

# What's Next for PCC eRx?



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# PCC eRx: A Year in Review - 9.0 Release

## August 2021

- More than 60 improvements & bug fixes including:
  - Favorites: Drop-down menu & one button add
  - Easily generate 3 month supply for CII's
  - Rx Change, Rx Cancel, Rx Fill
  - And much more!



<https://learn.pcc.com/help/pcc-9-0-release/>

# PCC eRx: A Year in Review - Assorted Patches

Released in Sept, October, January, & April (5 total)

Resolved several persistent errors for missing frequency, dose form, quantity, & instructions

Fixed issues relating to "Add New Medication" button directly after renewing from Rx Hx or Med Hx

Added ability to view or adjust DAW for pending prescriptions on the Rx Queue

Ensured the day supply for existing favorites is honored when creating a new Rx

Resolved a temporary issue with Invalid Address Errors for patients with 9 digit zip codes

Removed the generic epinephrine linked to brand-name only manual injector pens (Symjepi)

Improved Rx Queue Error messaging & behavior

Fixed an issue where PRN refills were incorrectly transmitted as zero refills

Restored the missing NDC for lidocaine-prilocaine (generic Emla cream)

# PCC eRx: A Year in Review - Performance Improvements November 2021

## Average eRx chart open time Prior to the eRx Performance Patch

Wednesday

**6.7s**

(1.2 - 44.6s)

Thursday

**8.6s**

(1.3 - 44.9s)

## Average eRx chart open time After the eRx Performance Patch

Wednesday

**1.6s**

(0.4 - 14.3s)

Thursday

**1.6s**

(0.5 - 13.1s)



*\*Data from one PCC office.  
Your results may vary!*



# PCC eRx: A Year in Review - Change Requests & More!

## April 2022

### Change Requests

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

#### DRUG USE EVALUATION

The pharmacy has requested a substitution for the prescription sent on 07/29/2021. Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90

- Keep original prescription:  
**clonidine HCl 0.1 mg tablet**  
1 tablet(s) By Mouth every day at bedtime  
Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90  
30 Tablet, 0 refills

Original version prior to 4/22

### Change Requests

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

#### THERAPEUTIC SUBSTITUTION

The pharmacy has requested a therapeutic substitution for the prescription sent on 03/27/2022.

**Message from Pharmacy**  
Substitution Requested: PRIOR AUTH NEEDED for packet or choose from alternatives

Please choose one option:

- Keep or edit original prescription  
**NEXIUM DR 5 MG PACKET**  
TAKE 1 PACKET BY MOUTH DAILY  
30 Packet, 3 refills
- Approve requested substitution  
**ESOMEPRAZOLE MAG DR 20 MG CAP**  
TAKE ONE CAPSULE BY MOUTH DAILY  
30 Capsule, 0 refills
- Replace with new prescription
- Cancel original prescription
- Reassign

Request #2

Sign and Process

New & Improved!

- Fewer “digital signature” errors when sending prescriptions for controlled substances
- Better handling of Spanish language and other special characters in PCC eRx



In case you missed it:  
PCC eRx 9.0 Edition



# PCC eRx: Access to Favorites in a drop-down list

**Prescribe**

**Favorites:**

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

**Add Medication:**

Search Type:  Quick Rx  Full Product Search  Identify Medication



# PCC eRx: 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)

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







# Favorites Configuration under PCC eRx > My Settings

**PCC eRx** Rx Queue **My Settings** Rx Logs Audit Log Administration

**Favorites**  
Manage Favorites List:  Manual  Automatic  
 Show Favorites as a drop-down menu  
 Show Favorites as tiles  
Number of Favorites to display in the Prescribe section:

Medication		Instructions	
<b>Antibacterial Agents</b> <input checked="" type="checkbox"/> <input type="checkbox"/>	 <b>AMOXICILLIN SUSPENSION</b> 400 mg/5 mL suspension for reconstitution	90 mg/kg in 2 equally divided doses per day PO ; for 10 DAYS	<i>pinned</i>
<b>Asthma/COPD Therapy Agents</b> <input checked="" type="checkbox"/> <input type="checkbox"/>	 <b>ALBUTEROL 90 MCG/ACTUATION AEROSOL</b> 90 mcg/actuation aerosol powdr breath activated 1 x 200 inhalation aerosol with adapter, 0 refills	1 INHALATION INHALATION EVERY 4 TO 6 HOURS PRN shortness of breath or wheezing	



# PCC eRx: 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



## Exceptions to adding Favorites on the fly

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

---

**AMOXICILLIN SUSPENSION** 

12.5 to  mL [\(show all units\)](#) Calculated Value: 12.375 mL, Adjusted to: 12.5 mL  
[Equiv dose: 11.138 - 14.85] Dispensable in 1.25 mL increments

Dose Form:

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

Wt-based Dosing:  milligram/kilogram/dose (Weight  kg)

Calculated values:  
1000 mg twice daily  
45.5 mg/kg twice daily  
90.9 mg/kg per day

Prescription:

Days Supply:


Dispense:  Milliliters

Number of Refills:   PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:


 Weight-based medications may not be saved as Favorites after dose calculation.



Add any WB template under PCC eRx > My Settings > Add New Favorite

# PCC eRx: Generate and send 3 month supply of CII's

**Add New Med** (start over)

**METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET)**   Instruction Only

Qty:  to

PRN

**Prescription:**

Days Supply:   DAW

Dispense:

Number of Refills:   PRN

Create 3 month supply

Date to Fill #1:

Date to Fill #2:

Date to Fill #3:

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:

Stop Date:    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  
Date to fill #1: 03/24/2021  
Date to fill #2: 04/23/2021  
Date to fill #3: 05/23/2021

eRx



# PCC eRx: Generate and send 3 month supply of CII's

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

**METHYLPHENIDATE (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 <input type="checkbox"/> DAW	<i>Formulary Support: Brand, Rx, Unknown <a href="#">click to view full formulary details</a></i>
Dispense: 30 <input type="text"/> Tablet ▾	
Number of Refills: <input type="text"/> <input type="checkbox"/> PRN	
Date to Fill #1: 08/04/2021 <input type="text"/> <input checked="" type="checkbox"/> Create 3 month supply	
Date to Fill #2: 09/01/2021 <input type="text"/> <input type="checkbox"/> pre-dated 2 days	
Date to Fill #3: 10/01/2021 <input type="text"/> <input type="checkbox"/> pre-dated 2 days	
Prevent Renewal Requests: <input type="checkbox"/>	
Follow up provider: <input type="text"/>	

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: 08/04/2021  Stop Date: 11/01/2021   Use stop date

**PCC eRx** PCC eRx Rx Queue (1) My Settings Rx Logs Audit Log Administration

## My Settings

### EPCS Status

EPCS enrollment complete. You are ready to ePrescribe controlled substances.

#### Default Token Label

Hard Token:  Hard Token

Soft Token:  Soft Token

[Exostar Token Management](#)

[Save Changes](#)

### Vacation Hours

Start:  Stop:  [Clear](#) [Save](#)

### RapidRx on Renew

Display RapidRx when renewing a medication

### 3 Month Supply

Automatically pre-date 3 month supply  2 days [Save](#)

### Favorites

Manage Favorites List:  Manual  Automatic

Show Favorites as a drop-down menu

Show Favorites as tiles

Number of Favorites to display in the Prescribe section:  9 [Save](#)



Adjust your pre-dating under PCC eRx > My Settings > 3 Month Supply



# Easy reference for historic 3 month supply prescriptions

## 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 <b>Schedule II</b> 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



# Renewing from the "Blue Swish" - Option #1

Prescription History		Start/Stop	Prescription	Prescriber/Agent	Rx Details
 		07/10/2022 07/16/2022	<b>Mupirocin 2 % ointment</b> 1 application Topical 3 times daily; for 7 days 1 x 30 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 49 ePrescribed <i>Bannockburn Pharmacy</i>
 		07/10/2022 08/08/2022	<b>Miralax 17 gram/dose powder</b> 17 gram(s) By Mouth every day PRN constipation 1 x 765 gram bottle 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 48 ePrescribed <i>Bannockburn Pharmacy</i>
 		07/07/2022 08/05/2022	<b>Dulera 100-5 mcg/actuation HFA aerosol inhaler</b> 2 puff(s) Inhalation twice daily 1 x 120 inhalation aerosol with adapter 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 45 ePrescribed <i>Bannockburn Pharmacy</i>

Page: 1



### Review & Sign

**Prescriptions**

Group By:  Indication  Class  Generic med name  None







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Ready	Medication	Instructions
<input checked="" type="checkbox"/>    	<b>MUPIROCIN 2 % OINTMENT</b> 2 % ointment 1 x 30 gram tube, 0 refills <input type="checkbox"/> DAW <b>Start:</b> 07/10/2022 <b>Stop:</b> 07/16/2022 <b>Pharmacy:</b> Bannockburn Pharmacy <b>UNSIGNED</b> (Created by: MORGAN ELLIXSON-BOYEA)	1 APPLICATION TOPICAL 3 TIMES DAILY ; for 7 DAYS

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**Links:**  
[Ohio Drug Monitoring Program](#)


# Renewing from the "Blue Swish" - Option #2

Prescription History		Start/Stop	Prescription	Prescriber/Agent	Rx Details
		07/10/2022 07/16/2022	<b>Mupirocin 2 % ointment</b> 1 application Topical 3 times daily; for 7 days 1 x 30 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 49 ePrescribed Bannockburn Pharmacy
		07/10/2022 08/08/2022	<b>Miralax 17 gram/dose powder</b> 17 gram(s) By Mouth every day PRN constipation 1 x 765 gram bottle 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 48 ePrescribed Bannockburn Pharmacy
		07/07/2022 08/05/2022	<b>Dulera 100-5 mcg/actuation HFA aerosol inhaler</b> 2 puff(s) Inhalation twice daily 1 x 120 inhalation aerosol with adapter 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 45 ePrescribed Bannockburn Pharmacy

Page: 1



### Renew Prescription

**MUPIROCIN 2 % OINTMENT** 

1 to application (show all units)

Dose Form: 2 % ointment

Topical (show all routes) 3 times daily (show all frequencies)  PRN

**Prescription:**

Days Supply: 30

Dispense: 1 30 gram tube

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 7 day(s)

**Indications:**  Tip: Use multiple terms to refine your search

Most Common Indications: (see 4 more)

- Impetigo

Start Date: 07/10/2022 Stop Date: 07/16/2022  Use stop date

**CHRIS CEDERSTROM**  
Male, DOB 12/14/2005  
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 # MT9445619

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

**mupirocin 2 % topical ointment (Centany)**  
1 application Topical 3 times daily; for 7 days  
1 x 30 gram tube, 0 Refills  
Days Supply: 30  
Written Date: 07/10/2022

eRx





# “Blue Swish” Configuration Options

PCC eRx PCC eRx Rx Queue (1) My Settings

## RapidRx on Renew

Display RapidRx when renewing a medication

## 3 Month Supply

Automatically pre-date 3 month supply  days

## Favorites

Manage Favorites List:  Manual  Automatic

Show Favorites as a drop-down menu

Show Favorites as tiles

Number of Favorites to display in the Prescribe section:

PCC eRx PCC eRx Rx Queue (1) My Settings

## RapidRx on Renew

Display RapidRx when renewing a medication

## 3 Month Supply

Automatically pre-date 3 month supply  days

## Favorites

Manage Favorites List:  Manual  Automatic

Show Favorites as a drop-down menu

Show Favorites as tiles

Number of Favorites to display in the Prescribe section:

Swish &  
Queue in  
Review & Sign  
(Option #1)

Swish & Send  
Immediately  
with RapidRx  
(Option #2)



Set your preference under PCC eRx > My Settings > RapidRx on Renew



# Renewal Requests & Change Requests



# Configuring Renewal Requests & Change Requests

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



# Inbound Renewal Requests from Pharmacies

## 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

Sign and Process



# Change Requests In PCC eRx



# RxChange Requests - 7 Different Types

Generic Substitution

Therapeutic Substitution

Drug Use Evaluation

Script Clarification

Out of Stock

Prior Authorization

Provider Authorization



Optional service in PCC eRx



# Change Requests - *Prior to April 2022*

## Change Requests

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

### GENERIC SUBSTITUTION

The pharmacy has requested a generic substitution for the prescription sent on 07/29/2021. Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90

Keep original prescription:

**clonidine HCl 0.1 mg tablet**

1 tablet(s) By Mouth every day at bedtime

Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90

30 Tablet, 0 refills

Accept requested substitution:

**clonidine HCl 0.1 mg tablet**

1 tablet(s) By Mouth every day at bedtime

90 Tablet, 0 refills

Reassign

Yalaha Pharmacy  
8735 County Rd 48  
Yalaha, FL 34797  
(352) 547-1247

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

## Change Requests

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

### DRUG USE EVALUATION

The pharmacy has requested a substitution for the prescription sent on 07/29/2021. Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90

Keep original prescription:

**clonidine HCl 0.1 mg tablet**

1 tablet(s) By Mouth every day at bedtime

Note: Patient's insurance will cover 90 days, consider switching from 30 tablets to 90

30 Tablet, 0 refills

Yalaha Pharmacy  
8735 County Rd 48  
Yalaha, FL 34797  
(352) 547-1247

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





# Change Requests - *Current Experience*

## Change Requests

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

### THERAPEUTIC SUBSTITUTION

The pharmacy has requested a therapeutic substitution for the prescription sent on 03/27/2022.


Yalaha Pharmacy  
8735 County Rd 48  
Yalaha, FL 34797  
(352) 547-1247

MORGAN  
ELLIXSON-BOYEA  
Twenty Main Street  
Winooski, VT 05404  
(802) 846-8177  
DEA # MT9445619

#### Message from Pharmacy

Substitution Requested: PRIOR AUTH NEEDED for packet or choose from alternatives

Please choose one option:

- Keep or edit original prescription
    -  **NEXIUM DR 5 MG PACKET**  
TAKE 1 PACKET BY MOUTH DAILY  
30 Packet, 3 refills
  - Approve requested substitution
    -  **ESOMEPRAZOLE MAG DR 20 MG CAP**  
TAKE ONE CAPSULE BY MOUTH DAILY  
30 Capsule, 0 refills
  - Replace with new prescription
  - Cancel original prescription
  - Reassign
- Request #2

Sign and Process



# Change Requests with Multiple Options!

## Change Requests

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

### THERAPEUTIC SUBSTITUTION

The pharmacy has requested a therapeutic substitution for the prescription sent on 03/27/2022.

Yalaha Pharmacy  
8735 County Rd 48  
Yalaha, FL 34797  
(352) 547-1247

MORGAN  
ELLIXSON-BOYEA  
Twenty Main Street  
Winooski, VT 05404  
(802) 846-8177  
DEA # MT9445619

#### Message from Pharmacy

Substitution Requested: PRIOR AUTH NEEDED for packet or choose from alternatives

Please choose one option:

- Keep or edit original prescription
  -  **NEXIUM DR 5 MG PACKET**  
TAKE 1 PACKET BY MOUTH DAILY  
30 Packet, 3 refills
- Approve requested substitution
  -  **PANTOPRAZOLE SOD DR 20 MG TAB**  
TAKE ONE TABLET BY MOUTH DAILY  
30 Tablet, 0 refills
- Approve requested substitution
  -  **OMEPRAZOLE DR 40 MG CAPSULE**  
TAKE ONE CAPSULE BY MOUTH DAILY  
30 Capsule, 0 refills
- Approve requested substitution
  -  **RABEPRAZOLE SOD DR 20 MG TAB**  
TAKE ONE TABLET BY MOUTH DAILY  
30 Tablet, 0 refills
- Approve requested substitution
  -  **ESOMEPRAZOLE MAG DR 20 MG CAP**  
TAKE ONE CAPSULE BY MOUTH DAILY  
30 Capsule, 0 refills
- Replace with new prescription
- Cancel original prescription
- Reassign

Request #3

Sign and Process

# RxCancel







# RxCancel for prescriptions recently sent to the pharmacy

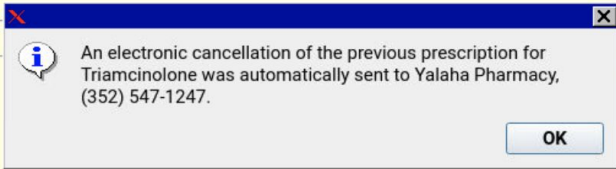
**Review & Sign**

**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

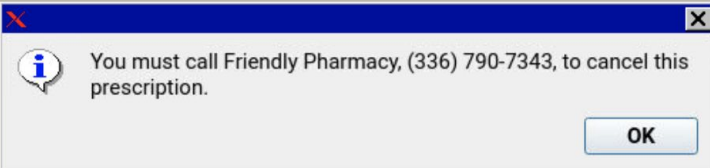
 An electronic cancellation of the previous prescription for Triamcinolone was automatically sent to Yalaha Pharmacy, (352) 547-1247. **OK**

**Review & Sign**

**Prescriptions**  
Group By:  Indication  Class  Generic med name  None

Medication






  **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)

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

# RxCancel & 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
     <b>ZIPRASIDONE (GEODON)</b> 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.

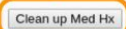


# RxCancel & Historic Entries in Medication Hx

**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
 	  <b>ALBUTEROL (PROAIR HFA 90 MCG/ACTUATION AEROSOL)</b> 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
 	  <b>ATOMOXETINE (STRATTERA)</b> 18 mg capsule	2 CAPSULE(S) PO EVERY DAY	PCC eRx
 	  <b>HYDROCORTISONE 2.5 % CREAM</b> 2.5 % cream	1 APPLICATION TOPICAL TWICE DAILY; for 7 DAYS	PCC eRx
 	  <b>METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET)</b> 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
 	  <b>METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET)</b> 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
 	  <b>METHYLPHENIDATE (CONCERTA EXTENDED RELEASE 24 HOUR TABLET)</b> 18 mg tablet extended release 24hr	1 TABLET(S) PO EVERY DAY	PCC eRx
 	  <b>NAPROXEN</b> 375 mg tablet	1 TABLET(S) PO 3 TIMES DAILY	PCC eRx



**Medication History Comments:**  
No comments entered

Patient takes no Meds  Med Hx is unknown or incomplete



RxFill




# RxFill

## Prescription History

	Start/Stop	Prescription	Prescriber/Agent	Rx Details
	03/08/2021 10/03/2021	<b>Strattera 40 mg capsule</b> 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	<b>Strattera 40 mg capsule</b> 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





# EPN (ePrescribing Name) on 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

Search for brand name Concerta, to be substituted generically

**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

Search for brand name Concerta, to be filled DAW

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



# What's Next for PCC eRx?



# What's Next for PCC eRx: Real-Time Prescription Benefit

INTERFERON ALFA-2B (INTRON A) 

Instruction Only

10 to  choose units  (show all units)

Dose Form: 10 million unit (1 mL) recon soln

IM  (show all routes) 3 days a week  (show all frequencies)  PRN

Wt-based Dosing:  ( Weight  kg )

**Adjustments:**



Prescription:

Days Supply: 30  DAW


Dispense: 1  vial

Number of Refills:   PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

 **Formulary Support:**  
Brand, Rx, Non-formulary  
Copay Specialty Pharmacy: 20% (\$75 - \$150) T4/5  
Coverage Factors Exist  
[click to view full formulary details](#)

[Click to view Alternatives](#)



Current Formulary Support in PCC eRx

# What's Next for PCC eRx: Real-Time Prescription Benefit

Pricing and coverage data is a point in time calculation based upon the Quantity and Days Supply provided in the request and may vary once the prescription is filled. Any returned alternative information is informational only and not intended to replace clinical decisions.

Requested Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
Nexium 40 mg capsule, delayed release	▲	Required	Retail	30 days	30 Capsule	\$25.65
	▲	Required	90 Day At Retail	90 days	90 Capsule	\$76.95
Alternative Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
esomeprazole magnesium 40 mg capsule, delayed release	▲	Not Required	Retail	30 days	30 Capsule	\$15.50
	▲	Not Required	90 Day At Retail	90 days	90 Capsule	\$46.50
omeprazole 40 mg capsule, delayed release	▲	Not Required	Retail	30 days	30 Capsule	\$8.36
	▲	Not Required	90 Day At Retail	90 days	90 Capsule	\$22.15
pantoprazole 40 mg tablet, delayed release	▲	Not Required	Retail	30 days	30 Tablet	\$6.59
	▲	Not Required	90 Day At Retail	90 days	90 Tablet	\$18.95

Estimated Patient Cost:	\$22.15	\$46.50
OOP Applied Amount:	\$22.15	\$8.36
OOP Remaining Amount:	\$2,977.85	\$22.15
Deductible Applied Amount:	\$22.15	\$6.59
Deductible Remaining Amount:	\$1,477.85	\$18.95

Estimated Patient Cost	
	\$15.50
	\$46.50
<b>Estimated Patient Cost:</b>	<b>\$22.15</b>
OOP Applied Amount:	\$22.15
OOP Remaining Amount:	\$2,977.85
Deductible Applied Amount:	\$22.15
Deductible Remaining Amount:	\$1,477.85
	\$18.95



# What's Next for PCC eRx: Real-Time Prescription Benefit

Pricing and coverage data is a point in time calculation based upon the Quantity and Days Supply provided in the request and may vary once the prescription is filled. Any returned alternative information is informational only and not intended to replace clinical decisions.

Requested Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
Nexium <sup>®</sup> Covered With Restrictions Quantity Limits - 30 for 30 days Step Therapy - This medication is part of a step therapy program	▲	Required	Retail	30 days	30 Capsule	\$25.65
	▲	Required	90 Day At Retail	90 days	90 Capsule	\$76.95
Alternative Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
esomeprazole magnesium 40 mg capsule, delayed release	▲	Not Required	Retail	30 days	30 Capsule	\$15.50
	▲	Not Required	90 Day At Retail	90 days	90 Capsule	\$46.50
omeprazole 40 mg capsule, delayed release	▲	Not Required	Retail	30 days	30 Capsule	\$8.36
	▲	Not Required	90 Day At Retail	90 days	90 Capsule	\$22.15
pantoprazole 40 mg tablet, delayed release	▲	Not Required	Retail	30 days	30 Tablet	\$6.59
	▲	Not Required	90 Day At Retail	90 days	90 Tablet	\$18.95

Covered With Restrictions  
Quantity Limits - 30 for 30 days  
Step Therapy - This medication is part of a step therapy program




# What's Next for PCC eRx: Real-Time Prescription Benefit

Requested Medication	Prior Auth	Pharmacy Type	Days Supply	Quantity	Estimated Patient Cost
<b>Nexium 40 mg capsule, delayed release</b>	Required	Retail	30 days	30 tablets	<b>\$10.00</b>
PBM Notes					
<ul style="list-style-type: none"><li>• CODE: PlanLimitExclusion - The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.</li><li>• CODE: DaysSupplyExceeded - Maximum Days Supply of 90. Please update where appropriate and resubmit.</li><li>• The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.</li></ul>					
<b>Nexium 40 mg capsule, delayed release</b>	Required	Retail	90 days	90 tablets	<b>\$20.00</b>
PBM Notes					
<ul style="list-style-type: none"><li>• CODE: PlanLimitExclusion - The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.</li><li>• CODE: DaysSupplyExceeded - Maximum Days Supply of 90. Please update where appropriate and resubmit.</li><li>• The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.</li></ul>					



# What's Next for PCC eRx: Electronic Prior Authorization

MOMETASONE-FORMOTEROL (DULERA 100 MCG-5 MCG/ACTUATION AEROSOL)   Instruction Only

2 to  puff(s) [\(show all units\)](#)

Dose Form: 100-5 mcg/actuation HFA aerosol inhaler ▼

Inhalation [\(show all routes\)](#) twice daily [\(show all frequencies\)](#)  PRN

Prescription:

Days Supply: 30 <input type="checkbox"/> DAW	<b>Formulary Support:</b> Brand, Rx, Unknown <a href="#">click to view full formulary details</a>
Dispense: 1 <input type="text"/> 120 inhalation aerosol with adapter ▼	
Number of Refills: <input type="text"/> <input type="checkbox"/> PRN	
Date to Fill: <input type="text"/>	
Prevent Renewal Requests: <input type="checkbox"/>	
Follow up provider: <input type="text"/>	



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

## PRIOR AUTHORIZATION

The medication requires prior authorization for the prescription sent on 07/07/2022.

### Message from Pharmacy

Prior Auth required for this patient's insurance. Thanks!

**Dulera 100 mcg-5 mcg/actuation HFA aerosol inhaler (mometasone-formoterol)**  
2 puff(s) Inhalation twice daily  
13 Gram, 0 refills

Please choose one option:

- Prior authorization has been submitted
- Prior authorization has not been submitted
- Cancel original prescription
- Reassign

\* Images from current PCC eRx without ePA functionality.  
Sneak peek of ePA inside PCC eRx not yet available!



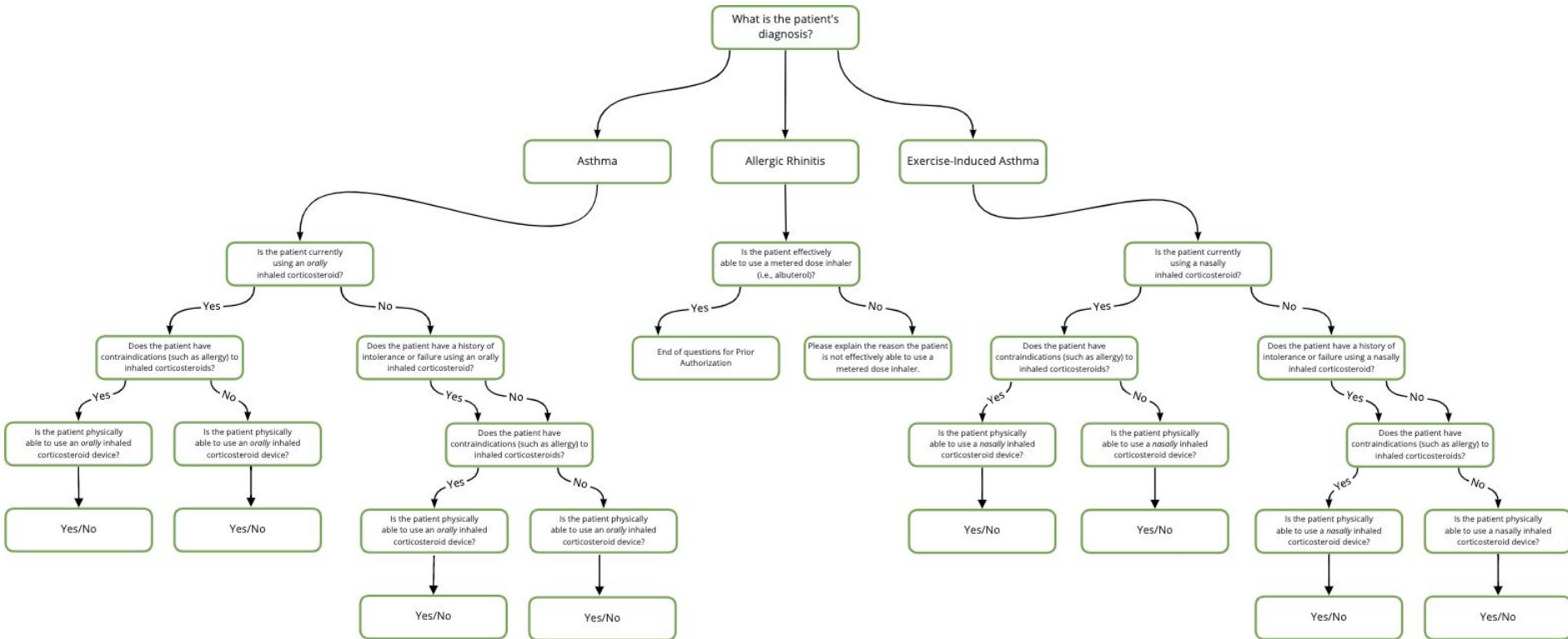
# What's Next for PCC eRx: Electronic Prior Authorization

01. *If the diagnosis is asthma, is the patient currently using an orally inhaled corticosteroid?*
02. *If the diagnosis is asthma and the patient is not currently using an orally inhaled corticosteroid, does the patient have a history of intolerance or failure to that treatment?*
03. *If the diagnosis is asthma, does the patient have contraindications (such as allergy) to inhaled corticosteroids?*
04. *If the diagnosis is asthma, is the patient physically able to use an orally inhaled corticosteroid device?*
05. *If the diagnosis is allergic rhinitis, is the patient currently using a nasally inhaled corticosteroid?*
06. *If the diagnosis is allergic rhinitis and the patient is not currently using a nasally inhaled corticosteroid, does the patient have a history of intolerance or failure to that treatment?*
07. *If the diagnosis is allergic rhinitis, does the patient have contraindications (such as allergy) to inhaled corticosteroids?*
08. *If the diagnosis is allergic rhinitis, is the patient physically able to use a nasally inhaled corticosteroid device?*
09. *If the diagnosis is exercise-induced asthma, is the patient effectively able to use a metered dose inhaler (i.e., albuterol)?*
10. *If the diagnosis is exercise-induced asthma and the patient is not effectively able to use a metered dose inhaler (i.e., albuterol), please explain the reason.*





# What's Next for PCC eRx: Electronic Prior Authorization



# What's Next for PCC eRx: Background Maintenance

- Upgrade PCC eRx codebase from PHP7 to PHP8
- Ensure compound functionality remains compliant with NCPDP SCRIPT Standard by September 1st, 2022

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

**MAGIC MOUTHWASH (DIPHENHYDRAMINE 12.5 MG/5 ML, VISCOS LIDOCAINE 2%, MAALOX)**

1 part diphenhydramine 12.5 mg/5 mL oral liquid  
1 part lidocaine HCl 2 % mucosal solution (Lidocaine Viscous)  
1 part aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp

Prescription:

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

Dispense: 900 mL(s)

Number of Refills:  PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

Instructions to Patient:  Comments to Pharmacy:  Internal Note:

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

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: 07/07/2022  Stop Date: 08/05/2022   Use stop date

**CHRIS CEDERSTROM**  
Male, DOB 11/03/2010  
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 # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
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 and repeat as necessary for thirty days or until all of the solution has been used.  
900 mL(s), 0 Refills  
Days Supply: 30  
Written Date: 07/07/2022

eRx

[Process Now](#)

[Add to Favorites](#) [Cancel](#) [Save](#)



## What's Next for PCC eRx: Pharmacy Improvements

- Give users a choice of what the preferred pharmacy should be when adding a new pharmacy
- Share default pharmacy information across siblings
- Make it easier to find the right pharmacies: nicknames, custom notes or other identifying information



## PCC eRx Bugs - Fixes Coming This Fall

- EpiPen (Adult & JR) defaulting to Dispense Quantity of 1 Day = print only mode!
- Calculate dose for weight button requires 2 clicks to generate dose needed
- "Medication is incomplete" error for complex drug strengths (Paxlovid and Daytrana)
- Drug entries containing apostrophes cause various errors in PCC eRx



# PCC eRx Bugs - Fixes Coming This Fall

- Pending prescriptions & 3 month supplies of CII's - only one start date displays on Rx Queue instead of all three
- Issues prescribing pseudoephedrine products in some states - relating to DEA Schedule Errors
- Two variations of unexpected "Please adjust date to fill" messages:
  - Adderall XR if prescribing multiple strengths on the same day (new prescriptions)
  - Other CII prescriptions with different strengths if users do not have *RapidRx on Renew enabled* (when renewing from Medication Hx or Prescription Hx)
- Removing all active EPCS tokens accidentally locks users out of Exostar Token Management
- Users unable to enter webcam proofing code following ID proofing session to complete EPCS onboarding



# 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 recent changes)*
- *Ability to mark medications as confidential to control where and when they will display*
- *Allow users to move components within PCC eRx ribbon*
- *Show additional chart details for my patient on the Rx Queue - patient age/DOB, weight, etc*
- *Ability to suppress safety checking alerts by patient for 1 year*



## Top 15 eRx Enhancements from YOU!

- *Integrate state-specific query for controlled substances into PCC eRx (PDMPs)*
- *Allow Prescribers to create Handwritten prescriptions as-needed in PCC eRx*
- *Improve Ordering Provider logic in PCC eRx - current sticky provider concept not working well*
- *Allow my office to change what visit or encounter a prescription is attached to*
- *Review behavior of weight-based dosing for antibiotics with complex strengths (Bactrim, Augmentin, etc)*





## Top 15 eRx Enhancements from YOU!

- *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*
- *Review deletion behavior from within Medication Hx (relating to RxCancel)*

Get ready to vote for your top 3 Enhancement Requests!

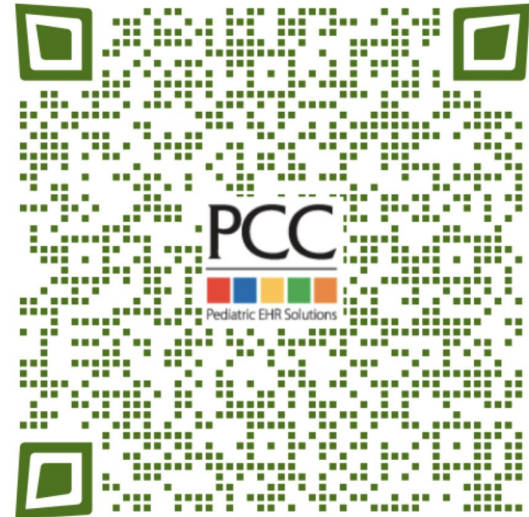


# Let's Vote!

Viewing the .pdf? Click here: [Voting Form](#)

Access link from UC 2022 App under What's Next for PCC eRx  
Attending Remotely? Voting Link to be shared in Socio chat

Or use your phone to  
scan this QR code to  
vote for your top 3  
Enhancement  
Requests



# PCC eRx

## Tips and Tricks



# Can't find FIRST Compounding Kits? Or other medications?



PCC eRx > Administration > Medication Search > Custom Medications

## Recently made available in PCC eRx

Search Type:  Quick Rx  Full Product Search  Identify Medication

**Warning:**  
Search results are NOT restricted by the patient's age, and may not be appropriate for this patient.  
Please review carefully.

Add Medication:

Warnings	Medication
	<a href="#">omeprazole Oral Delayed Release Disintegrating Tablet</a>

Add custom medication:  
omeprazole dis

Search Type:  Quick Rx  Full Product Search  Identify Medication

Add Medication:

Warnings	Medication
	<a href="#">Vivotif Berna Vaccine Oral (brand off market)</a> → Typhoid Vaccine Oral Typhoid Vaccine Oral

Add custom medication:  
vivotif

*PCC offices are typically updated with new FDB drug data on a monthly basis*



# Easily override errors when prescribing Paxlovid

**Add New Med** (start over)

**NIRMATRELVIR-RITONAVIR (PAXLOVID DOSE PACK)**  Instruction Only

Qty: 1 to 300 mg (150 mg x 2)-100 mg tablet

PO (show all routes) as directed on dose pack (show all frequencies)  PRN

**Adjustments:**

**Prescription:**

Days Supply: 5  DAW

Dispense: 1 30 tablet blister pack

Number of Refills:  PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

**Formulary Support:** No alternatives found  
Generic, Rx, Non-formulary  
[click to view full formulary details](#)

**Instructions to Patient:** take TWO 150 mg tablets of nirmatrelvir with ONE 100 mg tablet of ritonavir twice daily for 5 days

**Duration:** for 5 day(s)

**Indications:**  *Tip: Use multiple terms to refine your search*

Most Common Indications:

- COVID-19 (emergency use authorization)

**Start Date:** 07/11/2022 **Stop Date:** 07/15/2022  Use stop date

**CHRIS CEDERSTROM**  
Male, DOB 11/03/2005  
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 # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
accepts EPCS


**Paxlovid 300 mg (150 mg x 2)-100 mg tablet (EUA)**  
(nirmatrelvir-ritonavir)  
1 By Mouth as directed on dose pack take TWO 150 mg tablets of nirmatrelvir with ONE 100 mg tablet of ritonavir twice daily for 5 days ; for 5 days  
1 x 30 tablet blister pack, 0 Refills  
Days Supply: 5  
Written Date: 07/11/2022

**Medication is incomplete. Dose units are missing.**




# Easily override errors when prescribing Paxlovid

**Add New Med** (start over)


**NIRMATRELVIR-RITONAVIR (PAXLOVID DOSE PACK)**   Instruction Only

Qty:  to   ▼

PO  (show all routes) as directed on dose pack  (show all frequencies)  PRN

**Adjustments:**  


**Prescription:**

Days Supply: <input type="text" value="5"/> <input type="checkbox"/> DAW	 <b>Formulary Support:</b> No alternatives found Generic, Rx, Non-formulary <a href="#">click to view full formulary details</a>
Dispense: <input type="text" value="1"/> <input type="text" value="30 tablet blister pack"/> ▼	
Number of Refills: <input type="text" value=""/> <input type="checkbox"/> PRN	
Date to Fill: <input type="text" value=""/>	
Prevent Renewal Requests: <input type="checkbox"/>	
Follow up provider: <input type="text" value=""/>	

**Instructions to Patient:**

**Comments to Pharmacy:**

**Internal Note:**

Duration: for   ▼

**Indications:**  Tip: Use multiple terms to refine your search

Most Common Indications:  
▪ COVID-19 (emergency use authorization)

Start Date:   Stop Date:    Use stop date

**CHRIS CEDERSTROM**  
Male, DOB 11/03/2005  
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 # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
accepts EPCS

**Paxlovid 300 mg (150 mg x 2)-100 mg tablet (EUA) (nirmatrelvir-ritonavir)**  
1 By Mouth as directed on dose pack take TWO 150 mg tablets of nirmatrelvir with ONE 100 mg tablet of ritonavir twice daily for 5 days ; for 5 days  
1 x 30 tablet blister pack, 0 Refills  
Days Supply: 5  
Written Date: 07/11/2022

▼

**Medication is incomplete. Dose units are missing.**



# Easily override errors when prescribing Paxlovid

**Add New Med** (start over)

**Add New Med** (start over)

**NIRMATRELVIR-RITONAVIR (PAXLOVID 300 MG (150 MG X 2)-100 MG (EUA) DOSE PACK)**  Instruction Only

Dose Form: 300 mg (150 mg x 2)-100 mg tablet

**Warning:** Dose Range Safety Checking for Dose Amount and Dose Frequency is not available for Instruction Only prescriptions. Please review carefully.

Prescription:

Days Supply: 5  DAW

Dispense: 1 30 tablet blister pack

Number of Refills:  PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

**Formulary Support:** No alternatives found  
Brand, Rx, Non-formulary  
[click to view full formulary details](#)

Instructions to Patient: take TWO 150 mg tablets of nirmatrelvir with ONE 100 mg tablet of ritonavir twice daily for 5 days

Comments to Pharmacy:

Internal Note:

Duration: for 5 day(s)

Indications:  *Tip: Use multiple terms to refine your search*

Most Common Indications:  
COVID-19 (emergency use authorization)

Start Date: 07/11/2022 Stop Date: 07/15/2022  Use stop date

**CHRIS CEDERSTROM**  
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Twenty Main Street  
Winooski, VT 05404  
Phone (802) 846-8177  
DEA # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
accepts EPCS

**Paxlovid 300 mg (150 mg x 2)-100 mg tablet (EUA) (nirmatrelvir-ritonavir)**  
take TWO 150 mg tablets of nirmatrelvir with ONE 100 mg tablet of ritonavir twice daily for 5 days ; for 5 days  
1 x 30 tablet blister pack, 0 Refills  
Days Supply: 5  
Written Date: 07/11/2022

eRx

Process Now

Add to Favorites Cancel Save





# Use Instruction Only for Loading Dose Antibiotics, tapers, and more!

AZITHROMYCIN 200 MG/5 ML SUSPENSION 

Instruction Only

Dose Form: 200 mg/5 mL suspension for reconstitution ▼

**Warning:** Dose Range Safety Checking for Dose Amount and Dose Frequency is not available for Instruction Only prescriptions. Please review carefully.

Prescription:

Days Supply: 5

Dispense: 1 15 mL bottle ▼

 **Formulary Support:** No alternatives found  
Generic, Rx, On-formulary (Not Preferred)  
[click to view full formulary details](#)

Number of Refills:   PRN

Date to Fill:  

Prevent Renewal Requests:

Follow up provider:  ▼

Instructions to Patient:

tk 5mL po on day 1 and 2.5mL qd for days 2 through 5

Comments to Pharmacy:


Internal Note:

Duration: for 5 day(s) ▼



# Having trouble with Albuterol HFAs?

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

**ALBUTEROL 90 MCG/ACTUATION AEROSOL**   Instruction Only


1 to  puff(s) [\(show all units\)](#)

Dose Form: 90 mcg/actuation HFA aerosol inhaler


Inhalation  [\(show all routes\)](#) every 4 to 6 hours  [\(show all frequencies\)](#)  PRN shortness of breath or wheezing

**Prescription:**

Days Supply: 30

Dispense: 1  200 inhalation aerosol with adapter (PROVENTIL HFA or equivalent)   **Formulary Support:**  
Generic, Rx, Unknown  
[click to view full formulary details](#)

Number of Refills:   PRN

Date to Fill:  

Prevent Renewal Requests:

Follow up provider:

Instructions to Patient:



Comments to Pharmacy:

Internal Note:

Duration: for

Indications:  *Tip: Use multiple terms to refine your search*

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

Start Date: 07/08/2022   Stop Date: 08/06/2022    Use stop date

**CHRIS CEDERSTROM**  
Male, DOB 11/03/2005  
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 # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
accepts EPCS

**albuterol sulfate HFA 90 mcg/actuation aerosol inhaler**  
1 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing  
1 x 200 inhalation aerosol with adapter (PROVENTIL HFA or equivalent), 0 Refills  
Days Supply: 30  
Written Date: 07/08/2022

eRx

**Process Now**



# Having trouble with Albuterol HFAs?

**Add New Med**  
**Edit Prescription**

**ALBUTEROL 90 MCG/ACTUATION AEROSOL**  Instruction Only

1 to  puff(s) [\(show all units\)](#)

Dose Form: 90 mcg/actuation HFA aerosol inhaler

Inhalation [\(show all routes\)](#) every 4 to 6 hours [\(show all frequencies\)](#)  PRN shortness of breath or wheezing

**Prescription:**

Days Supply: 30

Dispense: 1 200 inhalation aerosol with adapter (PROVENTIL HFA or equivalent)

Number of Refills: 0

Date to Fill:

Prevent Renewal Req:

Follow up provider:

**Instructions to Patient:**

Duration: for

Indications:

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

Start Date: 07/08/2022

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

200 inhalation aerosol with adapter (PROVENTIL HFA or equivalent)  
200 inhalation canister (ALBUTEROL SULFATE HFA or equivalent)  
200 Inhalation canister (PROAIR HFA or equivalent)  
200 inhalation canister (PROVENTIL HFA or equivalent)  
200 inhalation canister (VENTOLIN HFA or equivalent)  
60 Inhalation canister (VENTOLIN HFA or equivalent)

Gram  
Day(s)  
Week(s)  
Month(s)

Tablet(s)  
mL(s)  
Capsule(s)  
Supp(s)  
Tube(s)  
Patch(es)  
gm(s)

**CHRIS CEDERSTROM**  
Male, DOB 11/03/2005  
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 # MT9445619

**Swanton Rexall**  
44 Merchants Row  
Swanton, VT 05488  
Phone (802) 868-3338  
Fax (802) 868-5857  
accepts EPCS

**albuterol sulfate HFA 90 mcg/actuation aerosol inhaler**  
1 puff(s) Inhalation every 4 to 6 hours PRN shortness of breath or wheezing  
1 x 200 inhalation aerosol with adapter (PROVENTIL HFA or equivalent), 0 Refills  
Days Supply: 30  
Written Date: 07/08/2022

eRx



# 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	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

Print ▾

Process Now

Check your location!

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

Unexpected “missing dose form”, etc: Use Instruction Only option



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



# Where's my "swish"?

## Prescription History

Start/Stop	Prescription	Prescriber/Agent	Rx Details
07/10/2022	<b>Albuterol 90 mcg/actuation HFA aerosol inhaler</b> 2 puff(s) Inhalation every 4 hours PRN shortness of breath or wheezing 1 x 200 Inhalation canister (ALBUTEROL SULFATE HFA or equivalent) 0 Refill(s)	JEREMY HAZEN	SN: 40 pending Friendly Pharmacy, Inc.
07/10/2022	<b>Mupirocin 2 % ointment</b> 1 application Topical twice daily; for 10 days 1 x 15 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 21 pending Friendly Pharmacy, Inc.
07/10/2022 08/08/2022	<b>Ofloxacin 0.3 % drops</b> 3 drop(s) in ear(s) twice daily into right ear 9 Milliliter 0 Refill(s)	DEWEY HOWELL	SN: 45 ePrescribed Friendly Pharmacy, Inc.
05/18/2022 05/17/2023	<b>Miralax 17 gram powder in packet</b> 1 gram(s) By Mouth every day 1 x 10 packet PRN Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 20 Printed













Page: 1

## Medication History Medication History not yet reviewed

Last updated by DEWEY HOWELL on 07/10/2022 16:45:35

Group By:  Indication  Class  Generic med name  None

Display:  Active Only  Active & Inactive

Medication	Instructions	Source
     <b>ESCITALOPRAM (LEXAPRO)</b> 10 mg tablet	3 TABLET(S) PO EVERY DAY	Patient
     <b>LORAZEPAM (ATIVAN)</b> 0.5 mg tablet	1 TABLET(S) PO EVERY DAY PRN anxiety <i>Indications: Anxiety</i>	Patient
     <b>OFLOXACIN 0.3 % DROPS</b> 0.3 % drops	3 DROP(S) OTIC TWICE DAILY ; into right ear	PCC eRx
      <b>POLYETHYLENE GLYCOL (MIRALAX POWDER)</b> 17 gram powder in packet	1 GM(S) PO EVERY DAY	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

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



Please enter a reason for deleting **Geodon**:

I actually like entering a reason for d/c'ing a medication!

Cancel Submit

OR



Discontinue this medication?

OK Cancel

# Does your Rx Queue take too long to load?

The screenshot displays the PCC EHR application window. The title bar reads "PCC EHR". The menu bar includes "File", "Edit", "Reports", "Tools", "Configuration", "Window", and "Help". The main navigation area contains several task count buttons: "Schedule (7)", "Visit Tasks (99+)", "E-lab Results (54)", "Rx Queue (99+)", "Messaging (99+)", and "Signing (99+)". The "Rx Queue (99+)" button is highlighted with an orange circle. Below the navigation area is a search bar with a "FIND" button and a "Tasks: 621" indicator. A "Show Payload" checkbox is present, followed by an "SSO Url:" field containing a long URL. The main content area is mostly empty, with a central "Refreshing..." button. At the bottom, there are three filter dropdown menus: "Task: All Types" (highlighted with an orange circle), "Location: All Locations", and "Prescriber: All Prescribers". A "Save My Defaults" button is located in the bottom right corner.



# Checking the status of sent prescriptions



### Review & Sign

---

#### Prescriptions

Group By:  Indication  Class  Generic med name  None

---

Medication	Instructions
   <b>ALBUTEROL 90 MCG/ACTUATION AEROSOL</b> 90 mcg/actuation aerosol powdr breath activated 1 x 200 inhalation aerosol with adapter, 0 refills <b>Start:</b> 05/25/2020 <b>Date to Fill:</b> 05/25/2020 <b>Pharmacy:</b> NYC Pharmacy 10.6MU <b>eRx: 05/25/2020 15:22:31</b>  (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









# Additional information for sent prescriptions

### Review & Sign

**Prescriptions**

Group By:  Indication  Class  Generic med name  None

Ready	Medication	Instructions
  	<b>POLYETHYLENE GLYCOL (MIRALAX)</b> 17 gram powder in packet 1 x 10 packet, 0 refills <b>Start:</b> 09/24/2021 <b>Pharmacy:</b> Bannockburn Pharmacy <b>eRx:</b> 09/24/2021 15:37:20  (Prescribed by: MORGAN ELLIXSON-BOYEA)	1 GM(S) PO EVERY DAY

#### NewRx Message Data

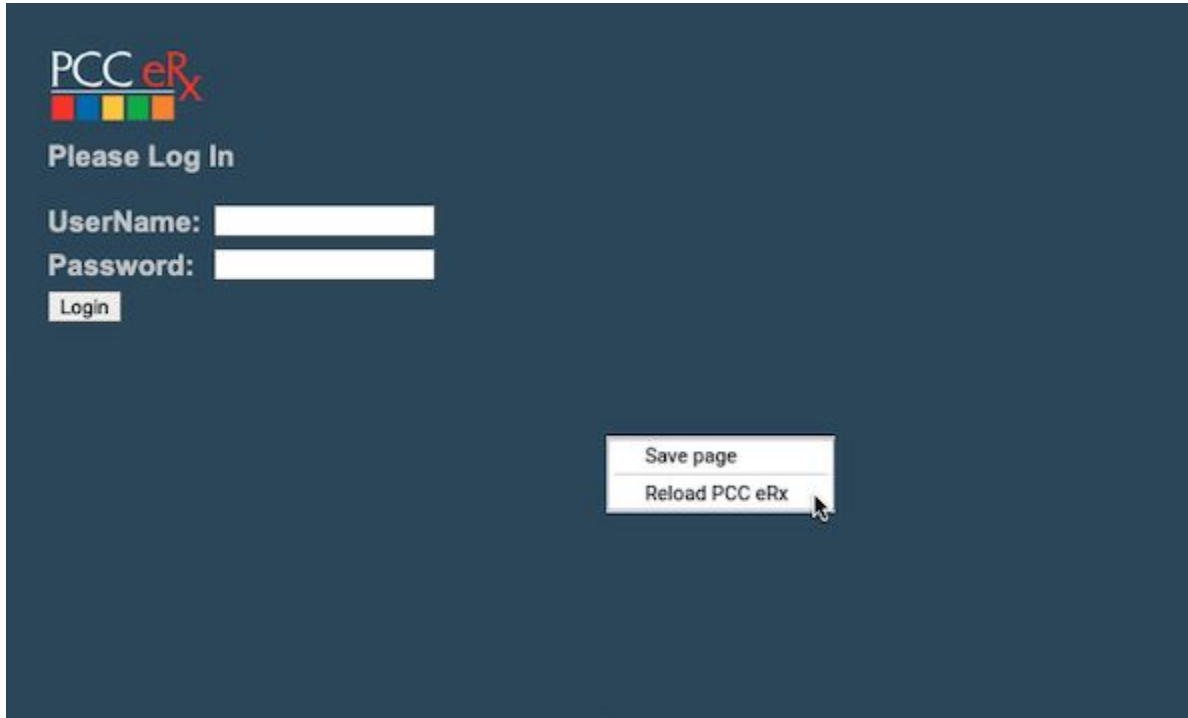
<b>PATIENT</b> LILY LITTLEFIELD Gender: F, DOB: 05/09/2010 794 Redwood Street Andover, VT 05501 Primary: (802) 555-0186 Work: (802) 555-0132	<b>PROVIDER</b> MORGAN ELLIXSON-BOYEA Twenty Main Street Ste 7 Winooski, VT 05404 Primary: (802) 846-8177 Fax: (802) 846-1234	<b>PHARMACY</b> Bannockburn Pharmacy 6798 Pyle Rd Bethesda, MD 20817 Primary: (301) 644-2418 Fax: (301) 644-2566
--	---	---

**PRESCRIBED MEDICATION**  
polyethylene glycol 3350 17 gram oral powder packet (Miralax)  
1 gram(s) By Mouth every day  
Days Supply: 30  
10 Packet, 0 Refill(s)  
Substitutions permitted  
Written Date: 09/24/2021  
[message XML](#)

**SUCCESS**  
Delivery to the pharmacy has been verified. The prescription was delivered electronically.  
[status XML](#)



Seemingly frozen in PCC eRx or stuck on this screen?



*Right click > Reload PCC eRx will save the day!*



Let's talk about PCC eRx!

