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# E Prescribe

#### **Opening Prescription Writer**

1. Locate the Prescription Writer (Pill Bottle) Icon in the system toolbar:

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l	My Appl	ications	SAC															
l	File Re	gistration	n View	GoTo /	Actions	Preferences	Tools											
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1	Refresh	Previous	Next	Find	Find	More Heade	r Health	Allergies	Worklist	Task	Drug	Print	Add Care	Outpatient	Order	Prescription	Enter	Doc
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L	Pati	ent List	Orde	ers R	esults	Patient In	fo D	ocuments	Flow	sheets	Clir	ical Sum	mary	Imaging Manu	al Fax			_

2. Click on it to open up Prescription Writer.



- 3. From this screen, you can do the following:
  - a. Use the icons on the Prescription Writer Toolbar.

     *→* Hover over the icon to view its label.
  - b. View unsubmitted prescriptions -> this happens when the medications are manually saved/unsubmitted OR there is an ERROR in the prescription that needs to be reviewed and fixed.
  - c. View Inactive (no longer taking) Patient Medications
  - d. View Active (Current) Patient Medications

	Shov	ving all patient medications. ay Format: Active and Medications to be Reviewed (Modified)	Gre	oup/Sort by: Item	Class and Drug		Prescrip Toolbar	tion Writ with icon	er IS 0 of 41 select
		Medication Summary	-	Status	Start Date 🔻	Renew Date	Rx End Date	Last Fill Date	<u>₹</u> 0¢¢
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		oxycodone-acetaminophen 5 mg-325 mg oral 🍋 🗞	8	Unsubmitted	08-12-2020			R	
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0	Active	e (8 items)							
		aspirin 81 mg oral tablet 81 orally daily on 🏶 🇞	8	Active				4	
		Avelox 400 mg oral tablet 1 tab(s) orally 🐐 🍋	N	Active	08-15-2020			-	
		Fish Oil oral capsule 2 capsules once a day	8	Active				4	
		gabapentin 300 mg oral capsule 1 cap(s) 🐐 🍋	¥	Active				<b>1</b>	
		🗊 Lasix 80 orally once a day 🛛 📸	۲	Active				1	

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#### Creating a New Prescription

1. Select the Add New Prescription icon from the Prescription Writer toolbar:



2. Type the medication in the search bar. You can use 4 options to search: full catalog, quick list, favorites, or you can free text the medication.

	Add to Favorites Calculate Taper Dose Search Advice Manage Pharmacies Pharmacies Check Rx Eligibility Clear InfoButton	
d	Prug Search      Full catalog      Quick list      Preventes     Pree Text     Requested By     O Me	Pharn
Ц	C Other Advanced Search	nacy Iction
		Healt s / On
	Instructions: <ul> <li>Auto</li> <li>Edit</li> <li>Undo</li> <li>Clear</li> </ul>	th Issues Behalf C
		of Comments Sigs, Me
	Dose     Dosage Units     Route     Frequency     Days     Refills       0     •     •     •     •     •     •       V     •     •     •     •     •	amo Dose
	Start Date Original Today Dispensed Units Quantity Quantity UOM Grand Recessary I2-03-2020 Auto-Calculate Auto-Calculate Auto-Calculate Common Instructions: PRN Indication	Range
	Constipation Cough Diarrhea	]

3. As you type, the system will suggest medication matches. Select the desired medication.

Add to Favorites Calculate Taper Dose Search Advice Manage Pharmacies Pharmacies Check Rx Eligibility Clear InfoBut	ton	
Drug Search       • Full catalog       Quick list       Favorites       Free Text         isosorbide mononitrate       isosorbide mononitrate       isosorbide mononitrate       isosorbide mononitrate	Requested By  Me Other Advanced Search  Instructions: O Auto O Edit Undo Clear	Pharmacy Health Issues Instructions / On Behalf Of Comments Sigs, M
Dose       Dosage Units       Route       Frequency       Days       Refills         Image: Start Date       Original Today       Dispensed Units       Quantity       Quantity       Image: Start Date       I	Common Instructions: PRN Agitation Anxiety Chest pain Constipation Cough Diarrhea	mo Dose Range

4. Once the desired medication has been selected, the system will create a list of medications and dosages.

lín

Add to Favorites Calculate Dose Taper Dose Search Advice Manage Pharmacies Pharmacies Check Rx Clear InfoE	i) Button
Drug Search • Full catalog • Quick list • Favorites • Free Text	Requested By         In structure           ⊙ Me         In structure
isosorbide mononitrate to mg orantablet (1 tab(s) orally) isosorbide mononitrate 20 mg oral tablet (1 tab(s) orally)	O Other Advanced Search
isosorbide mononitrate 10 mg oral tablet (1 tab(s) orally) isosorbide mononitrate 20 mg oral tablet (1 tab(s) orally) isosorbide mononitrate 30 mg oral tablet, extended release (1 tab(s) orally)	Instructions: O Auto O Edit Undo Clear
isosorbide mononitrate 60 mg oral tablet, extended release (1 tab(s) orally) isosorbide mononitrate 120 mg oral tablet, extended release (1 tab(s) orally)	Si
Dose       Dosage Units       Route       Frequency       Days       Refills         Image: Start Date       Original Today       Dispensed Units       Quantity       Quantity UOM       Image: Start Date       <	Common Instructions: PRN Agitation Arxiety Chest pain
	Constipation Cough Diamhea



5. Select the desired medication and dosage; fill out the required fields (as denoted by a

🛞 Add Prescription - TestSherman, P	
Add to Favorites Calculate Dose Taper Dose Search Advice Manage Pharmacies Pharmacies Check Rx Pharmacies Pharmacies Phar	Clear InfoButton
Drug Search       • Full catalog       • Quick list       • Favorites       • Free Text         isosorbide mononitrate       10 mg oral tablet         Medication Name	
<ul> <li>Original Selection: 1 item(s).</li> <li>isosorbide mononitrate 10 mg oral tablet (1 tab(s) orally)</li> <li>Therapeutic Alternatives: 63 item(s).</li> </ul>	Instructions:  Auto  Edit Undo  Clear  1 tab(s) orally
isosorbide mononitrate 10 mg oral tablet (1 tab(s) orally) isosorbide mononitrate 120 mg oral tablet, extended release (1 tab(s) orally) isosorbide mononitrate 20 mg oral tablet (1 tab(s) orally) isosorbide mononitrate 30 mg oral tablet, extended release (1 tab(s) orally)	Filling in the Days will sometimes autofill the Quantity, depending on the UOM chosen.
isosorbide mononitrate 60 mg oral tablet, extended release (1 tab(s) orally)         Minitran 0.1 mg/br transdormal film outpeded release (1 DATCH transdormally)         Dose       Dosage Units Route         1       tab(s)         isosorbide mononitrate 60 mg oral tablet, extended release (1 DATCH transdormally)         Dose       Dosage Units Route         Image: tab(s)       oral-orally         Image: tablet       Image: tablet	Refills None Days in SIG Duous Necessary Calculate Common Instructions: PRN Agitation Arxiety Chest pain Cough Diarrhea

6. You can Add to List if there are several, and when finished, you can select Review and Submit

Add to Favorites Calculate Taper Dose Search Advice Manage Pharmacies Problems Check Rx Clear	
Drug Search O Full catalog O Quick list O Favorites O Free Text	Requested By 3
isosorbide mononitrate 10 mg oral tablet	· Me tuti internationality internationa
Medication Name	Other Advanced Search
- Original Selection: 1 item(s).	
isosorbide mononitrate 10 mg oral tablet (1 tab(s) orally)	Instructions" O Auto C Edit Undo Clear
- Therapeutic Alternatives: 63 item(s).	I tab(s) orally 2 times a day x 20 days
isosorbide mononitrate 10 mg oral tablet (1 tab(s) orally)	
isosorbide dinitrate 40 mg oral capsule, extended release (1 cap(s) orally)	Com
Dilatrate-SR 40 mg oral capsule, extended release (1 cap(s) orally)	
Minitran 0.1 mg/hr transdermal film, extended release (1 PATCH transdermally)	
Minitran 0.2 mg/hr transdermal film, extended release (1 PATCH transdermally)	30
isosorbide mononitrate 120 mg oral tablet, extended release (1 tab(s) orally)	Man
Nitro-Dur 0.2 mg/hr transdermal film, extended release (1 PATCH transdermally)	3
Nitro-Dur 0.3 mg/hr transdermal film, extended release (1 PATCH transdermally)	Dos
Nitro Dur 0.4 ma/br transformal film, outanded release (1.DATCH transformalls)	e Ra
Dose Dosage Units Route Frequency Days Refills	
Image: Start Date     Original Today       Start Date     Original Today       Dispensed Units     Quantity       Quantity     Quantity       Indication	Common Instructions: PRN Aptation Arotety Cheat pain Constpation Constpation Constpation Constpation Constpation
Add to List Review an	d Submit Close Button appearance Single Medication
Add to List Review and	Submit (2) Close

# Submitting a Prescription for Transmission

🛞 Review Prescriptions for Testeighteen, Testing One					After selecting "Review and Submit" the
Testeighteen, Testing One 25E 2118 01	Unreviewed Allergies	5100431 / 510005804 TEST, DOCTOR	30y (01-01-1990) Fe	emale	next screen will allow you to select a submission method. The default will be
Patient Info : 1990 Westward GRANTSBURG IN 47123 , (555) 555-1212			Height/W	leight	set to eSubmit.
Medication Summary		Submit Method	armacy	$\overline{}$	You can choose other options, if
acetaZOLAMIDE 250 mg oral tablet 1 tab(s) orally 2 times a day x 30 days Quantity: 60 Tablet Refills: None Days Supply: 30 Substitutions: Allowed Written Date: 12-09-2020 Prescriber: TestMD, Dennis2[Physician)		eSubmit	CS Happygoluckyalwaysope		appropriate.
Adderall 5 mg oral tablet				-	• Print
1 tab(s) orally once a day x 30 days Quantity: 30 Tablet Refills: None Days Supply: 30 Substitutions Allowed Written Date: 12-09-2020 Prescriber: TestMD, Dennis2(Physician)		eSubmit	C Happygoluckyalwaysopt	×	<ul> <li>Save Only</li> <li>Leave Unsubmitted</li> </ul>
oxycodone-acetaminophen 5 mg-325 mg oral tablet 1 tab(s) orally every 6 hours x 5 days, As Needed -Pain Quantity; 20 Tablet Refills: None Days Supply: 5		eSubmit	K Happygoluckyalwaysope	~	esubmit
Substitutions Allowed Written Date: 12-09-2020 Prescriber: TestMD, Dennis2(Physician)				$\odot$	The patient's preferred pharmacy is listed
					nere.
Submit Method:	Apply these options to all prescripti	ions above			
eSubmit Fax Save Only	macy: CS Happygoluckyalwaysopenserve	esallKx, 12345 Mountain Road Off St. Patric	ks Highway Alexandria, VA 22315, Phone: (	/0 🗸	
C Leave Unsubmitted Provider Lo	cation: Clark Memorial Hospital, 1220 Mis	ssouri Avenue, Jeffersonville, IN 47130, Pho	ne: (812) 282-6631, Fax: (812) 248-0810, [[		If patient has multiple pharmacies, you
O Print	<b>7</b>				can choose which one to use. from the
Need Help?			ОК	ancel	drop-down.
/					

If the Provider Location is blank or has multiple addresses, select Clark Memorial Hospital address from the drop-down.

• Any prescription that has an error will be ind	licated by a
Norco 10 mg-325 mg oral tablet 1 tab(s) orally every 6 hours - Pain Quantity: 20 tab(s) Refills: None Substitutions Allowed Written Date: 04-29-2015 Prescriber: Bradley, Tina(Physician)	Print <u>Preview</u> <u>Edit</u> <u>Delete</u>

• If you hover over the drop down, it will show you what the error is.

<b>!</b> P	KROGER MIDSOUTH 276
P	eSubmit unavailable because: Pharmacy NPI missing Prescriber does not have the NPI or DEA or SPI for ePrescribing Prescriber NPI is missing or invalid Invalid Provider Location
	The medication selected is not specific enough and is missing required information. Please select Edit and update this prescription by selecting a more specific drug name. The selected Pharmacy does not support EPCS
P	The selected medication is a controlled substance and can not be submitted electronically because provider is not registered for EPCS

#### EPCS - Electronic Prescribing of Controlled Substances - NEW!

- If a controlled substance is the ONLY prescription being submitted, follow the workflow above and then proceed as below.
- If non-controlled substances (NCS) AND controlled substances (CS) are being submitted in the same session, NCS will be submitted first, as above and then will proceed as follows:

П

1. After the NCS have been submitted, the following screen will appear to manage controlled substances:

Testeighteen, Testing One			01-130-1990 (3	correct!!		
1990 Westward GRANTSBURG, IN 47123 (555) 555-1212						
EA NUMBER ID7058515 • IBCOLDES SUPERVIS Dark Memorial Hospital 1220 Missouri Avenue Jeffersonville, IN 47130 (812) 282-6631 (812) 248-0810	SOR	P H 1 O A (: ()	HARMACY appygoluckyalways 2345 Mountain Roa ff St. Patricks High lexandria, VA 2231 703) 921-2121 703) 555-9999	kopenservesallRx d way 5		5-5-(2-62)
CONTROLLED SUBSTANCES	QUANTITY	REFILLS	ISSUE DATE	Confirm (0 of 2)	ISSUE DATE	Confirm (2 of 2)
Adderall 5 mg oral tablet 1 tab(s) orally once a day x 30 days	30	None	09-Dec-2020		09-Dec-2020	<b>S</b>
oxycodone-acetaminophen 5 mg-325 mg oral tablet 1 tab(s) orally every 6 hours x 5 days, As Needed -Pain	20	None	09.502-2020		09-Dec-2020	<b>S</b>
By completing the two-factor authentication protocol at this time, you are legally signing the dispensing. The two-factor authentication protocol may only be completed by the practitione Confirm Prescription(s) the imprivatar	prescription(s) and authors r whose name and DEA	zin und transmiss instration en under a	of the above information	on to the pharmacy for		

2. You MUST check each individual medication for confirmation.

 After confirming the controlled substance(s), the Imprivata box will activate for you to authenticate.
 \*\*\* Do not click anywhere else or attempt to multitask in another window from this point until Imprivata Authentication is complete. Doing so will interrupt and stop the process and you will need to begin again\*\*\*.

By completing the two-factor authent dispensing. The two-factor authentice	tication protocol at this time, you are legally signin ation protocol may only be completed by the pract	g the prescription(s) and itioner whose name and	d authorizing the transmissi I DEA registration number a	on of the above information to the ppear above.	e pharmacy
û imprivata Confirm your	* * * * Network password				
identity					

4. You will need to enter your AD/Network/Windows password.

5. After confirming your identity, you will see this:



6. You will then need to approve via the push notice your Imprivata App on your phone:



\*\*\*If you did not receive a push notice for approval, you may need to enter the Token Code from the Imprivata App into the Imprivata ID box on the computer screen.



7. Once you have approved via the token or push notification on your phone, the controlled substance will be submitted to the electronic pharmacy of choice.

8. You will then be directed back to the main prescription writer screen where you can review the details of your submission. It will show as pending at first:



9. Select refresh and it should appear as successful if your CS has been transmitted.



To see these details, you must select "Pharmacy" and "more Details" in the Options Panel.

# **Tips and Hints**

# Patient's Preferred Pharmacy

- In order to submit discharge prescriptions electronically, the patient's preferred pharmacy must be listed.
- In Prescription Writer, the preferred pharmacy is listed in the top right-hand corner.



 If it has a CS before the pharmacy name, it is a pharmacy that will accept controlled substance eprescriptions. Otherwise, it is a pharmacy that accepts non-scheduled electronic prescriptions only.

Med Status: Patient Currently Takes Medication

#### Rx Eligibility and Multiple Insurances

When ordering the prescription, you may see this at the bottom of the screen:

Rx Eligibility Status: Current (08-02-2017 10:22) Active Formulary Plan: Multiple coverages available: Please select an active plan for formulary of					
ctive	_	Health Plan	Group	Retail	Mail Order
		INM MEDICARE D	INDIANA MEDICAID	True	True
	<b>F</b>	Plan ID	Group ID	Member ID	Cardholder ID
	NS .	INMMCARD	INM	INM INM IN	101866205499
ctive		Health Plan	Group	Retail	Mail Order
		SSI CHOICE 15 2017	SILVERSCRIPT-INDI	True	True
	Г	Plan ID	Group ID	Member ID	Cardholder ID
		SS17-C15	BXCVSD	X%9110%3TIER%15	313981013C1

#### When the patient has multiple insurance benefit plans:

- Click in the one of the boxes listed below in the **Active** column.
- You may select either box for this purpose
- At least one box **MUST** be selected for the prescription to proceed the receiving pharmacy will optimize patient's coverage further.
- The patient may have a mail order pharmacy listed in addition to a local pharmacy.

#### Notification Icon and Panel

- In prescription writer, there is also a notification icon.
- This alerts prescribers to the following:
  - E-Prescribing Errors
  - Unsubmitted Prescriptions
  - Dispense History Medications



# **Creating and Using Medication Favorites**



## Creating Favorite Medications (Most commonly used by you)

You can only create favorites while using 'Add New Prescription'



Or

'View/Modify Prescription'



1. Enter and select the medication you want to assign as a favorite.

		0.1111			_	Requested By     Ne
Turosemide 20 mg ora	á tablet				-	O Other Advanced Search
Medication Name	0.40 197				1	
- Original Selecti	ion: 1 item(s).					
furosemide 20	mg oral tablet (1 tab(s) orally	b0				Instructions: (•) Auto () Edit Undo Clear
- Therapeutic Alt	ternatives: 22 item(s).					1 tab(s) orally once a day x 30 days
burnetanide 0.5	i mg oral tablet (1 tab(s) orall	y)				
burnetanide 1 r	ng oral tablet (1 tab(s) orally)					
burnetanide 2 r	ng oral tablet (1 tab(s) orally)					
Edecrin 25 mg	oral tablet (2 tab(s) orally)					
Edecrin Sodium	50 mg intravenous injection	(50 mg intraveno	usły)			
Dose	Dosace Units Route	esh A	Frequency	Dave Refile	12	
1 1	tab(s) oral - orally	i.e.	once a day	1 30 None	10	
	Second			Show Days in S	IG	
Start Date Origina	Today Dispensed Units	Quantity	Quantity UOM	Brand Necessar	y i	Common Instructions:
01-15-2021		+ 30	Tablet	Auto-Calculate		Agtation Aroiety
Indication						Creatination
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2. Click Add to Favorites.

- 3. Specify Category for Favorite is then displayed:
- 4. In Select a Category/Enter New Category, do 1 of the following:
  - Select the category name to add the medication to an existing category.
  - Enter a new category name in the box to create a new category to add the medication to.
- 5. In the 'Add to' section, make sure that "User" is selected so that the medication is added to the favorites categories available only to you.

\*\*\*if you wish to share your favorites with your Practice, you can select "Enterprise" and proceed with creating a new category (Folder).

Specify Category for Favorite	3.	22
Add Favorite		0
Select a Category / Enter New	bry	6. OK Cancel Add to • User 5. • Enterprise

- 6. Click OK.
- 7. The medication is added to the category and a confirmation message displays.



8. Click OK to close the confirmation message and save your changes.



# Using Your Favorite Medications in Practice

1. To Select a favorite medication when adding a new prescription, or using the view/modify, select Favorites in the Drug Search section:

Select Favorite	○ Full catalog ○ Quick list ⊙ Favorites ○ Free Text	
		-
🕭 test		

2. It will display the category or categories if you have several.

Select Favorite	○ Full catalog ○ Quick list ④ Favorites ○ Free Text	
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furosemide 20	mg oral tablet (1 tab(s) oral once a day for 7 days)	

- 3. Select the category you want; the list of favorites will appear for that category.
- 4. Select the medication you want and proceed.

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