Tablet(s), 0 refills 3 month supply

Adderall 1 tablet(s) PO every day, 5 mg tablet, 30 Tablet(s), 0 refills

Ciprofloxacin 1 tablet(s) PO twice daily; for 3 days, 250 mg tablet, 6 Tablet(s), 0 refills

Concerta 1 tablet(s) PO every day, 18 mg tablet extended release 24hr, 30 Tablet(s), 0 refills 3 month supply

Elidel 1 application Topical twice daily; for 14 days, 1 % cream, 1 x 100 gram tube, 0 refills

Famotidine 1 tablet(s) PO every day at bedtime, 10 mg tablet, 30 Tablet(s), 0 refills

Flovent 1 puff(s) Inhalation twice daily, 110 mcg/actuation HFA aerosol inhaler, 1 x 120 inhalation aerosol with adapter, 0 refills

Focalin XR 1 capsule(s) PO every day, 5 mg capsule, ER biphasic 50-50, 30 Capsule(s), 0 refills 3 month supply

Focalin XR 1 capsule(s) PO every morning, 5 mg capsule, ER biphasic 50-50, 30 Capsule(s), 0 refills 3 month supply

Add New Medication

Add Medication:

Search Type: ☒ Quick Rx ☐ Full Product Search ☐ Identify Medication

Pediatric Delighters: Access to Favorites in a drop-down list

Prescribe

Favorites:

vy|

+ Adderall 5 mg tablet 30 Tablet(s), 0 refills
Vyvanse 1 capsule(s) PO every day, 10 mg capsule, 30 Capsule(s), 0 refills 3 month supply
Vyvanse 1 capsule(s) PO every day, 10 mg capsule, 30 Capsule(s), 0 refills

+ Ciprofloxacin 1 tablet(s) PO twice daily; for 3 days 250 mg tablet 6 Tablet(s), 0 refills
+ Focalin XR 1 capsule(s) PO every morning 5 mg capsule, ER biphasic 50-50 30 Capsule(s), 0 refills 3 month supply
+ Loratadine 1 capsule(s) PO every day allergy symptoms 10 mg capsule 30 Capsule(s), 0 refills

+ Famotidine 1 tablet(s) PO every day at bedtime 10 mg tablet 30 Tablet(s), 0 refills
+ Hydrocortisone 1 application Topical twice daily; for 7 days 2.5 % cream 1 x 20 gram tube, 0 refills
+ Vyvanse 1 capsule(s) PO every day 10 mg capsule 30 Capsule(s), 0 refills

Add New Med

Search Type: ☒ Quick Rx ☐ Full Product Search ☐ Identify Medication

Add Medication:

Add to Favorites Cancel Save

Pediatric Delighters: Ability to add Favorites on the fly

Add New Med [\(start over\)](#)

ATOMOXETINE (STRATTERA) 

☐ Instruction Only

Qty: to 18 mg capsule ▾

PO ▾ [\(show all routes\)](#) every morning ▾ [\(show all frequencies\)](#) ☐ PRN

Wt-based Dosing: (Weight kg)

Adjustments:



Prescription:

Days Supply: ☐ DAW

Dispense: Capsule ▾

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for ▾

Indications:

Most Common Indications:
• [attention-deficit hyperactivity disorder](#)

Tip: Use multiple terms to refine your search

Start Date: Stop Date: ☐ Use stop date

MELANIE MASON
Female, DOB 03/09/2014
123 Main street
Brattleboro, VT 05301
Phone (802) 555-0166

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Friendly Pharmacy
3712 G Lawndale Dr
Greensboro, NC 27455
Fax (336) 763-0693
Phone (336) 790-7343
accepts EPCS

atomoxetine 18 mg capsule (Strattera)
18 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 03/22/2021

eRx ▾

Process Now

Add to Favorites

Cancel

Save



Pediatric Delighters: Ability to add Favorites on the fly

Add New Med [\(start over\)](#)

ATOMOXETINE (STRATTERA) 

☐ Instruction Only

Qty: 1 to 18 mg capsule

PO (show all routes) every morning (show all frequencies) ☐ PRN

Wt-based Dosing: (Weight kg)

Adjustments:



Prescription:

Days Supply: 30 ☐ DAW

Dispense: 30 Capsule

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications:

- attention-deficit hyperactivity disorder

Start Date: 03/22/2021

Stop Date: 04/20/2021

☐ Use stop date

MELANIE MASON
Female, DOB 03/09/2014
123 Main street
Brattleboro, VT 05301
Phone (802) 555-0166

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Friendly Pharmacy
3712 G Lawndale Dr
Greensboro, NC 27455
Fax (336) 763-0693
Phone (336) 790-7343
accepts EPCS

atomoxetine 18 mg capsule (Strattera)
18 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 03/22/2021

eRx

Process Now

Add to Favorites

Cancel

Save



Pediatric Delighters: Ability to add Favorites on the fly

Add New Med (start over)

ATOMOXETINE (STRATTERA) 

☐ Instruction Only

Qty: 1 to 18 mg capsule

PO (show)

Wt-based Dosing:

10 mg capsule

18 mg capsule

25 mg capsule

40 mg capsule

60 mg capsule

80 mg capsule

100 mg capsule

Days Supply: 30

Dispense: 30

Number of Refills: 0

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Duration: for

Indications:

Most Common Indications:

▪ attention-deficit hyperactivity disorder

Start Date: 03/22/2021

Stop Date: 04/20/2021


☐ Use stop date

Formulary Support:

Brand, Rx, Unknown

[click to view full formulary details](#)

Adjustments:



MELANIE MASON
Female, DOB 03/09/2014
123 Main street
Brattleboro, VT 05301
Phone (802) 555-0166

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Friendly Pharmacy
3712 G Lawndale Dr
Greensboro, NC 27455
Fax (336) 763-0693
Phone (336) 790-7343
accepts EPCS

atomoxetine 18 mg capsule (Strattera)
18 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 03/22/2021

eRx

Process Now

Add to Favorites

Cancel

Save

Pediatric Delighters: Ability to add Favorites on the fly

Add New Med [\(start over\)](#)

ATOMOXETINE (STRATTERA) 

Provider does not have a favorite for this strength of Strattera

☐ Instruction Only

Qty: 1 to 60 mg capsule

PO (show all routes) every morning (show all frequencies) ☐ PRN

Wt-based Dosing: (Weight kg)

Adjustments:

Prescription:

Days Supply: 30 ☐ DAW

Dispense: 30 Capsule

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications:

- attention-deficit hyperactivity disorder

Start Date: 03/22/2021

Stop Date: 04/20/2021 ☐ Use stop date

MELANIE MASON
Female, DOB 03/09/2014
123 Main street
Brattleboro, VT 05301
Phone (802) 555-0166

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Friendly Pharmacy
3712 G Lawndale Dr
Greensboro, NC 27455
Fax (336) 763-0693
Phone (336) 790-7343
accepts EPCS

atomoxetine 60 mg capsule (Strattera)
60 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 03/22/2021

eRx

Process Now

Add to Favorites

Cancel

Save

Pediatric Delighers:
Prescribe Faster
ADHD Medications
& 3 Month Supply



Generate and send 3 month supply of CII's (current experience)

Add New Med [\(start over\)](#)

CONCERTA EXTENDED RELEASE 24 HOUR TABLET

Qty: 1 to 27 mg tablet extended release 24hr ▼

PO ▼ (show all routes) every morning ▼ (show all frequencies) ☐ PRN

Prescription:

Days Supply: 30 ☐ DAW

Dispense: 30 Tablet ▼

Number of Refills: ☐ PRN

Date to Fill: 03/24/2021

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Create a 30 day prescription:
Search
Select
Adjust the date
Save
Times THREE!

Already 8 to 10 clicks before
getting to this screen (with
more clicking)

LILY LITTLEFIELD
Female, DOB 08/24/2009
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

Prescriber
MORGAN ELLIXSON-BOYEAAAA
Winooski Pediatrics
Twenty Main Street
Winooski, VT 05404
Phone (802) 846-8177
DEA # MT1442867

Friendly Pharmacy
3712 G Lanesdale Dr, Greensboro, NC 27455 Phone: (336) 790-7343 Fax: (336) 763-0693 (accepts EPCS)

	Medication	Instructions	Rx details	Written Date	Date to fill
<input checked="" type="checkbox"/>	Concerta 27 mg tablet extended release 24hr	1 tablet(s) By Mouth every morning Indications: Attention deficit hyperactivity disorder	30 Tablet(s) / 0 refills <input type="checkbox"/> DAW	03/24/2021	03/24/2021 <input type="text"/>
<input checked="" type="checkbox"/>	Concerta 27 mg tablet extended release 24hr	1 tablet(s) By Mouth every morning Indications: Attention deficit hyperactivity disorder	30 Tablet(s) / 0 refills <input type="checkbox"/> DAW	03/24/2021	04/23/2021 <input type="text"/>
<input checked="" type="checkbox"/>	Concerta 27 mg tablet extended release 24hr	1 tablet(s) By Mouth every morning Indications: Attention deficit hyperactivity disorder	30 Tablet(s) / 0 refills <input type="checkbox"/> DAW	03/24/2021	05/21/2021 <input type="text"/>

CVS Pharmacy # 1174
68 MAIN STREET
ANDOVER, MA 01810


New Pharmacy

Select which token you would like to use, then enter your generated token value and your token password:
Hard Token ▼
EPCS Password: use 123456 to test
OTP Token Value: use 123456 to test

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.

Generate and send 3 month supply of CII's in PCC 9.0

Add New Med [\(start over\)](#)

METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 

☐ Instruction Only

Qty: 1 to 27 mg tablet extended release 24hr ▾

PO ▾ [\(show all routes\)](#) every morning ▾ [\(show all frequencies\)](#) ☐ PRN

Prescription:

Days Supply: 30 ☐ DAW
Dispense: 30 Tablet ▾
Number of Refills: ☐ PRN
Date to Fill: ☒ Create 3 month supply
Prevent Renewal Requests: ☐
Follow up provider:

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for ▾

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications:

- [attention-deficit hyperactivity disorder](#)

Start Date: 03/24/2021

Stop Date: 04/22/2021

☐ Use stop date

GWENIVERE GALLAGHER
Female, DOB 05/25/2004
2165 Trappe Rd Apt B
Montpelier, VT 05602
Phone (802) 555-0149

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT2545498

Friendly Pharmacy
223A W 231st St
Bronx, NY 104635301
Fax (718) 884-2904
Phone (718) 884-2908
accepts EPCS

methylphenidate ER 27 mg tablet, extended release 24 hr (Concerta)
27 milligrams By Mouth every morning
30 Tablet, 0 Refills
Days Supply: 30
Written Date: 03/24/2021

eRx ▾

[Process Now](#)

[Add to Favorites](#)

[Cancel](#)

[Save](#)



Generate and send 3 month supply of CII's in PCC 9.0

Add New Med (start over)

METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) ♥

☐ Instruction Only

Qty: 1 to 27 mg tablet extended release 24hr ▾

PO ▾ (show all routes) every morning ▾ (show all frequencies) ☐ PRN

Prescription:

Days Supply: 30 ☐ DAW

Dispense: 30 Tablet ▾

Number of Refills: ☐ PRN

Date to Fill #1: 03/24/2021 ☐ ☒ Create 3 month supply

Date to Fill #2: 04/23/2021 ☐

Date to Fill #3: 05/23/2021 ☐

Prevent Renewal Requests: ☐

Follow up provider: ▾

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for ▾

Indications:

Most Common Indications:

- attention-deficit hyperactivity disorder

Start Date: 03/24/2021 ☐

Stop Date: 06/21/2021 ☐

☐ Use stop date

Tip: Use multiple terms to refine your search

GWENIVERE GALLAGHER

Female, DOB 05/25/2004

2165 Trappe Rd Apt B

Montpelier, VT 05602

Phone (802) 555-0149

MORGAN ELLIXSON-BOYEA

Lake Champlain Pediatrics

20 Winooski Falls Up

Winooski city Uptown, VT 05404

Phone (800) 722-2198

DEA # MT2545498

Friendly Pharmacy

223A W 231st St

Bronx, NY 104635301

Fax (718) 884-2904

Phone (718) 884-2908

accepts EPCS

**methylphenidate ER 27 mg tablet,extended
release 24 hr (Concerta)**

27 milligrams By Mouth every morning

30 Tablet, 0 Refills

Days Supply: 30

Written Date: 03/24/2021

Date to fill #1: 03/24/2021

Date to fill #2: 04/23/2021

Date to fill #3: 05/23/2021

eRx ▾

Process Now

Add to Favorites

Cancel

Save



Generate and send 3 month supply of CII's in PCC 9.0

Prescription History

Start/Stop	Prescription	Prescriber/Agent	Rx Details
03/24/2021 06/21/2021 3 month supply	Concerta 27 mg tablet extended release 24hr Schedule II 1 tablet(s) By Mouth every morning 30 Tablet(s) 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 37, 35, 36 ePrescribed Bannockburn Pharmacy

Page: 1

Medication History Last reviewed by MORGAN ELLIXSON-BOYEA on 03/24/2021 10:22:19

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Display: ☒ Active Only ☐ Active & Inactive

Medication	Instructions	Source
     METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 27 mg tablet extended release 24hr 3 month supply	1 TABLET(S) PO EVERY MORNING	PCC eRx

Clean up Med Hx

Medication History Comments:

No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

Add Hx Med

Add Comment

Print Medication Hx







Mark as reviewed



Pediatric Delighers: Prescribe Faster (other improvements)



Prescribe faster from the “Blue Swish”

Prescription History				
	Start/Stop	Prescription	Prescriber/Agent	Rx Details
 	03/21/2021 04/19/2021	Hydrocortisone 0.5 % cream 1 application Topical twice daily 1 x 30 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 16 ePrescribed Bannockburn Pharmacy
 	03/21/2021 04/19/2021	Vyvanse 10 mg capsule Schedule II 1 capsule(s) By Mouth every day 30 Capsule(s) 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 14 ePrescribed Bannockburn Pharmacy
 	03/19/2021 09/14/2021	Keppra 500 mg tablet 1 tablet(s) By Mouth twice daily 60 Tablet 5 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 9 ePrescribed (RxChange Response) Bannockburn Pharmacy

Page: 1





Currently:
All “swished” prescriptions head
right to Review & Sign

Review & Sign

Prescriptions

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Ready Medication

☒     **HYDROCORTISONE 0.5 % CREAM**
0.5 % cream ☐ DAW
Start: 03/23/2021
Pharmacy: Bannockburn Pharmacy
UNSIGNED
(Created by: MORGAN ELLIXSON-BOYEA)

Prescribe faster from the “Blue Swish”

Prescription History				
		Start/Stop	Prescription	Prescriber/Agent Rx Details
		03/21/2021 04/19/2021	Hydrocortisone 0.5 % cream 1 application Topical twice daily 1 x 30 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA SN: 16 ePrescribed Bannockburn Pharmacy
		03/21/2021 04/19/2021	Vyvanse 10 mg capsule Schedule II 1 capsule(s) By Mouth every day 30 Capsule(s) 0 Refill(s)	MORGAN ELLIXSON-BOYEA SN: 14 ePrescribed Bannockburn Pharmacy
		03/19/2021 09/14/2021	Keppra 500 mg tablet 1 tablet(s) By Mouth twice daily 60 Tablet 5 Refill(s)	MORGAN ELLIXSON-BOYEA SN: 9 ePrescribed (RxChange Response) Bannockburn Pharmacy

Page: 1

Currently:
All “swished” prescriptions head
right to Review & Sign

Available in 9.0:
Automatically open editing
window to send with RapidRx
(the fast way!)

Review & Sign

Prescriptions
 Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Ready Medication

☒

HYDROCORTISONE 0.5 % CREAM
 0.5 % cream
 1 x 30 gram tube, 0 refills ☐ DAW
 Start: 03/23/2021
 Pharmacy: Bannockburn Pharmacy
 UNSIGNED
 (Created by: MORGAN ELLIXSON-BOYEA)

CHRIS CEDERSTROM
 Male, DOB 09/16/2009
 8454 Hillside Road
 Sheldon Springs, VT 05485
 Phone (802) 555-0165
MORGAN ELLIXSON-BOYEA
 Winooski Pediatrics
 Twenty Main Street
 Winooski, VT 05404
 Phone (802) 846-8177
 DEA # MT2545498
Bannockburn Pharmacy
 6789 Pyle Rd
 Bethesda, MD 20817
 Phone (301) 644-2418
 Fax (301) 644-2566
 accepts EPCS

hydrocortisone 0.5 % topical cream
 1 application Topical twice daily
 1 30 gram tube, 0 Refills
 Days Supply: 30
 Written Date: 03/23/2021

eRx



Send up to 1000 characters for patient instructions

Add New Med [\(start over\)](#)

PREDNISONE TAPER TABLET

☐ Instruction Only

Dose Form: 10 mg tablet ▼

PO ▼ (show all routes) every day ▼ (show all frequencies) ☐ PRN

Prescription:

Days Supply: ☐ DAW

Dispense: 30 Tablet(s) ▼

Number of Refills: ☐ PRN

Date to Fill: 03/23/2021

Formulary Support:
Generic, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

4 tablets for 3 days, then
3 tablets for 3 days, then
2 tablets for 3 days, then
1 tablet for 3 days, then
1/2 tablet for 3 days, then STOP

Comments to Pharmacy:

Internal Note:

Duration: for ▼

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications: [\(see 91 more\)](#)

Start Date: 03/23/2021 Stop Date: 04/22/2021 ☐ Use stop date

Currently, prescriptions are limited to 140 characters for patient instructions

CHRIS CEDERSTROM
Male, DOB 05/17/2009
8454 Hillsdale Road
Sheldon Springs, VT 05485
Phone (802) 555-0165

MORGAN ELLIXSON-BOYEA
Winooski Pediatrics
Twenty Main Street
Winooski, VT 05404
Phone (802) 846-8177
DEA # MT1442867

CVS Pharmacy # 2773
130 DYCKMAN STREET
NEW YORK, NY 10040
Phone (212) 304-4698
Fax (212) 304-4798
does NOT accept EPCS

Prednisone Taper 10 mg tablet

By Mouth every day 4 tablets for 3 days, then 3 tablets for 3 days, then 2 tablets for 3 days, then 1 tablet for 3 days, then 1/2 tablet for 3 days, then **STOP**
30 Tablet(s), 0 Refills
Days Supply:
Written Date: 03/23/2021
Date to fill: 03/23/2021

eRx ▼

Process Now

The logo for UC 2021, featuring the text "UC 2021" in a bold, black, sans-serif font. To the right of the text is a stylized graphic of a network or molecule, consisting of several colored circles (blue, yellow, orange, red, green) connected by black lines.

PCC 9.0
allows for up to
1000 characters



PCC
Pediatric EHR Solutions





Save time by not waiting for your prescription to process!

Prescription Review

PATRICK PASSARELL
Male, DOB 01/04/1964
Rd #5 Box 3766
Morrisville, VT 05661
Phone (802) 555-0135

Prescriber
MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT9445619

RITE AID- 29-31 MAIN ST
29-31 MAIN STREET, MONTPELIER, VT 056022952 Phone: (802) 223-4787 Fax: (802) 223-0962 (does NOT accept EPCS)

		Medication	Instructions	Rx details		Written Date	Date to fill
<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> EpiPen 0.3 mg/0.3 mL auto-injector	0.3 milligrams Intramuscular one time only	1 x 2 syringe / 0 refills	<input type="checkbox"/> DAW	05/26/2020	05/26/2020 
<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cephalixin 250 mg/5 mL suspension for reconstitution	35 milliliter(s) By Mouth 3 times daily ; for 10 days	1050 Milliliter / 0 refills	<input type="checkbox"/> DAW	05/26/2020	05/18/2020 

New Pharmacy

Send Prescriptions

Close

Updates to Renewal Requests



Ability to reassign existing Renewal Requests

Renewal Requests

☐ Select all

☒ **SANTANGELO, SAMANTHA** 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

☐ **topiramate 15 mg sprinkle capsule (Topamax)**
1 capsule(s) By Mouth every day at bedtime
30 Capsule, 1 Fill(s) requested

☐ Approve Fill(s)

☐ Deny

☐ Replace with new prescription

☒ **Reassign**

☐ Date requested: 03/24/2021

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

MORGAN ELLIXSON-BOYEA
45 North Avenue
Burlington, VT 05401
(802) 863-9988
DEA # MT2545498

Ability to reassign existing Renewal Requests

Renewal Requests

☐ Select all

☐ **SANTANGELO, SAMANTHA** 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

☐ **topiramate 15 mg sprinkle capsule (Topamax)**
1 capsule(s) By Mouth every day at bedtime
30 Capsule, 1 Fill(s) requested

☐ Approve Fill(s)

☐ Deny

☐ Replace with new prescription

☒ Reassign

☐ Date requested:

- Brandt, Ben
- Brosseau, Doug
- Brown, Ryan
- Bunning, Sarah
- Canning, John**
- Casey, Elizabeth
- Child, WScott
- Clark, Sue
- Cotter, Kathy
- Crusher, Beverly
- Cuddy, Mike
- Cutura, Dario
- Da Silva, Jason
- Davidson, James
- Dickin, Sam
- Dolan, Jason
- Ellixson-Boyea, Morgan
- Forleo, Chris
- Gaynes, George
- Gile, Chris

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

MORGAN ELLIXSON-BOYE
45 North Avenue
Burlington, VT 05401
(802) 863-9988
DEA # MT2545498

Ability to reassign existing Renewal Requests

Renewal Requests

☐ Select all

☐ SANTANGELO, SAMANTHA 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

☐ **topiramate 15 mg sprinkle capsule (Topamax)**
1 capsule(s) By Mouth every day at bedtime
30 Capsule, 1 Fill(s) requested

- ☐ Approve Fill(s)
- ☐ Deny
- ☐ Replace with new prescription
- ☐ Reassign

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

JOHN CANNING
Twenty Main Street
Winooski, VT 05404
(802) 846-8177
DEA # MT4894172

☐ Date requested: 03/24/2021

Sign and Process

Better handling of repeat requests for Renewals from Pharmacies

Renewal Requests						
<input type="checkbox"/> Select all	Medication	Qty	Refills	Date Requested	Pharmacy	Prescriber
SANTANGELO, SAMANTHA						
<input type="checkbox"/>	Albuterol 90 mcg/actuation HFA aerosol inhaler 1-2 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing <input type="radio"/> Approve Refill: <input type="text" value="1"/> <input type="radio"/> Deny	1 Gram	1	03/24/2021 19:57	CA Pharmacy 10.6MU	MORGAN ELLIXSON-BOYEAAAA
SANTANGELO, SAMANTHA						
<input type="checkbox"/>	Albuterol 90 mcg/actuation HFA aerosol inhaler 1-2 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing <input type="radio"/> Approve Refill: <input type="text" value="1"/> <input type="radio"/> Deny	1 Gram	1	03/24/2021 19:57	CA Pharmacy 10.6MU	MORGAN ELLIXSON-BOYEAAAA
SANTANGELO, SAMANTHA						
<input type="checkbox"/>	Albuterol 90 mcg/actuation HFA aerosol inhaler 1-2 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing <input type="radio"/> Approve Refill: <input type="text" value="1"/> <input type="radio"/> Deny	1 Gram	1	03/24/2021 19:55	CA Pharmacy 10.6MU	MORGAN ELLIXSON-BOYEAAAA

Prior to PCC 9.0, each of these Renewals needed to be addressed individually, even though they are repeat requests from the pharmacy

Better handling of repeat requests for Renewals from Pharmacies

Renewal Requests

☐ Select all

☐ SANTANGELO, SAMANTHA 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

☐ **albuterol sulfate HFA 90 mcg/actuation aerosol inhaler**
1-2 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing
6.7 Gram, 1 Fill(s) requested
Note: Indications: shortness of breath or wheezing

☐ Approve Fill(s)

☐ Deny

☐ Replace with new prescription

☐ Reassign

☐ Date requested: 03/24/2021 (Request #5)

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

MORGAN ELLIXSON-BOYEA
Twenty Main Street
Winooski, VT 05404
(802) 846-8177
DEA # MT2545498

Sign and Process

Deny, New to Follow becomes Replace

Renewal Requests

☐ Select all

☐ **SANTANGELO, SAMANTHA** 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

<input type="checkbox"/> topiramate 15 mg sprinkle capsule (Topamax) 1 capsule(s) By Mouth every day at bedtime 30 Capsule, 1 Fill(s) requested	Bannockburn Pharmacy 6798 Pyle Rd Bethesda, MD 20817 (301) 644-2418	MORGAN ELLIXSON-BOYEA 45 North Avenue Burlington, VT 05401 (802) 863-9988 DEA # MT2545498
--	--	---

☐ Approve Fill(s)


☐ Deny

☒ Replace with new prescription

☐ Reassign


Deny, New to Follow becomes Replace

Replacement Prescription Requested Renewal: **topiramate 15 mg sprinkle capsule (Topamax)**
1 capsule(s) By Mouth every day at bedtime
30 Capsule, 1 Fill(s) requested

topiramate 15 mg sprinkle capsule (Topamax) [change medication](#) 

Qty: 1 to 15 mg capsule, sprinkle ▼

PO ▼ (show 15 mg capsule, sprinkle bedtime ▼ (show all frequencies) ☐ PRN

Wt-based Dosing: (Weight kg) Adjustments: 

Prescription:

Days Supply: 30 ☐ DAW Formulary Support:
Brand Unknown
[click to view full formulary details](#)

Dispense: 30 Capsule(s) ▼

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Deny, New to Follow becomes Replace

Renewal Requests

☐ Select all

☐ SANTANGELO, SAMANTHA 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

☒ **topiramate 15 mg sprinkle capsule (Topamax)**

1 capsule(s) By Mouth every day at bedtime
30 Capsule, 1 Fill(s) requested

☐ Approve Fill(s)

☐ Deny

☒ Replace with new prescription

 **topiramate 25 mg sprinkle capsule (Topamax)**

1 capsule(s) By Mouth every day at bedtime
90 Capsule(s), 0 Refill(s)

☐ Reassign

Pharmacy Note

☐ Date requested: 03/24/2021

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

MORGAN ELLIXSON-BOYEA
Twenty Main Street
Winooski, VT 05404
(802) 846-8177
DEA # MT2545498

Sign and Process

Select a Follow Up Provider when creating an outbound prescription

NORETHINDRONE ACET-ETHINYL EST (LOESTRIN 1/20) ❤️

Qty: 1 to 1-20 mg-mcg tablet ▾

PO ▾ (show all routes) every day ▾ (show all frequencies) ☐ PRN

Adjustments:



Prescription:

Days Supply: 28 ☐ DAW

Dispense: 28 Tablet ▾

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for 28 day(s) ▾

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications: (see 8 more)

- [acne vulgaris](#)
- [pregnancy contraception](#)

Start Date: 03/23/2021

Stop Date: 04/19/2021

☒ Use stop date



Select a Follow Up Provider when creating an outbound prescription

NORETHINDRONE ACET-ETHINYL EST (LOESTRIN 1/20) ❤️

Qty: 1 to 1-20 mg-mcg tablet ▾

PO ▾ (show all routes) every day ▾ (show all frequencies) ☐ PRN

Adjustments:



Prescription:

Days Supply: 28 ☐ DAW

Dispense: 28 Tablet ▾

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider: ▾

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Duration: for 28 day(s) ▾

Indications:

Most Common Indications: (see >)

- acne vulgaris
- pregnancy contraception

Start Date: 03/23/2021

Abbott, Joan
Auer, Erin
Ballou, Justin
Beagley, Douglas
Bever, Jon
Blanchard, Jan
Brandt, Ben
Brosseau, Doug
Brown, Ryan
Bunning, Sarah
Canning, John
Casey, Elizabeth
Child, WScott
Clark, Sue

Pharmacy:


Internal Note:

Tip: Use multiple terms to refine your search

21 ☐ Use stop date




Prevent certain medications from being Renewed by Pharmacy staff

NORETHINDRONE ACET-ETHINYL EST (LOESTRIN 1/20) 

Qty: to ▼

▼ [\(show all routes\)](#) ▼ [\(show all frequencies\)](#) ☐ PRN

Adjustments:




Prescription:

Days Supply: ☐ DAW

Dispense: ▼

Number of Refills: ☐ PRN

Date to Fill: 

Prevent Renewal Requests: ☒

Follow up provider: ▼

Formulary Support:
Brand, Rx, Unknown
[click to view full formulary details](#)

Rx Task Queue Improvements For Pending Prescriptions



Edit or Delete Pending Prescriptions from the Rx Task Queue



Current experience




SANTANGELO, SAMANTHA

Ofloxacin 0.3 % drops 1 drop(s) in eye(s) 4 times daily into right eye ; for 5 days - 1 Milliliter 0 Refill(s) UNSIGNED	1 Milliliter	0	03/24/2021 20:14	MORGAN ELLIXSON-BOYEAAA
---	--------------	---	------------------	-------------------------

Process UNSIGNED prescriptions

New with PCC 9.0!

  **SANTANGELO, SAMANTHA** 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114

   	ofloxacin 0.3 % eye drops (Ocuflox) 1 drop(s) in eye(s) 4 times daily into right eye; for 5 days 1 Milliliter 0 Refill(s) Created on 03/24/2021 20:15 by MORGAN ELLIXSON-BOYEA	Bannockburn Pharmacy 6798 Pyle Rd Bethesda, MD 20817 (301) 644-2418	MORGAN ELLIXSON-BOYEA Twenty Main Street Winooski, VT 05404 (802) 846-8177 DEA # MT2545498
---	--	--	--

Process pending prescriptions across multiple patients on Rx Task queue with Select All

SANTANGELO, SAMANTHA					
Ofloxacin 0.3 % drops 1 drop(s) in eye(s) 4 times daily into right eye ; 1 Milliliter 0 03/24/2021 20:14 MORGAN ELLIXSON-BOYEAAAA					
for 5 days - 1 Milliliter 0 Refill(s)					
UNSIGNED					
Process UNSIGNED prescriptions					
WEAVER, TYFFANI					
Adderall 5 mg tablet 1 tablet(s) By Mouth every day - 30 Tablet(s) 0 30 Tablet(s) 0 12/08/2020 09:46 MORGAN ELLIXSON-BOYEAAAA					
Refill(s)					
UNSIGNED					
Process UNSIGNED prescriptions					
SHEETS, JOSHUA					
Clonidine 0.1 mg tablet 1 tablet(s) By Mouth every day at bedtime - 30 Tablet(s) 0 03/24/2021 20:30 MORGAN ELLIXSON-BOYEAAAA					
30 Tablet(s) 0 Refill(s)					
UNSIGNED					
Vyvanse 10 mg capsule 1 capsule(s) By Mouth every day - 30 30 Capsule(s) 0 03/24/2021 20:30 MORGAN ELLIXSON-BOYEAAAA					
Capsule(s) 0 Refill(s)					
UNSIGNED					
Process UNSIGNED prescriptions					

Currently:
Sign & Send
by individual patient

Process pending prescriptions across multiple patients on Rx Task queue with Select All

  SANTANGELO, SAMANTHA 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114						
<input checked="" type="checkbox"/>	<input type="checkbox"/>			ofloxacin 0.3 % eye drops (Ocuflox) 1 drop(s) in eye(s) 4 times daily into right eye; for 5 days 1 Milliliter 0 Refill(s) Created on 03/24/2021 20:15 by MORGAN ELLIXSON-BOYEA	Bannockburn Pharmacy 6798 Pyle Rd Bethesda, MD 20817 (301) 644-2418	MORGAN ELLIXSON-BOYEA Twenty Main Street Winooski, VT 05404 (802) 846-8177 DEA # MT2545498
  SHEETS, JOSHUA 529 N Loop Road West Danville, VT 05873 Phone (802) 555-0176						
<input checked="" type="checkbox"/>	<input type="checkbox"/>			clonidine HCl 0.1 mg tablet 1 tablet(s) By Mouth every day at bedtime 30 Tablet(s) 0 Refill(s) Created on 03/24/2021 20:34 by MORGAN ELLIXSON-BOYEA	WALGREENS DRUG STORE #17185 82 VT ROUTE 15 W HARDWICK, VT 05843 (802) 472-6961	MORGAN ELLIXSON-BOYEA 45 North Avenue Burlington, VT 05401 (802) 863-9988 DEA # MT2545498
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Vyvanse 10 mg capsule (lisdexamfetamine) 1 capsule(s) By Mouth every day 30 Capsule(s) 0 Refill(s) Created on 03/24/2021 20:33 by MORGAN ELLIXSON-BOYEA	WALGREENS DRUG STORE #17185 82 VT ROUTE 15 W HARDWICK, VT 05843 (802) 472-6961	MORGAN ELLIXSON-BOYEA 45 North Avenue Burlington, VT 05401 (802) 863-9988 DEA # MT2545498
  WEAVER, TYFFANI 8673 Ottawa Court Underhill Center, VT 05490 Phone (802) 555-0195						
<input checked="" type="checkbox"/>	<input type="checkbox"/>			dextroamphetamine-amphetamine 5 mg tablet (Adderall) 1 tablet(s) By Mouth every day 30 Tablet(s) 0 Refill(s) Created on 03/24/2021 20:32 by MORGAN ELLIXSON-BOYEA	Freedom Pharmacy 434 Hurricane Lane Williston, VT 05495 (802) 655-3544	MORGAN ELLIXSON-BOYEA Twenty Main Street Winooski, VT 05404 (802) 846-8177 DEA # MT2545498
Process UNSIGNED prescriptions						

New in PCC 9.0:
Sign & Send across multiple
patients (and more!)



Say goodbye to any unnecessary confirmation windows!











































Updates to PCC eRx Medication History



Easily discontinue individual entries in Medication Hx

Medication History Last reviewed by MORGAN ELLIXSON-BOYEA on 03/23/2021 19:25:04

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None Display: ☒ Active Only ☐ Active & Inactive

				Medication	Instructions	Source
				  ALBUTEROL (PROAIR HFA 90 MCG/ACTUATION AEROSOL) 90 mcg/actuation HFA aerosol inhaler	1-2 PUFF(S) INHALATION EVERY 4 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i>	PCC eRx
				  ATOMOXETINE (STRATTERA) 18 mg capsule	2 CAPSULE(S) PO EVERY DAY	PCC eRx
				  HYDROCORTISONE 2.5 % CREAM 2.5 % cream	1 APPLICATION TOPICAL TWICE DAILY; for 7 DAYS	PCC eRx
				  METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
				  METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
				  METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
				  NAPROXEN 375 mg tablet	1 TABLET(S) PO 3 TIMES DAILY	PCC eRx

Clean up Med Hx

Medication History Comments:
No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

Add Hx Med Add Comment Print Medication Hx Mark as reviewed

Delete multiple entries from Medication Hx at the same time

Medication History Last reviewed by MORGAN ELLIXSON-BOYEA on 03/23/2021 19:25:04

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None Display: ☒ Active Only ☐ Active & Inactive

					Medication	Instructions	Source
					ALBUTEROL (PROAIR HFA 90 MCG/ACTUATION AEROSOL) 90 mcg/actuation HFA aerosol inhaler	1-2 PUFF(S) INHALATION EVERY 4 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i>	PCC eRx
					ATOMOXETINE (STRATTERA) 18 mg capsule	2 CAPSULE(S) PO EVERY DAY	PCC eRx
					HYDROCORTISONE 2.5 % CREAM 2.5 % cream	1 APPLICATION TOPICAL TWICE DAILY; for 7 DAYS	PCC eRx
					METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
					METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
					METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
					NAPROXEN 375 mg tablet	1 TABLET(S) PO 3 TIMES DAILY	PCC eRx

Clean up Med Hx

Medication History Comments:
No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

Delete multiple entries from Medication Hx at the same time

Medication History Last reviewed by MORGAN ELLIXSON-BOYEY on 03/23/2021 19:25:04

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Display: ☒ Active Only ☐ Active & Inactive

☒ Select All

						Medication	Instructions	Source	
<input type="checkbox"/>							ALBUTEROL (PROAIR HFA 90 MCG/ACTUATION AEROSOL) 90 mcg/actuation HFA aerosol inhaler	1-2 PUFF(S) INHALATION EVERY 4 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i>	PCC eRx
<input type="checkbox"/>							ATOMOXETINE (STRATTERA) 18 mg capsule	2 CAPSULE(S) PO EVERY DAY	PCC eRx
<input type="checkbox"/>							HYDROCORTISONE 2.5 % CREAM 2.5 % cream	1 APPLICATION TOPICAL TWICE DAILY; for 7 DAYS	PCC eRx
<input type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input type="checkbox"/>							NAPROXEN 375 mg tablet	1 TABLET(S) PO 3 TIMES DAILY	PCC eRx

Discontinue Medications

Medication History Comments:
No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

Add Hx Med Add Comment Print Medication Hx

Mark as reviewed

Delete multiple entries from Medication Hx at the same time

Medication History Last reviewed by MORGAN ELLIXSON-BOYEY on 03/23/2021 19:25:04

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None Display: ☒ Active Only ☐ Active & Inactive

<input checked="" type="checkbox"/> Select All							Medication	Instructions	Source
<input type="checkbox"/>							ALBUTEROL (PROAIR HFA 90 MCG/ACTUATION AEROSOL) 90 mcg/actuation HFA aerosol inhaler	1-2 PUFF(S) INHALATION EVERY 4 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i>	PCC eRx
<input checked="" type="checkbox"/>							ATOMOXETINE (STRATTERA) 18 mg capsule	2 CAPSULE(S) PO EVERY DAY	PCC eRx
<input checked="" type="checkbox"/>							HYDROCORTISONE 2.5 % CREAM 2.5 % cream	1 APPLICATION TOPICAL TWICE DAILY; for 7 DAYS	PCC eRx
<input type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input checked="" type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input checked="" type="checkbox"/>							METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET) 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
<input checked="" type="checkbox"/>							NAPROXEN 375 mg tablet	1 TABLET(S) PO 3 TIMES DAILY	PCC eRx

Discontinue Medications

Medication History Comments:
No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

Add Hx Med Add Comment Print Medication Hx Mark as reviewed

RxChange



RxChange Requests - Getting started!

Edit User Account Morgan Ellixson-Boyea Username: morgan

Account Information Role Assignment PCC eRx

PCC eRx Account

☐ Disabled

☒ Enabled

PCC eRx Prescriber Role

☐ Non-Clinical Staff

☐ Clinical Staff

☐ Provider Agent

☐ Mid-Level Provider

☒ Provider

Provider can create and send prescriptions with their own provider credentials (example: MD).

Provider and Mid-Level Provider Information

Prescribing Locations All Locations

Default Prescribing Location Winooski Pediatrics

☒ Electronic Renewal Request Service (Enables pharmacy renewal requests on the Rx Queue)

☒ EPCS (Provides access to enrollment for Electronic Prescribing of Controlled Substances)

☒ Electronic Change Request Service (Enables pharmacy change requests on the Rx Queue)

Additional PCC eRx Roles

☒ Reports (Provides access to PCC eRx reporting tools.)

☒ Administration (Provides access to PCC eRx configuration.)

Cancel Save

RxChange Requests - 7 Different Types

Generic Substitution

Therapeutic Substitution

Drug Use Evaluation

Script Clarification

Out of Stock

Prior Authorization

Provider Authorization



RxChange Request - Script Clarification

REAGAN, REBECCA 5050 Sandhill Road East Randolph, VT 05041 Phone (802) 555-0144

SCRIPT CLARIFICATION

The pharmacy has requested clarification for the prescription sent on 03/08/2021. Note: Last few prescriptions were for cream (not ointment). Did you intend to switch to ointment?

Please choose one option:

☐ Keep original prescription:

mupirocin 2 % topical ointment (Centany)

1 application Topical twice daily

15 Gram, 0 refills

☐ Accept requested substitution:

mupirocin 2 % topical cream

1 application Topical twice daily

Note: Last few prescriptions were for cream (not ointment). Did you intend to switch to ointment?

15 Gram, 0 refills

☐ Reassign

RxCancel




Cancelling prescriptions - before PCC 9.0

Review & Sign

Prescriptions

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Medication
<div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div>TOPIRAMATE (TOPAMAX) 25 mg tablet 60 Tablet(s), 0 refills Start: 03/08/2021 Date to Fill: 03/08/2021 Pharmacy: Friendly Pharmacy eRx: 03/08/2021 21:26:50  (Prescribed by: MORGAN ELLIXSON-BOYEAAAA)</div></div></div>

Finalize Prescriptions

Print Medication Instructions

You must call Friendly Pharmacy, (336) 790-7343, to cancel this prescription.

OK




RxCancel of sent Prescriptions - Participating Pharmacies


Review & Sign

Prescriptions
Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Ready

Medication




TRIAMCINOLONE 0.1 % CREAM
0.1 % cream
1 x 30 gram tube, 0 refills
Start: 03/08/2021
Pharmacy: Yalaha Pharmacy
eRx: 03/08/2021 13:09:45 
(Prescribed by: MORGAN ELLIXSON-BOYEA)

EVERY DAY

Finalize Prescriptions

Print Medication Instructions






 An electronic cancellation of the previous prescription for Triamcinolone was automatically sent to Yalaha Pharmacy, (352) 547-1247.

OK

Using RxCancel with Historic Entries in Medication Hx

Medication History Medication History not yet reviewed

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None Display: ☒ Active Only ☐ Active & Inactive

Medication	Instructions	Source
     ZIPRASIDONE (GEODON) 40 mg capsule	1 CAPSULE(S) PO EVERY EVENING	PCC eRx

Medication History Comments:
No comments entered

☐ Patient takes no Meds ☐ Med Hx is unknown or incomplete

An electronic cancellation of the previous prescription for Geodon was automatically sent to Yalaha Pharmacy, (352) 547-1247.

RxCancel Response: Rx Logs > Rx Queue Hx

Rx Queue History Rx Audits Security Logs

Prescriber: Created: to (mm/dd/yyyy hh:mm)

Patient:

Schedule: ☒ All ☐ Controlled ☐ Non-controlled

Patient	Prescription	Datetime	Method	Pharmacy	Prescriber
LITTLEFIELD, LILY 	clopidogrel 75 mg tablet (Plavix) 1 tablet(s) By Mouth every day - 30 Tablet Refills Rx Id: 13 eRx Message Id: 932c8efe63f3091f8ca94be0ad24d08a Canceled on 03/08/2021 Response: Approved Note: Cancelled remaining refills - thanks! Cancel eRx Message Id: 47e657b0e82b5ee8f0cfb08cee478806	03/08/2021 13:08	NewRx <i>Delivered</i>	Yalaha Pharmacy	MORGAN ELLIXSON-BOYEA

RxFill




RxFill

Prescription History

	Start/Stop	Prescription	Prescriber/Agent	Rx Details
	03/08/2021 10/03/2021	Strattera 40 mg capsule 1 capsule(s) By Mouth every day 30 Capsule(s) 6 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 60 ePrescribed <i>Bannockburn Pharmacy</i>

Page: 1

Prescription History

	Start/Stop	Prescription	Prescriber/Agent	Rx Details
	03/08/2021 10/03/2021	Strattera 40 mg capsule 1 capsule(s) By Mouth every day 30 Capsule(s) 6 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 60 ePrescribed <i>Bannockburn Pharmacy</i>

☐ 03/08/2021 | Status: *Dispensed*


☐ 02/06/2021 | Status: *Dispensed*

☐ 01/05/2021 | Status: *Dispensed*

Page: 1

RxFill

Prescription History

	Start/Stop	Prescription	Prescriber/Agent	Rx Details
	03/08/2021 09/03/2021	Keppra 1000 mg tablet 1 tablet(s) By Mouth twice daily 60 Tablet(s) 5 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 61 ePrescribed <i>Bannockburn Pharmacy</i>
<input type="checkbox"/> 02/02/2021 Status: <i>Transferred</i> Note: Transferred to CVS - we're OOS again				
<input type="checkbox"/> 01/08/2021 Status: <i>Partially Dispensed</i> Note: Dispensed remaining 25				
<input type="checkbox"/> 01/06/2021 Status: <i>Partially Dispensed</i> Note: Dispensed 5 of 30				

Mark Ready to Sign: Changes to non-provider workflows in PCC 9.0



Mark Ready to Sign - Changes to specific non-provider workflows

Review & Sign

Prescriptions

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

Ready		Medication	Instructions
<input checked="" type="checkbox"/>	   	CLONIDINE 0.1 mg tablet 30 Tablet(s), 0 refills <input type="checkbox"/> DAW Start: 03/24/2021 UNSIGNED (Created by: ZELDA ZEN, LNA)	1 TABLET(S) PO EVERY DAY AT BEDTIME
<input type="checkbox"/>	   	METHYLPHENIDATE (RITALIN LA (BIPHASIC 50-50) EXTENDED RELEASE CAPSULE) 20 mg capsule,ER biphasic 50-50 30 Capsule(s), 0 refills <input checked="" type="checkbox"/> DAW Start: 03/24/2021 UNSIGNED (Created by: ZELDA ZEN, LNA)	1 CAPSULE(S) PO EVERY MORNING

Improvements to Compounds With PCC 9.0



Better support for Compounds in PCC eRx

Add New Med [\(start over\)](#)

MAGIC MOUTHWASH MOUTH (MUCOUS MEMBRANES)

☐ Instruction Only

15 to mL [\(show all units\)](#)

Mouth (mucous membranes) every 12 hours

☒ PRN
Sore throat

Wt-based Dosing: (Weight kg)

Prescription:

Days Supply: 10 ☐ DAW

Dispense: 300 mL(s)

Number of Refills: ☐ PRN

Date to Fill: 03/23/2021

Formulary Support:
Brand Unknown
[click to view full formulary details](#)

Instructions to Patient:

Diphenhydramine 12.5mg/5mL (100mL)
Viscous Lidocaine 2% (100mL)
Maalox (100mL)

Swish and spit 15mL q12h for 10 days
prn

Comments to Pharmacy:

Internal Note:

Duration: for

Indications: [Tip: Use multiple terms to refine your search](#)

Start Date: 03/23/2021 Stop Date: 04/2/2021 ☐ Use stop date

CHRIS CEDERSTROM
Male, DOB 05/17/2009
8454 Hillsdale Road
Sheldon Springs, VT 05485
Phone (802) 555-0165

MORGAN ELLIXSON-BOYEAAAA
Winooski Pediatrics
Twenty Main Street
Winooski, VT 05404
Phone (802) 846-8177
DEA # MT1442867

CVS Pharmacy # 2773
130 DYCKMAN STREET
NEW YORK, NY 10040
Phone (212) 304-4698
Fax (212) 304-4798
does NOT accept EPCS

Magic Mouthwash Mouth (mucous membranes)

15 milliliter(s) mouth- (mucous membranes) every 12 hours
Diphenhydramine 12.5mg/5mL (100mL)
Viscous Lidocaine 2% (100mL) Maalox (100ml) **Swish and spit 15mL q12h for 10 days prn PRN Sore throat**
300 mL(s), 0 Refills
Days Supply: 10
Written Date: 03/23/2021
Date to fill: 03/23/2021

eRx

Process Now



Compounds today in PCC eRx

Better support for Compounds in PCC eRx

Add New Med (start over)

MAGIC MOUTHWASH (DIPHENHYDRAMINE 12.5 MG/5 ML, VISCOUS LIDOCAINE 2%, MAALOX)
1 part diphenhydramine 12.5 mg/5 mL oral liquid
1 part Lidocaine Viscous 2% mucosal solution (lidocaine HCl)
1 part aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp

Prescription:

Days Supply: 10 ☐ DAW

Dispense: 300 mL(s)

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Brand Unknown
[click to view full formulary details](#)

Compounds in 9.0:
Itemized list of ingredients
Ratios & percentages
Ingredients participate in safety
checking

Instructions to Patient:

Swish and spit 15 mL orally for one minute every twelve hours prn sore throat and repeat as necessary for 10 days or until all of the solution has been used

Comments to Pharmacy:

Internal Note:

Plenty of room for directions in
PCC 9.0!

Duration: for

Indications:

Tip: Use multiple terms to refine your search

Most Common Indications: (see 21 more)

- administration of local anesthesia
- allergic reaction
- dyspepsia
- flatulence

Start Date: 03/23/2021

Stop Date: 04/01/2021

☐ Use stop date

CHRIS CEDERSTROM

Male, DOB 09/16/2009

8454 Hillsdale Road
Sheldon Springs, VT 05485
Phone (802) 555-0165

MORGAN ELLIXSON-BOYEA

Winooski Pediatrics

Twenty Main Street
Winooski, VT 05404
Phone (802) 846-8177
DEA # MT2545498

Bannockburn Pharmacy

6798 Pyle Rd
Bethesda, MD 20817
Phone (301) 644-2418
Fax (301) 644-2566
accepts EPCS

Magic Mouthwash (Diphenhydramine 12.5 mg/5 mL, Viscous lidocaine 2%, Maalox)

Swish and spit 15 mL orally for one minute every twelve hours prn sore throat and repeat as necessary for 10 days or until all of the solution has been used
300 mL(s), 0 Refills
Days Supply: 10
Written Date: 03/23/2021

eRx



Compounds in PCC 9.0

Updates to EPN (ePrescribing Name) for outbound prescriptions

BROOK BOWMAN
Female, DOB 05/06/2005
73 Tanglewood
Lyndon, VT 05849
Phone (802) 555-0105

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT2545498

Friendly Pharmacy, Inc.
389 East 138 Street
Bronx, NY 10454
Phone (718) 742-0001
Fax (718) 742-0011
accepts EPCS

methylphenidate ER 36 mg tablet,extended release 24 hr (Concerta)
36 milligrams By Mouth every morning
30 Tablet, 0 Refills
Days Supply: 30
Written Date: 03/24/2021

eRx ▾

Process Now

BROOK BOWMAN
Female, DOB 05/06/2005
73 Tanglewood
Lyndon, VT 05849
Phone (802) 555-0105

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT2545498

Friendly Pharmacy, Inc.
389 East 138 Street
Bronx, NY 10454
Phone (718) 742-0001
Fax (718) 742-0011
accepts EPCS

Concerta 36 mg tablet,extended release
36 milligrams By Mouth every morning
30 Tablet, 0 Refills DAW
Days Supply: 30
Written Date: 03/24/2021

eRx ▾

Process Now

BROOK BOWMAN
Female, DOB 05/06/2005
73 Tanglewood
Lyndon, VT 05849
Phone (802) 555-0105

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT2545498

Friendly Pharmacy, Inc.
389 East 138 Street
Bronx, NY 10454
Phone (718) 742-0001
Fax (718) 742-0011
accepts EPCS

methylphenidate ER 36 mg tablet,extended release 24 hr (Concerta)
36 milligrams By Mouth every morning
30 Tablet, 0 Refills
Days Supply: 30
Written Date: 03/24/2021

eRx ▾

Process Now

Search for brand name
Concerta, to be substituted
generically





Search for brand name
Concerta, to be filled
DAW

Search for generic name
(harder to find), now shows
Brand name info as well



Improvements to importing prescriptions from Retail Rx History

Retail Rx History (Last Queried: 03/23/2021 19:52:24)

	Medication	Instructions	Last Quantity	Last Fill Date	Notes
Copy  	doxycycline hyclate 100 mg capsule	Take 1 capsule orally once a day with food or milk	20 Capsule	12/22/2020	10 days supply
Copy  	Tobramycin and Dexamethasone Ophthalmic Suspension	Instill two drops into the conjunctival sac every six hours for 7 days	10 Milliliter	11/25/2020	7 days supply

* 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.

Page: << 1 2 >>

Patient Consent: ☒

[Query Retail Rx History](#)

Retail Rx History (Last Queried: 05/27/2021 21:08:09)

	Medication	Instructions	Last Quantity	Last Fill Date	Notes
Copy  	Victoza 18 mg/3 mL Pen		9 Milliliter (1 refills)	05/27/2021	30 days supply
Copy  	Fluarix Quadrivalent vaccine 0.5 ML prefilled syringe		1 Syringe	05/26/2021	
Copy  	Zyrtec-D XR oral tablet		12 Tablet	04/28/2021	6 days supply
Copy  	Metoprolol Succinate ER 100 mg tablet		30 Tablet (1 refills)	04/08/2021	30 days supply
Copy  	naproxen 500 mg tablet		28 Tablet	03/21/2021	14 days supply
Copy  	Oxycodone HCL 20 mg tablet		30 Tablet	03/12/2021	15 days supply
Copy  	amoxicillin 875 MG oral tablet		24 Tablet	02/27/2021	12 days supply
Copy  	Ibuprofen 200 MG oral tablet		50 Tablet	02/07/2021	30 days supply
Copy  	Magic Mouthwash; Diphenhydramine 12.5 mg/5 mL, Viscous Lidocaine 2%, Maalox 1 part	Swish and spit 15 mL orally for 1 minute every 12 hours	900 Milliliter (1 refills)	02/02/2021	30 days supply
Copy  	Ketamine 0.5% - Amitriptyline 1% - Lidocaine 4% topical cream		30 Milliliter	01/15/2021	Advise patient to wear gloves for application

* 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.

Page: 1

Patient Consent: ☒

[Query Retail Rx History](#)


Better error messaging:
Before
&
After
you prescribe



Improved error messaging when prescribing

Add New Med

Add New Med (start over)

ALBUTEROL 90 MCG/ACTUATION AEROSOL 

to [\(show all units\)](#)

Dose Form:

[\(show all routes\)](#) [\(show all frequencies\)](#) ☒ PRN

Prescription:

Days Supply:

Dispense:

Number of Refills: ☐ PRN

Date to Fill:

Prevent Renewal Requests: ☐

Follow up provider:

Formulary Support:
Generic, Rx, Unknown
[click to view full formulary details](#)

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for

Indications: Tip: Use multiple terms to refine your search

Most Common Indications: [\(see 4 more\)](#)

- bronchospastic pulmonary disease

LILY LITTLEFIELD
Female, DOB 12/17/2009
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Friendly Pharmacy
3712 G Lawndale Dr
Greensboro, NC 27455
Fax (336) 763-0693
Phone (336) 790-7343
accepts EPCS

Albuterol
1 puff(s) Inhalation every 4 to 6 hours PRN
shortness of breath or wheezing
1 200 inhalation aerosol with adapter (PROVENTIL
HFA or equivalent), 0 Refills
Days Supply: 30
Written Date: 03/14/2021

Medication is incomplete. Please select dose form.

Improved error messaging when prescribing

LILY LITTLEFIELD
Female, DOB 12/17/2009
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Please select a pharmacy

epinephrine (Jr) 0.15 mg/0.3 mL injection,auto-injector (EpiPen Jr)

0.15 milligrams Intramuscular one time only PRN
anaphylaxis
1 2 syringe, 0 Refills
Days Supply: 30
Written Date: 03/14/2021

eRx ▼

Test Case: ▼

Process Now

Please select a destination pharmacy.

LILY LITTLEFIELD
Female, DOB 12/17/2009
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

MORGAN ELLIXSON-BOYEA
Lake Champlain Pediatrics
20 Winooski Falls Up
Winooski city Uptown, VT 05404
Phone (800) 722-2198
DEA # MT7389124

Local Peach Rx Pharmacy
1079 Alco St NE
Atlanta, GA 30324
Fax (404) 235-2566
Phone (404) 235-2718
does NOT accept EPCS

Vyvanse 10 mg capsule (lisdexamfetamine)

10 milligrams By Mouth every day
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 03/14/2021
Date to fill #1: 03/14/2021
Date to fill #2: 04/13/2021
Date to fill #3: 05/13/2021

Print ▼

Test Case: ▼

Process Now




The selected pharmacy does not accept EPCS.

Improved error messaging when prescribing

Pending Prescriptions

☐ Select all

  **LITTLEFIELD, LILY** 794 Redwood Street Andover, NH 05501 Phone (802) 555-0186

☐    **Vyvanse 10 mg capsule (lisdexamfetamine)**
1 capsule(s) By Mouth every day
30 Capsule(s) 0 Refill(s)
3 month supply
Dates to Fill:
03/14/2021
04/13/2021
05/13/2021
Created on 03/14/2021 17:11 by MORGAN ELLIXSON-BOYEA


Local Peach Rx Pharmacy
1079 Alco St NE
Atlanta, GA 30324
(404) 235-2718




MORGAN ELLIXSON-BOYEA
20 Winooski Falls Up
Winooski city Uptown, VT 05404
(800) 722-2198
DEA # MT7389124

The selected pharmacy does not accept EPCS.

Pending Prescriptions

☐ Select all

  **FARKAS, COLIN** 53 Li Lo Lane South Strafford, VT 05070 Phone (802) 555-0195

☐    **Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol (beclomethasone dipropionate)**
1 puff(s) Inhalation every morning
1 x 120 inhalation aerosol, breath activated 0 Refill(s)
Created on 03/14/2021 17:13 by CRAIG GODFREY

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

CRAIG GODFREY
45 North Avenue
Burlington, VT 05401
(802) 863-9988
DEA # MT6524513

Provider does not have a SPI to use for the current location.

Addressing transmission-based errors: After you prescribe



Rx Task Queue: Transmission Errors

Errors

BOWMAN, BROOK 73 Tanglewood Lyndon, VT 05849 Phone (802) 555-0105

hydrocortisone 2.5 % topical cream

1 application Topical twice daily; for 7 days
20 Gram, 0 Refill(s)
Sent: 03/14/2021

Bannockburn Pharmacy
6798 Pyle Rd
Bethesda, MD 20817
(301) 644-2418

Error Code E004S:
eRx system error (Test case)

Unable to retry, action required:

- ☐ **Keep** this prescription, I called the pharmacy and resolved the issue
- ☐ **Delete** this prescription, I created a new prescription
- ☐ **Print** this prescription, I will give to the patient or fax to the pharmacy

Resolve

Prescription History

Start/Stop	Prescription	Prescriber/Agent	Rx Details
03/14/2021 03/20/2021	Hydrocortisone 2.5 % cream 1 application Topical twice daily; for 7 days 1 x 20 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 57 Error: Action required

Page: 1

Rx Task Queue: Transmission Errors

Errors

MASON, MELANIE 123 Main street Brattleboro, VT 05301 Phone (802) 555-0166

Flovent HFA 220 mcg/actuation aerosol inhaler (fluticasone propionate)

1 puff(s) Inhalation twice daily

12 Gram, 0 Refill(s)

Sent: 03/14/2021

CVS Pharmacy # 640

268 WEST ST.

KEENE, NH 03431

(603) 357-7610

Error Code E003S:

Intermittent connectivity issue. DT2 team will review.

Sent 1 time. Next attempt: 03/14/2021 17:31:15

Stop Retrying

Prescription History

Start/Stop	Prescription	Prescriber/Agent	Rx Details
03/14/2021 04/12/2021	Flovent 220 mcg/actuation HFA aerosol inhaler 1 puff(s) Inhalation twice daily 1 x 120 inhalation aerosol with adapter 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 59 Error: Retrying

Page: 1

Improvements to EPCS Onboarding



Improvements to EPCS Provisioning

- eRx Administrator will be notified of issues when enrolling providers (license key based)
- Improvements to prevent entering a hard token serial number already in use
- Users can now edit hard token serial number, if necessary
- Want to skip the credit check? Bypass and go right to video proofing
- eRx administrator no longer needed for final token activation step



PCC eRx Bugs Fixed in PCC 9.0

- No longer need to call PCC to delete pending-yet-inactive prescriptions
- A fix for the "Unable to prescribe without a location" message when renewing from Prescription Hx or Medication Hx
- Start & Stop Date for 'historic' prescriptions will retain correct dates in Review & Sign
- EPCS prescriptions will automatically display in Prescription Hx or Medication Hx when sent through RapidRx
- Creating a Favorite from a Custom Medication will no longer trigger an asynchronous error



Top 15 Known Enhancement Requests For PCC eRx



Top 15 eRx Enhancements from YOU!

- *Tune Favorites to work better for PCC's Pediatricians (in addition to what's in 9.0)*
- *Allow me to determine which Favorites display in the tiled section*
- *Use the same default pharmacy across siblings*
- *When Adding a New Pharmacy Give me a Choice of What the Default Pharmacy Should Be*
- *Ability to mark medications as confidential to control where and when they will display*



Top 15 eRx Enhancements from YOU!

- *Integrate state-specific query for controlled substances into PCC eRx (PDMP)*
- *Add Electronic Prior Authorization to PCC EHR (ePA)*
- *Allow Prescribers to create Handwritten prescriptions as-needed in PCC eRx*
- *Allow my office to change what visit or encounter a prescription is attached to*
- *Improve Ordering Provider logic in PCC eRx - current sticky provider concept not working well*



Top 15 eRx Enhancements from YOU!

- *Implement Surescripts Realtime Formulary Benefit service*
- *Improve Weight-based dosing functionality in PCC eRx - it's not intuitive*
- *Document in PCC EHR when I approve or deny a Refill Request in PCC eRx*
- *Create comprehensive solution to address overall drug database changes at FDB (off-market medications, etc)*
- *Prescribe from within PocketPCC*

Please submit your vote for your
top THREE enhancement requests!

[Voting Form](#)



PCC eRx Tips and Tricks



The only option for this prescription is to print it – why is that?

ELENA SWANGER Female, DOB 08/31/2012 13 Keeler Bay Road Morgan, VT 05853 Phone (802) 555-0163		Prescriber MORGAN ELLIXSON-BOYEA DEA # MT9445619		
NYC Pharmacy 10.6MU 88 Park Street, Brooklyn, NY 11201 Phone: (718) 515-7181 Fax: (718) 515-7182 (accepts EPCS)				
 Medication	Instructions	Rx details	Written Date	Date to fill
<input checked="" type="checkbox"/> Citalopram 20 mg tablet	1 tablet(s) By Mouth every day	30 Tablet(s) / 0 refills <input type="checkbox"/> DAW	09/29/2020	<input type="text" value="09/29/2020"/> 

ELENA SWANGER
Female, DOB 08/31/2012
13 Keeler Bay Road
Morgan, VT 05853
Phone (802) 555-0163

MORGAN ELLIXSON-BOYEA
DEA # MT9445619

NYC Pharmacy 10.6MU
88 Park Street
Brooklyn, NY 11201
Phone (718) 515-7181
Fax (718) 515-7182
accepts EPCS

Citalopram 20 mg tablet
20 milligrams By Mouth every day
30 Tablet, 0 Refills
Days Supply: 30
Written Date: 09/29/2020
Date to fill: 09/29/2020

Check your location!

For best results with “free text” or custom items, head to:
PCC eRx > Administration > Custom Medication Items

Avoid time-based units of measure such as: Day(s), Week(s), Month(s)



Using Custom Search Terms

PCC eRx > Administration > Medication Search > Custom Search Terms

Add New Med





Medication:

Warnings		Medication
DPT		Loratadine Oral
FOOD	DPT	Fexofenadine Oral
DPT		cetirizine Oral
		Montelukast Oral

Adding Custom Search Terms

PCC eRx > Administration > Medication Search > Custom Search Terms

Current Search Terms:

Delete	Edit	Med Name	Search Term	Created By	Created Datetime	Admin Comment
✗		cetirizine Oral	allergy	MORGAN ELLIXSON-BOYEA	2018-01-17 02:33pm	
✗		Fexofenadine Oral	allergy	MORGAN ELLIXSON-BOYEA	2018-01-17 02:34pm	
✗		Loratadine Oral	allergy	MORGAN ELLIXSON-BOYEA	2018-01-17 02:34pm	
✗		Montelukast Oral	allergy	MORGAN ELLIXSON-BOYEA	2018-01-17 02:34pm	

Using Custom Medication Warnings

PCC eRx > Administration > Medication Search > Medication Warnings

Add New Med

Medication:

?

Warnings





Medication

Mebendazole Oral Chewable **(Very expensive!! Please consider alternate treatment.)**

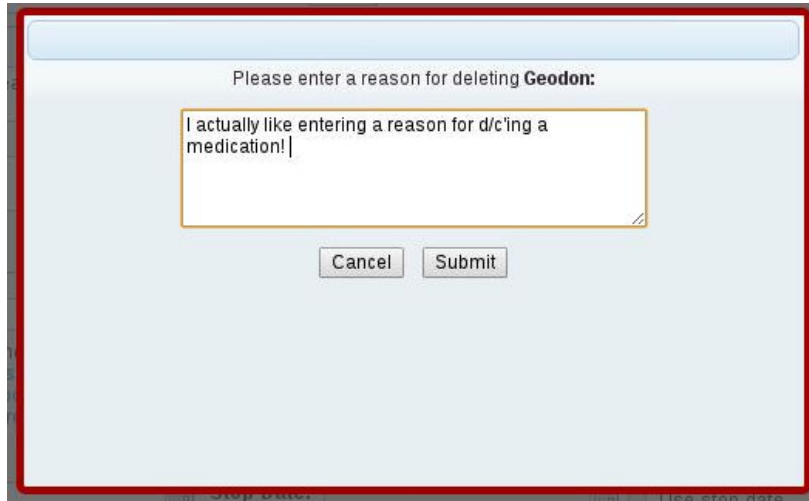
Add custom medication:

Adding Custom Medication Warnings

PCC eRx > Administration > Medication Search > Medication Warnings

Current Warnings:						
Delete	Edit	Med Name	Warning	Last Modified By	Modified Datetime	Analyst Comment
		Dymista Nasal Spray 137 mcg-50 mcg/spray	Don't forget coupon!	MORGAN ELLIXSON-BOYEA	2018-04-19 11:55am	
		Mebendazole Oral Chewable	Very expensive!! Please consider alternate treatment.	MORGAN ELLIXSON-BOYEA	2018-04-19 11:53am	

Do you want to enter a reason to discontinue a medication?



A screenshot of a software dialog box with a light blue header and a white body. The header contains the text "Please enter a reason for deleting **Geodon**:". Below the header is a text input field with a yellow border containing the text "I actually like entering a reason for d/c'ing a medication!". At the bottom of the dialog are two buttons: "Cancel" and "Submit".

OR



A screenshot of a software dialog box with a blue title bar and a white body. The title bar contains a user icon and a close button (X). The body contains the text "Discontinue this medication?". Below the text are two buttons: "OK" with a green checkmark icon and "Cancel" with a red X icon.

Adjust your Safety Checking levels in PCC eRx

PCC eRx > Administration > Application Administration > Safety Checking

[\[top\]](#) **Safety Checking**

Features/Configuration

Drug Food Severity Level [\[view comment\]](#)

3 ▾

Update Value

[\[use default value\]](#)

☒ **Perform Drug-Allergy Interaction Checking** [\[show roles\]](#)

☒ **Perform Drug-Allergy Group Checking** [\[show roles\]](#)

☒ **Perform Drug-Allergy Cross-sensitivity Checking** [\[show roles\]](#)

☒ **Perform Drug Disease Checking** [\[show roles\]](#)

Drug Disease Checking Level [\[view comment\]](#)

3 ▾

Update Value

[\[use default value\]](#)

☒ **Perform Drug-Drug Interaction Checking** [\[show roles\]](#)

Drug-drug Interaction Checking Level [\[view comment\]](#)

3 ▾

Update Value

[\[use default value\]](#)

☒ **Perform Duplicate Drug Class Checking** [\[show roles\]](#)

☒ **Perform Dose-Range Safety Checking** [\[show roles\]](#)

☒ **Perform Dose-Range Safety Checking on Doses** [\[show roles\]](#)

☒ **Perform Dose-Range Safety Checking on Duration** [\[show roles\]](#)

☒ **Perform Dose-Range Safety Checking on Frequency** [\[show roles\]](#)



Adjust your Safety Checking *override reasons* in PCC eRx

PCC eRx > Administration > Safety Checking Overrides

Override Reason	Display?	Actions	
Clinically insignificant warning	<input checked="" type="checkbox"/>	Update	Delete
Disagree with alert	<input checked="" type="checkbox"/>	Update	Delete
Patient currently taking safely	<input checked="" type="checkbox"/>	Update	Delete

Checking the status of sent prescriptions

Review & Sign

Prescriptions

Group By: ☐ Indication ☐ Class ☐ Generic med name ☒ None

	Medication	Instructions
  	ALBUTEROL 90 MCG/ACTUATION AEROSOL 90 mcg/actuation aerosol powdr breath activated 1 x 200 inhalation aerosol with adapter, 0 refills Start: 05/25/2020 Date to Fill: 05/25/2020 Pharmacy: NYC Pharmacy 10.6MU eRx: 05/25/2020 15:22:31  (Prescribed by: MORGAN ELLIXSON-BOYEA)	1 INHALATION INHALATION EVERY 4 TO 6 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i>

Links:
[Colorado PDMP website](#)
[State of Vermont Prescription Monitoring Program](#)

Prescription Details:
Created on 05/25/2020 15:22:31 by MORGAN ELLIXSON-BOYEA
Signed on 05/25/2020 15:22:31 by MORGAN ELLIXSON-BOYEA
Electronic delivery completed, verified on 05/25/2020 15:22:31 to NYC Pharmacy 10.6MU

All transmission based cases need to be submitted to Surescripts within 10 business days

Let's talk about PCC eRx!

Questions posted in Socio will be read aloud by moderator for presenter to answer, so please submit your questions now!

