

PCC eRx 101: Prescribing Fundamentals

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PCC's Users Conference 2024
Denver, CO

UC
2024

This Week at UC 2024

Let's Talk about PCC eRx!

Wednesday 7/17

***Electronic Prior Authorization:
The Next Big Thing for PCC eRx***

with Dewey Howell, MD, PhD
Mt Columbia @ 115pm MDT

eRx Walk-in Clinic

Hosted by eRx Team
Mt Princeton @ 3pm MDT

Friday 7/19

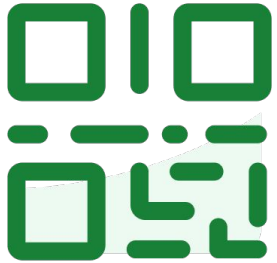
***What's Next for PCC eRx
(Review of New Features, Roadmap, & More!)***

With Morgan Ellixson-Boyea, CPhT, CSPO
Mt Columbia @ 950am MDT

eRx Walk-in Clinic

Hosted by eRx Team
Mt Princeton @ 115pm MDT

slido



Join at slido.com
#PCC2024



**How long have you been
prescribing with PCC eRx?**

slido



What is the #1 question and/or topic about PCC eRx you are hoping to learn about today?

Welcome to PCC eRx 101: Prescribing Fundamentals

- ✿ **How we arrived at the prescribing tool we use today**
- ✿ **Why some things are charted in PCC EHR and others are in PCC eRx**
- ✿ **What does Surescripts have to do with all of this?**
- ✿ **Review commonly asked questions about PCC eRx**
- ✿ **Learn new tips & tricks to make prescribing more efficient**
- ✿ **Troubleshoot common issues**
- ✿ **... and find opportunities at the UC to learn more!**



A Brief History of PCC eRx

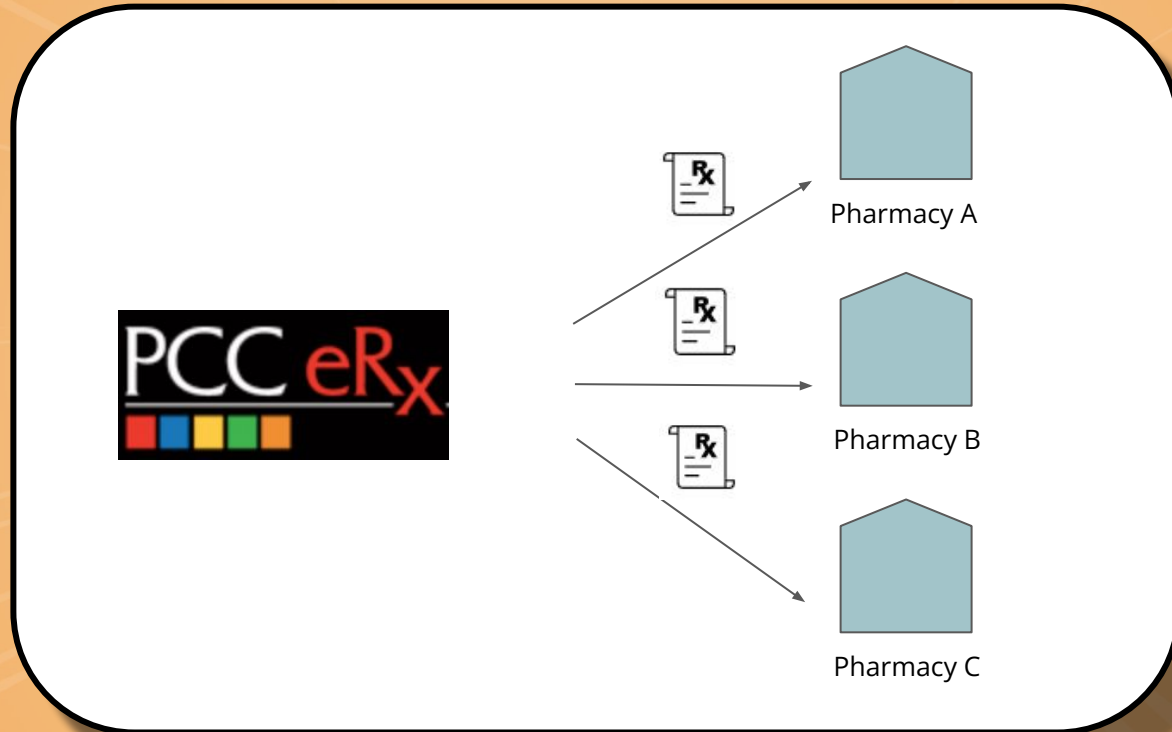
DrFirst >>> FDB >>> PCC eRx



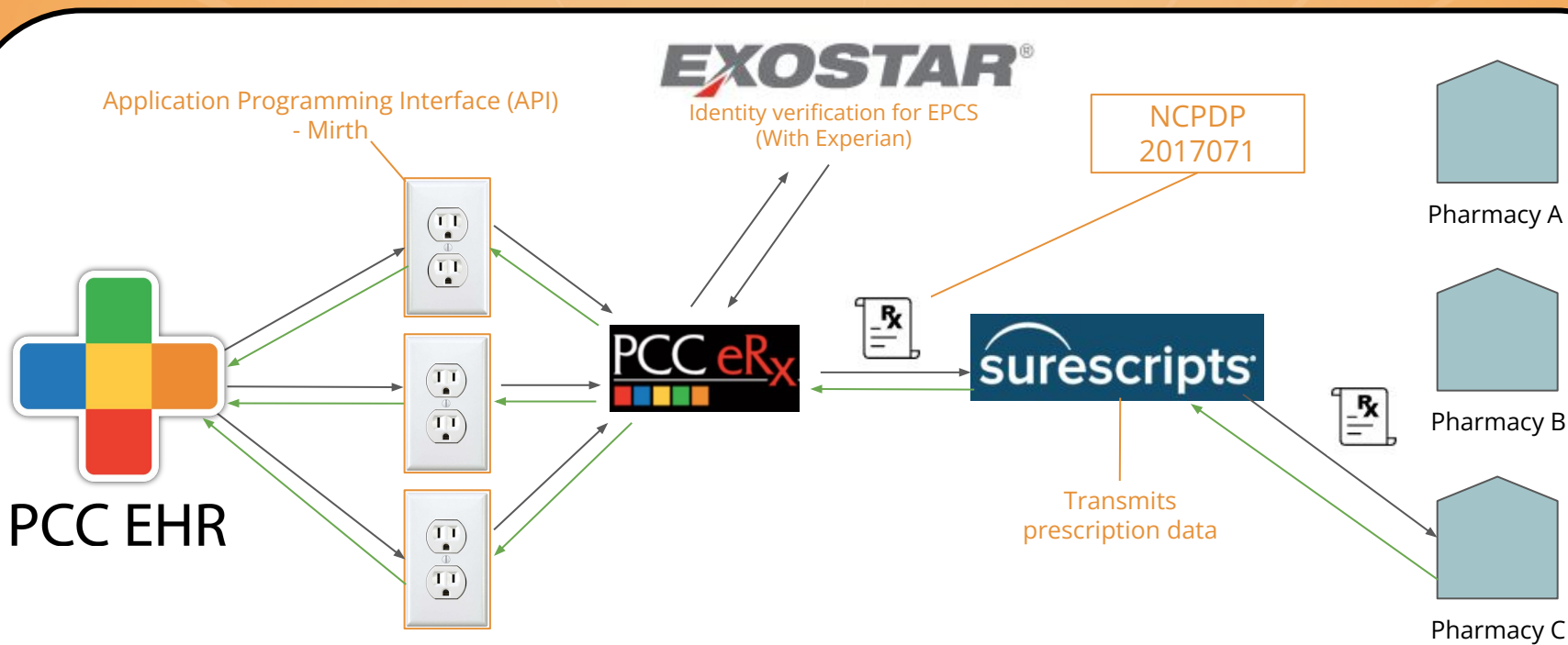
PCC EHR



Sending a prescription (the easy version)



Sending a prescription (the technical version)



Delivery confirmations and renewal & change requests from pharmacies travel the same path back into PCC eRx

Let's Get Started with PCC eRx!



User Permissions for prescribing begin in PCC EHR User Admin

❁ Mid-Level Providers (NPs & PAs)

- If your state does not require a Supervising Provider on your *prescriptions* - switch to Provider Role

❁ Nursing and other clinical users

- Clinical Staff - create prescriptions, but cannot send
- Provider Agent - create AND send prescriptions on behalf of provider

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

The “mysterious” grey *Select an Encounter* screen...

The screenshot displays the PCC EHR interface. At the top left, there is a header with the PCC EHR logo and a search bar containing a dropdown arrow and the text "FIND". Below the header, the patient information for Jerry Garcia (PCC# 4018) is shown. A navigation menu on the left includes options for Medical Summary, Demographics, History (which is highlighted in orange), and PCC eRx. The main content area is titled "Select an encounter." and features a dropdown menu with the following list of encounters:

- Select an encounter
- Start an eRx Encounter
- 07/07/23 Sick - Bright Futures
- 04/30/23 Sick - Bright Futures
- 04/28/23 Phone Note
- 04/28/23 Sick - Bright Futures
- 04/28/23 Sick - Bright Futures
- 02/19/20 Sick Demo
- 02/19/20 Imms Only
- 02/19/20 Sick Demo

An official tour of the components in PCC eRx

PCC EHR Jerry Garcia 2 yrs, 8 mos 10/01/21 M

FIND

Jerry Garcia PCC# 4021

- Medical Summary
- Demographics
- History
- PCC eRx
 - Patient Information**
 - Vitals
 - Pharmacies
 - Allergies
 - Problem List
 - Retail Rx History
 - Prescription History
 - Medication History
 - Prescribe
 - Review & Sign
 - Reconciliation History

06/07/24

eRx Encounter

PCC eRx Rx Queue My Settings Rx Logs Audit Log Administration Version 10

JERRY GARCIA
Age: 2 yrs 8 mos Sex: Male
DOB: 10/01/2021 PCC#: 4021

ALLERGIES: NO KNOWN DRUG ALLERGIES

PBM Payer Name: PBMX
Retail + Mail Order + LTC +
Plan Name: NEW-HMP-G7

PBM Payer Name: PROINFORMA PBM
Retail + Mail Order +
Plan Name: PRO-NH_02447

Last queried: 2024-06-07 15:54:16.2-04

Vitals

Weight: 25lb (11.34kg) (06/07/2024)
Height/Length: 2ft 5in (73.66cm) (06/07/2024)
Blood Pressure: no data



Pharmacies

Pharmacy	Address	Type	Phone	Fax
<i>Default pharmacy</i>				
<input checked="" type="checkbox"/> Friendly Pharmacy, Inc.	389 East 138 Street, Bronx, NY 10454	Retail, SupportsDigitalSignature, Accepts EPCS	(718) 742-0001	(718) 742-0011

Allergies Allergy List not yet reviewed Display: Active Only Show All

Allergen	Reaction	Severity	Sensitivity Type	Onset Date	Last Updated
NO KNOWN DRUG ALLERGIES					06/07/2024 15:56:28

Pharmacy Component in PCC eRx

Pharmacies					
Pharmacy	Address	Type	Phone	Fax	
<i>Default pharmacy</i>					
<input checked="" type="radio"/> 	Green Mountain Pharmacy	5700 Rt. 100 Unit C-10, Londonderry, VT 051480576	Retail, Accepts EPCS	(802) 824-3344	(802) 824-3332
<i>Additional pharmacies</i>					
<input type="radio"/> 	Friendly Pharmacy	223A W 231st St, Bronx, NY 104635301	Retail, SupportsDigitalSignature, Accepts EPCS	(718) 884-2908	(718) 884-2904
<input type="button" value="Add Pharmacy"/>					

Configure your own personal pharmacy preferences under PCC eRx > My Settings

PCC eRx
PCC eRx Rx Queue **My Settings**

Pharmacies











Set defaults for the Pharmacies component.

Make newly added pharmacies the patient's default

Always
 Never
 Ask each time

Automatically apply pharmacy changes to all siblings

Always
 Never
 Ask each time

Pharmacies					
Pharmacy	Address	Type	Phone	Fax	
<i>Default pharmacy</i>					
<input checked="" type="radio"/> 	Friendly Pharmacy	223A W 231st St, Bronx, NY 104635301	Retail, SupportsDigitalSignature, Accepts EPCS	(718) 884-2908	(718) 884-2904
<i>Additional pharmacies</i>					
<input type="radio"/> 	Green Mountain Pharmacy	5700 Rt. 100 Unit C-10, Londonderry, VT 051480576	Retail, Accepts EPCS	(802) 824-3344	(802) 824-3332
<input type="button" value="Add Pharmacy"/>					
<p>Search near Zip Code:</p> <p> <input checked="" type="radio"/> Patient ZIP code: (05062) <input type="radio"/> Practice ZIP code: (05404) </p> <p>Search: <input type="text" value="rainbow"/> <input type="button" value="Cancel"/></p>					
<p><i>Sorted by distance from zip code 05062</i></p> <p>— best results —</p> <ul style="list-style-type: none"> •  Super Bee Pharmacy -- 3354 Rainbow Dr Rainbow City AL 35906 (Retail, Accepts EPCS) (971 mi) •  CVS/pharmacy #4823 -- 3403 RAINBOW DR. (CORNER OF SUTTON BRIDGE ROAD) RAINBOW CITY AL 35906 (Retail, Accepts EPCS) (971 mi) •  WINN DIXIE #0442 -- 3331 RAINBOW DRIVE RAINBOW CITY AL 35906 (Retail, Accepts EPCS) (971 mi) •  WALGREENS DRUG STORE #07716 -- 3434 RAINBOW DR (RT 25 (RAINBOW DR) & HWY 77 (GRAND)) RAINBOW CITY AL 35906-6240 (Retail, Accepts EPCS) (971 mi) •  Publix #1476 Rainbow Landing -- 128 WEST GRAND AVENUE (GRAND AVE (SR 77) & RAINBOW DR) RAINBOW CITY AL 35906 (Retail, Accepts EPCS) (971 mi) <p>— additional results —</p> <ul style="list-style-type: none"> •  Rainbow Care Pharmacy -- 135-42 Roosevelt ave Flushing NY 11354 (Retail, SupportsDigitalSignature, Accepts EPCS) (198 mi) •  CVS/pharmacy #5955 -- 2 RAINBOW PLZ MANNINGTON WV 26582 (Retail, Accepts EPCS) (485 mi) •  West Liberty Hy-Vee Clinic -- 311 W Rainbow Dr, Suite #1 West Liberty IA 52776 (Retail, Accepts EPCS) (945 mi) 					

Allergies and the Tale of Two Components



Allergies Modified 05/24/23				Display: All Statuses	
Status	Allergy	Reaction	Onset	Resolved	
Active	Allergy to cat dander				
Active	Allergy to grass pollen				

PCC eRx Allergies Last Modified by Morgan Ellixson-Boyea 05/24/23 3:14pm				Display: All Statuses		
Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
Active	Penicillins	Rash and Trouble Breathing	Severe	Allergy		

Last reviewed by Morgan Ellixson-Boyea 05/24/23 3:14pm

PCC EHR Allergies (think environmental)



PCC eRx Allergies (think medications)



Allergies in PCC eRx

Allergies Allergy List not yet reviewed Display: Active Only Show All

Allergen	Reaction	Severity	Sensitivity Type	Onset Date	Last Updated
PENICILLINS	Rash and Trouble Breathing	Severe	Allergy		05/24/2023 15:14:16

Allergies Allergy List not yet reviewed

Allergen	Reaction	Severity
PENICILLINS		

Allergen:

Sensitivity Type:

Reaction:

Onset Date:

Comments: (Optional)

Severity:

Little Hippies Pediatrics, Winooski, VT, 05404

Allergy Report

JERRY GARCIA **DOB: 10/28/2005** (17 yrs 6 mos M)

PENICILLINS
Reaction: Rash and Trouble Breathing
Severity: Severe
Sensitivity Type: Allergy

Allergies Reviewed By:
Allergies have not been reviewed.



Problem List & Prescribing



PCC EHR



Problem List Modified 06/24/23 Display: Active ▾

Status	Problem	Problem Note	Onset	Resolved
Active	Attention deficit hyperactivity disorder, predominantly inattentive type			
Active	Childhood asthma			



Problem List Display: Active Only Show All

Status	Problem	Problem Note	Onset	Resolved
Active	Attention deficit hyperactivity disorder, predominantly inattentive type			
Active	Childhood asthma			

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

Patient Problems & Diagnoses

- Attention deficit hyperactivity disorder, predominantly inattentive type
- Childhood asthma
- Otitis media

Most Common Indications: (hide 29 more)





- E. coli urinary tract infection
- Enterobacter cloacae urinary tract infection
- Haemophilus influenzae bronchitis
- Haemophilus influenzae chronic bronchitis
- Haemophilus influenzae pneumonia
- Klebsiella urinary tract infection
- Moraxella catarrhalis bronchitis
- Moraxella catarrhalis chronic bronchitis
- Moraxella catarrhalis pneumonia
- Staphylococcus aureus skin and skin structure infection
- acute Haemophilus influenzae bacterial sinusitis
- acute Moraxella catarrhalis bacterial sinusitis
- acute bacterial otitis media



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2024

Retail Prescription 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.

Patient Consent:

Query Retail Rx History

Page: << 1 2 >>

- ❁ Data sourced through Surescripts from Pharmacy Benefit Managers (PBMs)
- ❁ Retail Rx Hx can only be queried once every 72 hours
- ❁ Patient consent checked by default

Prescription Hx vs Medication Hx

Prescription History			
Start/Stop	Prescription	Prescriber/Agent	Rx Details
04/23/2024 05/22/2024	clonidine 0.1 mg tablet 0.1 milligrams By Mouth every day at bedtime 30 Tablet(s) 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 45 ePrescribed Bannockburn Pharmacy
01/15/2024 01/24/2024	mupirocin 2 % ointment 1 application Topical twice daily; for 10 days 1 x 15 gram tube 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 44 ePrescribed Bannockburn Pharmacy
06/23/2024 06/17/2025	Dulera 100-5 mcg/actuation HFA aerosol inhaler 2 puff(s) Inhalation twice daily 1 x 60 inhalation aerosol with adapter 11 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 43 ePrescribed Bannockburn Pharmacy
01/15/2024 01/24/2024	amoxicillin 400 mg/5 mL suspension for reconstitution 10 milliliter(s) By Mouth every 12 hours; for 10 days 2 x 100 mL bottle 0 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 42 ePrescribed Friendly Pharmacy
04/22/2024 07/20/2024	Miralax 17 gram/dose powder 17 gram(s) By Mouth every day PRN constipation 1 x 119 gram bottle 2 Refill(s)	MORGAN ELLIXSON-BOYEA	SN: 41 ePrescribed Bannockburn Pharmacy

Page: 1

Prescription Hx:

* A historic list of any prescription written at your practice, including pharmacy, qty, refills, and more

Medication Hx:

* Displays Active medications (by default) and is more about current treatments than specific prescriptions

* Can include manually entered OTC meds, entries imported from Retail Rx Hx and more

Medication History Last reviewed by MORGAN ELLIXSON-BOYEA on 06/23/2024 14:21:55 Last updated by MORGAN ELLIXSON-BOYEA on 06/23/2024 14:23:32

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

Medication	Instructions	Source
CLONIDINE 0.1 mg tablet	0.1 MG PO EVERY DAY AT BEDTIME	PCC eRx
MOMETASONE-FORMOTEROL (DULERA 100 MCG-5 MCG/ACTUATION AEROSOL) 100-5 mcg/actuation HFA aerosol inhaler <i>Active Rx</i>	2 PUFF(S) INHALATION TWICE DAILY	PCC eRx
POLYETHYLENE GLYCOL (MIRALAX POWDER) 17 gram/dose powder <i>Active Rx</i>	17 GM(S) PO EVERY DAY PRN constipation <i>Indications: Constipation</i>	PCC eRx

Medication History Comments:
No comments entered

Patient takes no Meds Med Hx is unknown or incomplete

Review & Sign - the hub of prescription activity for your encounter

Review & Sign

Prescriptions
 Group By: Indication Class Generic med name None

Ready	Medication	Instructions
<input type="button" value="Resend"/> <input type="button" value="Trash"/> <input type="button" value="Info"/> <input type="button" value="Share"/>	AMOXICILLIN SUSPENSION 400 mg/5 mL suspension for reconstitution (45mg/kg/dose; wt: 25lb (11.34kg)) 2 x 75 mL bottle, 0 refills Start: 06/08/2024 Stop: 06/17/2024 Pharmacy: Friendly Pharmacy, Inc. eRx: 06/08/2024 17:51:57 <input type="button" value="Print"/> <input type="button" value="Share"/> (Prescribed by: MORGAN ELLIXSON-BOYEYA)	6.5 ML PO TWICE DAILY ; for 10 DAYS
<input type="button" value="Resend"/> <input type="button" value="Trash"/> <input type="button" value="Info"/> <input type="button" value="Share"/>	ONDANSETRON 4 mg tablet 9 Tablet(s), 0 refills Start: 06/08/2024 Stop: 06/10/2024 Pharmacy: Friendly Pharmacy, Inc. eRx: 06/08/2024 17:51:57 <input type="button" value="Print"/> <input type="button" value="Share"/> (Prescribed by: MORGAN ELLIXSON-BOYEYA)	1 TABLET(S) PO EVERY 8 HOURS PRN vomiting; for 3 DAYS Indications: Vomiting

Links:
[Ohio Drug Monitoring Program](#)
[Phish Tour](#)



Prescriptions		
✓ AMOXICILLIN SUSPENSION 400 mg/5 mL Suspension for Reconstitution (45 mg/kg/dose; wt: 11.34 kg) 6.5 mg PO twice daily, for 10 days Quantity: 2 x 75 mL bottle, 0 refills Created: Morgan Ellixson-Boyea 06/08/24 5:51 pm ePrescribed: Morgan Ellixson-Boyea 06/08/24 5:51 pm Delivered: Friendly Pharmacy, Inc. 06/08/24 5:51 pm	(Completed)	Start: 06/08/24 Stop: 06/17/24
✓ ONDANSETRON 1 x 4 mg Tablet 1 tab PO every 8 hours PRN vomiting, for 3 days Quantity: 9 Tablet(s), 0 refills Indications: Vomiting Created: Morgan Ellixson-Boyea 06/08/24 5:51 pm ePrescribed: Morgan Ellixson-Boyea 06/08/24 5:51 pm Delivered: Friendly Pharmacy, Inc. 06/08/24 5:51 pm	(Completed)	Start: 06/08/24 Stop: 06/17/24

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2024

Prescribe Component

Prescribe

Favorites:

<p>+ Amoxicillin Suspension 90 mg/kg in 2 equally divided doses per day orally for 10 days 400 mg/5 mL suspension for reconstitution</p>	<p>+ Concerta 18 mg PO every day 18 mg tablet extended release 24hr 30 Tablet, 0 refills</p>	<p>+ Strattera 18 mg PO every day, for 7 days 18 mg capsule 7 Capsule, 0 refills</p>
--	--	--

Add Medication:

Search Type: Quick Rx Full Product Search Identify Medication



Prescribe Component: Quick Rx vs Full Product Search

Add New Med

Search Type: Quick Rx Full Product Search Identify Medication

Add Medication: flovent

Warnings	Medication
	Flovent Inhaler 110 mcg/actuation
	Flovent Inhaler 220 mcg/actuation
	Flovent Inhaler 44 mcg/actuation
	Flovent HFA Oral Inhaler

Add custom medication:
flovent

Add to Favorites Cancel Save

Add New Med

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: flovent

Warnings	Medication
	Flovent Inhaler 110 mcg/actuation
	Flovent Inhaler 220 mcg/actuation
	Flovent Inhaler 44 mcg/actuation
	Flovent Diskus Inhaler 50 mcg/actuation
	Flovent Diskus Inhaler 100 mcg/actuation
	Flovent Diskus Inhaler 250 mcg/actuation
	Flovent HFA Oral Inhaler

Add custom medication:
flovent

Add to Favorites Cancel Save

Prescribe Component: Quick Rx vs Full Product Search

Add New Med

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
	Aerochamber MV
	AeroChamber Plus Z Stat Medium Mask
	AeroChamber Z-Stat Plus-Flow Signal
	AeroChamber Plus Z Stat Small Mask
	Aerochamber Plus Z Stat
	Aerochamber Plus Z Stat Large Mask
	RiteFlo Aerochamber
	Aerochamber Plus Flow-Vu
	Aerochamber Mini
	Aerochamber Plus Flow-Vu,Small Mask
	Aerochamber Plus Flow-Vu,Medium Mask
	Aerochamber Plus Flow-Vu,Large Mask

Add custom medication:
aerocham


Add to Favorites Cancel Save

Always try Full Product Search, especially for DME's & supplies

An Official Tour of the Prescribe Window

[Add New Med](#)

Add New Med (start over)

AMOXICILLIN SUSPENSION  Instruction Only

12 to mL (show all units) Calculated Value: 12.122 mL, Adjusted to: 12 mL
[Equiv dose: 10.91 - 13.334] Dispensable in 0.5 mL increments

Dose Form: 400 mg/5 mL suspension for reconstitution

PO (show all routes) twice daily (show all frequencies) PRN

Wt-based Dosing: 45 milligram/kilogram/dose (Weight 21.55 kg) [Calc Dose for Weight](#)

Calculated values:
960 mg twice daily
44.5 mg/kg twice daily
89.1 mg/kg per day

Prescription:

Days Supply:

Dispense: Calculated value: 240 mL

Number of Refills: PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

Real-Time Pricing
\$0.86
Prior Auth Not Required

Formulary Summary Rx Plan:

Alternatives	Alerts	Prior Auth	Copay
No alternatives provided.			

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for day(s)

Indications: Tip: Use multiple terms to refine your search

Most Common Indications: [\(see 35 more\)](#)

Start Date: 06/20/2024 Stop Date: Use stop date

HANNA HERSHEY
Female, DOB 06/11/2011
570 A Main Street
Cabot, VT 05647
Phone (802) 555-0140

MORGAN ELLIXSON-BOYEA
Winooski Pediatrics
20 Main St
Winooski, VT 05404-1111
Phone (802) 846-8177
DEA # MT9445619

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

amoxicillin 400 mg/5 mL oral suspension
12 milliliter(s) By Mouth twice daily Take with or without food ; for 10 days
Note: Please flavor Grape
3 x 100 mL bottle, 0 Refills
Days Supply: 10
Written Date: 06/20/2024

eRx

Test Case:

[Process Now](#)

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

UC
2024

PCC
Pediatric EHR Solutions

Prescribe Component - Real Time Prescription Benefit Data

LISDEXAMFETAMINE (VYVANSE CAPSULE)

Qty: 1 to 40 mg capsule ▾

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

Adjustments:

Prescription:

Days Supply: 30 DAW

Dispense: 30 Capsule ▾

Number of Refills: PRN

Date to Fill: Create 3 month supply

Prevent Renewal Requests:


Follow up provider:

Real-Time Pricing
\$55.00 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary

Alternatives	Alerts	Prior Auth	Pharmacy	Price	
METHYLPHENID CAP 30MG		Not Required	Retail	\$8.00 / month	Select
30 Capsule, 30 Days					
AMPHET/DEXTR CAP 25MG ER		Not Required	Retail	\$8.00 / month	Select
30 Capsule, 30 Days					
DEXMETHYLPHE CAP 20MG ER		Not Required	Retail	\$8.00 / month	Select
30 Capsule, 30 Days					
ATOMOXETINE CAP 40MG		Not Required	Retail	\$8.00 / month	Select
30 Capsule, 30 Days					
CLONIDINE TAB 0.1MG ER		Not Required	Retail	\$8.00 / month	Select
30 Capsule, 30 Days					

Is this mg/kg/DAY or per DOSE? Help!

AMOXICILLIN SUSPENSION  Instruction Only

to Calculated Value: 11.25 mL, Adjusted to: 11 mL
[Equiv dose: 10.125 - 12.375] Dispensable in 0.5 mL increments

Dose Form:

PRN

Wt-based Dosing:

Calculated values:
880 mg twice daily
44 mg/kg twice daily
88 mg/kg per day

Prescription:

Days Supply:

Dispense: Real-Time Pricing
\$10.00
Prior Auth Not Required

Calculated value: 220 mL


Number of Refills: PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

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 ▼

Number of Refills: PRN

Date to Fill: 

Prevent Renewal Requests:

Follow up provider: ▼

Real-Time Pricing 
\$5.00
Prior Auth Not Required

Real-Time Pricing Formulary Summary

Rx Plan: PRO-NY-12


Instructions to Patient: tk 5mL on day 1 and 2.5mL on days 2 through 5

Comments to Pharmacy:

Internal Note:

Duration: for 5 day(s) ▼

Start & Stop Dates in PCC eRx

GUANFACINE EXTENDED RELEASE 24 HOUR TABLET  Instruction Only

Qty: 1 to 1 mg tablet extended release 24 hr

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

Prescription:

Days Supply:


Dispense: Tablet

Number of Refills: PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

Real-Time Pricing 
\$0.00 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary Rx Plan:

Instructions to Patient: Comments to Pharmacy: Internal Note:

Duration: for

Indications: Tip: Use multiple terms to refine your search

Patient Problems & Diagnoses [Show All](#) Most Common Indications:
▪ [Attention deficit hyperactivity disorder](#) ▪ [attention-deficit hyperactivity disorder](#)


Start Date: 06/20/2024 Stop Date: Use stop date

*** Short Term Rx (<30 days) will “use stop date” automatically. Moves into Inactive status on Med Hx at end of treatment**

*** Longer Term Rx (30+ days) will calculate stop date, but does not “use stop date”. Remains Active on Med Hx until user intervention**

How can I send a 3 month supply of ADHD medication?

Add New Med (start over)

AMPHETAMINE-DEXTROAMPHETAMINE (ADDERALL EXTENDED RELEASE 24 HOUR CAPSULE)  Instruction Only

Qty: 1 to 10 mg capsule,extended release 24hr

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

Prescription:

Days Supply: 30 DAW

Dispense: 30 Capsule

Number of Refills: PRN

Date to Fill: Create 3 month supply

Prevent Renewal Requests:

Follow up provider:

Real-Time Pricing
\$30.05 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary

Rx Plan: HEREISALONGPLAN-NAMEAT-35-CHARSLONG

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

LILY LITTLEFIELD
Female, DOB 12/17/2012
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

MORGAN ELLIXSON-BOYEA
Winooski Pediatrics
20 Main St
Winooski, VT 05404-1111
Phone (802) 846-8177
DEA # MT9445619

Yalaha Pharmacy
8735 County Rd 48
Yalaha, FL 34797
Phone (352) 547-1247
Fax (352) 547-1400
accepts EPCS

dextroamphetamine-amphetamine ER 10 mg 24hr capsule,extend release (Adderall XR)
10 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 06/21/2024

eRx

Test Case:

Process Now

How can I send a 3 month supply of ADHD medication?

Add New Med (start over)

AMPHETAMINE-DEXTROAMPHETAMINE (ADDERALL EXTENDED RELEASE 24 HOUR CAPSULE) ♥

Qty: 1 to 10 mg capsule,extended release 24hr ▾

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

Prescription:

Days Supply: 30 DAW

Dispense: 30 Capsule ▾

Number of Refills: PRN

Date to Fill #1: 06/21/2024 Create 3 month supply

Date to Fill #2: 07/21/2024

Date to Fill #3: 08/20/2024

Prevent Renewal Requests:

Follow up provider: ▾

Real-Time Pricing
\$30.05 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary **Rx Plan:** HEREISALO

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

LILY LITTLEFIELD
Female, DOB 12/17/2012
794 Redwood Street
Andover, NH 05501
Phone (802) 555-0186

MORGAN ELLIXSON-BOYEA
Winooski Pediatrics
20 Main St
Winooski, VT 05404-1111
Phone (802) 846-8177
DEA # MT9445619

Yalaha Pharmacy
8735 County Rd 48
Yalaha, FL 34797
Phone (352) 547-1247
Fax (352) 547-1400
accepts EPCS

dextroamphetamine-amphetamine ER 10 mg 24hr capsule,extend release (Adderall XR)
10 milligrams By Mouth every morning
30 Capsule, 0 Refills
Days Supply: 30
Written Date: 06/21/2024
Date to fill #1: 06/21/2024
Date to fill #2: 07/21/2024
Date to fill #3: 08/20/2024

eRx ▾

Test Case: ▾

Process Now

Pre-dating for 3 Month Supply Configuration

Add New Med (start over)

AMPHETAMINE-DEXTROAMPHETAMINE (ADDERALL EXTENDED RELEASE 24 HOUR CAPSULE) ❤️

Qty: 1 to 10 mg capsule, extended release 24hr ▼

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

Prescription:

Days Supply: 30 DAW

Dispense: 30 Capsule ▼

Number of Refills: PRN

Date to Fill #1: 06/21/2024 Create 3 month supply

Date to Fill #2: 07/19/2024 pre-dated 2 days

Date to Fill #3: 08/18/2024 pre-dated 2 days

Prevent Renewal Requests:

Follow up provider: ▼

Real-Time Pricing
\$30.05 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary

Rx Plan: HEREISALONGPLAN-NAMEAT-35-

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

PCC eRx PCC eRx Rx Queue (3) 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:

Indications - sending ICD-10's to the pharmacy

DEXMETHYLPHENIDATE (FOCALIN XR (BIPHASIC 50-50) EXTENDED RELEASE CAPSULE)  Instruction Only

Qty: to

(show all routes) (show all frequencies) PRN

Prescription:

Days Supply: DAW

Dispense:

Number of Refills: PRN

Date to Fill: Create 3 month supply

Prevent Renewal Requests:

Follow up provider:

Real-Time Pricing
\$33.01 / month
Prior Auth Not Required

Real-Time Pricing Formulary Summary Rx Plan: PRO-NY-12

Instructions to Patient:

Comments to Pharmacy:

Internal Note:

Duration: for

Indications: Tip: Use multiple

Patient Problems & Diagnoses Show All

- Attention deficit hyperactivity disorder

Most Common Indications:




- attention-deficit hyperactivity disorder

Start Date: 06/21/2024 Stop Date: 07/20/2024 Use stop date

Review & Sign

Prescriptions

Group By: Indication Class Generic med name None

Ready	Medication	Instructions
<input checked="" type="checkbox"/>   	DEXMETHYLPHENIDATE (FOCALIN XR (BIPHASIC 50-50) EXTENDED RELEASE CAPSULE) 5 mg capsule,ER biphasic 50-50 30 Capsule(s), 0 refills <input type="checkbox"/> DAW Start: 06/21/2024 Pharmacy: Yalaha Pharmacy UNSIGNED (Created by: MORGAN ELLIXSON-BOYEA)	1 CAPSULE(S) PO EVERY MORNING Indications: Attention deficit hyperactivity disorder <div style="border: 1px solid black; padding: 5px; display: inline-block;">F90.1</div>


Links:
Vermont PDMP

Rx Queue - Pending Rx vs Agent Prescriptions

Pending Prescriptions:
Awaiting provider action -
*not yet sent to the
pharmacy*

  SANTANGELO, SAMANTHA 355 Edgewood Ave Milton, VT 05468 Phone (802) 555-0114			
<input checked="" 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"/>		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"/>		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"/>		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			
<input type="button" value="Process UNSIGNED prescriptions"/>			

Agent Prescriptions:
Already sent to
pharmacy by staff,
*approval needed
after the fact*

Agent Prescriptions		
<input type="checkbox"/>	Select all	
 MASON, MELANIE 123 Spring Street Brattleboro, VT 05301 Phone (802) 555-0166		
<input type="checkbox"/>	tobramycin 0.3 %-dexamethasone 0.1 % eye drops,suspension (TobraDex) 1 drop(s) in eye(s) 4 times daily into right eye 1 x 10 mL dropper bottle 0 Refill(s) 06/18/2023 19:32	Friendship Pharmacy 9 W Main St Friendship, NY 147398701 (585) 973-3496
KATHLEEN W GOMEZ, MD Agent: ZELDA ZEN, LNA		
<input type="button" value="Sign"/>		

Troubleshooting with PCC eRx



Can't find FIRST Compounding Kits? Or other "common" liquid medications?



The trouble with time-based units of measure

BETAMETHASONE DIPROPIONATE 0.05 % CREAM

1 to application

Dose Form: 0.05 % cream

Topical (show all routes) twice daily (show all frequencies) PRN skin irritation

Prescription:

Days Supply:

Dispense: Day(s)

Number of Refills: PRN

Date to Fill:

Prevent Renewal Requests:

Follow up provider:

Formulary Summary
Generic, Rx, Non-Reimbursable

HANNA HERSHEY
Female, DOB 06/11/2011
570 A Main Street
Cabot, VT 05647
Phone (802) 555-0140

MORGAN ELLIXSON-BOYEA
Winooski Pediatrics
20 Main St
Winooski, VT 05404-1111
Phone (802) 846-8177
DEA # MT9445619

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

betamethasone dipropionate 0.05 % topical cream
1 application Topical twice daily PRN skin irritation
14 Day(s), 0 Refills
Days Supply: 14
Written Date: 06/21/2024

Print

Test Case:

Time-based dispense units are not allowed in ePrescribing.

Surescripts does not allow days, weeks, or months to be used for Dispense Qty

**UC
2024**

SPI errors & your prescribing locations

ABIGAIL ADDINGTON
Female, DOB 04/26/2013
730 Grandview Drive
Saint Albans Bay, VT 05481
Phone (802) 555-0191

MORGAN ELLIXSON-BOYEA
DEA # MT9445619

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

amoxicillin 400 mg/5 mL oral suspension
5 milliliter(s) By Mouth twice daily; for 10 days
100 Milliliter, 0 Refills
Days Supply: 10
Written Date: 06/02/2023

Print ▾

Test Case:

Process Now

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

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

Default Prescribing Location

Electronic Renewal Request
 EPCS (Provides access to EPCS)
 Electronic Change Request

Additional PCC eRx Roles
 Reports (Provides access to Reports)
 Administration (Provides access to PCC eRx configuration.)

None
 Burlington Peds - Flu Clinic
 Burlington Peds - New North End
 Burlington Peds - Old North End
 Lake Champlain Pediatrics
 Lake Champlain Telehealth
 Winooski Pediatrics

Provider not enabled to prescribe for telehealth location

Cancel Save

SPI errors & your prescribing locations

Phone Note

Encounter Details

Date of Service: 06/02/23

Provider of Service: Test ProviderOne, M.D. ▼

Encounter Location: select an encounter location ▼

Portal Message

Encounter Details

Date of Service:

Provider of Service: select a provider of service ▼

Encounter Location: select an encounter location ▼

ABIGAIL ADDINGTON
Female, DOB 04/26/2013
730 Grandview Drive
Saint Albans Bay, VT 05481
Phone (802) 555-0191

MORGAN ELLIXSON-BOYEA
DEA # MT9445619

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

amoxicillin 400 mg/5 mL oral suspension
5 milliliter(s) By Mouth twice daily; for 10 days
100 Milliliter, 0 Refills
Days Supply: 10
Written Date: 06/02/2023

Print ▼

Test Case: ▼

Process Now

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

**UC
2024**

Still having location or SPI issues? Contact PCC Support - we're here to help





PCC
Pediatric EHR Solutions

Checking the status of sent prescriptions

Review & Sign

Prescriptions

Group By: Indication Class Generic med name None

Medication	Instructions
<p>Resend   </p> <p>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)</p>	<p>1 INHALATION INHALATION EVERY 4 TO 6 HOURS PRN shortness of breath or wheezing <i>Indications: shortness of breath or wheezing</i></p>

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

[Finalize Prescriptions](#) [Print Medication Instructions](#)






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
Resend   	DEXMETHYLPHENIDATE (FOCALIN XR (BIPHASIC 50-50) EXTENDED RELEASE CAPSULE) 5 mg capsule, ER biphasic 50-50 30 Capsule(s), 0 refills Start: 06/21/2024 Pharmacy: Yalaha Pharmacy eRx: 06/21/2024 16:41:19   (Prescribed by: MORGAN ELLIXSON-BOYEA)	1 CAPSULE(S) PO EVERY MORNING <i>Indications: Attention deficit hyperactivity disorder</i>

NewRx Message Data

PATIENT LILY LITTLEFIELD Gender: F, DOB: 12/17/2012 794 Redwood Street Andover, NH 05501 Primary: (802) 555-0186 Work: (802) 555-0132	PROVIDER Morgan Ellixson-Boyea 20 Main St Ste 7 Winooski, VT 05404-1111 Primary: (802) 846-8177 Fax: (802) 846-1234	PHARMACY Yalaha Pharmacy 8735 County Rd 48 Yalaha, FL 34797 Primary: (352) 547-1247 Fax: (352) 547-1400
--	--	---

PRESCRIBED MEDICATION
dexmethylphenidate ER 5 mg capsule, extended release biphasic50-50 (Focalin XR)
1 capsule(s) By Mouth every morning
Days Supply: 30
30 Capsule, 0 Refill(s)
Substitutions permitted
Written Date: 06/21/2024
NDC: 00093555001
[message XML](#)

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

This Week at UC 2024

Let's Talk about PCC eRx!

Wednesday 7/17

***Electronic Prior Authorization:
The Next Big Thing for PCC eRx***

with Dewey Howell, MD, PhD
Mt Columbia @ 115pm MDT

eRx Walk-in Clinic

Hosted by eRx Team
Mt Princeton @ 3pm MDT

Friday 7/19

***What's Next for PCC eRx
(Review of New Features, Roadmap, & More!)***

With Morgan Ellixson-Boyea, CPhT, CSPO
Mt Columbia @ 950am MDT

eRx Walk-in Clinic

Hosted by eRx Team
Mt Princeton @ 115pm MDT

Join us for our
next monthly
eRx drop-in!

Thursday
August 22nd
2-4pm EDT



Let's talk about PCC eRx!

