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# **OUTPATIENT PHARMACY (PSO)**

## **MANAGER'S USER MANUAL**

Version 7.0  
December 1997

(Revised April 2016)

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Department of Veterans Affairs  
Product Development

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# Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual.

Date	Revised Pages	Patch Number	Description
04/2016	i-vi ix-xv <a href="#">122, 140, 143,</a> <a href="#">146, 148, 149,</a> <a href="#">151, 152, 154</a> <a href="#">156, 158, 159,</a> <a href="#">163, 164, 170,</a> <a href="#">206, 207, 228,</a> <a href="#">231, 392,</a> <a href="#">115, 116</a> <a href="#">117, 118, 119,</a> <a href="#">120, 121, 122,</a> <a href="#">123, 124, 125,</a> <a href="#">127, 417, 419</a>	PSO*7*411	Update Revision History Updated Table of Contents Updated screen captures (pg 210 is added text, not a screen)  Add chapter for Allergy Order Checks Add chapter for Clinical Reminder Order Checks Update Chapter numbers   Update Glossary Update Index (H. Cross, PM; Regina Lule, Tech Writer)
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Date	Revised Pages	Patch Number	Description
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10/2011	i-ii, v-xi, 6, 9, 12, 105, 135, 137, 147, 149, 178, 205, 207-209b, 210, 212, 215-216b, 217-218b, 219-220, 223-225, 227-233b, 234-238, 240-244, 297, 299-301	PSO*7*359	<p>Added new action View Additional Reject Info (ARI)</p> <p>Expanded ECME Numbers to twelve digits</p> <p>Updated screen shots related to patch changes</p> <p>Added TRICARE to Glossary</p> <p>Corrected typos</p> <p>Corrected formatting errors from 11/10 reissue</p> <p>(S. Spence, PM; C. Smith, Tech Writer)</p>

Date	Revised Pages	Patch Number	Description
09/2011	i, ii, v-xii, 85a-85f	PSO*7*382	Added information regarding the new [PSO HRC PROFILE/REFILL] option. (N. Goyal, PM; J. Owczarzak, Tech Writer)
04/2011	i v-xii 7 9 10 62 66 82 83 85  106 116 121-122ddd  132-132r 133 134a-134h 137-138 285-285b 292-292d 292e-292n  292o-292p 292q-292r 293-294  299-302	PSO*7*251	Updated Revision History Updated Table of Contents Added Order Status Add the word “prompt” New OP Hidden Action Added site parameter Added example of site parameter Added codes New example Added information regarding Intervention Menu Hidden Actions Added blank page Added blank page Allergy/ADR Order Checks and Drug-Drug Interaction Enhancements Enhanced Order Checks Added remote order checking note CPRS Order Checks Added Intervention Menu to the screen example Incorporate dosing checks in verification process Incorporate dosing checks in verification process examples Verifying ePharmacy Orders Updated screens for Process Checks and Rx Verification CPRS Order Checks – How They Work Error Messages and Order Check Added API, DATUP, DIF, & FDB to the Glossary, and updated page numbering Updated Index to include Enhanced Drug-Drug Interactions, Duplicate Drug Order Check, Allergy/ADR Order Check Display and CPRS Order Checks, and updated page numbering (G. Tucker, PM, H. Whitney, Developer, S. Heiress and G. Scorca, Tech Writer)
11/2010	All	PSO*7*358	Added information regarding TRICARE Active Duty Bypass/Override details (S. Spence, PM; G. Johnson, Tech Writer)

## **Preface**

This user manual describes the functional characteristics of Outpatient Pharmacy V. 7.0. It is intended for pharmacists and technicians who are familiar with the functioning of Outpatient Pharmacy in a Veterans Affairs Medical Center (VAMC).



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# Chapter 1: Introduction

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The Outpatient Pharmacy V. 7.0 package:





- Provides a method for managing the medications given to Veterans who have visited a clinic or who have received prescriptions upon discharge from the hospital.
- Automatically generates prescription labels, and prints refill request forms.
- Medication histories are kept online to permit checks for potential interactions.
- Profiles can be generated to assist the clinician in managing the patient's medication regimen.
- Management reports aid the pharmacy in controlling inventory and costs.

The primary benefits to the Veteran are the assurance that he or she is receiving the proper medication and the convenience of obtaining refills easily. The clinicians and pharmacists responsible for patient care benefit from a complete, accurate, and current medication profile available at any time to permit professional evaluation of treatment plans. Utilization, cost, and workload reports provide management cost controlling tools while maintaining the highest level of patient care.

A number of site parameters allow the individual Department of Veterans Affairs Medical Center (VAMC) to customize the package to meet local needs.

## Documentation Conventions

This *Outpatient Pharmacy V. 7.0 Manager's User Manual* includes documentation conventions, also known as notations, which are used consistently throughout this manual. Each convention is outlined below.

Convention	Example
Menu option text is italicized.	There are eight options on the <i>Archiving</i> menu.
Screen prompts are denoted with quotation marks around them.	The "Dosage:" prompt displays next.
Responses in bold face indicate user input.	Select Orders by number: (1-6): <b>5</b>
<b>&lt;Enter&gt;</b> indicates that the Enter key (or Return key on some keyboards) must be pressed. <b>&lt;Tab&gt;</b> indicates that the Tab key must be pressed.	Type <b>Y</b> for Yes or <b>N</b> for No and press <b>&lt;Enter&gt;</b> . Press <b>&lt;Tab&gt;</b> to move the cursor to the next field.
 Indicates especially important or helpful information.	 Up to four of the last LAB results can be displayed in the message.
 Indicates that options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option.	 This option requires the security key PSOLOCKCLOZ.

## Getting Help

?, ??, ??? One, two, or three question marks can be entered at any of the prompts for online help. One question mark elicits a brief statement of what information is appropriate for the prompt. Two question

marks provide more help, plus the hidden actions, and three question marks will provide more detailed help, including a list of possible answers, if appropriate.

## **Related Manuals**

The following manuals are located on the VistA Documentation Library (VDL) at:

<http://www.va.gov/vdl>.

### **Main Package Documentation**

- *Outpatient Pharmacy V. 7.0 Release Notes*
- *Outpatient Pharmacy V. 7.0 Manager's User Manual*
- *Outpatient Pharmacy V. 7.0 Pharmacist's User Manual*
- *Outpatient Pharmacy V. 7.0 Technician's User Manual*
- *Outpatient Pharmacy V. 7.0 User Manual – Supplemental*
- *Outpatient Pharmacy V. 7.0 Technical Manual/Security Guide*
- *Dosing Order Check User Manual*
- *VistA to MOCHA Interface Document*

### **Additional Documentation**

Additional documentation related to specific projects is also located on the VDL. For example, there may be several different Release Notes documents, which apply to specific projects. Also, there may be several sets of “Change Page” documents, which apply to changes made only for a specific package patch.

## Chapter 2: List Manager

The screen displayed when processing an order has changed dramatically from the previous version of Outpatient Pharmacy (e.g., v. 6.0). The new screen was designed using List Manager.

This new screen gives more information and easier accessibility to vital reports and areas of a patient's chart.

Please take the time to read over the explanation of the screen and the actions that can now be executed at the touch of a key. This type of preparation before attempting to use List Manager will reduce the time and effort needed to become skilled in order processing with this new version of List Manager.

### Outpatient List Manager

Allergy Indicator

Screen Title → Patient Information      Feb 09, 2006 16:31:03      Page: 1 of 2

Header Area { OPPATIENT17, ONE  
PID: 000-12-3456      Ht(cm): 175.26 (08/06/2000)  
DOB: AUG 30,1948 (57)      Wt(kg): 108.18 (01/14/2006)  
SEX: MALE  
+  
Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 70  
RX PATIENT STATUS: SC LESS THAN 50%

List Area (Scrolling region) { Disabilities:  
1313 TWIN OAKS LANE  
ANYVILLE      HOME PHONE: 555-555-8361  
ALABAMA 12345      CELL PHONE:  
Prescription Mail Delivery: Regular Mail      WORK PHONE:

Message Window { Allergies  
Verified: PEANUTS,  
+ Enter ?? for more actions

Action Area { EA Enter/Edit Allergy/ADR Data      PU Patient Record Update  
DD Detailed Allergy/ADR List      EX Exit Patient List  
Select Action: Quit//

**Screen title:** The screen title changes according to what type of information List Manager is displaying (e.g., Patient Information, Medication Profile, New OP Order (ROUTINE), etc.).

**Allergy indicator:** This indicator displays when there has been information entered into the ALLERGY field for the patient. The indicator displays "NO ALLERGY ASSESSMENT" if there is no allergy assessment for the patient.

**Header area:** The header area is a "fixed" (non-scrollable) area that displays patient information.

**List area:** (scrolling region) This area scrolls (like the previous version) and displays the information on which action can be taken.

**Message window:** This section displays a plus (+) sign, minus (-) sign, or informational text (i.e., Enter ?? for more actions). If a plus sign is entered at the action prompt, List Manager will "jump" forward a page. If a minus sign is displayed and entered at the action prompt, List Manager will "jump" back a screen. The plus and minus signs are only valid actions if they are displayed in the message window.

**Action area:** A list of actions display in this area of the screen. If a double question mark (??) is entered at the "Select Item(s)" prompt, a "hidden" list of additional actions that are available will be displayed.

**Example: Showing more Indicators and Definitions**

**Order Status and CMOP Indicators**

**Allergy Indicator**

**Return To Stock Indicator**

**Copay Indicator**

**ePharmacy Indicator**

**Pending Orders**

**Flagged Order**

**Non-VA Meds Orders**

Medication Profile May 22, 2006 10:44:56 Page: 1 of 1

OPPATIENT16,ONE

PID: 000-24-6802 Ht(cm): 177.80 (02/08/2004)

DOB: APR 3,1941 (65) Wt(kg): 90.45 (02/08/2004)

SEX: MALE

Non-VA Meds on File

CrCL: 102.4(est.) (CREAT:1.0mg/dL 10/30/12) BSA (m2): 2.08

Last entry on 01/13/01

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
-----ACTIVE-----								
1	503902	ACETAMINOPHEN 500MG TAB	60	AT	05-22	05-22	3	30
2	503886\$	DIGOXIN (LANOXIN) 0.2MG CAP	60	A>	05-07	05-07	5	30
3	503871\$	HISTOPLASMIN 1ML	1	A	03-14	03-14R	5	30
4	100002042\$e	NALBUPHINE HCL INJ 10MG/ML	1	A	03-14	03-14	5	30
5	100002040\$	SALICYLIC ACID 40% OINT (OZ)	1	S	03-14	03-17	5	30
-----DISCONTINUED-----								
6	503881	BACLOFEN 10MG TABS	30	DC	04-07	05-01	2	30
7	100002020A\$	TIMOLOL 0.25% OPTH SOL 10ML	1	DE	02-03	02-03	5	30
-----HOLD-----								
8	100001942	ABDOMINAL PAD 7 1/2 X 8 STERILE	1	H	09-28	09-28	5	30
-----NON-VERIFIED-----								
9	100002039\$	BACLOFEN 10MG TABS	30	N	03-14	03-14	5	30
-----PENDING-----								
10	AMPICILLIN 250MG CAP	QTY: 40	ISDT: 05-29	REF: 0				
11	SIMETHICONE 40MG TAB	QTY: 30	ISDT: 05-30	REF: 3				
-----NON-VA MEDS (Not dispensed by VA)-----								
GINGKO EXT 1 TAB ONCE A DAY BY MOUTH					Date Documented: 01/13/01			
IBUPROFEN 50MG TAB					Date Documented: 12/10/00			

Enter ?? for more actions

PU Patient Record Update NO New Order

PI Patient Information SO Select Order

Select Action: Quit//

All orders are subgrouped by like statuses and then listed alphabetically within the subgroup.

**Order Status:** The current status of the order. These statuses include:

- A Active
- S Suspended
- N Non-Verified or Drug Interactions
- HP Placed on hold by provider through CPRS
- H Placed on hold via backdoor Pharmacy
- E Expired
- DP Discontinued by provider through CPRS
- DE Discontinued due to edit via backdoor Pharmacy
- DC Discontinued via backdoor Pharmacy

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF Discontinued due to edit by a provider through CPRS  
 DD Discontinued due to death  
 DA Auto discontinued due to admission



A “B” will be appended to the above statuses if the Bad Address Indicator was set and there was no active temporary address at the time of the last label activity.

**CMOP Indicators:** There are two separate indicators when the drug in an order is marked for Consolidated Mail Outpatient Pharmacy (CMOP) processing. This indicator is displayed after the Order Status if applicable.  
 > Drug for the prescription is marked for CMOP  
 T Displayed when the last fill is either in a Transmitted or Retransmitted CMOP state. (This indicator can overwrite the “>” indicator.

**Copay Indicator:** A “\$” displayed to the right of the prescription number indicates the prescription is copay eligible.

**ePharmacy Indicator** An ‘e’ displayed to the right of the prescription number indicates that the prescription is electronic third party billable.

**Return to Stock Indicator:** An “R” displayed to the right of the Last Fill Date indicates the last fill was returned to stock.

**Pending Orders:** Any orders entered through Computerized Patient Records System (CPRS), or another outside source, that have not been finished by Outpatient Pharmacy.

**Non-VA Meds Orders:** Any over the counter (OTC) medications, herbal supplements, medications prescribed by providers outside the VA, and medications prescribed by the VA, but purchased by the patient at an outside pharmacy are displayed here. Non-VA Meds orders cannot be placed or updated in Outpatient Pharmacy. The user can input information about a patient’s use of Non-VA Meds only through CPRS. However, the user can use either CPRS or Outpatient Pharmacy menu options to view Non-VA Meds data in a patient’s medical records.

**Third Party Rejects** Any prescriptions that are rejected by third party payers because of Refill Too Soon (code 79) or Drug Utilization Review (DUR – code 88) are displayed in this section.

#### Example: Showing Rejected Prescriptions

Medication Profile	August 12, 2006@12:35:04	Page: 1 of 1
OPPATIENT16,ONE		<A>
PID: 000-24-6802	Ht (cm): 177.80 (02/08/2005)	
DOB: APR 3,1941 (65)	Wt (kg): 90.45 (02/08/2005)	
SEX: MALE		
CrCL: 78.1(est.) (CREAT:1.0mg/dL 6/24/03)	BSA (m2): 2.08	

#	RX #	DRUG	ISSUE	LAST	REF	DAY		
			QTY ST	DATE	FILL	REM	SUP	
-----REFILL TOO SOON/DUR REJECTS (Third Party)-----								
1	51368009\$e	DIGOXIN (LANOXIN) 0.05MG CAP	90 A>	02-16	02-16	3	90	
2	51360563e	OXYBUTYNIN CHLORIDE 15MG SA TAB	180 S>	02-15	05-06	0	90	
-----ACTIVE-----								
3	100003470e	ABSORBABLE GELATIN FILM	1 A	11-04	11-04	5	31	
4	100003461	ACETAMINOPHEN 650MG SUPPOS.	10 A>	11-04	11-04	1	10	
5	100003185e	ALBUMIN 25% 50ML	2 A	08-01	08-01	5	5	
-----DISCONTINUED-----								
6	100003530	ANALGESIC BALM 1 POUND	1 A	01-08	01-08	3	90	
7	100003400	APPLICATORS, COTTON TIP STERILE	10 A	09-23	09-23	5	31	
+ Enter ?? for more actions								
PU Patient Record Update			NO New Order					
PI Patient Information			SO Select Order					
Select Action: Next Screen//								

## Using List Manager with Outpatient Pharmacy

List Manager is a tool designed so that a list of items can be presented to the user for an action.

For Outpatient Pharmacy, the List Manager does the following:

- Allows the pharmacist or technician to browse through a list of actions
- Allows the pharmacist or technician to take action against those items
- Allows the user to select an action that displays an action or informational profile
- Allows the user to select a different action without leaving an option.

## Entering Actions

Actions are entered by typing the name(s), or synonym(s) at the “Select Item(s)” prompt. In addition to the various actions that may be available specific to a particular option, List Manager provides generic actions applicable to any List Manager screen. A double question mark (??) may be entered at the “Select Action” prompt for a list of all actions available. The following is a list of generic List Manager actions with a brief description. The synonym for each action is shown in brackets following the action name. Entering the synonym is the quickest way to select an action.

<u>Action</u>	<u>Description</u>
Next Screen [+]	Move to the next screen (may be shown as a default).
Previous Screen [-]	Move to the previous screen.
Up a Line [UP]	Move up one line.
Down a Line [DN]	Move down one line.
Shift View to Right [>]	Move the screen to the right if the screen width is more than 80 characters.
Shift View to Left [<]	Move the screen to the left if the screen width is more than 80 characters.
First Screen [FS]	Move to the first screen.
Last Screen [LS]	Move to the last screen.



<b><u>Action</u></b>	<b><u>Description</u></b>
Go to Page [GO]	Move to any selected page in the list.
Re Display Screen [RD]	Redisplay the current.
Print Screen [PS]	Prints the header and the portion of the list currently displayed.
Print List [PL]	Prints the list of entries currently displayed.
Search List [SL]	Finds selected text in list of entries.
Auto Display (On/Off) [ADPL]	Toggles the menu of actions to be displayed/not displayed automatically.
Quit [QU]	Exits the screen (may be shown as a default).

## **Outpatient Pharmacy Hidden Actions**

The Outpatient Pharmacy hidden actions will display with the previous hidden actions once a completed or finished order is selected and a double question mark (??) is entered at the “Select Action:” prompt.

The following hidden actions appear on the Medication Profile screen and can only be applied to one order at a time.

<b><u>Action</u></b>	<b><u>Description</u></b>
Activity Logs [AL]	Displays the Activity Logs.
Copy [CO]	Allows the user to copy and edit an order.
Check Interactions [CK]	Allows a user to perform order checks against the patient’s active medication profile with or without a prospective drug.
DIN	Displays available drug restriction/guideline information for the Dispense Drug and Orderable Item associated with the selected medication order.
Intervention Menu [IN]	Intervention menu allows the user to enter a new intervention or delete, edit, print, and view an existing intervention.
Hold [HD]	Places an order on a hold status.
Other OP Actions [OTH]	Allows the user to choose from the following sub-actions: <ul style="list-style-type: none"> <li>• Progress Note [PN],</li> <li>• Action Profile [AP],</li> <li>• Print Medication Instructions [MI],</li> <li>• Display Orders' Statuses [DO], or</li> <li>• Non-VA Meds Report [NV].</li> </ul>
Patient Information [PI]	Shows patient information, allergies, adverse reactions, and pending clinic appointments.
Pull Rx [PP]	Action taken to pull prescription(s) early from suspense.
Reprint [RP]	Reprints the label.

<u>Action</u>	<u>Description</u>
View Reject [REJ]	Allows the user to view and resolve the Refill Too Soon or Drug Utilization Review returned by the third party payer for a specific prescription/fill claim.
Unhold [UH]	Removes an order from a hold status.
Verify [VF]	Allows the pharmacist to verify an order a pharmacy technician has entered.

The PSO HIDDEN ACTIONS Protocol in PROTOCOL File (#101) includes two hidden actions, PSO LM BACKDOOR MARK AS TITRATION and PSO LM BACKDOOR TITRATION RX REFILL, which are both added to the PROTOCOL File (#101).

```
***** IMPORTANT *****
The enhancements related to Titration/Maintenance dose Rx are made only
for Outpatient Pharmacy package. The corresponding changes to CPRS package
are not included at this time. Therefore, the CPRS Order Copy and Order
Change functionalities will continue to function as is. Furthermore, there
will be no indication of a Titration/Maintenance order in the CPRS
application.
*****
```

There is also a hidden action, TR (Convert Titration Rx), in the Patient Prescription Processing [PSO LM BACKDOOR TITRATION RX REFILL] option. This action populates the MAINTENANCE DOSE RX (#45.2) field in the PRESCRIPTION File (#52). When a titration to maintenance prescription needs to be refilled so the patient can continue on the Maintenance Dose, this option allows the users to create a new prescription with the maintenance dose only. This process works similar to copying an existing prescription; however, it can only be used on prescriptions with the following characteristics:

- Rx is a complex order with a THEN conjunction
- Rx is released
- Rx status is ACTIVE
- Rx does not have refills previously ordered
- Rx # Of Refills is greater than 0 (zero)

Before the new Maintenance Rx can be accepted, the user is prompted to validate the QTY field for the new Rx, which may or may not be automatically re-calculated. Only the last dose from the original prescription is carried over to the new Maintenance Rx, and the # of Refills field is decreased by 1 because the new Maintenance Rx counts as a fill.

Once a user verifies the information for the Maintenance Rx is accurate, they can accept the Maintenance Rx. This action triggers a Duplicate Drug check against the original complex order, which must be discontinued before the new Maintenance Rx can be accepted. After the new Maintenance Rx is accepted, it will have the new indicator 'm' on the right side of the Rx # in the patient's Medication Profile.

						ISSUE	LAST	REF	DAY
#	RX #	DRUG	QTY	ST	DATE	DATE	FILL	REM	SUP
-----ACTIVE-----									
1	100005436m	AMOXAPINE 50MG TAB	30	S	09-26	09-26	1	30	
2	100005022	AMOXICILLIN 250MG CAP	30	A	08-18	08-18	11	30	
3	100005035	KALETRA	3	A	09-29	09-29	0	3	

## Speed Actions

These Outpatient Pharmacy actions are referred to as “speed actions” and appear on the Medication Profile screen. These actions can be applied to one or more orders at a time.

<b><u>Action</u></b>	<b><u>Description</u></b>
Reprint [RP]	Reprints the label.
Renew [RN]	A continuation of a medication authorized by the provider.
Refill [RF]	A second or subsequent filling authorized by the provider.
Reprint Signature [RS]	Reprints the signature log.
Discontinue [DC]	Status used when an order was made inactive either by a new order or by the request of a physician.
Release [RL]	Action taken at the time the order is filled and ready to be given to the patient.
Pull Rx [PP]	Action taken to pull prescription(s) early from suspense.
Inpat. Profile [IP]	Action taken to view an Inpatient Profile.
CM	Action taken to manually queue to CMOP.
Fill/Rel Date Disply [RDD]	Switch between displaying the FILL DATE column and the LAST RELD column.
Display Remote [DR]	Action taken to display a patient’s remote prescriptions.

## Other Outpatient Pharmacy ListMan Actions

<b><u>Action</u></b>	<b><u>Description</u></b>
Exit [EX]	Exit processing pending orders.
AC	Accept.
BY	Bypass.
DC	Discontinue.
ED	Edit.
FN	Finish.

## Other Screen Actions

<b><u>Action</u></b>	<b><u>Description</u></b>
Edit/Enter Allergy/ADR Data [EA]	Provides access to the Adverse Reaction Tracking package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Adverse Reaction Tracking package documentation for more information on allergy/ADR processing.

Detailed Allergy Display [DA]	Displays a detailed listing of the selected item from the patient's allergy/ADR list. Entry to the Edit Allergy/ADR Data action is provided with this list also.
Patient Record Update [PU]	Allows editing of patient data such as SSN, birth date, address, phone, and outpatient narrative. Patient data can also be updated using the <i>Update Patient Record</i> menu option. If implementing Other Language Modifications, either can be used to set a patient's other language preference.
New Order [NO]	Allows new orders to be entered for the patient.
Exit Patient List [EX]	Exit patient's Patient Information screen so that a new patient can be selected.

# Chapter 3: Using the Outpatient Pharmacy Manager Menu

---

This manual describes options available on the *Outpatient Pharmacy Manager* menu. This menu should be assigned to supervisors, package coordinators, and members of the Automated Data Processing (ADP)/Information Resources Management Service (IRMS) staff.

## Example: Accessing the *Outpatient Pharmacy Manager* menu

```
Select OPTION NAME: PSO MANAGER      Outpatient Pharmacy Manager
Outpatient Pharmacy software - Version 7.0
```

The following options are available on the *Outpatient Pharmacy Manager* menu.

- *Archiving...*
- *Autocancel Rx's on Admission*
- *Bingo Board...*
- *Change Label Printer*
- *Check Drug Interaction*
- *Clozapine Pharmacy Manager...*
- *Copay Menu...*
- *DUE Supervisor...*
- *Enter/Edit Clinic Sort Groups*
- *External Interface Menu...*
- *Label/Profile Monitor Reprint*
- *Maintenance (Outpatient Pharmacy)...*
- *Medication Profile*
- *Output Reports...*
- *Pharmacy Intervention Menu...*
- *Process Drug/Drug Interactions*
- *Release Medication*
- *Return Medication to Stock*
- *Rx (Prescriptions)...*
- *ScripTalk Main Menu...*
- *Supervisor Functions...*
- *Suspense Functions...*
- *Update Patient Record*
- *Verification...*

## Patient Lookup

The ability to look up a patient by prescription number or wand a barcode with the prescription has been added to the patient lookup prompt on the following options.

- *Patient Prescription Processing* [PSO LM BACKDOOR ORDERS]
- *Medication Profile* [PSO P]
- *Rx (Prescriptions)* [PSO RX]
- *Update Patient Record* [PSO PAT]

- *Manual Print of Multi-Rx Forms* [PSO LM MULTI-RX PRINT]
- *ScripTalk Patient Enter/Edit* [PSO SCRIPTALK PATIENT ENROLL]
- *Patient Address Changes Report* [PSO ADDRESS CHANGE REPORT]
- *List Prescriptions Not Mailed* [PSO BAI NOT MAILED]
- *Non-VA Meds Usage Report* [PSO NON-VA MEDS USAGE REPORT]
- *Enter New Patient* [PSO BINGO NEW PATIENT]
- *Action Profile (132 COLUMN PRINTOUT)* [PSO ACTION PROFILE]
- *Poly Pharmacy Report* [PSOPOLY]

The help text for patient lookup reads as follows.

```
Enter the prescription number prefixed by a # (ex. #XXXXXXX) or
Wand the barcode of the prescription. The format of the barcode is
NNN-NNNNNNN where the first 3 digits are your station number.
- OR -
Enter the universal Member ID number from the patient's VHIC Card
or wand the barcode of the VHIC card
- OR -
Answer with PATIENT NAME, or SOCIAL SECURITY NUMBER, or last 4 digits
of SOCIAL SECURITY NUMBER, or first initial of last name with last 4
digits of SOCIAL SECURITY NUMBER
Do you want the entire NNNNNNNN-Entry PATIENT List?
```

## Chapter 4: Using the Archive Menu Option

---

This chapter describes the options on the *Archiving* menu.



This menu is locked with the PSOA PURGE key. The PSOA PURGE key should be assigned to all persons responsible for performing these functions.

### Archiving [PSO ARCHIVE]

The *Archiving* menu is used to build a data warehouse and manage resources by saving prescription data to external storage devices like tape, disk, or CD-ROM and then purging old prescriptions, typically those that have expired more than a year ago.

There are eight options on the *Archiving* menu:

- *Find*
- *Save to Tape*
- *Tape Retrieval*
- *Archive to File*
- *File Retrieval*
- *Purge \*\*> Out of order: Unavailable*
- *List One Patient's Archived Rx's*
- *Print Archived Prescriptions*

### Find [PSO ARCHIVE FIND]

This option identifies prescriptions that have expired or have been canceled before the selected date; the default date given to the user is 360 days ago. As the *Find* option runs, it prints a dot on the screen for each prescription identified.

### Save to Tape [PSO ARCHIVE TAPE SAVE]

The *Save to Tape* option records all information about the archived prescriptions gathered by the *Find* option to magnetic tape. The tape must be opened for variable length records. The first part of the tape holds an index that lists alphabetically all patients for whom prescriptions are recorded on the tape and, for each patient, a list of his or her prescriptions.

### Tape Retrieval [PSO ARCHIVE TAPE RETRIEVE]

The *Tape Retrieval* option reads information from the tape and prints a summary of all prescriptions for the selected patient. This printed copy should be directed to a printer with 132-column width. Because the retrieval option reads the index first to find the patient, the tape must be rewound before each retrieval. It should be emphasized that this retrieval simply prints the information about the prescriptions. It does not restore this information to the on-line database.

## Archive to File

### [PSO ARCHIVE FILE SAVE]

The *Archive to File* option records all information about the archived prescriptions gathered by the *Find* option to a Host File Server (HFS) file. The first part of the file holds an index that alphabetically lists all patients for whom prescriptions are recorded and, for each patient, a list of his or her prescriptions. With the proper file name convention (e.g., ARC0797.TMP, ARC0897.TMP, etc.). These files can be grouped and stored on any medium on the operating system for long-term storage. Subsequently, the file can be deleted from the system, in effect producing a manageable data warehouse and freeing up system resources.



Any file name may be chosen for the archiving file. However, it is suggested that a naming convention be used to group the files for easier retrieval

#### Example: Archive to File

```
Select Outpatient Pharmacy Manager Option: ARCHiving
Select Archiving Option: ARCHIve to File

13 Rx'S will be archived. Ok to continue Y/N? NO// YES YES
Do you want a hardcopy of your archived prescriptions? NO// <Enter>

Host File Server Device: [Select Host File Server Device]
HOST FILE NAME: [Enter the unique name for the file.]

Recording information.....
Select Archiving Option:
```

## File Retrieval

### [PSO ARCHIVE FILE RETRIEVE]

This option reads information from the HFS file and prints a summary of all prescriptions for the selected patient. This printed copy should be directed to a printer with 132-column width. It should be emphasized that the file must be copied from the long-term storage medium back onto the system and that this retrieval simply prints the information about the prescriptions. It does not restore this information to the on-line database.

#### Example: File Retrieval

```
Select Archiving Option: FILE Retrieval

Host File Server Device: [Select Host File Server Device]
HOST FILE NAME: [Enter the unique name for the file.]

Output Device: [Select Print Device]

Do you want to print the file index? YES
```



```

&^NEW
OPPATIENT10,ONE%000987654^4541C,5107A,
OPPATIENT6,ONE%000135790^5269A,
OPPATIENT16,ONE%000246802^4713,
OPPATIENT17,ONE%000123456^628,629,630,631,981B,
OPPATIENT2,ONE%000234567^4778,
OPPATIENT29,ONE%000876543^916A,
OPPATIENT31,ONE%000357901^4631,
OPPATIENT11,ONE%000468024^450,
!

Enter Patient Name : OPPATIENT17,ONE 01-01-09      000123456      NO      NSC VETERAN

THE FOLLOWING SCRIPTS WERE ARCHIVED FOR :

OPPATIENT17,ONE (000123456) - 628,629,630,631,981B,

OPPATIENT17,ONE                                ID#: 000123456      ELIG:

456 STREET                                DOB: 08-30-1948      PHONE: 5556789
CARBON HILL
ALABAMA 32423
CANNOT USE SAFETY CAPS.
DISABILITIES:

REACTIONS: UNKNOWN

                                RX RETRIEVAL FOR OPPATIENT17,ONE                                07/17/07
PAGE 1

Rx: 628  DRUG: ACETAMINOPHEN W/CODEINE 15MG TAB                                TRADE NAME: QTY: 90      30
DAY SUPPLY
      SIG: T1 TAB 23D PRN
      LATEST: JUN 8,2007                                # OF REFILLS: 5  REMAINING: 5      PROVIDER:
OPPROVIDER30,TWO
      ISSUED: JUN 8,2007                                CLINIC: DR. ALBANY      DIVISION: GENERAL
HOSPITAL
      LOGGED: JUN 8,2007                                ROUTING: Window      CLERK CODE:
OPCLERK2,FOUR
      EXPIRES:                                CAP: NON-SAFETY      STATUS: Active
      FILLED: JUN 8,2007  PHARMACIST:                                VERIFYING PHARMACIST:  LOT #:
      NEXT: JUN 8,2007                                COPAY TYPE: PSO NSC RX COPAY NEWCOPAY
TRANSACTION #:
      REMARKS: New Order Created due to the editing of Rx # 479

                                RX RETRIEVAL FOR OPPATIENT17,ONE                                07/17/07
PAGE 2

Rx: 629  DRUG: ACETAMINOPHEN W/CODEINE 15MG TAB                                TRADE NAME: QTY: 90
30 DAY SUPPLY
      SIG: T1 TAB 23D PRN
      LATEST: JUN 8,2007                                # OF REFILLS: 5  REMAINING: 5      PROVIDER:
OPPROVIDER30,TWO
      ISSUED: JUN 8,2007                                CLINIC: DR. ALBANY      DIVISION: GENERAL
HOSPITAL
      LOGGED: JUN 8,2007                                ROUTING: Window      CLERK CODE:
OPCLERK2,FOUR
      EXPIRES:                                CAP: NON-SAFETY      STATUS: Active
      FILLED: JUN 8,2007  PHARMACIST:                                VERIFYING PHARMACIST:  LOT #:
      NEXT: JUN 8,2007                                COPAY TYPE: PSO NSC RX COPAY NEWCOPAY
TRANSACTION #:
      REMARKS: New Order Created due to the editing of Rx # 479

```

LABEL	LOG			
#	DATE	REFERENCE	PRINTED BY	COMMENT
1	JUN 8, 2007	ORIGINAL	OPCLERK2, FOUR	From RX number 629

[This report has been abbreviated to save space.]

## Purge \*Temporarily Out of Order\*

### [PSO ARCHIVE PURGE]



**Note:** This option is inactivated until further notice.

When active, this option deletes all archived prescriptions from the PRESCRIPTION file. On platforms other than PCs, the journaling of the prescription global should be disabled before running this option and then enabled again after the purge is completed.

## List One Patient's Archived Rx's

### [PSO ARCHIVE LIST RX'S]

This option displays the basic patient statistics and the prescription numbers and dates of archiving for all archived prescriptions for the selected patient.

```
Select Archiving Option: LIST One Patient's Archived Rx's

Show archived prescriptions for:   OPPATIENT,TEN   OPPATIENT,TEN   YES   SC
VETERAN

DEVICE: HOME//  <Enter> GENERIC INCOMING TELNET

OPPATIENT,TEN           ID#:   000-12-3499
4 ABBEY LANE            DOB:   04-04-1944
LIVERPOOL              PHONE: 555-5678
NEW YORK 12202         ELIG: EMPLOYEE

ARCHIVED: 09/10/06 - 100001174,
           01/06/07 - 100001229,100001232,

Please press RETURN to continue
```

## Print Archived Prescriptions

### [PSOARINDEX]

This option allows the user to print a list of archived prescriptions from the PHARMACY ARCHIVE file.

## Chapter 5: Autocanceling

---

This chapter describes the option for canceling prescriptions for patient who are admitted as inpatients.

### Autocancel Rx's on Admission [PSO AUTOCANCEL1]

Using the *Autocancel Rx's on Admission* option, a job can be tasked every night to cancel the outpatient prescriptions of patients who were admitted three (3) days previous. Enter the desired time to queue the job to run. The time set for the job to run can also be edited with this option. The job should be set to run at a time between 5:30 p.m. and 11:30 p.m. (or as convenient for the site).

```
Select Outpatient Pharmacy Manager Option: Autocancel Rx's on Admission

                                Edit Option Schedule
Option Name: PSO AUTOCANCEL
Menu Text: Autocancel on Admission                                TASK ID: 1090241
-----

QUEUED TO RUN AT WHAT TIME: JUN 27,2007@12:02

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

    RESCHEDULING FREQUENCY: 1D

        TASK PARAMETERS:

            SPECIAL QUEUEING:

-----

s      SAVE
n      NEXT PAGE
r      REFRESH

COMMAND:                                Press <PF1>H for help    Insert
```

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## Chapter 6: Using the Bingo Board Menu

---

This chapter describes the options available on the *Bingo Board* menu.

### Bingo Board

#### [PSO BINGO BOARD]

Pharmacy management uses the *Bingo Board* menu to control the bingo board functions. The bingo board notifies a patient that the prescription has been filled. This is accomplished by displaying the patient's name or a number on monitors located in the pharmacy and non-pharmacy (i.e., cafeteria) waiting areas.

The first prompts upon entering Outpatient Pharmacy are to enter the division and label printer. If more than one group has been defined, a prompt to enter a display group will appear. If only one group is defined, it is automatically selected and no prompt appears. If no display group is defined, it is assumed that the site is not set up to run bingo board.

The following options are available on the *Bingo Board* menu:

- *BM*      *Bingo Board Manager*
- *BU*      *Bingo Board User*

### Bingo Board Manager (BM)

#### [PSO BINGO MANAGER]

The necessary options to set up the bingo board can be accessed through the *Bingo Board Manager* menu. Before data entry can begin, the division must be defined when entering the software package. Divisions are manager defined, but should be consistent with local policies in order to keep the statistical data relevant. At least one division must be defined.

After the division has been defined, the display parameters must be defined through the *Enter/Edit Display* option. The display group is a uniquely defined location where the patient data will be displayed. As with the division parameter, at least one display group must be defined.

Names now display differently on the bingo board. Names and ticket numbers can be displayed alphabetically in one column, and new names to the board will appear in reverse video for a user-defined amount of time. The user enters the time when creating a display group and it is stored in the GROUP DISPLAY file.



IRMS must set up a dedicated device to be used for the bingo board. Only devices with the sub-type C-VT can be entered at the "DISPLAY DEVICE" prompt. A DEC VT-220 with a coaxial output connected to a cable ready TV monitor is all that is needed on the hardware side.

The following options are available on the *Bingo Board Manager* menu:

- *Enter/Edit Display*
- *Auto-Start Enter/Edit*
- *Print Bingo Board Statistics*
- *Print Bingo Board Wait Time*
- *Purge Bingo Board Data*
- *Start Bingo Board Display*
- *Stop Bingo Board Display*

## Enter/Edit Display

### [PSO BINGO ENTER/EDIT DISPLAY]

This option allows locations where the patient data will be displayed to be defined uniquely. Either a new display group name or the name of an existing group to edit or delete can be entered.

If the name is chosen at the “NAME/TICKET” prompt, the “TICKET #” prompt will not appear when a new patient is entered in the *Enter New Patient* option.

The display cannot be changed from name to ticket when patients are already in the Group Display. All patients must be purged using the *Purge Bingo Board Data* option for that Group Display. After the data is purged, the NAME/TICKET field must be edited using this option. Then the patient can be re-entered and ticket numbers assigned.

#### Example: Enter/Edit Display

```
Select Bingo Board Manager Option: Enter/Edit Display

Select GROUP DISPLAY NAME: MAIN
  Are you adding 'MAIN' as a new GROUP DISPLAY (the 3RD)? Y (Yes)

NAME: MAIN// <Enter> [The name of the Display Group.]
NAME/TICKET: NAME NAME [Select either Name or Ticket # to display.]
MESSAGE:
  1>WEST CLINIC VAMC
  2>[This is a free text field. The message will appear on the screen for the users to view.]
EDIT Option: <Enter>
TWO COLUMN DISPLAY: Y YES [Display names/ticket #'s in one or two column.]
DISPLAY WAIT TIME: Y YES [Average display waiting time.]
NORMAL WAIT TIME: 10 [Normal wait time (in minutes) is entered by the site.]
DISPLAY SETUP HELP TEXT: Y YES

In order to automatically start and stop the bingo board monitor,
a dedicated device must be setup by your IRM Service

Once a dedicated device is setup, the bingo board can be scheduled
to automatically start and/or stop at user-defined times.

Enter 'NO' at the DISPLAY SETUP HELP TEXT prompt not to display this help text.

DISPLAY DEVICE: ? [Device dedicated by IRMS for bingo board setup.]
  Only devices with Sub-type starting with "C-VT" are allowed.
  Answer with DEVICE NAME, or LOCAL SYNONYM, or $I, or VOLUME SET(CPU), or SIGN-ON/SYSTEM
  DEVICE, or FORM CURRENTLY MOUNTED
DISPLAY DEVICE: [Select print device.]
AUTO-START DISPLAY DEVICE: Y YES [Sets the display group to start automatically.]
Do you want to initialize auto-start now? NO// Y YES
Enter Start Time: ?
```

```
Enter time as HH:MM in 12 hour format (For example, '8:00' or '8:00AM').
```

```
Enter Start Time: 9:30am [Start time for the display group.]
```

```
Enter Stop Time: 4:00pm [Stop time for the display group.]
```



A time that is at least two minutes in the future must be entered at the “QUEUED TO RUN AT WHAT TIME” prompt.

The software will convert it to today's date with the time entered. For example, to queue it to run later today and the current time is 8:00 a.m., a time like 9:30 a.m. can be entered. It will default to today's date. To queue for tomorrow, enter a time like **T+1@00:00am/pm**. For example, to queue it for 8:30 a.m. and the current time is 3:00 p.m., **T+1(or tomorrow's date)@8:30am** must be entered.



If the local Outpatient Pharmacy only runs Monday-Friday, enter **D@00:00am/pm** (with D representing "Days of the Week") at the “RESCHEDULING FREQUENCY” prompt. For example, to queue it to run at 7:45 a.m. Monday through Friday, enter **D@7:45am**.

## Auto-Start Enter/Edit [PSO BINGO INITIALIZE]

This option is used to change the start and stop times of the display groups that have been set up to automatically start and/or stop each day. The scheduling time and frequency can also be changed using this option.

### Example: Auto-Start Enter/Edit

```
Select Bingo Board Manager Option: Auto-Start Enter/Edit

You want to edit Display Group(s) Start/Stop times? NO// Y YES
Select GROUP DISPLAY NAME: MAIN
Enter Start Time: 3:00AM// <Enter>
Enter Stop Time: 4:00PM// <Enter>

Select GROUP DISPLAY NAME:
```

See the *Enter/Edit Display* option for an example of the auto-start screen.

## Print Bingo Board Statistics [PSO BINGO REPORT PRINT]

With this option, a report can be generated covering a date range that can be sorted by single division or all divisions. Date ranges in the future are not allowed. The start date must be a date that precedes the end date.

The Bingo Board Report includes totals on number of patients, waiting time, and average waiting time.

```
Select Bingo Board Manager Option: Print
  1 Print Bingo Board Statistics
  2 Print Bingo Board Wait Time
CHOOSE 1-2: 1 Print Bingo Board Statistics

Start Date: 060907 (JUN 09, 2007)
```

Ending Date: 070907 (JUL 09, 2007)

Report all Divisions? N// Y YES

DEVICE: HOME// [Select print device.]

No data found for TROY division for this date range

No data found for ALBANY division for this date range

No data found for JAN division for this date range

No data found for VAL division for this date range

B I N G O B O A R D R E P O R T JUL 09, 2007  
REPORT PERIOD: JUN 09, 2007 through JUL 09, 2007

DIVISION: All Divisions		DATE:	
		(Time In Minutes)	
TIME PERIOD	# PATIENTS SERVED	TOT WAIT TIME	AVG WAIT TIME
Total	0	0.00	

## Print Bingo Board Wait Time [PSO BINGO REPORT WAIT TIME]

This option allows a report to be printed that sorts the entries in the PATIENT NOTIFICATION (Rx READY) file by Display Group, then Wait Time. This report can be used to keep track of the bingo board activity for a given day. To keep a permanent record of this activity, this report can be printed each day, preferably at the end of the day. The following are definitions of the items found on this report.

Field	Description
Name	The name of the patient. For a patient with multiple entries, his/her name is printed only once.
Time In	The time that the patient's name was entered in the computer.
Time Out	The time that the patient's name was entered on the bingo board monitor.
Rx#	The prescription number.
Wait Time	The amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each.
Display	The Display Group that the entries were entered under. Multiple site hospitals may have multiple display groups set up to coincide with each site.
Total	A summation of all the Wait Times in the PATIENT NOTIFICATION (Rx READY) file. It includes the wait time of the patients with multiple entries. For example, if it took 3 minutes to fill each of the three prescriptions for OPPATIENT23,ONE, the Total function sums up the Wait Time as though it took 9 minutes.
Count	The number of Wait Time entries. It counts the number of wait time entries for each prescription, not each patient.
Mean	The average or middle value of the Wait Time range of values.



Field	Description
Minimum	The least Wait Time value in the range.
Maximum	The greatest Wait Time value in the range.
Dev. (Deviation)	A relative number that signifies the overall departure from the average.

If this report is not printed each day, data may be lost because many sites purge the PATIENT NOTIFICATION (Rx READY) file each morning.

### Example: Print Bingo Board Wait Time

Select Bingo Board Option: **BM** Bingo Board Manager

#### BINGO BOARD CONTROL PANEL

Select Bingo Board Manager Option: **PRINT**

1 Print Bingo Board Statistics

2 Print Bingo Board Wait Time

CHOOSE 1-2: **2** Print Bingo Board Wait Time

DEVICE: **[Select Print Device]**

*( report follows )*

```

BINGO BOARD WAIT TIME PRINTOUT          MAY 21,2007  15:34      PAGE 1
NAME                                     TIME      TIME      Rx#      WAIT
                                     IN        OUT
-----
      DISPLAY: WAITING ROOM
OPPATIENT30,ONE      1503      1504      2004342      1
                                     1503      1504      2004343      1
                                     1503      1504      2004345      1
                                     1509      1512      2004346      3
OPPATIENT14,ONE      1509      1512      2004350      3
                                     1509      1512      2004354      3
OPPATIENT23,ONE      1509      1512      2002744      3
                                     1509      1512      2006376      3
                                     1509      1512      2006377      3
OPPATIENT19,ONE      1524      1527      2002403      3
                                     1524      1527      2006034      3
OPPATIENT26,ONE      1524      1527      2002365      3
                                     1524      1527      2002573      3
                                     -----
TOTAL                                     33
COUNT                                  13
MEAN                                    3
MINIMUM                                 1
MAXIMUM                                 3
DEV.                                    1

```

### Purge Bingo Board Data [PSO BINGO PURGE]

With this option all entries can be deleted from the PATIENT NOTIFICATION (Rx READY) file.



It is recommended that data be purged each day. However, if data is not purged, it will not affect the accuracy of the bingo board statistics.

If this option is used before the end of the workday, all data will be lost except the statistical data on those prescriptions already picked up.

## **Start Bingo Board Display**

### **[PSO BINGO START]**

The *Start Bingo Board Display* option has been changed so that the bingo board can be started without tying up a terminal or requiring the user who starts it to have multiple sign-on capability. A site parameter has been added to indicate whether a dedicated device has been reserved. If so, the user is prompted to enter the device name. If a dedicated device is set up, the user is able to automatically start or stop the board via TaskMan. The user is also prompted for a Display Group that is saved as a site parameter. This option requires working with local IRMS to complete its setup.

Use this option to start the bingo board display. If there are no prescription entries yet, the message typed in the GROUP DISPLAY will cycle. When the entries begin, the message will be displayed and held for a period of time, then pages of numbers or names will be displayed until all the names have been shown. Then the cycle starts over.



The terminal that executes the option may or may not be the display terminal.

## **Stop Bingo Board Display**

### **[PSO BINGO STOP]**

This option is used to stop the bingo board display. The bingo board can be stopped and started as often as desired. It must be stopped if any changes are made to the display group currently being used. This option can be accessed from any terminal.



When the display is stopped and “Yes” entered at the purge prompt, a second prompt displays and allows either all of the display groups or a specific display group to be selected for purging.

## **Bingo Board User (BU)**

### **[PSO BINGO USER]**

The *Bingo Board User* menu enables use of the bingo board display. The options on this menu allow a patient’s name or a number to be displayed, entered, or removed from the bingo board display located in the pharmacy area.

When the routing for an order is set to “Window”, the entering of prescription orders stores information in the bingo board PATIENT NOTIFICATION (Rx READY) file. For new, renew, pull early from suspense, refill orders, barcode refill/renew, and finish process for orders entered via CPRS, the date and time is captured when the order is stored in this file. The same occurs for partials, except the time is captured when a prescription number is entered.

Releasing the prescription places the name or ticket number of the patient on the bingo board monitor if a display group exists and stores data in the WAITING TIME file. The options on this menu are used to manually enter, display, or remove a patient’s name or number from the monitor.

The following options are available on the *Bingo Board User* menu:

- *Enter New Patient*
- *Display Patient's Name on Monitor*
- *Remove Patient's Name from Monitor*
- *Status of Patient's Order*

## **Enter New Patient**

### **[PSO BINGO NEW PATIENT]**

Use this option to enter the name of a new patient manually on the bingo board. Each prescription number for the patient's order must also be entered.

A "Ticket #" prompt displays if ticket number was chosen as the method of display in the *Enter/Edit Display* option on the *Bingo Board Manager* menu. The ticket number will be entered first, and at the next prompt each of the prescription numbers for that patient will be entered.

## **Display Patient's Name on Monitor**

### **[PSO BINGO DISPLAY PATIENT]**

Use this option to begin displaying the name or number of a patient whose prescription is ready. The message, "PRESCRIPTIONS ARE READY FOR:" appears as fixed text on the display screen. This option displays the following reminder for ECME billable prescriptions:

\*\*\*\* This Pharmacy Rx requires a patient signature! \*\*\*\*

## **Remove Patient's Name from Monitor**

### **[PSO BINGO DELETE PATIENT]**

After the patient picks up the prescription, the name or ticket number can be removed from the display either manually or through the barcode reader. This option displays the following reminder for ECME billable prescriptions: "\*\*\*\* This ePharmacy Rx requires a patient signature! \*\*\*\*"



It is recommended that a patient's name be removed from the monitor as soon as the prescription is picked up.

## **Status of Patient's Order**

### **[PSO BINGO STATUS]**

This option enables checking of the number of prescriptions a patient has ready, the division, time in/time out, and the prescription number(s). There are four possible statuses:

Status	Description
Pending	Active order input via CPRS that is in the PENDING OUTPATIENT ORDERS file.
Being Processed	Order that is in the PATIENT NOTIFICATION (Rx READY) file, but not displayed.

Status	Description
Ready For Pickup	Order that is in the PATIENT NOTIFICATION (Rx READY) file and is being displayed.
Picked Up	Order that has been picked up.

#### Example: Status of Patient's Order

```

Select Bingo Board User Option: Status of Patient's Order

Enter Patient Name: OPPATIENT17,ONE      08-30-48      000123456      NO      NSC VETERAN

      OPPATIENT17,ONE has the following orders for 10/31/06

Being Processed: ***Entered on OCT 31, 2006***
      Division: GENERAL HOSPITAL      Time In: 10:27      Time Out:
      Rx #: 500416,

Pending:
      Orderable Item: ACETAMINOPHEN      Provider: OPPROVIDER24,TWO
      Entered By: OPPHARMACIST28,THREE      Time In: 10/31/06@06:46
      Drug: ACETAMINOPHEN 325MG TAB UD      Routing: MAIL

Ready For Pickup:
      Division: GENERAL HOSPITAL      Time In: 10:36      Time Out: 10:46
      Rx #: 1022731,

Enter Patient Name:

```

## Chapter 7: Changing the Label Printer

---

This chapter describes the *Change Label Printer* option.

### Change Label Printer [PSO CHANGE PRINTER]

This option allows the user to change the printer to which labels are printed.

```
Select Outpatient Pharmacy Manager Option: Change Label Printer
Select LABEL PRINTER: LABELPRT2// <Enter> LABELPRT2
OK to assume label alignment is correct? YES//<Enter>
```

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## Chapter 8: Check Drug Interaction

This chapter describes the *Check Drug Interaction* option shown on the Outpatient Pharmacy Manager [PSO MANAGER] menu and the Pharmacist Menu [PSO USER1].

### Check Drug Interaction [PSO CHECK DRUG INTERACTION]

This option allows a user to check drug interactions between two or more drugs.

```
Select Outpatient Pharmacy Manager Option: CHECK Drug Interaction
Drug 1:    WARFARIN 2MG TABS          BL110
          ...OK? Yes//  (Yes)

Drug 2: SIMVASTATIN 40MG TAB
          Lookup: GENERIC NAME
SIMVASTATIN 40MG TAB          CV350
          ...OK? Yes//  (Yes)

Drug 3:

Now Processing Enhanced Order Checks!  Please wait...

*** DRUG INTERACTION(S) ***
=====
***Significant*** Drug Interaction with
SIMVASTATIN 40MG TAB and
WARFARIN 2MG TABS

CLINICAL EFFECTS:  Increase hypoprothrombinemic effects of warfarin.

=====
Press Return to Continue...:

Display Professional Interaction monograph? N// YES

DEVICE: HOME//    SSH VIRTUAL TERMINAL    Right Margin: 80//

-----
Professional Monograph
Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS
  This information is generalized and not intended as specific medical
  advice. Consult your healthcare professional before taking or
  discontinuing any drug or commencing any course of treatment.

  MONOGRAPH TITLE:  Selected Anticoagulants/Selected HMG-CoA Reductase
  Inhibitors

  SEVERITY LEVEL:  3-Moderate Interaction: Assess the risk to the
  patient and take action as needed.

  MECHANISM OF ACTION:  The exact mechanism of this interaction is
  unknown. The HMG-CoA reductase inhibitor may inhibit the hepatic
  hydroxylation of warfarin. The HMG-CoA reductase inhibitors, which
  are highly plasma protein bound, may displace warfarin from its
  binding site.

Press Return to Continue or "^" to Exit:

Professional Monograph
Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS
```

CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Patients should be monitored for changes in prothrombin time when a HMG Co-A reductase inhibitor is added to or discontinued from warfarin therapy, or if the dosage of the HMG Co-A reductase inhibitor is adjusted.

DISCUSSION: Case reports in the medical literature and to the manufacturer have documented an interaction between lovastatin and warfarin. A case report has documented an interaction between pravastatin and fluindione (an orally administered indanedione anticoagulant), suggesting that pravastatin could also interact similarly with warfarin. Information concerning a potential interaction with simvastatin is conflicting. A case report has documented an interaction between simvastatin and acenocoumarol while another case report showed no interaction with warfarin. One group of authors reported three case reports of increased international normalized ratios (INRs) following the addition of fluvastatin to warfarin therapy. The addition of rosuvastatin to patients stabilized on warfarin resulted in clinically significant changes in INR.

Press Return to Continue or "^" to Exit:

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS

REFERENCES:

- 1.Ahmad S. Lovastatin. Warfarin interaction. Arch Intern Med 1990 Nov; 150(11):2407.
- 2.Hoffman HS. The interaction of lovastatin and warfarin. Conn Med 1992 Feb; 56(2):107.
- 3.Iliadis EA, Konwinski MF. Lovastatin during warfarin therapy resulting in bleeding. Pa Med 1995 Dec;98(12):31.
- 4.Personal communication. Merck & Co., Inc. 1991.
- 5.Trenque T, Choisy H, Germain ML. Pravastatin: interaction with oral anticoagulant?. BMJ 1996 Apr 6;312(7035):886.
- 6.Grau E, Perella M, Pastor E. Simvastatin-oral anticoagulant interaction. Lancet 1996 Feb 10;347(8998):405-6.
- 7.Gaw A, Wosornu D. Simvastatin during warfarin therapy in hyperlipoproteinaemia. Lancet 1992 Oct 17;340(8825):979-80.
- 8.Trilli LE, Kelley CL, Aspinall SL, Kroner BA. Potential interaction between warfarin and fluvastatin. Ann Pharmacother 1996 Dec; 30(12):1399-402.

Press Return to Continue or "^" to Exit:

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 2MG TABS

- 9.Crestor (rosuvastatin calcium) US prescribing information. AstraZeneca Pharmaceuticals LP February, 2012.

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Enter RETURN to continue or '^' to exit:

Display Professional Interaction monograph? N// O




## Chapter 9: Controlling the Dispensing of Clozapine

---

This chapter describes the options available through Outpatient Pharmacy for dispensing Clozapine.

### Clozapine Pharmacy Manager [PSOL MANAGER]

 This option requires a security key, PSOLOCKCLOZ.

Use this menu to control the dispensing of Clozapine. The following options are available on this menu:

- *Display Lab Tests and Results*
- *Edit Data for a Patient in the Clozapine Program*
- *List of Override Prescriptions*
- *Register Clozapine Patient*

The manufacturer requires this dispensing information for Clozapine patients. All members of the Clozapine treatment team must be entered as users on the local system and must be given this key. All pharmacists who have the ability to override the lockouts in this option must also hold the key. These pharmacists should be identified by the pharmacy service representative of the Clozapine treatment team.

The following step must be taken before a prescription for Clozapine can be entered. If this information is missing, Clozapine prescriptions cannot be entered.

Any physician writing a prescription for Clozapine must have a DEA number or VA number entered in the NEW PERSON file. These can be added through the *Add New Providers* option on the *Supervisor's* menu. This must be done before the prescription is entered. The DEA or VA number cannot be entered during the new prescription entry process. With the release of YS\*5.01\*90, providers must also hold the YSCL AUTHORIZED security key.

When an order is placed, the system checks for the provider's DEA number or VA number first. If the provider does not have either, the following warning displays:

Provider must have a DEA# or VA#" to write prescriptions for clozapine

If the provider has either the DEA number or the VA number, then the software checks for the assignment of the YSCL AUTHORIZED key. If the provider has a DEA or VA number, but does not hold the YSCL AUTHORIZED key, the following warning displays:

Provider must hold YSCL AUTHORIZED key to write prescriptions for clozapine

Prescriptions for Clozapine are for 7-day, 14-day, or 28-day supply and allow zero to three refills, depending on patient-defined criteria. For a Clozapine prescription, the total daily dose must be entered. If the prescription is for pills to be taken at intervals, enter a number equal to the pill strength times the number of pills per day. If the prescription is for a dose pack, enter the daily dose specified by the dose pack. This entry should be between 12.5 and 900, in increments of 12.5 mg/day. If it is not, a prompt will display asking for the dosage to be confirmed.

## **Display Lab Tests and Results**

### **[PSOLAB LIST]**

With this option, lab test results for patients receiving Clozapine can be displayed and monitored. This option should be assigned to all appropriate pharmacists. Monitoring lab test results is required by the Circular 10-90-059 regarding patient management protocol for the use of Clozapine, and should be run as specified in the circular. Date ranges for prescription fills should be 7, 14, or 28 days and ranges for lab tests should be at least 30 days.

## **Edit Data for a Patient in the Clozapine Program**

### **[PSOL EDIT]**

Use this option to edit data for a patient who has already been enrolled in the Clozapine treatment program. It is typically used to re-register a patient whose treatment has been discontinued and who has rejoined the program.



Local users cannot edit Patient Status within the Clozapine module.

There are two statuses, Pre-Treatment and Active Treatment, that can be selected. Two other statuses, Treatment on Hold and Discontinued, are set by the background job and require the patient to be re-registered.

The Pre-Treatment status is for a registered patient, but who has never received a prescription. If after four weeks (28 days prior to the start date listed for the data collection) the patient does not receive a prescription, the patient status is changed to Discontinued by the background job and the patient must be re-registered.

Patch YS\*5.01\*90 allows for a monthly prescription as well as weekly and bi-weekly. The Active status is for a patient that has had a prescription within the last 7, 14, or 28 days. If the most recent prescription is over 56 days old, the patient status is now automatically discontinued and the patient must be re-registered.



Sex, race, and ZIP Code should be registered for each patient through Medical Administration Service (MAS)/Business Management Office.

## **List of Override Prescriptions**

### **[PSOLIST OVERRIDES]**

As described in Circular 10-90-059, a list of the Clozapine prescriptions entered can be generated by overriding the lockout. This option should be assigned to appropriate pharmacists and should be run weekly.

## Register Clozapine Patient [PSOL REGISTER PATIENT]

This option is used to register patients authorized to receive Clozapine by VHA's National Clozapine Coordinating Center (NCCC). Data required by manufacturers of the drug Clozapine is entered into the PHARMACY PATIENT file through this option. Patients registered in this program must have a ZIP code, date of birth, race, and sex entered in the PATIENT file.

## Messages for Clozapine Drug Selection

When the Clozapine drug has been selected, the following messages are introduced for dispensing Clozapine according to the scenarios shown in the examples below.



All messages are processed through communication with the Mental Health patch YS\*5.01\*90.



The "NEUTROPHIL MATURITY, MEAN (ANC) results" verbiage shown in these examples is for illustration only. This can vary, depending on the site definition for ANC calculation.

### Example 1: Patient not registered (or not eligible) in the Clozapine program

```
Now doing drug interaction and allergy checks. Please wait...

Permission to dispense clozapine has been denied. Please contact the
Director of the VA National Clozapine Coordinating Center
(Phone: 214-857-0068 Fax: 214-857-0339).
```

### Example 2: Patient discontinued from the Clozapine program

```
Now doing drug interaction and allergy checks. Please wait...

*** This patient has been discontinued from the clozapine treatment program ***
*** and must have a new registration number assigned ***

Permission to dispense clozapine has been denied. Please contact the
Director of the VA National Clozapine Coordinating Center
(Phone: 214-857-0068 Fax: 214-857-0339).
```

### Example 3: Clozapine Patient with no LAB work in the past 7 days or if labs are available which have not been entered in VistA, the site will receive the following warning

```
Now doing drug interaction and allergy checks. Please wait...

Permission to dispense clozapine has been denied. If the results of the latest
Lab Test drawn in the past 7 days show WBC>3000/mm3 and ANC>1500/mm3 and
you wish to dispense outside the FDA and VA protocol WBC/ANC limits, document
your request to Director of the VA National Clozapine Coordinating Center
(Phone: 214-857-0068 Fax: 214-857-0339) for a one-time override permission.

A CBC/Differential including WBC and ANC Must Be Ordered and Monitored on a
Twice weekly basis until the WBC STABILIZES above 3500/mm3 and ANC above
2000/mm3 with no signs of infection.

Also make sure that the LAB tests, WBC and ANC are set up correctly in the
Mental Health package using the CLOZAPINE MULTI TEST LINK option.
```

If the patient has paper documentation to prove laboratory tests were done (for example, outside the VA system) and the results were within accepted limits, the NCCC can authorize a onetime override. After the NCCC has received and approved this documentation, the following message will display.

#### Example 4: Onetime override authorized by NCCC

```
Now doing drug interaction and allergy checks. Please wait...

Permission to dispense clozapine has been authorized by NCCC

Override reason being: NCCC AUTHORIZED

Do you want to override and issue this prescription? N//
```

#### Example 5: When the Patient's WBC <3500 (range 3000 to 3500 for overriding)

```
Now doing drug interaction and allergy checks. Please wait...

*** Most recent WBC and NEUTROPHIL MATURITY, MEAN (ANC) results ***
    performed on JUL 27,2006 are:

    WBC: 3100
    ANC: 1900

*** Last Four WBC and ANC results were:
                                WBC    ANC
    05/20/2006@14:53      Results: 4900 - 2800
    05/27/2006@14:53      Results: 1900 - 2500
    06/27/2006@14:53      Results: 3900 - 2500
    07/27/2006@15:06      Results: 3100 - 1900

Override reason being: LAST WBC RESULT < 3500
```



Up to four of the last LAB results can be displayed in the message.

#### Example 6: When the Patient's WBC is above range but ANC <2000 (range 1500 to 2000 for overriding)

```
Now doing drug interaction and allergy checks. Please wait...

*** Most recent WBC and NEUTROPHIL MATURITY, MEAN (ANC) results ***
    performed on JUL 26,2006 are:

    WBC: 3900
    ANC: 1900

*** No previous results to display ***

Override reason being: LAST ANC RESULT < 2000

Do you want to override and issue this prescription? N//
```



In Example 6, previous LAB results did not exist.

#### Example 7: Patient meets all criteria

```
Now doing drug interaction and allergy checks. Please wait...

*** Most recent WBC and NEUTROPHIL MATURITY, MEAN (ANC) results ***
    performed on JUL 27,2006 are:
```

WBC: 3900

ANC: 2000

CLOZAPINE dosage (mg/day) ? : (12.5-3000):

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## Chapter 10: Handling Copay Charges

---

The copay status of a prescription is determined at the time of entry and re-evaluated every time a fill for that prescription is released. A prescription will be designated as exempt from copay under the following conditions:

- ✓ The drug is marked as a supply item, nutritional supplement or for investigational use.
- ✓ The Rx Patient Status assigned to the prescription is exempt from copayment.
- ✓ The Veteran is copay exempt based on income.
- ✓ The medication prescribed is used in the treatment of:
  - A Service Connected (SC) condition
  - Combat Veteran (CV)
  - Vietnam-era herbicide/Agent Orange (AO) exposure
  - Ionizing Radiation (IR) exposure
  - Southwest Asia Conditions
  - Shipboard Hazard and Defense (SHAD)
  - Military Sexual Trauma (MST)
  - Cancer of the Head and/or Neck (HNC)

The copay status of a prescription is re-evaluated whenever a fill is released. Various actions can occur based on changes to the criteria that determine the copay status of a prescription, including no action, automatic copay status reset, or a MailMan message generated detailing missing information required for user follow up.

Once a Veteran meets the designated annual copayment cap, subsequent fills for any prescriptions dispensed will not be charged a copay. Any fills for copay-eligible prescriptions entered after the cap is reached are not billed and are identified as potential charges. If editing the Days Supply of an Rx or returning an Rx fill to stock results in the total copayment of the Veteran to fall below the annual cap, Integrated Billing (IB) software shall initiate a copay charge for any fill that was identified as a potential charge until the annual cap is once again reached.

A user will be prompted to respond to any medication copay exemption questions that apply to the patient when entering a new prescription. Responses entered for the medication copay exemption questions are stored with the prescription and display as default values when an order is renewed, copied, or edited in such a way that a new order is created.

If none of the copay exemptions listed apply, the order is released as a copay prescription with no questions asked. (See “Patient Prescription Processing-New Order Entry”, for a complete order entry example.)

### Example: Entering an Rx for a patient with no applicable medication copay exemptions

```
Do you want to enter a Progress Note? No// <Enter> NO

Rx # 559157          10/23/06
OPPATIENT24,ONE      #30
TAKE ONE TABLET BY MOUTH EVERY DAY

NIACIN (NIASPAN-KOS) 500MG SA TAB
OPPROVIDER,ONE       OPPHARMACIST,ONE
# of Refills: 11
Is this correct? YES//
```

If any medication copay exemptions apply to a patient when entering a new prescription, the applicable questions are displayed for the user to respond “Yes” or “No.” The responses will be used to determine the copay status of the prescription. The prescription fill will not generate a copay charge when released if at least one of the responses is “Yes”. Responses are required.

**Example: An order with medication copay exemptions, but no responses entered**

```
Rx # 3754648          10/24/06
OPPATIENT24,ONE      #30
APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY

HYDROCORTISONE 1% CREAM
OPPROVIDER,ONE      OPPHARMACIST,ONE
# of Refills: 11
  SC Percent: 30%
  Disabilities: NONE STATED

Was treatment for Service Connected condition? NO <Enter>
Was treatment related to Combat? NO <Enter>
Was treatment related to Agent Orange exposure? NO <Enter>
Was treatment related to service in SW Asia? NO <Enter>
Was treatment related to PROJ 112/SHAD? NO <Enter>
Was treatment related to Military Sexual Trauma? NO <Enter>
Was treatment related to Head and/or Neck Cancer? NO <Enter>
Is this correct? YES// <Enter>

All Service Connected and Environmental Indicators that apply will be asked regardless of
a previously entered "Yes" response. SC will be asked for SC 0-100%, but copay charges
will continue to be formulated in the same manner.)

Was treatment for a Service Connected condition? NO <Enter>
Was treatment related to Combat? NO <Enter>
Was treatment related to Agent Orange exposure? N// Y
Is this correct? YES//
```

A dollar sign is displayed next to the copay prescription number if the copay status is billable.

**Example: Billable Copay Status**

	Medication Profile	Oct 24, 2006@15:14:58	Page:	1 of	1
	OPPATIENT24,ONE				
	PID: 000-34-5678P	Ht (cm):	_____	(_____)	
	DOB: DEC 2,1921 (85)	Wt (kg):	_____	(_____)	
	CrCL: <Not Found>	BSA (m2):	_____		
	-----ACTIVE-----				
No Copay Copay	1 559163	FOSINOPRIL NA 20MG TAB	30 A>	10-24 10-24	11 30
	2 559157\$	NIACIN (NIASPAN-KOS) 500MG SA TAB	30 A>	10-23 10-23	11 30
	Enter ?? for more actions				
	PU Patient Record Update	NO New Order			
	PI Patient Information	SO Select Order			
	Select Action: Quit//				

## Copay Menu

### [PSOCP MENU]

Users with access to this menu option can exempt an Rx Patient Status from copayment or CHAMPUS billing, reset a prescription’s copay status, cancel some or all charges for a prescription, and enter/edit responses to medication exemption questions prompted at order entry.



The following options are available on the *Copay Menu*:

- *CHAMPUS Billing Exemption*
- *Exempt Rx Patient Status from Copayment*
- *Reset Copay Status/Cancel Charges*

## CHAMPUS Billing Exemption [PSOCP CHAMPUS EXEMPTION]

Use this option to select a patient category (Rx Patient Status) to exempt from any CHAMPUS billing.

### Example: CHAMPUS Billing Exemption

```
Select Copay Menu Option:  CHAMPUS Billing Exemption

Select RX PATIENT STATUS NAME:  ZZPOW

EXEMPT FROM CHAMPUS BILLING: ?
  Answer YES if this Rx Patient status is to be exempt from Champus billing.
  Choose from:
    0          NO
    1          YES
EXEMPT FROM CHAMPUS BILLING:
```

## Exempt Rx Patient Status from Copayment [PSOCP EXEMPTION]

This option allows users to exempt an Rx Patient Status from copayment. A prescription assigned an Rx Patient Status that has been set as exempt from copay will not be charged a copay. A warning is displayed describing the consequences of taking this action and then the user is asked to confirm the change.

### Example: Exempt Rx Patient Status from Copayment

```
Select RX PATIENT STATUS NAME: Inpatient

EXEMPT FROM COPAYMENT: NO// Y YES
                      **** WARNING ****

By setting the Exempt from Copayment for the Rx Patient Status of
INPATIENT to 'YES', every prescription entered
with this Rx Patient Status will NOT be charged a Copayment.

A mail message will be sent to PSORPH and PSO COPAY Key holders informing
them of your change.

Are you sure you want to do this? Y// <Enter> ES

Setting INPATIENT Rx Patient Status to Exempt from Copayment.

The warning displayed when removing the copay exemption from an Rx Patient Status differs
slightly.
```

### Example: Warning Message

```
By setting the EXEMPT FROM COPAYMENT for the Rx Patient Status of
OPT NSC to 'NO', prescriptions entered with this Rx
Patient Status from this point on will NOT be exempt from Copayment.

A MailMan message is sent to the holders of the PSO COPAY and PSORPH keys whenever the
copay exemption status of an Rx Patient Status is changed.

Example: MailMan Message

Subj: Exempt from Copayment  [#4072] 18 Oct 06 16:29  3 lines
```

```

From: OUTPATIENT PHARMACY In 'IN' basket. Page 1 *New*
-----
The INPATIENT Rx Patient Status has been marked as
Exempt from Copayment by OPPHARMACIST3,THREE.
Every prescription with this Rx Patient Status will not be charged a Copayment.

Enter message action (in IN basket): Ignore//

```

The text differs slightly when the copay exemption is removed.

#### Example: Copay Exemption Removed

```

The Exempt from Copayment status has been removed from the
OPT NSC Rx Patient Status by OPPHARMACIST3,THREE.
Prescriptions entered with this Rx Patient Status will not be exempt from
Copayment.

```

## Reset Copay Status/Cancel Charges [PSOCP RESET COPAY STATUS]

This option combines and enhances the functionality of the previous *Remove Copay Charge* and *Reset Copay Status* options. Three basic functions can be performed with this option:

- The prescription's copay status can be reset.
- Responses to the medication exemption questions can be entered or changed.
- All or selected copay charges can be cancelled.

The actions allowed depend on the copay status of the patient and that of the selected prescription. The user needs to know the prescription number to be changed when accessing this option.

### Reset Copay Status

Two methods can be used to change the copay status of a prescription directly. The first method is illustrated below. By entering "Yes" at the "Do you want to reset the status to NO COPAYMENT?" prompt and entering a reason for the reset, the prescription's copay status is changed from COPAY to NO COPAYMENT.

#### Example: Change the Copay Status

```

Select PRESCRIPTION RX #: 559157          NIACIN (NIASPAN-KOS) 500MG SA TAB
Rx # 559157 is a Copay prescription

```

The reset prompt displays only if there are no exemption flags set to 'Yes.'

```

Do you want to reset the status to NO COPAYMENT? N// YES
Select Reason for Reset : ??

Choose from:
1          RX REFUSED
2          RX NEVER RECEIVED
3          RX RETURNED/DAMAGED (MAIL)
4          ENTERED IN ERROR
5          RX CANCELLED
6          INPATIENT/PASS
7          INVESTIGATIONAL DRUG
8          RX DELETED
9          EMPLOYEE
10         CNH - 3 DAY
11         PATIENT DECEASED

```

12	SUPPLY ITEM
13	BEDSIDE MEDICATIONS
14	ELIGIBILITY INCORRECT
15	CHANGE IN ELIGIBILITY
16	RX EDITED
21	RX COPAY INCOME EXEMPTION
33	AGENT ORANGE RELATED
34	IONIZING RAD RELATED
35	SOUTHWEST ASIA RELATED
37	MILITARY SEXUAL TRAUMA
38	COPAY CAP REACHED
39	CANCER OF HEAD/NECK
40	PHARMACY AUTO CANCELLED

### Example: Change the Copay Status (continued)

44	COMBAT VETERAN
45	RX FOR FORMER POW
46	RX FOR UNEMPLOYABLE VETERAN
47	KATRINA AFFECTED VETERAN
48	PROJECT 112/SHAD

Select Reason for Reset : 15 CHANGE IN ELIGIBILITY

The change is recorded in the Copay Activity Log for this prescription.

### Example: Copay Activity Log

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
=====				
1	10/24/06	COPAY RESET	ORIGINAL	OPPROVIDER9,TWO
Comment: CHANGE IN ELIGIBILITY		Old value=Copay	New value=No Copay	

Resetting the copay status does not involve canceling any incurred copay charges. The new copay status applies to future fills only. Any past charges billed will not be cancelled automatically. The canceling of copay charges is independent of the reset function.

## Enter/Edit Medication Exemption Question Responses

The second way a user can directly reset the copay status of a prescription is to use the *Reset Copay Status/Cancel Charges* option to enter or edit any existing responses to the medication exemption questions displayed during order entry. Only those medication exemptions that apply to the patient for which the prescription is written can be modified. Any existing response to an exemption question displays to the user after entering the prescription number and the user is asked about entering or editing any copay exemption flags.

In the following screen example, *Reset Copay Status*, the <50% SC, Agent Orange (AO) exposure, PROJ 112/SHAD, and Military Sexual Trauma (MST) medication exemptions apply to the Veteran for which Rx# 3754533 has been entered. SC, AO, and SHAD exemption defaults of “No” display because values already exist. The MST exemption does not display because a response has never been entered.

Prompts display for Service Connected and all Environmental Indicators that are flagged for the Veteran in Enrollment.

The user is prompted to respond to “Do you want to enter/edit any copay exemption flags?” If the user responds “Yes”, each medication exemption that applies to the Veteran will be presented for editing. All three medication copay exemptions are presented for editing, including the MST exemption for which a

response did not exist. “Yes” is entered for the MST exemption question and a system message indicates that the copay status of the Rx is reset to No Copay by this action.

#### Example: Reset Copay Status

```
Select Copay Menu Option: RESET Copay Status/Cancel Charges

Select PRESCRIPTION RX #:    3754533      HYDROCORTISONE 1.0% CREAM

Rx # 3754533 is a Copay prescription <Current copay status of Rx> appears.

The following exemption flags have been set:
SC:   No          <If any exemption flags have values they will be displayed after the copay status
AO:   No

Do you want to enter/edit any copay exemption flags? Y// <Enter> ES

Was treatment for a Service Connected condition? N// <Enter> O

Was treatment related to Agent Orange exposure? N// <Enter> O

Was treatment related to PROJ 112/SHAD? N// <Enter> O

Was treatment related to Military Sexual Trauma?// YES

Editing of exemption flag(s) has resulted in a copay status change.
The status for this Rx will be reset to NO COPAY.

Do you want to cancel any charges(Y/N)? N <This prompt appears only if this Rx has incurred any charges.
```

The Copay Activity Log for this order shows the record of the change.

#### Example: Copay Activity Log

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
1	10/24/06	COPAY RESET	Refill 2	OPPROVIDER9,TWO
Comment: MILITARY SEXUAL TRAUMA RELATED Old value=Copay New value=No copay				



**Note:** The copay status of an Rx will not be reset from a “No” Copay-to-Copay status based strictly on a response to a medication exemption question.

## Cancel Charges

A user can select to remove all or specific charges for a prescription fill. If the user chooses to cancel a specific charge, a list of fills/refills is displayed showing the fill reference and release date. Any charge that has already been cancelled or any fill that has not been billed due to the Veteran meeting the annual copay cap will be identified.

#### Example: Cancel Copay Charges

```
Do you want to cancel any charges(Y/N)? Y    <This prompt appears only if this Rx has
incurring any charges.

(A)ll or (S)elect Charges? (A/S): S
1. Original fill    (05/01/06)
2. Refill #1       (6/10/06)
3. Refill #2       (7/12/06)    (Charge Cancelled)
```

```

4. Refill #3      (8/15/06)
5. Refill #4      (9/23/06)      (Potential Charge *)

* Potential charge indicates fill was not billed due to the annual cap.
If cancelled, this fill will not be considered for future copay billing.

Select 1:-5: 5

Do you wish to continue (Y/N)? Y

```

Typing a “??” at the “Select Reason for Reset or Charge Cancellation” prompt lists the same reasons displayed previously in the “Reset Copay Status” section. Once the reason for the change is entered, a summary of all the actions taken on the prescription is displayed.

### Example: Summary of Actions

```

Editing of exemption flag(s) has resulted in a copay status change.
The status for this Rx will be reset to NO COPAY.

Select Reason for Reset or Charge Cancellation : 1  RX REFUSED
Copay status reset due to exemption flag(s)

The following exemption flags have been changed:
EC: Yes
MST: Yes
Rx # 3754533 - Refill 3 copay charge cancelled

Select PRESCRIPTION RX #:

```

The Copay Activity Log shows the canceled charge as REMOVE COPAY CHARGE.

### Example: Copay Activity Log

```

Copay Activity Log:
#   Date       Reason                      Rx Ref      Initiator Of Activity
=====
1   11/02/06    REMOVE COPAY CHARGE  Refill 3    OPPROVIDER9,TWO
Comment: RX REFUSED

```

## Potential Charges and Partial Charges

In this example, the prescription is for a 90-day supply. When Refill #2 was released, the Veteran met his annual copay cap and the fill was not billed. An entry is made in the Copay Activity Log to document when a prescription fill is not billed due to the annual copay cap. A fill is identified as a potential charge when NO BILLING was performed.

### Example: Copay Activity Log for No Bill

```

Rx Activity Log      Oct 23, 2006 @13:53:02      Page: 1 of 1
OPPATIENT9,ONE
  PID: 000-76-5432P      Ht(cm): 169.55 (03/06/2006)
  DOB: NOV 18,1950 (55)   Wt(kg): 125.45 (03/06/2006)

Rx #: 459166   Original Fill Released: 03/12/06
Routing: Mail   Finished by: OPPHARMACIST27,THREE

Copay Activity Log:
#   Date       Reason                      Rx Ref      Initiator Of Activity
=====
1   10/23/06    ANNUAL CAP REACHED  REFILL 2    OPPHARMACIST15,THREE
Comment: NO BILLING FOR THIS FILL

```

The list of fills associated with this order, as seen in the *Reset Copay Status/Cancel Charges* option, would show Refill #2 as a Potential Charge.

### Example: Reset Copay Status/Cancel Charges for Potential Charge

1. Original fill	(03/06/06)	
2. Refill #1	(05/24/06)	
3. Refill #2	(10/23/06)	(Potential Charge *)
* Potential charge indicates fill was not billed due to the annual cap. If cancelled, this fill will not be considered for future copay billing.		

If the same Refill #2 is released and the Veteran reaches the annual copay cap after the first 30 days of the 90-day supply is billed, the Copay Activity Log will indicate that the Veteran was partially billed due to the annual cap.

### Example: Copay Activity Log

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
1	10/26/06	ANNUAL CAP REACHED	REFILL 2	OPPHARMACIST15,THREE
		Comment: PARTIAL BILLING FOR THIS FILL		
Refill #2 will not be identified as having a potential charge because partial billing was done.				
Example: Reset Copay Status/Cancel Charges for Partial Charge				
1. Original fill	(03/06/06)			
2. Refill #1	(05/24/06)			
3. Refill #2	(10/23/06)			

If Refill #2 is cancelled, the partial charge (for 30-day supply) is cancelled and the remaining 60-day supply that was not charged is removed from consideration for future copay billing. Only one entry is entered in the Copay Activity Log.

### Example: Copay Activity Log

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
1	10/26/06	ANNUAL CAP REACHED	REFILL 2	OPPHARMACIST15,THREE
		Comment: PARTIAL BILLING FOR THIS FILL		
2	10/29/06	REMOVE COPAY CHARGE	REFILL 2	OPPHARMACIST15,THREE
		Comment: RX REFUSED		

Once a potential charge has been cancelled, it will be dropped from the list of incurred charges that are displayed.

## IB-initiated Medication Copay Charge

There are times when the medication copay status of a prescription can be changed by a background process. In this example, another prescription for the same Veteran was returned to stock, dropping copayments below the annual cap. Integrated Billing (IB) goes through all of the prescriptions looking for any that were not billed a copay because the annual cap was reached. IB initiates a copay charge against any such prescriptions that are found until the copay cap is again reached.

### Example: An IB-initiated Medication Copay Charge

Rx Activity Log	Nov 05, 2006@17:18	Page: 1 of 1
OPPATIENT9,ONE		
PID: 000-76-5432P	Ht (cm): 169.55 (03/06/2006)	
DOB: NOV 18,1950 (55)	Wt (kg): 125.45 (03/06/2006)	

Rx #: 3754328    Original Fill Released: 10/09/06  
Routing: Window        Finished by: OPPHARMACIST1,THREE

Copay Activity Log:

#	Date	Reason	Rx Ref	Initiator Of Activity
1	10/09/06	ANNUAL CAP REACHED	ORIGINAL	OPPHARMACIST1,THREE
Comment: NO BILLING FOR THIS FILL				
2	10/09/06	IB-INITIATED COPAY	ORIGINAL	OPPHARMACIST1,THREE
Comment: FULL CHARGE				

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# Chapter 11: Evaluating Drug Usage

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This chapter describes the options on the *DUE Supervisor* menu.

## **DUE Supervisor** **[PSOD SUPERVISOR]**

This menu provides options to create a questionnaire based on the criteria of a Drug Usage Evaluation and print an answer sheet for the provider's use in answering the questionnaire. The answer sheet can be printed and distributed to the clinic so that the provider may complete it when ordering a medication being evaluated. An answer sheet can also be generated (optional) when a patient's Action Profile prints, if the profile contains a medication being evaluated. The provider's responses can be entered into the DUE ANSWER SHEET file.

The following options are available on the *DUE Supervisor* menu:

- 1 *Enter a New Answer Sheet*
- 2 *Edit an Existing Answer Sheet*
- 3 *Create/Edit a Questionnaire*
- 4 *Batch Print Questionnaires*
- 5 *DUE Report*

## **Enter a New Answer Sheet** **[PSOD CREATE ANSWER SHEET]**

In this option, the user enters answers to a DUE Questionnaire. This creates an answer sheet entry in the DUE ANSWER SHEET file. These answer sheets can be kept online for statistical and/or compliance studies. Answer sheets are stored in the file using a sequence number. This number is generated by the computer automatically and should be written on the hard copy of the answer sheet immediately so that it can be used later in editing or deleting the entry.

## **Edit an Existing Answer Sheet** **[PSOD EDIT ANSWER SHEET]**

Edit a DUE Answer Sheet entry using this option. Ordinarily, the sequence number is available when editing the Answer Sheet; however, the user can search the file if the provider, drug, or questionnaire is known by typing ^S at the "SEQUENCE NUMBER" prompt. The search displays all of the entries containing the combination of provider, drug, or questionnaire used in the search.

## **Create/Edit a Questionnaire** **[PSOD DUE BUILD QUESTIONNAIRE]**

To create a questionnaire, first select one or more drugs being evaluated. After selecting the drugs, create a set of questions to be used on the questionnaire. These questions do not have to be added to the DUE QUESTION file since they are being added through this option. The questionnaire must be marked as "Active" and "Active for Profiles" for the Answer Sheet to print automatically with the Action Profiles. A summary can be printed for the questionnaire using the *DUE Report* option. For this reason, when creating a questionnaire, the user should strive to make each question a yes, no, or unknown type question. Questions having a free text or numeric type answer are ignored in the summary.



The PRINT DUE QUESTIONNAIRE site parameter needs to be set to “YES” for the questionnaire to print with the Action Profile.

## **Batch Print Questionnaires**

### **[PSOD BATCH PRINT QUESTIONNAIRE]**

To print a blank form of a selected questionnaire, enter the number of copies and a printer device. These questionnaire answer sheets can be distributed to providers to complete when ordering medications being evaluated.

## **DUE Report**

### **[PSOD DUE SORT AND PRINT]**

This report displays entries from the DUE ANSWER SHEET file. A summary of this report is available, showing the number of answer sheets, number of questionnaires, and a breakdown of all yes/no/unknown type questions. This breakdown shows each question number and the number of times it was answered yes/no/unknown, or unanswered. For this reason, when creating a questionnaire, the user should strive to make each question a yes, no, or unknown type question. Questions having a free text or numeric type answer are ignored in the summary.

## Chapter 12: Enter/Edit Clinic Sort Groups

---

This chapter describes the *Enter/Edit Clinic Sort Groups* option.

### Enter/Edit Clinic Sort Groups [PSO SETUP CLINIC GROUPS]

This option enables the user to identify a group of clinics that will print together for the action/informational profiles.

#### Example: Enter/Edit Clinic Sort Groups

```
Select Pharmacist Menu Option: ENTER/Edit Clinic Sort Groups

Select Clinic Sort Group: ?
Answer with OUTPATIENT CLINIC SORT GROUP NAME
Choose from:
    CLINIC 1
    CLINIC 2

    You may enter a new OUTPATIENT CLINIC SORT GROUP, if you wish
    Answer must be 3-30 characters in length.
Select Clinic Sort Group: CLINIC 3
Are you adding 'CLINIC 3' as
a new OUTPATIENT CLINIC SORT GROUP (the 6TH)? Y <Enter> (Yes)
NAME: CLINIC 3// <Enter>
Select SORT GROUPS: ?
Answer with SORT GROUP SORT GROUPS
    You may enter a new SORT GROUP, if you wish
    Enter name of clinic to be included in the sort group.
Answer with HOSPITAL LOCATION NAME, or ABBREVIATION
Do you want the entire 122-Entry HOSPITAL LOCATION List? N (No)
Select SORT GROUPS: 2 EAST
Are you adding '2 EAST' as a new SORT GROUP (the 1ST for this OUTPATIENT CLINIC SORT
GROUP)? Y (Yes)
Select SORT GROUPS: <Enter>
```

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## Chapter 13: External Interface Menu

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This chapter describes the options on the *External Interface Menu*.



This menu is locked with the PSOINTERFACE lock. The PSOINTERFACE key should be assigned to all persons responsible for performing these functions.

### External Interface Menu [PSO EXTERNAL INTERFACE]

This menu contains the following options for using an external interface device.

- *Purge External Batches*
- *Reprint External Batches*
- *View External Batches*

### Purge External Batches [PSO INTERFACE PURGE]

This option purges entries from the PHARMACY EXTERNAL INTERFACE file.

#### Example: Purge External Batches

```
Select External Interface Menu Option: Purge External Batches
Enter cutoff date for purge of External Interface file: 022807 (FEB 28, 2007)

Purge entries that were not successfully processed? NO// <Enter>

Purge queued to run in background.

Select External Interface Menu Option:
```

### Reprint External Batches [PSO INTERFACE REPRINT]

This option enables the reprinting of labels for batches of prescriptions that have been sent to the external interface.

#### Example: Reprint External Batches

```
Select External Interface Menu Option: Reprint External Batches

Enter a date/time range to see all batches sent to the External Interface.

Start date/time: 022807 (FEB 28, 2007)
End date/time: 030707 (MAR 07, 2007)

Gathering batches, please wait...
```

BATCH	QUEUED TO PRINT ON:	PATIENT:	ALBANY
1	FEB 28,2007@08:06:14	OPPATIENT12,ONE	
2	FEB 28,2007@08:10:56	OPPATIENT12,ONE	
3	FEB 28,2007@08:19:20	OPPATIENT22,ONE	

```

4      FEB 28,2007@08:38:17      OPPATIENT28,ONE
5      FEB 28,2007@08:50:32      OPPATIENT9,ONE
6      FEB 28,2007@09:15:35      OPPATIENT9,ONE
7      FEB 28,2007@09:33:48      OPPATIENT18,ONE
8      FEB 28,2007@09:39:31      OPPATIENT1,ONE
9      FEB 28,2007@10:36:51      OPPATIENT10,ONE
10     FEB 28,2007@13:37:24      OPPATIENT4,ONE
11     FEB 28,2007@13:46:07      OPPATIENT8,ONE

Select Batch(s) to reprint: (1-11): 5,6

Batches selected for Reprint are:

Batch 5 Queued for FEB 28,2007@08:50:32 by OPPHARMACIST4,THREE
Batch 6 Queued for FEB 28,2007@09:15:35 by OPPHARMACIST4,THREE

Before Reprinting, would you like a list of these prescriptions? N// <Enter> O

Are you sure you want to Reprint labels? Y// <Enter> YES..

Select LABEL DEVICE: [Select Print Device]

LABEL(S) QUEUED TO PRINT!

Select External Interface Menu Option:

```

## View External Batches [PSOINTERFACE VIEW]

With this option the user can view batches of prescriptions that have printed from the external interface.

### Example: View External Batches

```

Select External Interface Menu Option: View External Batches

Enter a date/time range to see all batches sent to the External Interface.

Start date/time: 022807 (FEB 28, 2007)

End date/time: 030707 (MAR 07, 2007)

Gathering batches, please wait...

  BATCH      QUEUED TO PRINT ON:      PATIENT:      BROWNS PLACE
  -----
1      FEB 28,2007@08:06:14      OPPATIENT12,ONE
2      FEB 28,2007@08:10:56      OPPATIENT12,ONE
3      FEB 28,2007@08:19:20      OPPATIENT22,ONE
4      FEB 28,2007@08:38:17      OPPATIENT28,ONE
5      FEB 28,2007@08:50:32      OPPATIENT9,ONE
6      FEB 28,2007@09:15:35      OPPATIENT9,ONE
7      FEB 28,2007@09:33:48      OPPATIENT18,ONE
8      FEB 28,2007@09:39:31      OPPATIENT1,ONE
9      FEB 28,2007@10:36:51      OPPATIENT10,ONE
10     FEB 28,2007@13:37:24      OPPATIENT4,ONE
11     FEB 28,2007@13:46:07      OPPATIENT8,ONE

Select Batch(s) to reprint: (1-11): 5,6

Batches selected for Viewing are:

Batch 5 Queued for FEB 28,2007@08:50:32 by OPPHARMACIST4,THREE
Batch 6 Queued for FEB 28,2007@09:15:35 by OPPHARMACIST4,THREE

```

Print list to the screen or to a printer: (S/P): Screen// <Enter>

Enter RETURN to continue or '^' to exit: <Enter>

RX #	NAME -> OPPATIENT9,ONE	BATCH 5
2820	NADOLOL 40MG TAB	ACTIVE

Enter RETURN to continue or '^' to exit: <Enter>

RX #	NAME -> OPPATIENT9,ONE	BATCH 6
2821	MICONAZOLE NITRATE 2% LOT 60ML	ACTIVE

END OF LIST

*(This page included for two-sided copying.)*



## **Chapter 14: Label/Profile Monitor Reprint**

---

This mini-chapter defines the option for handling printer malfunctions.

### **Label Profile Monitor Reprint**

**[PSO B]**

When a printer malfunction occurs, up to 1000 (or more depending on the Label Profile Monitor Max site parameter) damaged labels or profiles can be reprinted. Enter the failed output device name and the last usable label or profile.

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# Chapter 15: Implementing and Maintaining Outpatient Pharmacy

---

## Maintenance (Outpatient Pharmacy)

### [PSO MAINTENANCE]

The *Maintenance (Outpatient Pharmacy)* menu contains the options that are used for implementing and maintaining the Outpatient Pharmacy software. These options are:

- *Site Parameter Enter/Edit*
- *Edit Provider*
- *Add New Providers*
- *Queue Background Jobs*
- *Autocancel Rx's on Admission*
- *Bingo Board Manager ...*
- *Edit Data for a Patient in the Clozapine Program*
- *Enter/Edit Clinic Sort Groups*
- *Initialize Rx Cost Statistics*
- *Edit Pharmacy Intervention*
- *Delete Intervention*
- *Auto-delete from Suspense*
- *Delete a Prescription*
- *Enter/Edit Automated Dispensing Devices*
- *Expire Prescriptions*
- *Manual Auto Expire Rxs*
- *Prescription Cost Update*
- *Purge Drug Cost Data*
- *Purge External Batches*
- *Recompile AMIS Data*

## Site Parameter Enter/Edit

### [PSO SITE PARAMETERS]

This option is used to establish and edit parameters for the Outpatient Pharmacy software application. The following table lists each parameter and its corresponding description. These fields are contained in either the OUTPATIENT SITE file or the PHARMACY SYSTEM file.

Site Parameter	Description
NAME	This field contains the name of the site.
MAILING FRANK STREET ADDRESS	This field is used for the address of the outpatient site.
AREA CODE	This field is used for the area code of the outpatient site.
PHONE NUMBER	This field is used for the telephone number of the outpatient site.
MAILING FRANK ZIP+4 CODE	This field is used for the zip code of the outpatient site. This field will allow zip+4 format (excluding the "-")
SITE NUMBER	This field is used to show the site/station number.

Site Parameter	Description
NCPDP NUMBER	This field is the site-specific National Council for Prescription Drug Programs number (NCPDP), formerly referred to as the National Association of Boards of Pharmacy Number (NABP).
MAILING FRANK CITY	This field is used for the city in which the outpatient site is located.
MAILING FRANK STATE	This field is used to show the state in which the outpatient site resides.
MAILING COMMENTS	This field will be printed on the laser labels mailing address label. It can contain anything the site deems appropriate (i.e., whether mailing is "Forwarding service requested" or "Address service requested", etc.)
INACTIVE DATE	This date will indicate that the Outpatient Site is no longer active, and cannot be selected through the Outpatient Pharmacy options.
HOLD FUNCTION?	This site parameter is used to determine if the 'Hold' function will be used at the medical facility.
SUSPENSE FUNCTION?	This site parameter will be used to determine if the 'Suspense' feature will be used at the medical facility.
CANCEL DRUG IN SAME CLASS	Prescriptions with duplicate classes can only be discontinued if this site parameter is set to 'Yes' and if the Rx has not been put on hold through CPRS.
REFILL INACTIVE DRUG RXS	This will be used to determine if inactive drugs will be used to refill active prescriptions.
ASK METHOD OF PICKUP	This field will be used to determine if method of pickup will be asked for window prescriptions.
PASS MEDS ON PROFILE	This field is used to determine if pass medication within specified date range will be listed on profiles.
PROFILE `SORT BY' DEFAULT	This field will be used to determine the sort order of medications on profiles.
COPIES ON NEW	This field will be used to determine the number of copies for labels to print.
DRUG CHECK FOR CLERK	This field is used to determine if the duplicate drug warnings should be shown for non-pharmacist.
FEE BASIS SUPPORT	This field is used to determine if fee basis prescriptions are processed.
MULTI RX REQUEST FORM	This field is used to determine if the multiple prescription request forms are printed with medication labels.
BARCODES ON REQUEST FORMS	This field is used to determine if barcodes are printed on profiles, labels, and multi request forms.
BARCODES ON ACTION PROFILES	This field is used to indicate if barcodes are to print with the action profiles. The printer used must be setup or have barcode capabilities for the barcodes to print. Contact IRM to help determine which printers have barcode capabilities.
VERIFICATION	This field is used to determine if prescriptions entered by a non-pharmacist are placed in a non-verified status.
DISPLAY GROUP	This field is used to determine which bingo board display screen will be shown on the waiting room monitor.
SCREEN PROFILES	This field is used to determine if profiles are displayed when refilling and renewing medications.
EDIT PATIENT DATA	This field is used to determine if editing of patient data will be allowed.
EDIT DRUG	This field will be used to determine if drugs can be changed during prescription edit.

Site Parameter	Description
RENEWING RX'S ALLOWED	This field will be used to determine if renewing of medications will be allowed.
PASS MEDS CANCEL	This field is used to determine if pass medications are to be cancelled.
AUTO SUSPEND	This field is used to determine if medication that is refilled or renewed before the next possible fill date is to be placed in suspense automatically.
SHALL COMPUTER ASSIGN RX #S	This field is used to determine if the computer will auto generate prescription numbers.
PROFILE WITH NEW PRESCRIPTIONS	This field is used to determine if medication profiles are printed when new medication is ordered.
SLAVED LABEL PRINTING	This field will be used to allow printing of RX labels without being able to queue to a printer. This parameter is primarily for slaved printing of RX labels. If 'yes' is the answer the prompt or action to be taken on the label will include the '/PRINT' action.
METHADONE PROGRAM	This field will be used to determine if the site has a methadone program and if a particular drug should be prompted for.
METHADONE DRUG	This field will be used to show what drug is being used if the site has a methadone program.
DAYS TO PULL FROM SUSPENSE	This field will be used to pull a patient's medication from suspense for a specified number of days. The day range is from 0 to 10.
DAYS TO PULL SUSPENDED CS CMOP	This field will be used to pull a patient's controlled substances from suspense for CMOP medications for a specified number of days. The range is between 0 and 10.
RECENTLY DC'D/EXPIRED DAYS	Allow local facilities to set a timeframe (7-45 days) for which a discontinued or expired outpatient medication order will be identified as 'recently discontinued/expired'. Default value is 7 days.
NEW LABEL STOCK	This field will be used to determine which medication label stock will be used.
EXTERNAL INTERFACE	This field allows sites to alter the characteristics of the external interface. The Set of Codes field have the following values:  0 – the external interface is off 1 – send all drugs to the external interface; print labels locally 2 – send all drugs to the external interface; don't print labels locally 3 – send only marked drugs to the external interface; don't print labels locally 4 – send only marked drugs to external interface and print labels through VistA.
DISPENSING SYSTEM PRINTER	This field identifies the name of the printer(s) that, when selected, and the interface is in use, an HL7 message is generated to the dispensing system.
BLANK LABEL BETWEEN PATIENTS	This field will determine if a blank label should print between patients on the label printers.
VERIFYING PHARMACIST ON LABELS	This site parameter will determine if the name of the verifying pharmacist or the name of the person who made the order request will print on the Rx label. If the parameter is set to Yes the verifying pharmacist name will print.
AUTOMATED DISPENSE	This field will determine what version of the automated dispense machine this site is running. If the machine is older than HL7 V.2.4, enter letter O, if HL7 V.2.4 has been installed, enter 2.4.
FILE RELEASE DATE/TIME	This field is used to indicate if the release date/time is to be filed for the prescription dispensed by an external interface.
ENABLE MASTER FILE UPDATE	This field will determine if the automated dispense machines are ready to receive HL7 V.2.4 messages.


Site Parameter	Description
DISPENSE DNS NAME	This is the DNS computer name of the automated dispensing machine that is used for this outpatient site division.
DISPENSE DNS PORT	Enter the DNS port number associated with the automated dispense machine for this outpatient pharmacy site division.
OPAI	This multiple field will allow any one division to have more than one Automated Dispensing Device (ADD) communicating with VistA through the Outpatient Pharmacy Automated Interface (OPAI). It is linked to the DISPENSING SYSTEM PRINTER (#59.0200801) field. When a label printer is selected during Patient Prescription Processing, HL7 messages for orders will be routed based on the automated dispensing devices defined in this multiple.

The CPRS ORDERING INSTITUTION field in the OUTPATIENT SITE file allows multiple Institutions to be entered for the local site. If more than one Institution is entered for a site, the user can select the appropriate Institution when using the *Complete Orders from OERR* option and complete Pending Orders from clinics that are associated with the specific Institution selected.

Site Parameter	Description
CPRS ORDERING INSTITUTION	This field is used when completing orders from CPRS. If there is only one Institution entry, then when completing orders from CPRS under this Outpatient site, only those orders from that Institution will be shown. If there is more than one entry, then the Institution will be prompted for when completing orders from CPRS, and only those orders associated with that Institution selected will be shown.
RELATED INSTITUTION	Institution associated with the site.
LOGICAL LINK	This is a pointer to the Logical Link file (#870). This link is used to transmit messages to an external (client) application. This field is not filled in when messages are exchanged between DHCP applications on the same system. This field will be used as the Logical Link for the prescription if there is a Clinic associated with the prescription, and the Institution derived from that Clinic has an entry in this CPRS ORDERING INSTITUTION multiple with an associated Logical Link.
NPI INSTITUTION	This is the institution or division that has the National Provider Identifier (NPI) value for this Outpatient Site. No two Outpatient Site entries in this file should point to the same INSTITUTION file entry. (Note that the RELATED INSTITUTION field differs from this field and is the parent institution, which may be the same for any or all of the Outpatient Site entries.)
LABEL/PROFILE MONITOR MAX	Maximum number of label/profiles to be stored in the Label/Profile Monitor list for each printer device. The default and minimum value for this number is 1000. Each time the printer is used an entry is made in the Label/Profile monitor and if the monitor holds more entries than specified by this parameter, the oldest entry is deleted.
NARCOTICS NUMBERED DIFFERENTLY	This field is used to determine if narcotics will be numbered differently from other medications/supplies.
NARCOTIC LOWER BOUND	This field is used to determine what prescription numbers narcotics are to start with if narcotics are numbered differently from other prescriptions/supplies.
NARCOTIC UPPER BOUND	This field is used to determine the highest prescription number used for narcotics if this type of medication is numbered differently from other medications/supplies.

Site Parameter	Description
LAST NARCOTIC NUMBER ISSUED	This field is used to indicate last number issued for narcotic medications.
PRESCRIPTION # LOWER BOUND	This field is used to enter the lowest prescription number for this site.
PRESCRIPTION # UPPER BOUND	This field is used to enter the highest prescription number for this site.
LAST PRESCRIPTION # ISSUED	This field is used to store the last RX number used.
IB SERVICE/SECTION	Select the appropriate entry in the Service/Section file (#49) that is to be used for the Pharmacy Copayment/Integrated Billing procedures.
NARRATIVE FOR COPAY DOCUMENT	This field contains information from the site regarding the copayment procedures for the patient to follow upon receipt of the copay document. For example, information may include a telephone number to call regarding billing inquiries, a payment mailing address, etc.
NARRATIVE REFILLABLE RX	This field contains information from the site regarding procedures for the patient to obtain a refill of his refillable medication. May include the address, phone number, etc. that will assist the patient.
NARRATIVE NON-REFILLABLE RX	This field contains information from the site regarding procedures for the patient to obtain a new prescription for his non-refillable medication. This field may contain address, phone number, etc., that will assist the patient.
CHARGE LOCATION	This field is a pointer to the Hospital Location File (#44). Multi-division sites should populate this field for each division. This data could be obtained from the Business Office of the Medical Center.

The CHARGE LOCATION field is used to group charges in the COTS billing system according to the type of service.

<b>***Important***</b>	
	<p>Entering and defining the Charge Locations is crucial to the success of this function. Initially, however, a unique Outpatient Pharmacy Location must be entered in the HOSPITAL LOCATION file by Registration or Scheduling. It is recommended that the Location be coordinated with the Medical Center's business office. A Charge Location should be defined for every division currently in the OUTPATIENT SITE file, which means that there could be multiple hospital locations or one location for all divisions.</p>

If a Charge Location is not defined for a particular division, Outpatient Pharmacy will search all active divisions in the OUTPATIENT SITE file for a Charge Location entry and use the first one it finds. If the PFSS switch is ON and no Charge Locations are defined in any divisions, the information will not be passed on to IB or the COTS billing system and no charge takes place.

Information in the CHARGE LOCATION field cannot be deleted, but it can be replaced with entry of another Charge Location.

Site Parameter	Description
SCRIPTALK DEVICE	This field contains a pointer to the ScripTalk printer device in the device file.
SCRIPTALK AUTO-	Set this to 'A' to have a ScripTalk label automatically print for ScripTalk-enrolled

Site Parameter	Description
PRINT SETTINGS	patients whenever their regular medication label prints. Set to 'M' if ScripTalk labels will be printed manually.
DEFAULT OUTPATIENT SITE	The outpatient site (and parameters) which will be used for ward order entry. An entry in this field will bypass the site selection prompt when entering outpatient from OE/RR.
ADMISSION CANCEL OF RXS	This field is used to determine if outpatient medication will be cancelled after 72 hours of an admission to the medical center.
EXEMPT WARD FROM AUTOCANCEL	For all of the WARD LOCATIONS entered, prescriptions for patients on these wards will not be canceled by the Autocancel RX's on Admission Outpatient Pharmacy system job.
DAYS PRINTED RX STAYS IN 52.5: 7	This field contains the number of days printed prescriptions are to remain in the RX SUSPENSE file when running the Delete From Suspense File option. The number of days to remain may be from 7 to 90.
POLYPHARMACY W/ACTION PROFILE	This field is used to determine if a polypharmacy report prints with action profile across all divisions.
INTERDIVISIONAL PROCESSING	This field is used to indicate if interdivisional processing is to occur.
DIVISION PROMPT ASKED	This field is used to indicate if the 'Division' prompt is to be asked.
REFILL/RENEW DIVISION	This field is used to indicate the refill/renew division for multi divisional sites.
PROCESS AUTO REFILLS FOR INPAT	This flag should be set to Yes, only if the site wants the scheduled AUTO REFILL [PSO AUTO REFILL] option to process refills for patients who are currently an inpatient. The AUTO REFILL job defaults to NO unless the site has this flagged as YES.
PROCESS AUTO REFILLS FOR CNH	This flag should be set to Yes, only if the site wants the scheduled AUTO REFILL [PSO AUTO REFILL] option to process refills for CNH patients. The AUTO REFILL job defaults to NO unless the site has this flagged as YES.

The following example displays all of the prompts that are possible with the *Site Parameter Enter/Edit* option. The prompts displayed at each site will depend upon that site's settings.

#### Example: Site Parameter Enter/Edit – all fields

```
Select Maintenance (Outpatient Pharmacy) Option: SITE Parameter Enter/Edit

Select SITE NAME: ALBANY      500
Would you like to see all site parameters for this division? Y// NO

NAME: ALBANY// <Enter>
MAILING FRANK STREET ADDRESS: 114 ANYSTREET AVE// <Enter>
AREA CODE: 555// <Enter>
PHONE NUMBER: 555-1234// <Enter>
MAILING FRANK ZIP+4 CODE: 55555// <Enter>
SITE NUMBER: 123// <Enter>
NCPDP NUMBER: <Enter>
MAILING FRANK CITY: ANY CITY// <Enter>
MAILING FRANK STATE: ANY STATE// <Enter>
MAILING COMMENTS: <Enter>
INACTIVE DATE: <Enter>
HOLD FUNCTION?: NO// <Enter>
SUSPENSE FUNCTION?: YES// <Enter>
CANCEL DRUG IN SAME CLASS: YES// <Enter>
REFILL INACTIVE DRUG RXS: YES// <Enter>
```



```

ASK METHOD OF PICKUP: YES// <Enter>
PASS MEDS ON PROFILE: YES// <Enter>
PROFILE `SORT BY' DEFAULT: DATE// <Enter>
COPIES ON NEW: YES// <Enter>
DRUG CHECK FOR CLERK: YES// <Enter>
FEE BASIS SUPPORT: YES// <Enter>
MULTI RX REQUEST FORM: YES// <Enter>
BARCODES ON REQUEST FORMS: BOTH// <Enter>
BARCODES ON ACTION PROFILES: YES// <Enter>
VERIFICATION: YES// <Enter>
DISPLAY GROUP: OUTPATIENT// <Enter>
SCREEN PROFILES: YES// <Enter>
EDIT PATIENT DATA: YES// <Enter>
EDIT DRUG: YES// <Enter>
RENEWING RX'S ALLOWED: YES// <Enter>
PASS MEDS CANCEL: NO// <Enter>
AUTO SUSPEND: YES// <Enter>
SHALL COMPUTER ASSIGN RX #S: YES// <Enter>
PROFILE WITH NEW PRESCRIPTIONS: NO// <Enter>
SLAVED LABEL PRINTING: YES// <Enter>
METHADONE PROGRAM: NO// <Enter>
METHADONE DRUG: METHADONE SOLUTION (METHADOSE)// <Enter>
DAYS TO PULL FROM SUSPENSE: 2// <Enter>
DAYS TO PULL SUSPENDED CS CMOP: <Enter>
RECENTLY DC'D/EXPIRED DAYS: <Enter>
NEW LABEL STOCK: YES// <Enter>
EXTERNAL INTERFACE: SEND ALL ORDERS AND PRINT LABEL
// <Enter>
Select DISPENSING SYSTEM PRINTER: <Enter>
BLANK LABEL BETWEEN PATIENTS: <Enter>
VERIFYING PHARMACIST ON LABELS: YES// <Enter>
AUTOMATED DISPENSE: HL7 V.2.4// <Enter>
FILE RELEASE DATE/TIME: YES// <Enter>
ENABLE MASTER FILE UPDATE: <Enter>
DISPENSE DNS NAME: <Enter>
DISPENSE DNS PORT: <Enter>
Select CPRS ORDERING INSTITUTION: TROY// <Enter>
  CPRS ORDERING INSTITUTION: TROY// <Enter>
  LOGICAL LINK: <Enter>
Select CPRS ORDERING INSTITUTION: <Enter>
RELATED INSTITUTION: ALBANY// <Enter>
NPI INSTITUTION: <Enter>
LABEL/PROFILE MONITOR MAX: 1000// <Enter>
NARCOTICS NUMBERED DIFFERENTLY: YES// <Enter>
NARCOTIC LOWER BOUND: 10000// <Enter>
NARCOTIC UPPER BOUND: 99999// <Enter>
PRESCRIPTION # LOWER BOUND: 100000999// <Enter>
PRESCRIPTION # UPPER BOUND: 500000000// <Enter>
IB SERVICE/SECTION: PHARMACY// <Enter>

NARRATIVE FOR COPAY DOCUMENT: <Enter>

The copay narrative displays here.

  Edit? NO//
NARRATIVE REFILLABLE RX:
*****
The narrative for refillable RXs displays here.

*****

  Edit? NO// <Enter>
NARRATIVE NON-REFILLABLE RX:. . .
  . . .

The narrative for non-refillable RXs displays here.

=====

  Edit? NO// <Enter>
LOGICAL LINK: <Enter>

```

```

PROCESS AUTO REFILLS FOR INPAT: NO// <Enter>
PROCESS AUTO REFILLS FOR CNH: NO// <Enter>

Outpatient System Parameters

DEFAULT OUTPATIENT SITE: JAN// <Enter>
ADMISSION CANCEL OF RXS: YES// <Enter>
Select EXEMPT WARD FROM AUTOCANCEL: NHC// <Enter>
DAYS PRINTED RX STAYS IN 52.5: 7// <Enter>
POLYPHARMACY W/ACTION PROFILE: <Enter>

Currently 'INTERDIVISIONAL' processing 'is' allowed.
Do you want to change this? : N// <Enter>  O

This question involves the following prompt:

'RX is from another division. Continue? (Y/N)'

Do you want this prompt to appear
whenever an action is attempted on the prescription: Y// <Enter> ES

Do you want all refill request forms to be processed
at a particular division?: Y// <Enter> ES

Choose REFILL division: Cindy// <Enter> 043

Initialization of 'INTERDIVISIONAL PROCESSING' is complete.

Select SITE NAME:

```

## Edit Provider

### [PSO PROVIDER EDIT]

Edit existing provider entries in the NEW PERSON file with this option.

## Add New Providers

### [PSO PROVIDER ADD]

This option allows new providers to be added. The provider's name is already in the file if the name entered at the "Enter NEW PERSON's name" prompt is repeated and the screen returns to the menu. The *Edit Provider* option must be used in this case to change existing provider entries.

PSO\*7\*391 modified these three options, *Edit Provider* [PSO PROVIDER EDIT], *Add New Providers* [PSO PROVIDER ADD], and *View Provider* [PSO PROVIDER INQUIRE] to include the DETOX/MAINTENANCE ID NUMBER field (#53.11) and the DEA EXPIRATION DATE field (#747.44) of the NEW PERSON file (#200) as part of the screen along with the DEA# field (53.2).

### Example: [PSO PROVIDER ADD]

```

Provider: PROVIDER, TEST

AUTHORIZED TO WRITE MED ORDERS: YES    DEA#: TP4578893
VA#: 1122                               DETOX/MAINTENANCE ID NUMBER: AX1234567

DEA EXPIRATION DATE: DEC 09, 2017

STREET ADDRESS 1: 13th St                CITY: Cheyenne
STATE: WYOMING                           ZIP CODE: 82009

Example: [PSO PROVIDER EDIT]
Provider: PROVIDER, TEST

```

```

AUTHORIZED TO WRITE MED ORDERS: YES    DEA#: TP4578893
VA#: 1122                             DETOX/MAINTENANCE ID NUMBER: AX1234567

DEA EXPIRATION DATE: DEC 09, 2017

STREET ADDRESS 1: 13th St              CITY: Cheyenne
STATE: WYOMING                         ZIP CODE: 82009

Example: [PSO PROVIDER INQUIRE]
Name: PROVIDER, TEST
Initials: TP
NON-VA Prescriber:                     Tax ID:
Exclusionary Check Performed:           Date Exclusionary List Checked:
On Exclusionary List:
Exclusionary Checked By:
Authorized to Write Orders: Yes
Requires Cosigner: No                  DEA#: TP4578893
Detox/Maintenance ID#: AX1234567       DEA Expiration Date: Dec 09, 2017
Class:                                VA#: 1122
Type: Unknown                          NPI#:
emarks:
Synonym(s): IK
Service/Section: INFORMATION OFFICE

Address: 13th St
          Cheyenne, WYOMING 82009

```

## Queue Background Jobs [PSO AUTOQUEUE JOBS]

This option is used to queue all background jobs. Once the *Queue the Background Jobs* option is selected, the option automatically pre-selects the jobs. Entering “E” for exit cannot exit the option. To exit a specific job and go on to the next one, an up arrow (^) must be entered. The background jobs are as follows:

- Autocancel Rx’s on Admission
- Nightly Rx Cost Compile
- Nightly Management Data Compile
- Compile AMIS Data (NIGHT JOB)
- Expire Prescriptions
- Auto-delete from Suspense
- Scheduled SPMP Data Export

A date and time at least two minutes in the future must be entered. The jobs should be set to run at a time convenient for the site.

Respond only to the following prompts. All others will be left blank.

QUEUED TO RUN AT WHAT TIME: This is the date/time desired for this option to be started by TaskMan.

RESCHEDULING FREQUENCY: If this field is blank then the job will run only once.

The *Scheduled SPMP Data Export* [PSO SPMP SCHEDULED EXPORT] nightly background job option can also be scheduled via the *Schedule/Unschedule* [XUTM SCHEDULE] option.



**Note:** When the background job fails to transmit the data to the state, a MailMan message is generated and sent to the subscribers of the PSO SPMP NOTIFICATIONS mail group.

### Example: View of Queue Background Jobs Screen

```
Select Maintenance (Outpatient Pharmacy) Option: Queue Background Jobs

If time to run option is current do not edit.
                                Edit Option Schedule
Option Name: PSO AUTOCANCEL
Menu Text: Autocancel on Admission                                TASK ID: 1090241
-----

QUEUED TO RUN AT WHAT TIME: JUN 27,2007@12:02

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

    RESCHEDULING FREQUENCY: 1D

        TASK PARAMETERS:

            SPECIAL QUEUEING:

-----

COMMAND:                                Press <PF1>H for help    Insert
```

## Autocancel Rx's on Admission [PSO AUTOCANCEL1]

Use the *Autocancel Rx's on Admission* option to task a job every night to cancel the outpatient prescriptions of patients who were admitted 3 days ago. Enter the time desired to queue the job to run. Using this same option the user can also edit the time set for the job to run. The job should be set to run at a time between 5:30 p.m. and 11:30 p.m. (or when convenient for the site).

## Bingo Board Manager (BM) [PSO BINGO MANAGER]

Through the *Bingo Board Manager* menu the user can access the necessary options to set up the bingo board. Before data entry can begin, the division must be defined when entering the software package. Divisions are manager defined, but should be consistent with local policies in order to keep the statistical data relevant. At least one division must be defined.

After defining the division, define the display parameters through the *Enter/Edit Display* option. The display group is a uniquely defined location where the patient data will be displayed. As with the division parameter, at least one display group must be defined.

The following options are available on the *Bingo Board Manager* menu:

- *Enter/Edit Display*
- *Auto-Start Enter/Edit*
- *Print Bingo Board Statistics*

- *Print Bingo Board Wait Time*
- *Purge Bingo Board Data*
- *Start Bingo Board Display*
- *Stop Bingo Board Display*

## Enter/Edit Display

### [PSO BINGO ENTER/EDIT DISPLAY]

Unique locations where the patient data will be displayed can be defined with this option. Enter a new display group name or the name of an existing group to edit or delete.

If the name is chosen at the “NAME/TICKET” prompt, the “TICKET #” prompt will not appear when a new patient is entered in the *Enter a New Patient* option.

The display cannot be changed from name to ticket when patients are already in the Group Display. All patients must be purged using the *Purge Bingo Board* option for that Group Display. After the data is purged, the user must edit the NAME/TICKET field using this option. Then the patient can be re-entered and assigned ticket numbers.



Only devices with the sub-type C-VT can be entered at the “DISPLAY DEVICE” prompt. A DEC VT-220 with a coaxial output connected to a cable ready TV monitor is all that is needed on the hardware side.

### Example: Enter/Edit Display

```
Select Bingo Board Manager Option: Enter/Edit Display

Select GROUP DISPLAY NAME: MAIN
Are you adding 'MAIN' as a new GROUP DISPLAY (the 3RD)? Y (Yes)

NAME: MAIN// <Enter> [The name of the Display Group.]
NAME/TICKET: NAME NAME [Select either Name or Ticket # to display.]
MESSAGE:
  1>WEST CLINIC VAMC
  2>[This is a free text field. The message will appear on the screen for the users to view.]
EDIT Option: <Enter>
TWO COLUMN DISPLAY: Y YES [Display names/ticket #'s in one or two column.]
DISPLAY WAIT TIME: Y YES [Average display waiting time.]
NORMAL WAIT TIME: 10 [Normal wait time (in minutes) is entered by the site.]
DISPLAY SETUP HELP TEXT: Y YES

In order to automatically start and stop the bingo board monitor,
a dedicated device must be setup by your IRM Service.

Once a dedicated device is setup, the bingo board can be scheduled
to automatically start and/or stop at user-defined times.

Enter 'NO' at the DISPLAY SETUP HELP TEXT prompt not to display this help text.

DISPLAY DEVICE: ? [Device dedicated by IRMS for bingo board setup.]
Only devices with Sub-type starting with "C-VT" is allowed.
Answer with DEVICE NAME, or LOCAL SYNONYM, or $I, or VOLUME SET(CPU), or
SIGN-ON/SYSTEM DEVICE, or FORM CURRENTLY MOUNTED
DISPLAY DEVICE: [Select print device.]
AUTO-START DISPLAY DEVICE: Y YES [Sets the display group to start automatically.]
Do you want to initialize auto-start now? NO// Y YES
```

```

Enter Start Time: ?

Enter time as HH:MM in 12 hour format (For example, '8:00' or '8:00AM').

Enter Start Time: 9:30am [Start time for the display group.]
Enter Stop Time: 4:00pm [Stop time for the display group.]

```

At the "QUEUED TO RUN AT WHAT TIME" prompt a time must be entered that is at least two minutes in the future. The software will convert it to today's date with the time entered. For example, if the time is 8:00 a.m., to queue it for later today, enter 9:30 a.m. It will default to today's date. To enter a time for it to queue tomorrow, "T+1@00:00am/pm" must be entered. For example, if the time is 3:00 p.m., to queue it for 8:30 a.m., enter "T+1(or tomorrow's date)@8:30am".

## Auto-Start Enter/Edit [PSO BINGO INITIALIZE]

This option is used to change the start and stop times of the display groups that have been set up to automatically start and/or stop each day. The scheduling time and frequency can also be changed using this option.

### Example: Auto-Start Enter/Edit

```

Select Bingo Board Manager Option: AUTO-Start Enter/Edit

You want to edit Display Group(s) Start/Stop times? NO// Y YES
Select GROUP DISPLAY NAME: MAIN
Enter Start Time: 3:00AM// <Enter>
Enter Stop Time: 4:00PM// <Enter>

Select GROUP DISPLAY NAME: <Enter>

```

See the *Enter/Edit Display* option for an example of the auto-start screen.]

## Print Bingo Board Statistics [PSO BINGO REPORT PRINT]

A report is generated covering a date range that can be sorted by single division or all divisions. Date ranges in the future are not allowed. The start date must be a date that precedes the end date.

The Bingo Board Report includes totals on number of patients, waiting time, and average waiting time.

## Print Bingo Board Wait Time [PSO BINGO REPORT WAIT TIME]

This option allows printing of a report that sorts the entries in the PATIENT NOTIFICATION (Rx READY) file by Display Group, then Wait Time. This report can be used to keep track of the bingo board activity for a given day. To keep a permanent record of this activity, this report can be printed each day, preferably at the end of the day. The following are definitions of the items found on this report.

Field	Description
Name	The name of the patient. For a patient with multiple entries, his/her name is printed only once.
Time In	The time that the patient's name was entered in the computer.

Field	Description
Time Out	The time that the patient's name was entered on the bingo board monitor.
Rx#	The prescription number.
Wait Time	The amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each.
Display	The Display Group that the entries were entered under. Multiple site hospitals may have multiple display groups set up to coincide with each site.
Total	A summation of all the Wait Times in the PATIENT NOTIFICATION (Rx READY) file. It includes the wait time of the patients with multiple entries. For example, if it took 3 minutes to fill each of the three prescriptions for OPPATIENT23,ONE, the Total function sums up the Wait Time as though it took 9 minutes.
Count	The number of Wait Time entries. It counts the number of wait time entries for each prescription, not each patient.
Mean	The average or middle value of the Wait Time range of values.
Minimum	The least Wait Time value in the range.
Maximum	The greatest Wait Time value in the range.
Dev. (Deviation)	A relative number that signifies the overall departure from the average.

Data may be lost if this report is not printed each day, because many sites purge the PATIENT NOTIFICATION (Rx READY) file each morning.

#### Example: Print Bingo Board Wait Time

```

Select Bingo Board Option: BM Bingo Board Manager

      BINGO BOARD CONTROL PANEL

Select Bingo Board Manager Option: PRINT
  1   Print Bingo Board Statistics
  2   Print Bingo Board Wait Time
CHOOSE 1-2: 2 Print Bingo Board Wait Time
DEVICE: [Select Print Device]
      report follows
BINGO BOARD WAIT TIME PRINTOUT      MAY 21,1997  15:34      PAGE 1
      TIME      TIME      Rx#      WAIT
NAME      IN      OUT
-----
      DISPLAY: WAITING ROOM
OPPATIENT30,ONE      1503      1504      2004342      1
                  1503      1504      2004343      1
                  1503      1504      2004345      1
                  1509      1512      2004346      3
OPPATIENT14,ONE      1509      1512      2004350      3
                  1509      1512      2004354      3
OPPATIENT5,ONE       1509      1512      2002744      3
                  1509      1512      2006376      3
                  1509      1512      2006377      3
OPPATIENT19,ONE      1524      1527      2002403      3
                  1524      1527      2006034      3
OPPATIENT26,ONE      1524      1527      2002365      3
                  1524      1527      2002573      3
      -----
TOTAL                                     33

```

COUNT	13
MEAN	3
MINIMUM	1
MAXIMUM	3
DEV.	1

## Purge Bingo Board Data [PSO BINGO PURGE]

With this option, the user can delete all entries from the PATIENT NOTIFICATION (Rx READY) file.



It is recommended that data be purged each day. However, if data is not purged, it will not affect the accuracy of the bingo board statistics.

### \*\*\*Important\*\*\*



If this option is used before the end of the workday, all data will be lost except the statistical data on those prescriptions already picked up.

## Start Bingo Board Display [PSO BINGO START]

Use this option to start the bingo board display. If there are no prescription entries yet, the message typed in the GROUP DISPLAY will cycle. When the entries begin, the message will be displayed and held for a period of time, then pages of numbers or names will be displayed until all the names have been shown. Then the cycle starts over.

The terminal that executes the option may or may not be the display terminal.

## Stop Bingo Board Display [PSO BINGO STOP]

Use this option to stop the bingo board display. The bingo board can be stopped and started as often as desired. It must be stopped if any changes are made to the display group currently being used. This option can be accessed from any terminal.

When the display is stopped and “Yes” answered to the purge prompt, a second prompt appears and allows all of the display groups or a specific display group to be selected for purging.

## Edit Data for a Patient in the Clozapine Program [PSOL EDIT]

Use this option to edit data for a patient who has already been enrolled in the Clozapine treatment program. It is typically used to re-register a patient whose treatment has been discontinued and who has rejoined the program.

There are two statuses, Pre-Treatment and Active Treatment, which can be selected. Two other statuses, Treatment on Hold and Discontinued, are set by the background job and require the patient to be re-registered.



The Pre-Treatment status is for a patient registered but never receiving a prescription. If after four weeks (28 days prior to the start date listed for the data collection) the patient does not receive a prescription, the patient status is changed to Discontinued by the background job and the patient must be re-registered.

The Active status is for a patient that has had a prescription within the last 7 or 14 days. If the most recent prescription is over 14 days old, the patient status is changed to Treatment on Hold by the background job and the patient must be re-registered.



Sex, race, and ZIP Code should be registered for each patient through Medical Administration Service (MAS) or the Business Management Office.

## Enter/Edit Clinic Sort Groups [PSO SETUP CLINIC GROUPS]

This option enables a group of clinics to be identified that will print together for the action/informational profiles.

### Example: Enter Clinic Sort Group

```
Select Maintenance (Outpatient Pharmacy) Option: ENT
  1   Enter/Edit Clinic Sort Groups
  2   Enter/Edit Local Drug Interaction
CHOOSE 1-2: 1 Enter/Edit Clinic Sort Groups

Select Clinic Sort Group: ?
  Answer with OUTPATIENT CLINIC SORT GROUP NAME
Choose from:
  CLINIC 1
  Clinic 2
  You may enter a new OUTPATIENT CLINIC SORT GROUP, if you wish
  Answer must be 3-30 characters in length.
Select Clinic Sort Group: CLINIC 3
  Are you adding 'CLINIC 3' as
  a new OUTPATIENT CLINIC SORT GROUP (the 6TH)? Y (Yes)
NAME: Clinic 1// <Enter>
Select SORT GROUPS: ?
  Answer with SORT GROUP SORT GROUPS
  You may enter a new SORT GROUP, if you wish
  Enter name of clinic to be included in the sort group.
  Answer with HOSPITAL LOCATION NAME, or ABBREVIATION
  Do you want the entire 122-Entry HOSPITAL LOCATION List? N (No)
Select SORT GROUPS: 2 EAST
  Are you adding '2 EAST' as a new SORT GROUP (the 1ST for this OUTPATIENT CLINIC SORT
  GROUP)? Y (Yes)
Select SORT GROUPS: <Enter>
```

## Initialize Rx Cost Statistics [PSO COSTINIT]

This option allows the manager to initialize the system to compile cost data for one day or a range of days automatically.



**Note:** The default date is today plus 1 at 1:00 a.m. (T+1@01:00). The date on the screen represents either a default date/time if the option has never been queued, or the current date/time this option is queued to run.

## Edit Pharmacy Intervention

### [PSO INTERVENTION EDIT]

Use this option to edit an already existing entry in the APSP INTERVENTION file.

## Delete Intervention

### [PSO INTERVENTION DELETE]

This option can be used to delete an intervention from the APSP INTERVENTION file. An intervention can be deleted only on the same day that it was entered.

## Auto-delete from Suspense

### [PSO PNDEL]

The *Auto-delete from Suspense* option is the same option as the V. 6.0 *Delete from Suspense File* option. This option allows the user to delete from the file the records of all the prescriptions that have already been printed prior to the user specified number of days. This specified number of days must be set from 7 to 90 days at the “DAYS PRINTED RX STAYS IN 52.5” prompt in the *Site Parameter Enter/Edit* option. The task is set to run every 7 days at the user specified time. The user may also re-queue or de-queue this task using this option. Once a prescription is deleted from suspense, it cannot be reset for reprinting. This option will delete based on the date the prescription was printed from suspense, not the original suspense date. The reason for using the print date is that one batch may print on a certain day with prescriptions with different original suspense dates. This job will therefore never delete only part of a printed batch.

## Automate Internet Refill

### [PSO AUTO REFILL INITIALIZE]

This option initializes a job that will automatically process the refill requests placed via the Internet.



This option requires the PSOAUTRF key.

The following warning is displayed if the user does not hold the key.

#### Example: Automate Internet Refills – no security key held

```
Select Maintenance (Outpatient Pharmacy) Option: AUTOMATE Internet Refill
You must hold the PSOAUTRF key to run this option!
```

Internet refills are processed for all active divisions defined in the OUTPATIENT SITE file that have pending refill entries in the PRESCRIPTION REFILL REQUEST file. The *Automate Internet Refill* option uses the same criteria (prompting) that is used for the *Process Internet Refill* option. However, instead of the user responding to the prompts, the criteria is automatically set up by the software as follows:

Prompt/Criteria	Pre-set Value
FILL DATE:	TODAY
MAIL/WINDOW:	MAIL
Will these refills be Queued or Suspended?	SUSPENDED

Prompt/Criteria	Pre-set Value
PROCESS AUTO REFILLS FOR INPAT?	NO (but site parameter overrides)
PROCESS AUTO REFILLS FOR CNH?	NO (but site parameter overrides)

Scheduling the background job includes setting a time and the job's rescheduling frequency.



These fields should be left blank: DEVICE FOR QUEUED JOB OUTPUT, QUEUED TO RUN ON VOLUME SET, TASK PARAMETERS, and SPECIAL QUEUEING.

#### Example: Automate Internet Refills – Setting up the background job

```
Select Maintenance (Outpatient Pharmacy) Option: AUTOMATE Internet Refill

                                Edit Option Schedule
Option Name: PSO AUTO REFILL
Menu Text: Automate Internet Refill                TASK ID: 173872

-----

QUEUED TO RUN AT WHAT TIME: AUG 7,2007@16:40

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

    RESCHEDULING FREQUENCY: 24H
    TASK PARAMETERS:

    SPECIAL QUEUEING:

-----

COMMAND:
```

External refill requests, such as from AudioFax and Internet, will not be processed for Titration/Maintenance marked prescriptions.

#### Example: Automate Internet Refills – Titration/Maintenance marked prescriptions

```
Subj: ALBANY External Application Refills: Not processed List  [#101509]
01/28/09@13:52  11 lines
From: POSTMASTER  In 'IN' basket.    Page 1
-----
Refills Not Processed Report for the ALBANY Division.

The following refill requests were not processed:

Patient: OPPATIENT,TWO (9999)

Rx #: 100005122  (REF #1)  Qty: 55
Drug: ZINC SULFATE 66MG TAB
Reason: 'Titration/Maintenance Rx' cannot be refilled.
```

CPRS refill requests will not be automatically processed (new functionality delivered by PSO\*7\*313) for Titration/Maintenance marked prescriptions. The refill request will remain in the patient's Medication Profile as PENDING, and a mailman message (as shown in the above example) will also be sent to PSOAUTRF security key holders.

## Delete a Prescription [PSORXDL]

Using this option, a prescription status can be changed to deleted. This is only a change in status, not a removal of data. Deleted prescriptions do not appear on any profiles.



A released prescription can only be deleted after it has been returned to stock.

## Expire Prescriptions [PSO EXPIRE INITIALIZE]

This option initializes a daily job that will mark any prescription as expired that has yesterday as an expiration date. This option currently runs as a nightly job. PSO\*7\*391 modified the option to check for the Institutional DEA 'expiration date'. If the expiration date is within 30 calendar days or past expiration, then a mail message will be generated and sent to PSDMGR key holders.

### Example: Institutional DEA Certification Expiration Date within 30 Days

```
Subj: 500:Institutional DEA Expiration Date is about to expire [#140331]
03/20/12@11:57 3 lines
From: POSTMASTER In 'IN' basket. Page 1 *New*
-----
Please update Institutional DEA Certification Date. Will expire on
3/24/12.
*****
```

### Example: Institutional DEA Certification Past Expiration Date

```
Subj: 500:Institutional DEA Expiration Date has expired [#140333]
03/20/12@12:08 3 lines
From: POSTMASTER In 'IN' basket. Page 1 *New*
-----
Please update Institutional DEA Certification Date. Expired on 2/19/12.
*****
```

## Manual Auto Expire Rxs [PSO MANUAL AUTO EXPIRE]

This job needs to be run only if expired prescriptions are showing up as active orders on the Orders tab in CPRS. This could happen if the *Expire Prescriptions* option was not queued as a daily task *AND* those prescription(s) were never accessed/viewed in *Patient Prescription Processing* option.

Sites that have not queued the Expire Prescriptions job on the daily task schedule should do so by selecting the *Queue Background Jobs* option from the Maintenance (Outpatient Pharmacy) menu option, making an entry in the Edit Option Schedule template for the *Expire Prescriptions* option and scheduling it to run daily.

## Prescription Cost Update [PSO RXCOST UPDATE]

This option updates prescription costs in the DRUG COST file by generic drug name. Costs can be updated on refills and partials as well. Updates can be made only as far back as one year plus 120 days.

## Purge Drug Cost Data [PSO PURGE DRUG COST]

To purge drug cost data from the DRUG COST file, enter a starting and ending date. Then choose to run this job immediately or queue it.

### Example: Purge Drug Cost Data

```
Select Maintenance (Outpatient Pharmacy) Option: PURGE Drug Cost Data

Purge Cost Data Starting: FEB 2007// <Enter> (FEB 2007)
Purge Cost Data Ending: 3/97 (MAR 2007)

Are you sure you want to purge cost data
from 02/00/07 to 03/00/07? NO// Y YES

Do you want this option to run IMMEDIATELY or QUEUED? Q// <Enter> QUEUED
Requested Start Time: NOW// <Enter> (MAY 06, 2007@10:31:23)
Task #223079 QUEUED.
```

## Purge External Batches [PSO INTERFACE PURGE]

This option purges entries from the PHARMACY EXTERNAL INTERFACE file.

### Example: Purge External Batches

```
Select External Interface Menu Option: Purge External Batches
Enter cutoff date for purge of External Interface file: 022807 (FEB 28, 2007)

Purge entries that were not successfully processed? NO// <Enter>

Purge queued to run in background.

Select External Interface Menu Option: <Enter>
```

## Recompile AMIS Data [PSO AMIS RECOMPILE]

To gather Automated Management Information System (AMIS) data from various sources, use this option. It is recommended that this job should be queued to run during off-peak hours (or at a time that is convenient for the site).



The month/day/year may be specified for a current month report, but only month and year can be specified for reports of past months.

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# Chapter 16: Using the Medication Profile

---

This chapter describes the Medication Profile, its different formats, and how it can be used in patient care.

## Medication Profile

[PSO P]

The Medication Profile displays a profile of all prescriptions on file for a particular patient. The prescription display includes all Non-VA Med orders also. The user may view this information directly on the screen or request it to be printed. The medication profile is available in two formats: short or long.

### Medication Profile: Short Format

The short format displays the following information:

- patient name
- eligibility
- reactions
- prescription number
- Sig
- quantity
- last fill date
- address
- DOB
- narrative
- prescriptions
- drug name
- Status
- issue date
- refills remaining.

The short report format of the fields for Non-VA Med orders include the drug name or orderable item name, dosage, schedule and date documented.

The short format displays the status in an abbreviated form. The following is an explanation of the codes:

Code	Status/Description
A	Active
B	Bad Address Indicated
DF	Discontinued due to edit by a provider through CPRS
DE	Discontinued due to edit via backdoor Pharmacy
DP	Discontinued by provider through CPRS
DC	Discontinued via backdoor Pharmacy
DD	Discontinued due to death
DA	Auto discontinued due to admission
E	Expired
HP	Placed on hold by provider through CPRS
H	Placed on hold via backdoor Pharmacy
N	Non Verified
P	Pending due to drug interactions
S	Suspended
\$	Copay eligible
E	Third party electronically billable
R	Returned to stock prescription (next to last fill date)

## Example: Medication Short Profile

```

Medication Profile          Jun 12, 2006@22:33:13          Page: 1 of 1
OPPATIENT16, ONE
  PID: 000-55-3421                      Ht(cm): _____ (_____)
  DOB: DEC 2, 1923 (82)                  Wt(kg): 100.00 (06/24/2003)
  SEX: MALE                             Non-VA Meds on File
  CrCL: <Not Found>                      BSA (m2): _____
                                         Last entry on 1-20-05

#  RX #          DRUG                      QTY ST  ISSUE  LAST REF DAY
                                     DATE  FILL REM SUP
-----REFILL TOO SOON/DUR REJECTS (Third Party)-----
1 2390$e        DIGOXIN (LANOXIN) 0.05MG CAP          90 A> 02-16 02-16 3 90
2 2391e        OXYBUTYNIN CHLORIDE 15MG SA TAB      180 S> 02-15 05-06 0 90
-----ACTIVE-----
3 2396          AMPICILLIN 250MG CAP                  40 A> 06-12 06-12 0 10
4 2395          AZATHIOPRINE 50MG TAB                 90 E 06-10 05-03 3 90
-----DISCONTINUED-----
5 2398          FOLIC ACID 1MG TAB                   90 DD> 05-03 05-03R 3 90
6 2400          HYDROCORTISONE 1%CR                   1 DE> 05-03 05-03R 11 30
7 2394          IBUPROFEN 400MG TAB 500'S          270 DC 05-03 05-03 3 90
8 2399          MVI CAP/TAB                          90 DP> 05-03 05-03R 3 90
9 2402          TEMPAZEPAM 15MG CAP                  30 DF 06-01 06-01 5 30
10 2392         THIAMINE HCL 100MG TAB              90 DA> 05-03 05-03R 3 90
-----HOLD-----
11 2393         WARFARIN 5MG TAB                      90 H 05-03 - 3 90
12 2401         FUROSEMIDE 40MG TAB                  90 HP 05-03 - 2 90
-----NON-VERIFIED-----
13 2397         BACLOFEN 10MG TABS                   30 N 03-14 03-14 5 30
-----PENDING-----
14 CAPTOPRIL 25MG TAB                      QTY: 180      ISDT: 06-12 REF: 3
15 MULTIVITAMIN CAP/TAB                  QTY: 30      ISDT: 06-12> REF: 3
-----NON-VA MEDS (Not dispensed by VA) -----
GINKGO EXT 1 TAB ONCE A DAY BY MOUTH      Date Documented: 01/13/01

Enter ?? for more actions

PU Patient Record Update          NO New Order
PI Patient Information            SO Select Order

Select Action: Quit//

```



### Notes:

- Order #4 indicates that it has recently expired.
- Orders #5,7,10 indicate that they were recently discontinued.
- Hold Type display codes are shown in **blue**.
- Discontinue Type display codes are shown in **blue**.

## Medication Profile: Long Format

The long format displays all information contained on the short format as well as the following additional fields:

- physician's name
- fill date
- dates of refills/partial fills
- whether the prescription was filled at the pharmacy window or by mail
- clerk code
- total allowable refills
- which division filled it



The long report format of the fields for Non-VA Med orders include the start date, CPRS order #, status, documented by, order check(s), override reason, override provider, and statement of explanation.

#### Example: Medication Profile – Long Format

```
Select PATIENT NAME:  OPPATIENT,ONE      8-5-19      666000777      NO      NSC
VETERAN      OPPATIENT,ONE
WARNING : ** This patient has been flagged with a Bad Address Indicator.
LONG or SHORT: SHORT// LONG
Sort by DATE, CLASS or MEDICATION: DATE// <Enter>

All Medications or Selection (A/S): All// <Enter>
DEVICE: HOME// [Select Print Device] GENERIC INCOMING TELNET

OPPATIENT,ONE
      (TEMP ADDRESS from AUG 28,2006 till (no end date))
LINE1                                DOB:  AUG 5,1919
ANYTOWN                             PHONE: 555-1212
TEXAS  77379                         ELIG:  NSC
CANNOT USE SAFETY CAPS.

WEIGHT(Kg):                          HEIGHT(cm):
CrCL: <Not Found>                     BSA (m2): _____

DISABILITIES:

ALLERGIES:_____

ADVERSE REACTIONS:_____

Enter RETURN to continue or '^' to exit: <Enter>

Outpatient prescriptions are discontinued 72 hours after admission

      Medication Profile Sorted by ISSUE DATE

Rx #:  100001968Ae      Drug: LOPERAMIDE 2MG CAP
SIG: TAKE TWO CAPSULES BY MOUTH EVERY DAY
QTY: 60      # of Refills: 5      Issue/Expr: 12-15-05/06-16-06
Prov: OPProvider16,TWO  Entry By: 10000000013 Filled: 01-14-06 (M)

Last Released:                          Original Release:
Refilled: 02-19-04 (M)      Released:
Remarks:
Division: ALBANY (500)      Active      4 Refills Left

-----
Non-VA MEDS (Not Dispensed by VA)
GINKGO BILOBA TAB
Dosage: 1 TABLET
Schedule: ONCE A DAY
Route: MOUTH
Status: Discontinued (10/08/03)
Start Date: 09/03/03      CPRS Order #: 12232
Documented By: OPCLERK21,FOUR on 09/03/03
Statement of Explanation: Non-VA medication not recommended by VA provider.

ACETAMINOPHEN 325MG CT
Dosage: 325MG
Schedule:
Route:
Status: Active
```

Start Date: 09/03/03      CPRS Order #: 12234  
 Documented By: OPCLERK21,FOUR on 09/03/03  
 Statement of Explanation: Non-VA medication recommended by VA provider  
 Patient wants to buy from Non-VA pharmacy

The Intervention menu hidden action has been included in the Patient Information, the Medication Profile and Detailed Order ListMan screens when utilizing the following options:

- Patient Prescription Processing [PSO LM BACKDOOR ORDERS]
- Complete Orders from OERR [PSO LMOE FINISH]
- Edit Prescriptions [PSO RXEDIT]

See Chapter 18, “Using the Pharmacy Intervention Menu” for more details.

## Medication Reconciliation

The Medication Reconciliation product (patch PSO\*7\*294) introduces the components necessary to build four tools useful for medication reconciliation. The product utilizes Health Summary components and Text Integrated Utility (TIU) data objects to create a list of current medications. Medication Reconciliation also leverages the Remote Data Interoperability (RDI) software to include medication data from other sites.

For a complete list of functionality, please refer to the Medication Reconciliation Implementation Guide.

## Medication Profile and Refill [PSO HRC PROFILE/REFILL]

This option was originally requested by the Health Resource Center (HRC) to provide a new standalone option similar to that of the ePharmacy Medication Profile (View Only) [PSO PMP] option for the Compensation and Pension Record Interchange (CAPRI) system. It allows users to view a medication profile as well as refill prescriptions for a specific patient.

### Example 1: Medication Profile with default view

Patient Medication Profile					Jun 04, 2007@19:22:16		Page: 1 of 1	
OPPATIENT,ONE					<A>			
PID: 000-12-5678					HEIGHT(cm): 175.26 (11/21/2006)			
DOB: NOV 28,1900 (111)					WEIGHT(kg): 108.18 (08/09/2007)			
SEX: MALE					EXP/CANCEL CUTOFF: 120 DAY			
CrCL: 78.1(est.) (CREAT:1.0mg/dL 2/19/99)					BSA (m2): 2.23			
#	Rx#	DRUG [ ^ ]	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
1	100004112	ALBUTEROL INHALER	1	A	04-21-07	04-21-07	11	7
2	300483e	ALPRAZOLAM 0.25MG TABS	30	DC	06-14-07	06-14-07	11	30
3	100004113	AMITRIPTYLINE 10MG TAB	60	A	04-21-07	04-21-07	11	30
4	100004075e	CABERGOLINE 0.5MG TAB	7	E	05-18-05	05-18-05	6	7
5	100004155	DESIPRAMINE 25MG	90	S	02-23-07	02-11-07	11	90
6	100004022\$e	DIGOXIN 0.05MG/ML ELIX (60CC)	30	A	02-01-07	02-20-07	10	90
7	100004081	METAPROTERENOL 5% SOLUTION 10ML	15	DC	06-02-07	06-03-07	11	15
8	100004082	METAPROTERENOL 5% SOLUTION 10ML	10	DC	06-02-07	06-03-07	11	10
9	100004083	METAPROTERENOL 5% SOLUTION 10ML	15	A>	06-02-07	06-23-07	11	15
10	100004079	NICOTINE 10MG/ML SOLN NASAL SPRAY	1	A>	06-02-07	06-23-07	11	15
11	100003298	SIMVASTATIN 20MG TAB	5	DC	05-28-05	04-27-07	3	30
12	100003298A	SODIUM CHLORIDE 0.9% NASAL SOLN(O	1	A	05-10-07	05-10-07	11	30
13	100004070e	VALSARTAN 80MG TAB	5	S	06-28-07	05-31-07	11	30
PENDING (2 order)								
14	ALBUTEROL INHALER			RF	06-03-07		2	30
15	AMITRIPTYLINE 10MG TAB			RN	06-02-07		3	10
Non-VA MEDS (Not dispensed by VA) (1 order)								
16	TAMOXIFEN CITRATE 10MG TABS				Date Documented: 06/04/07			

Enter ?? for more actions			
CV	Change View	PI	Patient Information
GS	Group by Status	RF	Refill
SIG Show/Hide SIG			
Select: Quit//			

The following options are available as Hidden Menu actions on this screen:

DR - Sort by Drug	LF - Sort by Last Fill
RX - Sort by Prescription	ID - Sort by Issue Date

The *CV (Change View)* action allows the user to change some characteristics of the screen above. The user can also save and/or delete preferences, which will be used every time the user runs this option. The users can have one set of preferences for each Division defined.

### Example 2: Change View action

Enter CV at the “Select” prompt to change the view preferences.

```

OPPROVIDER,ONE's current default view (ALBANY):
-----
EXP/CANCEL CUTOFF   : 120 DAYS
SORT BY             : DRUG NAME
SORT ORDER          : ASCENDING
DISPLAY SIG         : NO
GROUP BY STATUS     : YES
DISPLAY ORDER COUNT: YES

Delete this default view? NO// <Enter>

EXP/CANCEL CUTOFF: 120// 120 DAYS
SORT BY: DR// DRUG NAME
SORT ORDER: ASCENDING// ASCENDING
DISPLAY SIG: OFF// OFF
GROUP BY STATUS: OFF// ON
DISPLAY ORDER COUNT: ON// OFF

Save as your default View? NO// YES

Saving...OK!

```

### Example 3: Patient Information action

Enter PI at the “Select” prompt to view patient information.

```

Patient Information      Jul 12, 2011@13:28:53      Page: 1 of 2
OPPATIENT,ONE          <A>
  PID: 000-12-5678      Ht (cm): _____ (_____)
  DOB: NOV 28,1900 (111) Wt (kg): _____ (_____)
  SEX: MALE
-----
Eligibility: NSC, VA PENSION
RX PATIENT STATUS: OPT NSC

Disabilities: POST-TRAUMATIC STRESS DISORDER-100% (SC),

2222 CENTRAL AVE

ALBANY                  HOME PHONE:
NEW YORK 01280-7654     CELL PHONE:
Prescription Mail Delivery: Regular Mail      WORK PHONE:
Cannot use safety caps.

Allergies
Verified: PENICILLIN,

```

# Adverse Reactions

+ Enter ?? for more actions

DD Detailed Allergy/ADR List EX Exit Patient List  
Select Action: Next Screen//

## Example 4: Medication Profile with SIG expanded

Enter SIG at the “Select” prompt to show/hide the Rx SIG.

Patient Medication Profile			Jun 04, 2007@19:22:16		Page: 1 of 1			
OPPATIENT,ONE					<A>			
PID: 000-12-5678			HEIGHT(cm): 175.26		(11/21/2006)			
DOB: NOV 28,1900 (111)			WEIGHT(kg): 108.18		(08/09/2007)			
SEX: MALE			EXP/CANCEL CUTOFF: 120 DAY					
CrCL: <Not Found>			BSA (m2): 2.23					
#	Rx#	DRUG [ ^ ]	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
1	100004112	ALBUTEROL INHALER	1	A	04-21-07	04-21-07	11	7
SIG: TAKE 1 PUFF BY MOUTH EVERY DAY FOR 10 DAYS								
2	300483e	ALPRAZOLAM 0.25MG TABS	30	DC	06-14-07	06-14-07	11	30
SIG: TAKE ONE CAPSULE BY BY MOUTH EVERY MORNING								
3	100004113	AMITRIPTYLINE 10MG TAB	60	A	04-21-07	04-21-07	11	30
SIG: TAKE ONE TABLET BY BY MOUTH EVERY MORNING								
4	100004075e	CABERGOLINE 0.5MG TAB	7	E	05-18-05	05-18-05	6	7
SIG: TAKE 2 TABLET(S) BY BY MOUTH EVERY 12 HOURS								
5	100004155	DESIPRAMINE 25MG	90	S	02-23-07	02-11-07	11	90
SIG: TAKE 2 TABLET(S) BY BY MOUTH EVERY 12 HOURS								
6	100004022\$e	DIGOXIN 0.05MG/ML ELIX (60CC)	30	A	02-01-07	02-20-07	10	90
SIG: INJECT 1000IM EVERY DAY								
7	100004081	METAPROTERENOL 5% SOLUTION 10ML	15	DC	06-02-07	06-03-07	11	15
SIG: INJECT 1000 IM EVERY DAY								
8	100004082	METAPROTERENOL 5% SOLUTION 10ML	10	DC	06-02-07	06-03-07	11	10
SIG: INJECT 1000 IM EVERY DAY								
9	100004083	METAPROTERENOL 5% SOLUTION 10ML	15	A>	06-02-07	06-23-07	11	15
SIG: INJECT 1000 IM EVERY DAY								
10	100004079	NICOTINE 10MG/ML SOLN NASAL SPRAY	1	A>	06-02-07	06-23-07	11	15
SIG: APPLY 1 PATCH ON SHOULDER DAILY								
11	100003298	SIMVASTATIN 20MG TAB	5	DC	05-28-05	04-27-07	3	30
SIG: TAKE 2 TABLET(S) PO FOUR TIMES A DAY								
12	100003298A	SODIUM CHLORIDE 0.9% NASAL SOLN(O	1	A	05-10-07	05-10-07	11	30
SIG: TAKE 2 PUFFS EACH NOSTRIL EVERY 8 HOURS								
13	100004070e	VALSARTAN 80MG TAB	5	S	06-28-07	05-31-07	11	30
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING								
PENDING (2 order)								
14	ALBUTEROL INHALER			RF	06-03-07		2	30
SIG: 1 PUFF BY MOUTH EVERY DAY FOR 5 DAYS								
15	AMITRIPTYLINE 10MG TAB			RN	06-02-07		3	10
SIG: TAKE 2 TABLET(S) PO FOUR TIMES A DAY								
Non-VA MEDS (Not dispensed by VA) (1 order)								
16	TAMOXIFEN CITRATE 10MG TABS				Date Documented: 06/04/07			
SIG: TAKE 2 TABLET(S) PO FOUR TIMES A DAY								
Enter ?? for more actions								
CV	Change View	PI	Patient Information	SIG	Show/Hide SIG			
GS	Group by Status	RF	Refill					
Select: Quit//								

### Example 5: Group By Status action

Enter GS at the “Select” prompt to group/ungroup list by Rx status.

Patient Medication Profile		Jun 04, 2007@19:22:16		Page: 1 of 1			
OPPATIENT,ONE				<A>			
PID: 000-12-5678		HEIGHT(cm): 175.26 (11/21/2006)					
DOB: NOV 28,1900 (111)		WEIGHT(kg): 108.18 (08/09/2007)					
SEX: MALE		EXP/CANCEL CUTOFF: 120 DAY					
CrCL: <Not Found>		BSA (m2): 2.23					
ISSUE # Rx#	LAST	REF DAY DRUG [^]	QTY ST	DATE	FILL	REM	SUP
ACTIVE (6 orders)							
1	100004112	ALBUTEROL INHALER	1 A	04-21-07	04-21-07	11	7
2	100004113	AMITRIPTYLINE 10MG TAB	60 A	04-21-07	04-21-07	11	30
3	100004022\$e	DIGOXIN 0.05MG/ML ELIX (60CC)	30 A	02-01-07	02-20-07	10	90
4	100004083	METAPROTERENOL 5% SOLUTION 10ML	15 A>	06-02-07	06-23-07	11	15
5	100004079	NICOTINE 10MG/ML SOLN NASAL SPRAY	1 A>	06-02-07	06-23-07	11	15
6	100003298A	SODIUM CHLORIDE 0.9% NASAL SOLN(O	1 A	05-10-07	05-10-07	11	30
DISCONTINUED (4 orders)							
7	300483e	ALPRAZOLAM 0.25MG TABS	30 DC	06-14-07	06-14-07	11	30
8	100004081	METAPROTERENOL 5% SOLUTION 10ML	15 DC	06-02-07	06-03-07	11	15
9	100004082	METAPROTERENOL 5% SOLUTION 10ML	10 DC	06-02-07	06-03-07	11	10
10	100003298	SIMVASTATIN 20MG TAB	5 DC	05-28-05	04-27-07	3	30
SUSPENDED (2 orders)							
11	100004155	DESIPRAMINE 25MG	90 S	02-23-07	02-11-07	11	90
12	100004070e	VALSARTAN 80MG TAB	5 S	06-28-07	05-31-07	11	30
EXPIRED (1 order)							
13	100004075e	CABERGOLINE 0.5MG TAB	7 E	05-18-05	05-18-05	6	7
PENDING (2 order)							
14	ALBUTEROL INHALER		RF	06-03-07		2	30
15	AMITRIPTYLINE 10MG TAB		RN	06-02-07		3	10
Non-VA MEDS (Not dispensed by VA) (1 order)							
16	TAMOXIFEN CITRATE 10MG TABS						
				Date Documented: 06/04/07			
Enter ?? for more actions							
CV	Change View	PI	Patient Information	SIG Show/Hide SIG			
GS	Group by Status	RF	Refill				
Select: Quit//							

### Example 6: Refill action

Enter RF at the “Select” prompt to request a refill for one or more prescriptions as shown below. This action is also available after selecting a specific prescription.

<b>Enter ?? for more actions</b>			
CV	Change View	PI	Patient Information SIG Show/Hide SIG
GS	Group by Status	RF	Refill
Select: Quit// RF Refill			
Barcode Refill? NO//			
Select Orders by number: (1-16): ?			
This response must be a list or range, e.g., 1,3,5 or 2-4,8.			
Select Orders by number: (1-16): 2			
FILL DATE: (5/2/2011 - 11/2/2011): TODAY// (JUL 12, 2011)			
MAIL/WINDOW: MAIL// MAIL			
Now refilling Rx# 100004113 Drug: AMITRIPTYLINE 10MG TAB			
Qty: 120 Sig: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY			
RX# 100004113 has been suspended until 07-12-11.			



**Note:** The system has the flexibility to sort the Medication Profile by different columns (RX, drug name, date, etc.). When selecting a range of prescriptions from the Medication Profile to be refilled, selection is not limited to active prescriptions. If discontinued or expired prescriptions are included in a range, the system will display a message stating the status of each prescription as they are processed within the range. For example:

Cannot refill Rx # 100002897, Rx is in DISCONTINUED status.

# Chapter 17: About the Output Reports Menu

---

This chapter describes the options on the *Output Reports* menu.

## Output Reports [PSO OUTPUTS]

The *Output Reports* menu generates a variety of management reports. These reports contain current medication profiles, utilization, cost, and workload information that help management maintain the highest level of patient care.

The following reports and menus are available on the *Output Reports* menu:

- *Action Profile (132 COLUMN PRINTOUT)*
- *Alpha Drug List and Synonyms*
- *AMIS Report*
- *Bad Address Reporting Main Menu ...*
- *CMOP Controlled Substance Rx Dispense Report*
- *Commonly Dispensed Drugs*
- *Cost Analysis Reports ...*
- *Daily AMIS Report*
- *Drug List By Synonym*
- *Free Text Dosage Report*
- *Inactive Drug List*
- *Internet Refill Report*
- *List of Patients/Prescriptions for Recall Notice*
- *List Prescriptions on Hold*
- *Management Reports Menu ...*
- *Medication Profile*
- *Monthly Drug Cost*
- *Narcotic Prescription List*
- *Non-Formulary List*
- *Non-VA Meds Usage Report*
- *Poly Pharmacy Report*
- *Prescription List for Drug Warnings*
- *Released and Unreleased Prescription Report*

## Action Profile (132 COLUMN PRINTOUT) [PSO ACTION PROFILE]

This option provides a list of a patient's active prescriptions, the expired and canceled prescriptions that may be renewed, and any Non-VA Med orders documented via the CPRS GUI application, and any remote prescriptions the patient may have are added to the end of the list as shown in the following report. Each prescription is followed by a place for the provider to indicate the action, renew or discontinue. This profile can be printed for an individual patient, for all patients with appointments in a clinic, all patients in all clinics, or for a clinic group.

In addition, a polypharmacy report can be printed with the action/informational profile. To get this report, answer **Yes** to the “POLYPHARMACY W/ACTION PROFILE” prompt in the *Site Parameter Enter/Edit* option to turn on this site parameter. This profile can be printed in an 80- or 132-column format. The Action Profile must be sent to a printer.

Barcodes may not show up on the action profile if the site parameters have not been set up for them.

If a prescription is for a drug marked for lab monitoring, the most recent lab result will be printed.

Copay affects the output report for this option. The letters SC (service connected) and NSC (non-service connected) will print on the same line as the RENEW/MD line only if the Veteran is rated service connected less than 50% and the prescription is not a supply item. This allows the physician to indicate (circle) the correct Veteran eligibility so that the Veteran may be charged a copay for the prescription, if applicable.

This report now displays **\*\*BAD ADDRESS INDICATED\*\*** if the patient has a bad address indicator. Also, if a temporary address has no end date, the following text is now displayed: “(Temp address from XXX 99,9999 till (no end date))”.



If the prescription has been returned to stock, the letter (R ) will appear next to the last fill date.

### Example: Action Profile Report

```
Select Output Reports Option: action Profile (132 COLUMN PRINTOUT)
Action or Informational (A or I): A// I Informational
By Patient, Clinic or Clinic Group (P/C/G): P// <Enter> atient
Do you want this Profile to print in 80 column or 132 column: 132// <Enter>
Select PATIENT NAME: OPPATIENT,TEN OPPATIENT,TEN SC VETERAN

Profile Expiration/Discontinued Cutoff: (0-9999): 120// <Enter>
DEVICE: [Select Print Device] GENERIC INCOMING TELNET

Informational Rx Profile Run Date: DEC 19,2012 Page: 1
Sorted by drug classification for Rx's currently active and for those Rx's that have been
inactive less than 120 days. Site: VAMC ZZ ALBANY (500)
-----
Outpatient prescriptions are discontinued 72 hours after admission.

Name : AMATO,CHARLES
DOB : 1942 Address : SLDK SLDK SLDK
                      LSDK LSDK LSDK
                      SALT LAKE CITY, UTAH 84108
                      Phone :

WEIGHT(Kg): 68.18 (12/12/2002) HEIGHT(cm): 139.70 (12/12/2002)
CrCL: 55.2(est.) (CREAT:1.2mg/dL 11/17/99)BSA: 1.55
DISABILITIES:

ALLERGIES: PENICILLIN, SOYBEANS, WHEAT,
ADVERSE REACTIONS:

Enter RETURN to continue or '^' to exit:

-----
Medication/Supply Rx#
Status
Expiration
```



```

Provider
Date
Classification: RE400 - MUCOLYTICS
ACETYLCYSTEINE 20% 30ML Qty: 30 for 90 Days 501217
Active
12-19-2013
RITCHIE,ROXANNE
Sig: 1 MOUTH TWICE A DAY
Filled: 12-18-2012
Remaining Refills: 3 Clinic: 10TH FLOOR
Price: $76.59

Press Return to Continue or "^" to Exit:

Informational Rx Profile Run Date: DEC 19,2012 Page: 2
Sorted by drug classification for Rx's currently active and for those Rx's that have been
inactive less than 120 days. Site: VAMC ZZ ALBANY (500)
-----
Outpatient prescriptions are discontinued 72 hours after admission.

Name : AMATO,CHARLES
DOB : 1942 Address : SLDK SLDK SLDK
LSDK LSDK LSDK
SALT LAKE CITY, UTAH 84108
Phone :

WEIGHT(Kg): (12/12/2002) HEIGHT(cm): (12/12/2002)
-----
-----PENDING ORDERS-----

Drug: ACETAMINOPHEN 325MG TABLET
Eff. Date: 03-20-2009Qty: 180 Refills: 2 Prov: FOX,KIRK
Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY THESE ARE THE PATIENT
INSTRUCTIONS FOR ACETAMINOPHEN FOR THE MARTINSBURG NOIS CALL WITH THE
HELP OF JEANIE & SHIRLEY
Press Return to Continue or "^" to Exit:

Informational Rx Profile Run Date: DEC 19,2012 Page: 3
Sorted by drug classification for Rx's currently active and for those Rx's that have been
inactive less than 120 days. Site: VAMC ZZ ALBANY (500)
-----
Outpatient prescriptions are discontinued 72 hours after admission.

Name : AMATO,CHARLES
DOB : 1942 Address : SLDK SLDK SLDK
LSDK LSDK LSDK
SALT LAKE CITY, UTAH 84108
Phone :

WEIGHT(Kg): (12/12/2002) HEIGHT(cm): (12/12/2002)
-----
-----PENDING ORDERS-----

Drug: DAPSONE 25MG TAB
Eff. Date: 03-20-2009Qty: 360 Refills: 0 Prov: FOX,KIRK
Sig: TAKE TWO TABLETS BY MOUTH TWICE A DAY
Press Return to Continue or "^" to Exit:

Informational Rx Profile Run Date: DEC 19,2012 Page: 4
Sorted by drug classification for Rx's currently active
and for those Rx's that have been inactive less than 120 days. Site: VAMC
ZZ ALBANY (500)
-----
Outpatient prescriptions are discontinued 72 hours after admission.

```

```

Name   : AMATO,CHARLES
DOB    : 1942
Address : SLDK SLDK SLDK
        LSDK LSDK LSDK
        SALT LAKE CITY, UTAH  84108
Phone   :

WEIGHT(Kg): (12/12/2002)          HEIGHT(cm): (12/12/2002)
-----
-----PENDING ORDERS-----
-----

Drug: ERYTHROMYCIN 250MG TAB
Eff. Date: 03-20-2009Qty: 180          Refills: 3   Prov: FOX,KIRK
Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY
Press Return to Continue or "^" to Exit:

Informational Rx Profile                      Run Date: DEC 19,2012   Page: 5
Sorted by drug classification for Rx's currently active
and for those Rx's that have been inactive less than 120 days.      Site: VAMC
ZZ ALBANY (500)
-----
Outpatient prescriptions are discontinued 72 hours after admission.

Name   : AMATO,CHARLES
DOB    : 1942
Address : SLDK SLDK SLDK
        LSDK LSDK LSDK
        SALT LAKE CITY, UTAH  84108
Phone   :

WEIGHT(Kg): (12/12/2002)          HEIGHT(cm): (12/12/2002)
-----
-----PENDING ORDERS-----
-----

```

### Example: Action Profile with the Polypharmacy Report

```

Select Outpatient Pharmacy Manager Option: Output Reports

Select Output Reports Option: Action Profile (132 COLUMN PRINTOUT)
Action or Informational (A or I): A// <Enter>   Action
Do you want generate a Polypharmacy report?: NO// YES
Minimum Number of Active Prescriptions: (1-100): 7// <Enter>
By Patient, Clinic or Clinic Group (P/C/G): P// ?

Enter 'P' to print by patient
    'C' for printing by clinic
    'G' for printing by clinic group
    'E' to exit process

    Select one of the following:

        P      Patient
        C      Clinic
        G      Clinic Group
        E      Exit

By Patient, Clinic or Clinic Group (P/C/G): P// G Clinic Group
Select Clinic Sort Group: WEST CLINIC
FOR DATE: 021007 (FEB 10, 2007)
Profile Expiration/Discontinued Cutoff: (0-9999): 120// <Enter>
Select a Printer: [Select Print Device]
DO YOU WANT YOUR OUTPUT QUEUED? NO// <Enter> (NO)

Select Clinic Sort Group: <Enter>

```

## Alpha Drug List and Synonyms

### [PSO ALPHA]

This report lists all drugs in alphabetical order by generic name. Any existing synonyms for each drug are listed in lowercase letters under the generic name.

## AMIS Report

### [PSO AMIS]

This report lists prescription statistics that are required by the VA Central Office. For a multidivisional site, the print device will report each division's statistics on a separate page with the grand totals on the last page. This report must be printed on a 132-column printer.



Month/day/year may be specified for a current month report, but only month and year can be specified for reports of past months.

## Bad Address Reporting Main Menu

### [PSO BAI REPORT]

The Bad Address Reporting Main Menu provides the following options:

- *Bad Address Suspended List*
- *List Prescriptions Not Mailed*

## Bad Address Suspended List

### [PSO BAI SUSPENDED]

This option identifies prescriptions for Veterans with either Bad Address Indicated, Do Not Mail, for Foreign Address, as well as no active temporary address, giving the user the opportunity to be proactive regarding prescriptions that when Printed or Pulled Early from Suspense, would be unable to be mailed.

### Example: Bad Address Suspended List Report

```
Select Output Reports Option: Bad Address Reporting Main Menu

Select Bad Address Reporting Main Menu Option: Bad Address Suspended List

This option shows unprinted suspended prescriptions for the following:

- BAD ADDRESS INDICATOR set in the PATIENT file (#2) and no active temporary address
- DO NOT MAIL set in the PHARMACY PATIENT file (#55)
- FOREIGN ADDRESS set in the PATIENT file (#2) and no active US temporary address


Select one of the following:

      B      Bad Address Indicator
      D      Do Not Mail
      F      Foreign
      A      All

Print for Bad Address Indicator/Do Not Mail/Foreign/All (B/D/F/A): A// <Enter> All

Ending suspense date: 08.15.07 (AUG 15, 2007)
```

You are logged in under the ALBANY division.

Print only those Rx's suspended for this division? Yes// <Enter> YES  
DEVICE: HOME// [Select Print Device]

### Example: Bad Address Suspended List Report (continued)

Suspense BAI/DO NOT MAIL/FOREIGN ADDRESS report - division = ALBANY PAGE: 1  
for suspense dates through AUG 15, 2007 B/D/F

-----  
OPPATIENT,NINETYFIVE (00-6666)  
AUG 13, 2007 Rx#: 100002466 AMOXICILLIN 250MG CAP D  
  
OPPATIENT,SEVEN (00-0175)  
JUL 02, 2007 Rx#: 100002097 PLACEBO TAB B

NOTE: B=BAD ADDRESS INDICATOR D=NO NOT MAIL F=FOREIGN ADDRESS

End of Report.  
Press Return to continue:

### List Prescriptions Not Mailed [PSO BAI NOT MAILED]

This option provides a report of prescriptions with a routing of Mail that were not mailed due to a bad address.

### CMOP Controlled Substance Rx Dispense Report [PSO CMOP CS RX DISPENSE REPORT]

This report provides a log of controlled substance prescriptions dispensed by a CMOP. This report can be sorted by release date or alphabetically by drug name. It displays the Release Date, Patient Name, Prescription Number, CMOP Status, and CMOP facility at which the prescription was filled. This report is designed to print on a 132-column printer and it is recommended that the printing be queued.

### Commonly Dispensed Drugs [PSO COMMON]

This report lists the drugs with the greatest number of fills during a selected period of time. For multidivisional sites, the print device will report each division's statistics on a separate page.

### Cost Analysis Reports [PSO COMMON]

This menu contains twelve different reports of cost analysis using existing data. Data for these reports are already compiled, so they print relatively quickly.

### Clinic Costs [PSO CLINIC COSTS]

This report contains data on all the prescriptions filled during the user specified time period for a specific clinic or for clinics.

## **Division Costs by Drug** **[PSO DIV COSTS BY DRUG]**

This report contains data on all prescriptions filled during a user specified period of time for one or more pharmacy divisions at a single site.

## **Drug Costs** **[PSO DRUG COSTS]**

This report contains data on all prescriptions filled during a user specified time period for a specific drug or all drugs on file.

## **Drug Costs by Division** **[PSO COST BY DIVISION]**

This report contains data on all prescriptions filled during a user specified period of time at a specific pharmacy division or for all pharmacy divisions.

## **Drug Costs by Division by Provider** **[PSO COST DIVISION BY PROVIDER]**

This report contains drug costs during a user specified period of time sorted by division or divisions and within the division by provider.

## **Drug Costs by Provider** **[PSO COST BY PROVIDER]**

This report contains data on all prescriptions filled during a specified period of time sorted by a drug or all drugs for each provider.

## **High Cost Rx Report** **[PSO HI COST]**

This report lists all prescriptions filled during the specified time period that cost more than the user specified dollar limit.

## **Patient Status Costs** **[PSO COST BY PATIENT STATUS]**

This report displays data on all prescriptions filled during a user specified period of time for a specific patient status.

## **Pharmacy Cost Statistics Menu** **[PSO COST STAT MENU]**

This menu contains options for pharmacy cost statistics data.

### **Pharmacy Statistics**

#### **[PSO COST STATISTICS]**

This report contains cost information and other statistics for all prescriptions filled during a user specified period of time.

### **Sort Statistics By Division**

#### **[PSO COST STATS BY DIVISION]**

This report sorted by division contains cost information and other statistics for all prescriptions filled during a user specified period of time.

### **Provider by Drug Costs**

#### **[PSO COST PROVIDER BY DRUG]**

This report sorted by provider displays data on all prescriptions filled for each drug during a user specified period of time.

### **Provider Costs**

#### **[PSO COST PER PROVIDER]**

This report displays the total prescription and cost data for prescriptions sorted by provider for a user specified period of time.

### **Request Statistics**

#### **[PSO REQ STATS]**

This report displays the total number of requests for service, average cost for each request, and average number of fills per request for a user specified period of time.

### **Daily AMIS Report**

#### **[PSO DAILY AMIS]**

This report contains Automated Management Information System (AMIS) data for a selected day, month, and quarter. Output includes daily, monthly, and quarter AMIS totals.

### **Drug List By Synonym**

#### **[PSO SYNONYM]**

This report lists all active drugs in alphabetical order by synonym. The drug is listed once for each synonym.

### **Free Text Dosage Report**

#### **[PSO DOSAGE REPORT]**

This report provides a list of drugs for prescriptions having a Dosage Ordered entry that is free text or a dosage that results in the calculation of the number of tablets. This report is designed to help identify all

such entries so that sites can determine if these dosages should be added to the Local Possible Dosages in the DRUG file, which would make them selectable during the medication order entry process.

#### Example: Free Text Dosage Report

Run Date: NOV 13,2006		Page 1	
Free Text Dosage Entry Report			
for the Period: APR 27,2006 to NOV 13,2006			
Drug	Free Text Entry	Count	
Provider:Count			
-----			
ACETAMINOPHEN AND CODEINE 30MG (342)	3 TABLETS	3	
OPPROVIDER24,TWO:3			
ALCOHOL PREP PADS (3718)	1 PAD	2	
OPPROVIDER13,TWO:2			
	PAD	1	
OPPROVIDER13,TWO:1			
AMINOPHYLLINE 500MG SUPP (3422)	1 SUPPOSITORY(IES) 500MG	1	
OPPROVIDER13,TWO:1			
ASPIRIN BUFFERED 325MG TAB (280)	1625MG	2	
OPPROVIDER24,TWO:2			
	975MG	3	
OPPROVIDER24.TWO:2 OPPROVIDER13.TWO:1			

## Inactive Drug List

### [PSO INACTIVE]

This report lists those drugs on file that have been inactivated.

VA FileMan sorts this report. If the user does not have VA FileMan experience, it is strongly recommended that the local IRMS staff be contacted before running this report.

## Internet Refill Report

### [PSO INTERNET REFILL REPORT]

This option generates a list of all Internet Refill prescriptions sorted by Patient, Date, or Result for one division or for all. This report can be printed in detail or summary format.

#### Example: Internet Refill Report – Detailed report, sorted by patient

```

Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:      ALBANY  500      ALBANY

ANOTHER ONE:  <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date:   08.16.07 (AUG 16, 2007)

Select one of the following:

      P      Patient
      D      Date
      R      Result

```

```

Sort by Patient/Date/Result (P/D/R): R// Patient

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Detail

Do you want this report to print in 80 or 132 column format: 80// <Enter>

DEVICE: HOME// [Select Print Device]

INTERNET REFILL REPORT BY PATIENT - Detail   AUG 16,2007 15:29:56   PAGE: 1
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient              Rx #      Date
                Reason
-----
OPPATIENT,ELEVEN (0359)  100002461  08/10/07
                        Patient Died on AUG 10, 2007
                        100002461  08/21/07
      Total transactions for patient = 1
OPPATIENT,NINETEEN (0000)  10064      07/26/07
                        Cannot refill Rx # 10064 Rx is in DISCONTINUED status
                        100002419  07/20/07
                        Cannot refill Rx # 100002419
                        100002421  08/02/07
                        Cannot refill Rx # 100002421
                        100002422  08/03/07
                        Cannot refill Rx # 100002422
      Total transactions for patient = 4
OPPATIENT,FOUR (0358)    10065      07/26/07
                        Cannot refill Rx # 10065 Narcotic Drug
      Total transactions for patient = 1
OPPATIENT,ONE (0285)     100002435  07/30/07
                        Cannot refill Rx # 100002435
      Total transactions for patient = 1
OPPATIENT,SEVEN (0117)   100002432  07/30/07
                        Cannot refill Rx # 100002432
      Total transactions for patient = 1
OPPATIENT,TWO (0270)     100002424  07/26/07
                        Cannot refill Rx # 100002424
      Total transactions for patient = 1

Total transactions for date range JUN 27, 2007 through AUG 16, 2007 = 9

Press Return to continue: <Enter>

** END OF REPORT **

```

#### Example: Internet Refill Report – Summary report, sorted by patient

```

Select Output Reports Option: Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:   ALBANY  500      ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

```



```

Select one of the following:

      P      Patient
      D      Date
      R      Result

Sort by Patient/Date/Result (P/D/R): R// Patient

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME// [Select Print Device]

INTERNET REFILL REPORT BY PATIENT - Summary  AUG 16,2007 15:30:26  PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient                               Filled      Not Filled      Total
-----
OPPATIENT,ELEVEN (0359)                0              1              1
OPPATIENT,NINETEEN (0000)              2              4              6
OPPATIENT,FOUR (0358)                  0              1              1
OPPATIENT,ONE (0285)                   1              1              2
SURPATIENT,EIGHTYFIVE (0356)           1              0              1
OPPATIENT,SEVEN (0117)                 0              1              1
OPPATIENT,TWO (0270)                  0              1              1
COUNT:                               4              9              13

Press Return to continue: <Enter>

** END OF REPORT **

```

### Example: Internet Refill Report – Detailed report, sorted by date

```

Select Output Reports Option: Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ALBANY 500 ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

Select one of the following:

      P      Patient
      D      Date
      R      Result

Sort by Patient/Date/Result (P/D/R): R// Date

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Detail

Do you want this report to print in 80 or 132 column format: 80// <Enter>

DEVICE: HOME// [Select Print Device]

```

```

INTERNET REFILL BY DATE - Detail      AUG 16,2007@15:30      PAGE: 1
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient          Rx #      Date
              Reason
-----
JUL 20, 2007
OPPATIENT,NINETEEN (0000)      100002419
                                Cannot refill Rx # 100002419
Count: 1

JUL 26, 2007
OPPATIENT,TWO (0270)          100002424
                                Cannot refill Rx # 100002424
OPPATIENT,FOUR (0358)          10065
                                Cannot refill Rx # 10065 Narcotic Drug
OPPATIENT,NINETEEN (0000)      10064
                                Cannot refill Rx # 10064 Rx is in DISCONTINUED status
Count: 3

JUL 30, 2007
OPPATIENT,SEVEN (0117)          100002432
                                Cannot refill Rx # 100002432
OPPATIENT,ONE (0285)           100002435
                                Cannot refill Rx # 100002435
Count: 2

AUG 02, 2007

Press Return to continue, '^' to exit: <Enter>

INTERNET REFILL BY DATE - Detail      AUG 16,2007@15:30      PAGE: 2
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient          RX #      RESULT/REASON
-----
OPPATIENT,NINETEEN (0000)      100002421  Cannot refill Rx # 100002421
                                Cannot refill Rx # 100002421
Count: 1

AUG 03, 2007
OPPATIENT,NINETEEN (0000)      100002422  Cannot refill Rx # 100002422
                                Cannot refill Rx # 100002422
Count: 1

AUG 10, 2007
OPPATIENT,ELEVEN (0359)        100002461  Patient Died on AUG 10, 2007
Count: 1

Total transactions for date range JUN 27, 2007 through AUG 16, 2007 = 9

Press Return to continue: <Enter>

** END OF REPORT **

```

#### Example: Internet Refill Report – Summary report, sorted by date

```

Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

ANOTHER ONE:

Beginning Date: 06.27.07 (JUN 27, 2007)
Ending Date: 08.16.07 (AUG 16, 2007)

```

```

Select one of the following:

P      Patient
D      Date
R      Result

Sort by Patient/Date/Result (P/D/R): R// Date

Select one of the following:

D      Detail
S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME// [Select Print Device]

INTERNET REFILL BY DATE - Summary      AUG 16,2007@15:31      PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Date Processed      Filled      Not Filled      Total
-----
JUN 28, 2007      1      0      1
JUL 17, 2007      1      0      1
JUL 20, 2007      0      1      1
JUL 23, 2007      1      0      1
JUL 26, 2007      0      3      3
JUL 30, 2007      0      2      2
AUG 02, 2007      0      1      1
AUG 03, 2007      0      1      1
AUG 10, 2007      0      1      1
AUG 15, 2007      1      0      1

COUNT:      4      9      13

Press Return to continue: <Enter>

** END OF REPORT **

```

### Example: Internet Refill Report – Detailed report, sorted by result

```

Select Output Reports Option: Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ALBANY 500 ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

Select one of the following:

P      Patient
D      Date
R      Result

Sort by Patient/Date/Result (P/D/R): R// Result

Select one of the following:

D      Detail
S      Summary

Print Detail/Summary report (D/S): S// Detail

```

```

Do you want this report to print in 80 or 132 column format: 80// <Enter>

DEVICE: HOME// [Select Print Device]

INTERNET REFILL REPORT BY RESULT - Detail      AUG 16,2007@15:31      PAGE: 1
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient              Rx #      Date
                  Reason
-----
OPPATIENT,SEVEN (0117)      100002432   07/30/07
                          Cannot refill Rx # 100002432

OPPATIENT,TWO (0270)       100002424   07/26/07
                          Cannot refill Rx # 100002424

OPPATIENT,ONE (0285)       100002435   07/30/07
                          Cannot refill Rx # 100002435

OPPATIENT,FOUR (0358)      10065       07/26/07
                          Cannot refill Rx # 10065 Narcotic Drug

OPPATIENT,ELEVEN (0359)    100002461   08/10/07
                          Patient Died on AUG 10

OPPATIENT,NINETEEN (0000)  10064       07/26/07
                          Cannot refill Rx # 10064 Rx is in DISCONTINUED status
                          100002419   07/20/07
                          Cannot refill Rx # 100002419
                          100002421   08/02/07
                          Cannot refill Rx # 100002421
                          100002422   08/03/07
                          Cannot refill Rx # 100002422

Total transactions for date range JUN 27, 2007 through AUG 16, 2007 = 9

Press Return to continue: <Enter>

** END OF REPORT **

```

### Example: Internet Refill Report – Summary report, sorted by result

```

Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date:  08.16.07 (AUG 16, 2007)

Select one of the following:

      P      Patient
      D      Date
      R      Result

Sort by Patient/Date/Result (P/D/R): R// Result

```

```

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME// [Select Print Device]

INTERNET REFILL REPORT BY RESULT - Summary   AUG 16,2007@15:31      PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Result                                     Count
-----
Filled                                     3
Not Filled                                9

Total:                                     12

Press Return to continue: <Enter>

** END OF REPORT **

```

## List of Patients/Prescriptions for Recall Notice [PSO RECALL LIST]

This report lists prescriptions containing medications associated with specific recall criteria, such as lot numbers and/or National Drug Code (NDC) numbers.

This new option has been placed under the Output Reports [PSO OUTPUTS] menu and prompts the user for the following criteria:

- *Division*
- *Prescription Release Date Range*
- *Inclusion/Exclusion of Deceased Patients*
- *Medication Identifier*

One of the following four medication identifiers may be selected:

- 1-NDC code*
- 2-Dispense Drug and Lot Number*
- 3-Dispense Drug only*
- 4-Drug Name (VA Generic or Orderable Item)*

### Example: List of Patients/Prescriptions for Recall Notice – Input

```

Division: ^ALL
From Release Date: T-90// (OCT 30, 2009)
To Release Date: T// (JAN 28, 2010)

Exclude Deceased Patients? YES//
Select one of the following:

      1      NDC
      2      DISPENSE DRUG AND LOT NUMBER
      3      DISPENSE DRUG
      4      DRUG NAME (VA GENERIC OR ORDERABLE ITEM)

Select 1-4 : 4  DRUG NAME (VA GENERIC OR ORDERABLE ITEM)

VA GENERIC DRUG: PREDNISONE

```

```

Dispense Drugs
-----
1 - PREDNISONE 1MG TAB
2 - PREDNISONE 5MG TAB
3 - PREDNISONE 20MG S.T.

Enter a list or range of numbers (1-3): 1-3

VA GENERIC DRUG:

** To avoid undesired wrapping of the output data, **
** please enter '0;256;999' at the 'DEVICE:' prompt. **

DEVICE: HOME// 0;256;999  GENERIC INCOMING TELNET

```

### Example: List of Patients/Prescriptions for Recall Notice – Input (continued)

Before continuing, please set up your terminal to capture the detailed report data. On some terminals, this can be done by clicking on the 'Tools' menu above, then click on 'Capture Incoming Data' to save to Desktop. This report may take a while to run.

The output of this report is in a delimited output format suitable for export to MS Excel and includes data from original prescription fills, refills, partial fills, and Consolidated Mail Outpatient Pharmacy (CMOP) fills. The report output is sorted primarily by patient name and secondarily by prescription number.

Each fill of the prescription is printed on a separate line preceded by a "HEADER" line containing patient demographic information. Each prescription detail line starts with a double backslash followed by an identifier to denote the type of fill (ORIGINAL, REFILL, PARTIAL, or CMOP).

### Example: List of Patients/Prescriptions for Recall Notice – Output

```

\\HEADER\^RX #^DRUG NAME^PATIENT^SSN^ADDRESS 1^ADDRESS 2^ADDRESS
3^CITY^STATE^ZIP^PHONE (HOME)^PHONE (WORK)^PHONE (CELL)^DECEASED?
\\ORIGINAL\^RX #^ISSUE DATE^FILL DATE^RELEASED DATE/TIME^EXPIRATION
DATE^LOT #^NDC^DIVISION^PHARMACIST^PROVIDER^RETURNED TO STOCK^PATIENT
STATUS^QTY PER DAY^# OF REFILLS^MAIL/WINDOW
\\REFILL\^RX #^REFILL DATE^RELEASED DATE/TIME^QTY PER DAY^LOT#^NDC^
DIVISION^RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^MAIL/WINDOW
\\PARTIAL\^RX #^PARTIAL DATE^RELEASED DATE/TIME^NDC^LOT #^QTY PER DAY
^DIVISION^ RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^FILLING PERSON^
REMARKS^MAIL/WINDOW
\\CMOP\^RX #^TRANSMISSION NUMBER^SEQUENCE #^NDC SENT^NDC RECEIVED^RX
INDICATOR^STATUS^CANCELLED DATE/TIME^CANCELLED REASON^RESUBMIT STATUS^
DATE SHIPPED^CARRIER^PACKAGE ID

\\HEADER\^301188^PREDNISONE 20MG S.T.^SURPAT,RODNEY^666000148^123
^^^TROY^NEW YORK^12180^^^N
\\ORIGINAL\^301188^9/25/07^9/25/07 15:10:33^9/25/08^^^TROY^
PHARNAM,DAVID^DOCNAM,SUZY^^SC LESS THAN 50%^2^11^W
\\REFILL\^301188^11/14/07^11/14/07 11:09:40^2^^^TROY^^PHARNAM,DAVID^
DOCNAM,SUZY^W
\\CMOP\^301188^179^1^11/18/07 10:22^11/18/07 11:17^2^TRANSMITTED^^^
11/19/07^^
\\HEADER\^100002832^PREDNISONE 20MG S.T.^TRAPATNM,STEVE^ 666000187^12345
^^^TROY^NEW YORK^12180^518-472-4307^^^N
\\ORIGINAL\^100002832^2/8/10^2/8/10^2/8/10 15:16:51^2/9/11^^00009-0165-02
^EXT^TESTMAN,PHARM^TESTMAN,PROV^^SC LESS THAN 50%^1^11^W
\\PARTIAL\^100002832^2/8/10^2/8/10 15:16:51^^^1^EXT^^TESTMAN,PHARM
^TESTMAN,PROV^^W

```

### Example: Internet Refill Report – Summary report, sorted by patient

```
Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

    Select one of the following:

        P      Patient
        D      Date
        R      Result

Sort by Patient/Date/Result (P/D/R): R// Patient

    Select one of the following:

        D      Detail
        S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME// [Select Print Device]

INTERNET REFILL REPORT BY PATIENT - Summary  AUG 16,2007 15:30:26    PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient                               Filled      Not Filled      Total
-----
OPPATIENT,ELEVEN (0359)                0              1              1
OPPATIENT,NINETEEN (0000)              2              4              6
OPPATIENT,FOUR (0358)                  0              1              1
OPPATIENT,ONE (0285)                   1              1              2
SURPATIENT,EIGHTYFIVE (0356)           1              0              1
OPPATIENT,SEVEN (0117)                 0              1              1
OPPATIENT,TWO (0270)                  0              1              1
COUNT:                               4              9             13

Press Return to continue: <Enter>

** END OF REPORT **
```

### Example: Internet Refill Report – Detailed report, sorted by date

```
Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)
```

```

Select one of the following:

      P      Patient
      D      Date
      R      Result

Sort by Patient/Date/Result (P/D/R): R// Date

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Detail

Do you want this report to print in 80 or 132 column format: 80// <Enter>

DEVICE: HOME// [Select Print Device]

INTERNET REFILL BY DATE - Detail      AUG 16,2007@15:30      PAGE: 1
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient              Rx #      Date
                  Reason
-----
JUL 20, 2007
OPPATIENT,NINETEEN (0000)      100002419
                                Cannot refill Rx # 100002419
Count: 1

JUL 26, 2007
OPPATIENT,TWO (0270)          100002424
                                Cannot refill Rx # 100002424
OPPATIENT,FOUR (0358)          10065
                                Cannot refill Rx # 10065 Narcotic Drug
OPPATIENT,NINETEEN (0000)      10064
                                Cannot refill Rx # 10064 Rx is in DISCONTINUED status
Count: 3

JUL 30, 2007
OPPATIENT,SEVEN (0117)          100002432
                                Cannot refill Rx # 100002432
OPPATIENT,ONE (0285)           100002435
                                Cannot refill Rx # 100002435
Count: 2

AUG 02, 2007

Press Return to continue, '^' to exit: <Enter>

INTERNET REFILL BY DATE - Detail      AUG 16,2007@15:30      PAGE: 2
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient              RX #      RESULT/REASON
-----
OPPATIENT,NINETEEN (0000)      100002421  Cannot refill Rx # 100002421
                                Cannot refill Rx # 100002421
Count: 1

AUG 03, 2007
OPPATIENT,NINETEEN (0000)      100002422  Cannot refill Rx # 100002422
                                Cannot refill Rx # 100002422
Count: 1

AUG 10, 2007
OPPATIENT,ELEVEN (0359)        100002461  Patient Died on AUG 10, 2007
Count: 1

```



```

Total transactions for date range JUN 27, 2007 through AUG 16, 2007 = 9
Press Return to continue: <Enter>

** END OF REPORT **

```

### Example: Internet Refill Report – Summary report, sorted by date

```

Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

ANOTHER ONE:

Beginning Date: 06.27.07 (JUN 27, 2007)
Ending Date: 08.16.07 (AUG 16, 2007)

Select one of the following:

      P      Patient
      D      Date
      R      Result

Sort by Patient/Date/Result (P/D/R): R// Date

Select one of the following:

      D      Detail
      S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME// [Select Print Device]

INTERNET REFILL BY DATE - Summary          AUG 16,2007@15:31          PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Date Processed          Filled          Not Filled          Total
-----
JUN 28, 2007             1              0              1
JUL 17, 2007             1              0              1
JUL 20, 2007             0              1              1
JUL 23, 2007             1              0              1
JUL 26, 2007             0              3              3
JUL 30, 2007             0              2              2
AUG 02, 2007             0              1              1
AUG 03, 2007             0              1              1
AUG 10, 2007             0              1              1
AUG 15, 2007             1              0              1

COUNT:                  4              9              13

Press Return to continue: <Enter>

** END OF REPORT **

```

### Example: Internet Refill Report – Detailed report, sorted by result

```

Select Output Reports Option:  Internet Refill Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION:    ALBANY  500      ALBANY

```

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

Select one of the following:

P	Patient
D	Date
R	Result

Sort by Patient/Date/Result (P/D/R): R// **Result**

Select one of the following:

D	Detail
S	Summary

Print Detail/Summary report (D/S): S// **Detail**

Do you want this report to print in 80 or 132 column format: 80// <Enter>

DEVICE: HOME// **[Select Print Device]**

INTERNET REFILL REPORT BY RESULT - Detail      AUG 16,2007@15:31      PAGE: 1  
Not Filled - For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Patient	Reason	Rx #	Date
OPPATIENT,SEVEN (0117)	Cannot refill Rx # 100002432	100002432	07/30/07
OPPATIENT,TWO (0270)	Cannot refill Rx # 100002424	100002424	07/26/07
OPPATIENT,ONE (0285)	Cannot refill Rx # 100002435	100002435	07/30/07
OPPATIENT,FOUR (0358)	Cannot refill Rx # 10065 Narcotic Drug	10065	07/26/07
OPPATIENT,ELEVEN (0359)	Patient Died on AUG 10	100002461	08/10/07
OPPATIENT,NINETEEN (0000)	Cannot refill Rx # 10064 Rx is in DISCONTINUED status	10064	07/26/07
	Cannot refill Rx # 100002419	100002419	07/20/07
	Cannot refill Rx # 100002421	100002421	08/02/07
	Cannot refill Rx # 100002421	100002421	08/02/07
	Cannot refill Rx # 100002422	100002422	08/03/07
	Cannot refill Rx # 100002422	100002422	08/03/07

Total transactions for date range JUN 27, 2007 through AUG 16, 2007 = 9

Press Return to continue: <Enter>

\*\* END OF REPORT \*\*

### Example: Internet Refill Report – Summary report, sorted by result

Select Output Reports Option: **Internet** Refill Report

You may select a single or multiple DIVISIONS,  
or enter ^ALL to select all DIVISIONS.

```

DIVISION:    ALBANY  500    ALBANY

ANOTHER ONE: <Enter>

Beginning Date: 06.27.07 (JUN 27, 2007)

Ending Date: 08.16.07 (AUG 16, 2007)

    Select one of the following:

        P      Patient
        D      Date
        R      Result

Sort by Patient/Date/Result (P/D/R): R// Result

    Select one of the following:

        D      Detail
        S      Summary

Print Detail/Summary report (D/S): S// Summary
DEVICE: HOME//  [Select Print Device]

INTERNET REFILL REPORT BY RESULT - Summary    AUG 16,2007@15:31    PAGE: 1
For date range JUN 27, 2007 through AUG 16, 2007 for ALBANY

Result                                     Count
-----
Filled                                     3
Not Filled                                9

Total:                                     12

Press Return to continue: <Enter>

** END OF REPORT **

```

## List Prescriptions on Hold [PSO HOLDRPT]

This report lists prescriptions that have a hold status.

## Management Reports Menu [PSO MGMT REPORT MENU]

With this menu the user can compile data for daily or monthly management reports. When the data has been compiled, the reports can be viewed on screen (132 columns) or printed on a 132-column printer.

### \*\*\*Important\*\*\*



Before printing the first management report, the *Initialize Daily Compile* option must be run. This option compiles past management data for a user specified date range and then queues a job to run every morning at 1:00 a.m. to compile the previous day's data.

This menu contains the following options:

- *Daily Management Report Menu ...*
- *Date Range Recompile Data*

- *Initialize Daily Compile*
- *Monthly Management Report Menu ...*
- *One Day Recompile Data*
- *Purge Data*

## **Daily Management Report Menu** **[PSO MGMT REPORT DAILY MENU]**

This menu contains the following options for printing the daily management reports:

- *All Reports*
- *Cost of Prescriptions*
- *Count of Prescriptions*
- *Intravenous Admixture*
- *Type of Prescriptions Filled*

### **All Reports**

#### **[PSO MGMT REPORTS ALL DAILY]**

This option prints all of the daily management reports for Outpatient Pharmacy that includes the Intravenous Admixture, Cost of Prescriptions, Prescription Count, and Type of Prescriptions Filled reports. They can be printed for a specific division or for all divisions if the site is multidivisional.

### **Cost of Prescriptions**

#### **[PSO MGMT REPORT RX COSTS]**

This report contains the average cost and total cost for staff prescriptions, fee prescriptions, all prescriptions, equivalent fills, methadone prescriptions (if a methadone program exists), and participating pharmacies prescriptions.

### **Count of Prescriptions**

#### **[PSO MGMT REPORT RX COUNTS]**

This report contains the total number of prescriptions filled during the specified month(s). It contains the patient category, number of equivalent fills, total prescriptions, total methadone prescriptions (if a methadone program exists), and patient requests.

### **Intravenous Admixture**

#### **[PSO MGMT REPORT IV]**

This report contains the total, average cost for piggybacks and syringes, L.V.P., T.P.N., and Chemotherapy used for outpatients only. A grand total for each month is also provided.

### **Type of Prescriptions Filled**

#### **[PSO MGMT REPORT TYPE OF RX]**

This report contains the total number of prescriptions filled by fee and staff physicians, new and refill prescriptions, prescriptions sent by mail or dispensed at the window, prescriptions filled by participating pharmacies, and investigation drug prescriptions.

## **Date Range Recompile Data**

### **[PSO MGMT RPT RANGE COMPILE]**

The management data for a user specified date range could be compiled/recompiled with this option. The data must be recompiled if prescription data has changed for prescriptions filled or refilled before today.

## **Initialize Daily Compile**

### **[PSO MGMT RPT DAILY COMPILE]**

This option queues a job to run every day at 1:00 a.m. to compile the previous day's management reports data. It also compiles the management data for a specific date range. When initializing the compiling of data prior to yesterday's date, the default date will be either today plus 1 at 1:00 a.m. (T+1@01:00) if the option has never been queued or the date and time this option has already been queued to run.

This option must be run to initialize the compiling of management report data before the management reports are printed.

## **Monthly Management Report Menu**

### **[PSO MGMT REPORT MONTHLY MENU]**

This menu contains options for printing the monthly management reports. The monthly management reports can be printed for previous months, but not the current month. The options are:

- *All Reports*
- *Cost of Prescriptions*
- *Count of Prescriptions*
- *Intravenous Admixture*
- *Type of Prescriptions Filled*

### **All Reports**

#### **[PSO MGMT MONTHLY ALL REPORTS]**

Print all of the monthly management reports with this option. These reports include the Intravenous Admixture, Cost of Prescriptions, Count of Prescriptions, and Type of Prescriptions Filled reports.

### **Cost of Prescriptions**

#### **[PSO MGMT MONTHLY RX COSTS]**

This report contains the average and total cost for staff prescriptions, fee prescriptions, all prescriptions, equivalent fills, methadone prescriptions (if a methadone program exists), and participating pharmacies prescriptions.

### **Count of Prescriptions**

#### **[PSO MGMT MONTHLY RX COUNTS]**

This report contains the total number of prescriptions filled during the specified month(s). It includes the patient category, number of equivalent fills, total prescriptions, total methadone (if methadone program exists), and patient requests.

### **Intravenous Admixture**

#### **[PSO MGMT MONTHLY IV]**

This report contains the total and average cost for piggybacks and syringes, L.V.P., T.P.N., and Chemotherapy, plus the grand total for each month.

### **Type of Prescriptions Filled**

#### **[PSO MGMT MONTHLY TYPE OF RX]**

This report contains the number of prescriptions filled by fee and staff physicians, new and refill prescriptions, prescriptions sent by mail or dispensed at the window, prescriptions filled by participating pharmacies, and investigational drug prescriptions.

### **One Day Recompile Data**

#### **[PSO MGMT REPORT MONTHLY MENU]**

The management data for a user specified day can be compiled/recompiled with this option.

### **Purge Data**

#### **[PSO MGMT DATA PURGE]**

Delete data from the OUTPATIENT PHARMACY MANAGEMENT DATA file with this option. The default starting date will always be the first date in the file.

### **Medication Profile**

#### **[PSO P]**

This report is the same as the “Medication Profile” described in “Chapter 15: Using the Medication Profile”.

### **Monthly Drug Cost**

#### **[PSO MONTHLYCOST]**

This report lists the monthly drug costs and can be printed for a selected drug or all drugs. This report must be printed on a 132-column printer.

### **Narcotic Prescription List**

#### **[PSO NARC]**

This report lists the quantity, provider, fill date, patient, and patient ID for each prescription for narcotic drugs filled during the specified time period. This report must be printed on a 132-column printer.

### **Non-Formulary List**

#### **[PSO NONFORM]**

This report lists all active drugs that have been designated as non-formulary. Non-formulary drugs are those that have not been approved for routine use by the Pharmacy and Therapeutics Committee of the medical center. These items can be dispensed under special circumstances when approved by the designated authority.

## Non-VA Meds Usage Report [PSO NON-VA MEDS USAGE REPORT]

This report lists the patient's Non-VA medical orders that are documented via the CPRS GUI package. The Patient Name, Order Status, Orderable Item, Date Documented, or Order Checks are the available sorting criteria for this report. (When sorting by Order Checks, the Non-VA Med orders with Order Checks will print before any Non-VA Med orders without Order Checks. When sorting by Status, the Active Non-VA Med orders will be displayed before the Inactive Non-VA Med orders.) It is an 80-column report available for printing to the screen or to a print device.

### Example: Non-VA Meds Usage Report

```
Select Outpatient Pharmacy Manager Option: OUTPut Reports

Select Output Reports Option: NON-VA Non-VA Meds Usage Report
FROM DATE DOCUMENTED: 11.08.03 (NOV 08, 2003)

TO DATE DOCUMENTED: 02.06.04 (FEB 06, 2004)

Enter the SORT field(s) for this Report:

1 - PATIENT NAME
2 - ORDERABLE ITEM
3 - DATE DOCUMENTED
4 - STATUS
5 - ORDER CHECKS

Or any combination of the above, separated by comma,
as in these examples:
2,1 - BY ORDERABLE ITEM, THEN BY PATIENT NAME
5,1,4 - BY ORDER CHECKS, THEN BY PATIENT NAME, THEN BY STATUS

SORT BY: PATIENT NAME// 1

SORT BY PATIENT NAME

You may select a single or multiple PATIENTS,
or enter ^ALL to select all PATIENTS.

PATIENT: OPPATIENT3,ONE  OPPATIENT3,ONE      2-23-54
PATIENT: OPPATIENT18,ONE OPPATIENT18,ONE    1-11-70
PATIENT:

DEVICE: HOME// <Enter>

Non-VA Meds Usage Report                               Page: 1
Sorted by PATIENT NAME
Date Range: 10/29/2003 - 02/06/2004                    Run Date: Feb 06, 2004@13:51:08
-----
OPPATIENT3,ONE (ID:6789)                                Patient Phone #: 555-555-5555
  Non-VA Med: ACIVICIN
  Dispense Drug:                                         Dosage: 2 ML
    Schedule: 3-4 TIMES A DAY                          Med Route: INTRAMUSCULAR
    Status: ACTIVE                                       CPRS Order #: 12510
  Documented By: OPCLERK10,FOUR                        Documented Date: 11/06/2003
    Clinic: 161 - LAB                                   Start Date: 01/01/2003

Statement/Explanation: Medication prescribed by Non-VA provider. PATIENT WANTED
                        TO BUY FROM WALGREENS BECAUSE OF COPAY.

  Non-VA Med: IMIPRAMINE
  Dispense Drug: IMIPRAMINE 50MG TAB                    Dosage: 50MG
    Schedule: FOUR TIMES A DAY AFTER MEALS              Med Route: MOUTH
                & AT BEDTIME
  Status: DISCONTINUED on 12/20/2003                    CPRS Order #: 12514
```

```

Documented By: OPCLERK16,FOUR          Documented Date: 11/20/2003
Clinic: 161 - LAB                      Start Date: 11/01/2003

OPPATIENT18,ONE (ID: 6789)             Patient Phone #:
Non-VA Med: RANITIDINE
Dispense Drug: RANITIDINE 150MG TAB      Dosage: 300MG
Schedule: EVERY OTHER DAY                Med Route: MOUTH
Status: ACTIVE                           CPRS Order #: 12593
Documented By: OPCLERK1,FOUR            Documented Date: 12/18/2003
Clinic: 285 - DIABETIC                  Start Date: 12/18/2003

Order Check #1: Duplicate drug class order: HISTAMINE ANTAGONISTS (NIZATIDINE
CAP,ORAL 150MG TAKE TWO CAPSULES EVERY MORNING AND TAKE TWO
CAPSULES EVERY EVENING WITH FOOD [ACTIVE])
Override Reason: Doctor's Therapy
Override Provider: OPPROVIDER21,TWO

Statement/Explanation: Non-VA medication not recommended by VA provider
=====
Total: 2 patients and 3 orders.

```



Non-VA Meds are automatically discontinued when a Date of Death has been entered for a patient. In the event a Date of Death is entered in-error and subsequently deleted, the Non-VA Meds will be automatically reinstalled to an active status if they were active before they were discontinued.

## Poly Pharmacy Report [PSO POLY]

This report lists a patient or patients with a selected minimum amount of prescriptions within a selected number of days. The Non-VA Med orders are included in the amount of prescriptions and are displayed, after all of the medications distributed by the VA, on this report. Only active prescriptions show on this report. The class column of this report is the drug classification from the DRUG file.

## Released and Unreleased Prescription Report [PSO RELEASE REPORT]

This report lists released and unreleased prescriptions by date range. The start date default is the date the package is installed and the end date default will be the current date.

PSO\*7\*391 modified [PSO RELEASE REPORT] to add CS as a selection to the input. The drug name and CS schedule was added to the output.

### Example: [PSO RELEASE REPORT] CS Selection and CS Schedule

```

Do you want ONLY Unreleased Prescriptions? NO//
Include (C)S Rx only, (N)on CS Rx only, or (B)oth (C/N/B): B// Controlled
Substances Rxs Only

Select controlled substance schedules

Select one of the following:

1          SCHEDULES I - II
2          SCHEDULES III - V
3          SCHEDULES I - V
Select Schedule(s): 3//

```



## Prescription List for Drug Warnings [PSO RX LIST]

This report lists all prescriptions that have been finished with a particular medication(s) within a given date range.

This new option has been placed under the Output Reports [PSO OUTPUTS] menu and uses a sort template PSO DRUG WARNINGS.

### Example: Prescription List for Drug Warnings – Input

```

** To avoid undesired wrapping of the output data, **
** please enter '0;256;999' at the 'DEVICE:' prompt. **

EXCLUDE DECEASED PATIENTS (Y/N) Y// ES
START WITH DIVISION: FIRST//
START WITH DRUG: FIRST//
* Previous selection: FINISH DATE/TIME from Oct 25,2009 to Oct
27,2009@24:00
START WITH FINISH DATE/TIME: Oct 25,2009// (OCT 25, 2009)
GO TO FINISH DATE/TIME: Oct 27,2009// (OCT 27, 2009)
DEVICE: GENERIC INCOMING TELNET

Before continuing, please set up your terminal to capture the
detailed report data. On some terminals, this can be done by
clicking on the 'Tools' menu above, then click on 'Capture
Incoming Data' to save to Desktop. This report may take a
while to run.

Press Return to Continue:
```

The output of this report is in a delimited output format suitable for export to MS Excel and includes data from original prescription fills, refills, partial fills, and Consolidated Mail Outpatient Pharmacy (CMOP) fills. The report output is sorted primarily by patient name and secondarily by prescription number.

Each fill of the prescription is printed on a separate line preceded by a "HEADER" line containing patient demographic information. Each prescription detail line starts with a double backslash followed by an identifier to denote the type of fill (ORIGINAL, REFILL, PARTIAL, or CMOP).

### Example: Prescription List for Drug Warnings – Output

```

\\HEADER^RX #^DRUG NAME^PATIENT^SSN^ADDRESS 1^ADDRESS 2^ADDRESS
3^CITY^STATE^ZIP^PHONE (HOME)^PHONE (WORK)^PHONE (CELL)^DECEASED?
\\ORIGINAL^RX #^ISSUE DATE^FILL DATE^RELEASED DATE/TIME^EXPIRATION
DATE^LOT #^NDC^DIVISION^PHARMACIST^PROVIDER^RETURNED TO STOCK^PATIENT
STATUS^QTY PER DAY^# OF REFILLS^MAIL/WINDOW
\\REFILL^RX #^REFILL DATE^RELEASED DATE/TIME^QTY PER DAY^LOT#^NDC^
DIVISION^RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^MAIL/WINDOW
\\PARTIAL^RX #^PARTIAL DATE^RELEASED DATE/TIME^NDC^LOT #^QTY PER DAY
^DIVISION^ RETURNED TO STOCK^PROVIDER^PHARMACIST NAME^FILLING PERSON^
REMARKS^MAIL/WINDOW
\\CMOP^RX #^TRANSMISSION NUMBER^SEQUENCE #^NDC SENT^NDC RECEIVED^RX
INDICATOR^STATUS^CANCELLED DATE/TIME^CANCELLED REASON^RESUBMIT STATUS^
DATE SHIPPED^CARRIER^PACKAGE ID

\\HEADER^301188^PREDNISONE 20MG S.T.^SURPAT,RODNEY^666000148^123
^^^TROY^NEW YORK^12180^^^N
\\ORIGINAL^301188^9/25/07^9/25/07^9/25/07 15:10:33^9/25/08^^^TROY^
PHARNAM,DAVID^DOCNAM,SUZY^^SC LESS THAN 50%^2^11^W
\\REFILL^301188^11/14/07^11/14/07 11:09:40^2^^^TROY^^PHARNAM,DAVID^
DOCNAM,SUZY^W
\\CMOP^301188^179^1^11/18/07 10:22^11/18/07 11:17^2^TRANSMITTED^^^
```

```
11/19/07^^  
\\HEADER\^100002832^PREDNISONE 20MG S.T.^TRAPATNM,STEVE^ 666000187^12345  
^^^TROY^NEW YORK^12180^518-472-4307^^^N  
\\ORIGINAL\^100002832^2/8/10^2/8/10^2/8/10 15:16:51^2/9/11^^00009-0165-02  
^EXT^TESTMAN,PHARM^TESTMAN,PROV^^SC LESS THAN 50%^1^11^W  
\\PARTIAL\^100002832^2/8/10^2/8/10 15:16:51^^^1^EXT^^TESTMAN,PHARM  
^TESTMAN,PROV^^W
```

# Chapter 18: Using the Pharmacy Intervention Menu

---

This chapter describes the options in the *Pharmacy Intervention Menu*.



This menu is locked with the PSORPH key.

## Pharmacy Intervention Menu [PSO INTERVENTION MENU]

The *Pharmacy Intervention Menu* option enables the user to enter, edit, print, delete, or view interventions in the APSP INTERVENTION file.

The following options are available on this menu:

- *Enter Pharmacy Intervention*
- *Edit Pharmacy Intervention*
- *Print Pharmacy Intervention*
- *Delete Intervention*
- *View Intervention*

## Enter Pharmacy Intervention [PSO INTERVENTION NEW ENTRY]

When it is necessary to interrupt the filling of a prescription to contact the provider in order to change, clarify, or cancel the prescription, use this option to add a new intervention entry into the APSP INTERVENTION file.

## Edit Pharmacy Intervention [PSO INTERVENTION EDIT]

Use this option to edit an already existing entry in the APSP INTERVENTION file.

## Print Pharmacy Intervention [PSO INTERVENTION PRINTOUT]

A captioned report of pharmacy interventions for a certain date range can be printed with this option. The report prints out on normal width paper and it can be queued to print at a later time.

The “subtotal” on this report represents the number of interventions for a specific type of intervention where the recommendation for the intervention was accepted. The “total” is the sum of all interventions in which the recommendation was accepted.

The “sub count” on this report is the number of interventions for a specific type of intervention over the specific date range. The “count” is the total number of all interventions over the specific date range.

## **Delete Intervention**

### **[PSO INTERVENTION DELETE]**

This option can be used to delete an intervention from the APSP INTERVENTION file. An intervention can be deleted only on the same day that it was entered.

## **View Intervention**

### **[PSO INTERVENTION VIEW]**

This option displays pharmacy interventions in a captioned format. More than one intervention can be viewed at a time.

## Chapter 19: Allergy Order Checks

---

This chapter describes the display of Allergy Order Checks functionality that appear prior to Clinical Reminder Order Checks (CROCs) and Enhanced Order Checks.

The following changes have been made to the existing allergy order checks:

1. In Backdoor Pharmacy, the system will require the pharmacist to complete an Intervention and enter their electronic signature code if the severity value equals 'Severe' before allowing the pharmacist to continue with the order. The intervention functionality will be similar to the Critical Drug-Drug Interactions in backdoor pharmacy today.



**Note:** Severity for an allergy can ONLY be entered for (O)bserved and NOT (H)istorical Allergy/Adverse Reactions. The user MUST HOLD the GMRA-ALLERGY VERIFY key and complete an observed reaction report to enter MECHANISM and SEVERITY for Observed Allergies/Adverse Reactions.

2. For allergies/adverse reactions with Severity of Mild, Moderate, or Not Entered, the system will continue the same as it does today with the option that allows the pharmacist to enter an intervention at their discretion.
3. All Allergies/adverse reactions are captured and stored with the order number in the ORDER CHECK INSTANCES file (#100.05), regardless of whether or not an intervention was entered. The information can be viewed from the prescription screen using the hidden action – DA Display Drug Allergies.
4. Remote/HDR allergy Signs/Symptoms are now displayed when doing Allergy/ADR Order Checks.
5. Modified Allergy/ADR Order Check to display actual Station Name in lieu of Local or Remote terminology.

### Examples of Allergy/Adverse Reaction Order Checks:

#### Mild:

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: ASPIRIN 81MG EC TAB  
Causative Agent: ASPIRIN (ALBANY - 01/14/16)  
Historical/Observed: OBSERVED  
Severity: MILD  
Ingredients: ASPIRIN  
Signs/Symptoms: DRY MOUTH, HIVES  
Drug Class: CN103 NON-OPIOID ANALGESICS

Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// n NO

### Moderate:

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: MINOXIDIL 2.5MG TAB  
Causative Agent: MINOXIDIL (ALBANY - 09/22/15)  
Historical/Observed: OBSERVED  
Severity: MODERATE  
Ingredients: MINOXIDIL  
Signs/Symptoms: HYPOTENSION  
Drug Class: CV490 ANTIHYPERTENSIVES,OTHER

Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// n NO

### Historical-Severity Not Entered:

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: AMPICILLIN 250MG  
Causative Agent: AMPICILLIN (ALBANY - 01/14/16)  
Historical/Observed: HISTORICAL  
Severity: Not Entered  
Ingredients: AMPICILLIN  
Signs/Symptoms: DRY MOUTH, HIVES  
Drug Class: AM111 PENICILLINS,AMINO DERIVATIVES  
Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO

### Severe without Intervention:

```
A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: ACETAMINOPHEN 325MG TAB
Causative Agent: ACETAMINOPHEN/ ASPIRIN/ CAFFEINE (CHEYENNE VAMC -
02/09/15)
Historical/Observed: OBSERVED
Severity: SEVERE
Ingredients: ACETAMINOPHEN
Signs/Symptoms: DIARRHEA, NAUSEA AND VOMITING, RASH
Drug Class: CN103 NON-OPIOID ANALGESICS

Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// n NO

With a SEVERE reaction, an intervention is required!
```



Note: “With a severe reaction, an intervention is required”

### Severe with Intervention:

```
A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: ACETAMINOPHEN 325MG TAB
Causative Agent: ACETAMINOPHEN/ ASPIRIN/ CAFFEINE (CHEYENNE VAMC -
02/09/15)
Historical/Observed: OBSERVED
Severity: SEVERE
Ingredients: ACETAMINOPHEN
Signs/Symptoms: DIARRHEA, NAUSEA AND VOMITING, RASH

Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES//

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention
For ACETAMINOPHEN 325MG TAB

PROVIDER: pears PEARSON,HOLLY HP 192 SYSTEMS ANALYST
RECOMMENDATION: 8 NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.
```

## CPRS Allergy/Adverse Reaction Entry Process

From the Order tab, enter a new allergy using the Allergies Dialog:

Causative Agent Lookup

Enter causative agent for Allergy or Adverse Drug Reaction:

(Enter the FIRST FEW LETTERS of the causative agent (minimum of 3) to allow for a comprehensive search. Only one reactant may be entered at a time)

Search for:

LIDOCA

Search

Select one of the following items

No Known Allergies

[-] 112 matches found.

[X] VA Allergies File (no matches)

[+] [✓] National Drug File - Generic Drug Name (8)

LIDOCAINE

LIDOCAINE/SODIUM CHLORIDE

LIDOCAINE/POVIDONE IODINE

LIDOCAINE/PRILOCAINE

LIDOCAINE/NEOMYCIN/POLYMYXIN

LIDOCAINE/TETRACAINE

LIDOCAINE/MENTHOL

LIDOCAINE/MENTHOL/METHYL SALICYLATE

[+] [✓] National Drug file - Trade Name (103)

[X] Local Drug File (no matches)

[+] [✓] Drug Ingredients File (1)

[X] VA Drug Class File (no matches)

[+] [✓] Add new free-text allergy (1)

OK

Cancel

Select from the matching entries on the list, or search again.



### Example of Historical Allergy:

**Enter Allergy or Adverse Reaction**

**General**

☐ No Known Allergies

☒ Active Allergies

Causative agent: LIDOCAINE ...

Originator: Vo,Mai - SYSTEMS ANA

Origination Date: Jan 15,2016@09:27 ...

Nature of Reaction: ...

Signs/Symptoms:

- ANXIETY
- ANXIETY
- ITCHING, WATERING E
- ANOREXIA
- DROWSINESS
- NAUSEA, VOMITING
- DIARRHEA
- HIVES
- DRY MOUTH
- DRY NOSE
- RASH

Selected Symptoms:

- ANXIETY

Comments:

Remove

☐ ID Band Marked

Observed ☒ Historical

OK Cancel

### Example of Observed Allergy:

**Enter Allergy or Adverse Reaction**

**General**

☐ No Known Allergies ☒ Active Allergies

Causative agent: LIDOCAINE ...

Originator: Vo,Mai - SYSTEMS ANA

Origination Date: Jan 15,2016@09:27 ...

Reaction Date/Time: Jan 15,2016 ...

Nature of Reaction: ...

Severity: ?

Signs/Symptoms: ANXIETY, ITCHING, WATERING EYES, ANOREXIA, DROWSINESS, NAUSEA, VOMITING, DIARRHEA, HIVES, DRY MOUTH, DRY NOSE, RASH

Selected Symptoms: ANXIETY

Comments:

☐ ID Band Marked

Remove

OK Cancel

## VistA Outpatient Allergy/Adverse Reaction Entry Process

### Observed Allergy example:

Patient Information	Jan 20, 2016@16:50:39	Page: 2 of 2
ROWPATNM, BOAT		<A>
PID: 666-00-0363		Ht (cm): _____ (_____)
DOB: MAR 4, 1950 (65)		Wt (kg): _____ (_____)
SEX: FEMALE		
+ Non-Verified: PENICILLIN, Remote:		
Adverse Reactions		
Verified: ASPIRIN,		

```

Enter ?? for more actions
EA  Enter/Edit Allergy/ADR Data          PU  Patient Record Update
DD  Detailed Allergy/ADR List            EX  Exit Patient List
Select Action: Quit// EA  Enter/Edit Allergy/ADR Data

REACTANT                                VER.   MECH.   OBS/
TYPE                                   -----
-----
-
PENICILLIN                             NO     UNKNOWN OBS
DRUG
    Reactions: RASH
ASPIRIN                                 YES    PHARM   OBS
DRUG
    Reactions: ANXIETY
FOOD
CHOCOLATE                             AUTO   UNKNOWN HIST
DRUG
    (FLAVOR)
FOOD
    Reactions: ANXIETY

Enter Causative Agent: GENTAMICIN

Checking existing PATIENT ALLERGIES (#120.8) file for matches...

Now checking GMR ALLERGIES (#120.82) file for matches...

Now checking the National Drug File - Generic Names (#50.6)

    1  GENTAMICIN
    2  GENTAMICIN/PREDNISOLONE
    3  GENTAMICIN/SODIUM CHLORIDE
CHOOSE 1-3: 1  GENTAMICIN
    GENTAMICIN  OK? Yes//  (Yes)

(O)bserved or (H)istorical Allergy/Adverse Reaction: O  OBSERVED
Select date reaction was OBSERVED (Time Optional):  T-15  (JAN 05, 2016)
JAN 0
5, 2016  (JAN 05, 2016)
Are you adding 'JAN 05, 2016' as
a new ADVERSE REACTION REPORTING? No// Y  (Yes)

No signs/symptoms have been specified.  Please add some now.

The following are the top ten most common signs/symptoms:
1. ANXIETY                                7. HIVES
2. ITCHING,WATERING EYES                  8. DRY MOUTH
3. ANOREXIA                              9. DRY NOSE
4. DROWSINESS                            10. RASH
5. NAUSEA,VOMITING                       11. OTHER SIGN/SYMPTOM
6. DIARRHEA

```

Enter from the list above : 7,10

Date(Time Optional) of appearance of Sign/Symptom(s): Jan 05, 2016// (JAN 05, 2016)

The following is the list of reported signs/symptoms for this reaction:

Signs/Symptoms	Date Observed
1 HIVES	Jan 05, 2016
2 RASH	Jan 05, 2016

Select Action (A)DD, (D)ELETE OR <RET>:

Choose one of the following:

A - ALLERGY  
P - PHARMACOLOGICAL  
U - UNKNOWN

MECHANISM: UNKNOWN// A ALLERGY

COMMENTS:

No existing text  
Edit? NO//

COMMENTS ARE REQUIRED.

Press RETURN to continue

Complete the observed reaction report? Yes// (Yes)

DATE/TIME OF EVENT: MAR 7,2016// 1/5/2016 (JAN 05, 2016) (JAN 05, 2016)

OBSERVER: SEBURN,CINDY// PEARSON,HOLLY HP 192 BAY PINES  
TES

T LAB

SEVERITY: ?

MILD - Requires minimal therapeutic intervention such as discontinuation of drug(s).  
MODERATE - Requires active treatment of adverse reaction, or further testing or evaluation to assess extent of non-serious outcome (see SEVERE for definition of serious).  
SEVERE - Includes any serious outcome, resulting in life or organ threatening situation or death, significant or permanent disability, requiring intervention to prevent permanent impairment or damage, or requiring/prolonging hospitalization.

Choose from:

1 MILD  
2 MODERATE  
3 SEVERE

SEVERITY: 3 SEVERE

DATE MD NOTIFIED: Mar 7,2016// (MAR 07, 2016)

Complete the FDA data? Yes// N (No)

Enter another Causative Agent? YES// NO

Causative Agent Data edited this Session:

ADVERSE REACTION

-----

GENTAMICIN

Obs/Hist: OBSERVED

Obs d/t: Jan 05, 2016

Signs/Symptoms: HIVES (1/5/16)

RASH (1/5/16)

Causative Agent Data edited this Session:

ADVERSE REACTION

-----

GENTAMICIN

Obs/Hist: OBSERVED

Obs d/t: Jan 05, 2016

Signs/Symptoms: RASH (1/5/16)

URTICARIA (1/5/16)

ORIGINATOR

COMMENTS:

Date: Feb 26, 2016@10:52

User: PEARSON,HOLLY

Title: SYSTEMS ANALYST

This is a required comment

Is this correct? NO//

Is this correct? NO// YES

This session you have CHOSEN:

GENTAMICIN

## Historical Allergy example:

### Patient Information

Jan 20, 2016@17:02:40

Page: 1 of

2

OPHEPPAT,ONE

<A>

PID: 666-03-1990

Ht(cm): \_\_\_\_\_ (\_\_\_\_\_)

DOB: MAR 19,1990 (25)

Wt(kg): \_\_\_\_\_ (\_\_\_\_\_)

SEX: MALE

Non-VA Meds on File - Last entry on 08/04/15

Eligibility:

RX PATIENT STATUS: OTHER FEDERAL

Disabilities:

HOME PHONE:

```

CELL PHONE:
WORK PHONE:

Prescription Mail Delivery: Regular Mail

Allergies
  Verified: METFORMIN, PENICILLIN, ASPIRIN,
+      Enter ?? for more actions
EA  Enter/Edit Allergy/ADR Data      PU  Patient Record Update
DD  Detailed Allergy/ADR List        EX  Exit Patient List
Select Action: Next Screen// ea      Enter/Edit Allergy/ADR Data

REACTANT                                VER.   MECH.   OBS/
TYPE                                -----
-----                                -----
-
METFORMIN                                AUTO   ALLERGY  OBS
DRUG
  (METFORMIN HYDROCHLORIDE)
  Reactions: ANXIETY, HIVES, ITCHING,WATERING EYES
OXYCODONE                                NO     ALLERGY  OBS
DRUG
  Reactions: COMA, SHORTNESS OF BREATH
PENICILLIN                                AUTO   ALLERGY  OBS
DRUG
  Reactions: ANAPHYLAXIS, RASH, NAUSEA,VOMITING,
              BELCHING
ASPIRIN                                AUTO   ALLERGY  OBS
DRUG
  Reactions: DIARRHEA, NAUSEA,VOMITING, HIVES
FOOD

Enter Causative Agent: Gentamicin

Checking existing PATIENT ALLERGIES (#120.8) file for matches...

Now checking GMR ALLERGIES (#120.82) file for matches...

Now checking the National Drug File - Generic Names (#50.6)

  1  GENTAMICIN
  2  GENTAMICIN/PREDNISOLONE
  3  GENTAMICIN/SODIUM CHLORIDE
CHOOSE 1-3: 1  GENTAMICIN
  GENTAMICIN   OK? Yes//   (Yes)

(O)bserved or (H)istorical Allergy/Adverse Reaction: h  HISTORICAL

No signs/symptoms have been specified.  Please add some now.

The following are the top ten most common signs/symptoms:
  1. ANXIETY                                7. HIVES

```

- |                          |                        |
|--------------------------|------------------------|
| 2. ITCHING,WATERING EYES | 8. DRY MOUTH           |
| 3. ANOREXIA              | 9. DRY NOSE            |
| 4. DROWSINESS            | 10. RASH               |
| 5. NAUSEA,VOMITING       | 11. OTHER SIGN/SYMPTOM |
| 6. DIARRHEA              |                        |

Enter from the list above : 7,10

Date(Time Optional) of appearance of Sign/Symptom(s): t (JAN 20, 2016)

The following is the list of reported signs/symptoms for this reaction:

Signs/Symptoms	Date Observed
-----	-----
1 HIVES	Jan 20, 2016
2 RASH	Jan 20, 2016

Select Action (A)DD, (D)ELETE OR <RET>:

COMMENTS:

No existing text

Edit? NO//

Enter another Causative Agent? YES// n NO

Causative Agent Data edited this Session:

ADVERSE REACTION

-----  
GENTAMICIN

Obs/Hist: HISTORICAL

Signs/Symptoms: HIVES (1/20/16)

RASH (1/20/16)

Is this correct? NO// y YES

This session you have CHOSEN:

GENTAMICIN

*(This page included for two-sided copying.)*



## Chapter 20: Clinical Reminder Order Checks

This chapter describes the display of Clinical Reminder Order Checks (CROCs) that appear prior to Enhanced Order Checks.

Order Checks now include the ability to view Clinical Reminders (prior to the display of Enhanced Drug-Drug interactions). Reminders are used to aid physicians in performing tasks to fulfill Clinical Practice Guidelines and periodic procedures or education as needed for veteran patients.

Clinical Reminder Order Checks will have a severity of low, medium or high. CROCs with a severity of high require an intervention to be entered. An intervention is optional for a severity of low and medium.

Only the CPRS orderable item and drug level CROCs are displayed through the Pharmacy Backdoor.

```
Now processing Clinical Reminder Order Checks. Please wait ...

=====
*** Clinical Reminder Order Check | Severity: MEDIUM ***

Known or Potential Teratogen (FDA Cat. D or Cat. C w/other data)

Use during pregnancy increases or may increase the risk for birth
defects or other adverse pregnancy outcomes (see REPROTOX).

1) Pregnancy status should be determined.

2) Discuss the risks and benefits of medication treatment for a mother
and fetus and the risks of untreated disease. Potential treatment
benefits may warrant use during pregnancy despite risks.
3) Provide contraceptive counseling and encourage effective
contraception for patients who are not trying to conceive.
4) Such counseling must be documented in the medical record by the
prescriber.

*****
The 'Teratogenic Medications' Order Check will display for
female patients between the ages of 10 and 52, except those
with a known exclusion criterion (e.g., hysterectomy),
or those with a documented tubal ligation that
is more recent than a documented tubal reanastomosis.

-----

Do you want to Intervene? N// O
```



**Note:** You will be automatically prompted for SIGNATURE if a Clinical reminder is HIGH.

*(This page included for two-sided copying.)*

# Chapter 21: Processing Order Checks

This chapter describes the option used for processing drug interactions.

## Process Order Checks

### [PSO ORDER CHECKS VERIFY]

This option can be used for processing order checks. This allows prescriptions with drug/drug interactions or a Dosing order check warning to be processed, deleted, or bypassed. An assigned signature code, which will not appear on the screen, must be entered to complete any of these actions. The pharmacist will then be given the option to Verify, Delete, Quit the process, or leave the prescription in a Non-Verified status. The *Electronic Signature Code Edit* option can be found under the *User's Toolbox* menu in Kernel V. 8.0.



When processing a drug/drug interaction or Dosing order check warning, the profile will list the status of the interacting drug orders to be processed as non-verified (N).

This section describes the Drug-Drug Interaction enhancements made to the Outpatient Pharmacy application included in PSO\*7\*251 and the Maximum Single Dose Check enhancement made in PSO\*7\*372.

The Duplicate Drug order check will continue to be performed against active, pending, non-verified, orders on hold (initiated through pharmacy or CPRS), expired, and discontinued orders. The timeframe for inclusion of expired and discontinued orders is determined by the display rules on the medication profile. This check will be performed on active Non-VA Medication orders.

Legacy VistA drug-drug interactions have been enhanced to utilize FDB's DIF business rules, APIs, and database to provide more clinically relevant drug interaction information. No changes have been made to the existing user actions for critical or significant drug interactions. The pharmacist will have to log an intervention for local, pending, and remote critical interactions and have the option of logging an intervention for local and remote significant interactions. No action is required for Non-VA medications orders.

Any remote Outpatient order (from another VAMC or Department of Defense (DoD) facility) using data from Health Data Repository Historical (HDR-Hx) or Health Data Repository- Interim Messaging Solution (HDR-IMS) that has been expired for 30 days or less will be included in the list of medications to be checked.

FDB custom drug interaction tables will be used to store custom changes to FDB standard reference drug interaction tables. FDB drug interactions that have a severity level of '1' will be displayed as critical in VistA. All FDB drug interactions that have a severity level of '2' will be displayed as significant in VistA.

The following Outpatient Pharmacy order entry processes have been enhanced:

- Entering a new order via backdoor pharmacy options
- Finishing a pending order

- Renewing an order
- Editing an order that results in a new order being created.
- Verifying an order
- Copying an order
- Reinstating a discontinued order

If a dispense drug is associated with an active Non-VA med order, that dispense drug will be used for the drug interaction order check.

If no dispense drug is associated with an active Non-VA med order, the first active dispense drug marked for Non-VA med use associated with the orderable item will be used for the Drug Interaction order check.

If there are no active dispense drugs marked for Non-VA med use that are associated with the orderable item, then the first active dispense drug marked for Outpatient use associated with the Orderable Item will be used.

If there are no active dispense drugs marked for Outpatient use associated with the orderable item, the first active dispense drugs associated with the orderable item will be used.

If there are no active dispense drugs associated with the orderable item for the Non-VA med order, no Drug Interaction order check will be performed.

Drug interaction order checks will be performed against pending orders.

The software will display to a non-pharmacist (does not hold PSORPH key) when entering a new order via pharmacy backdoor options or when finishing an order entered through CPRS the same drug interaction warning information as shown to a pharmacist.

See examples below:

#### **Critical Drug Interaction with Local Rx**

```
***CRITICAL*** Drug Interaction with Prospective Drug:
                INDINAVIR 400MG CAP and

                Local Rx#: 2443
                Drug: AMIODARONE 200MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                Processing Status: Released locally on 11/08/06@08:55:32 (Window)
                Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.
```

#### **Significant Drug Interaction with Local Rx**

```
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                WARFARIN 5MG TAB and

                Local RX#: 2443
                Drug: ASPIRIN 325MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                Processing Status: Released locally on 1/08/06@08:55:32 (Window)
                Last Filled On: 11/08/06

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
```

### Significant Drug Interaction with Remote Rx

```
*** Significant*** Drug Interaction with Prospective Drug:
                        WARFARIN 5MG TAB and

                        LOCATION: <VA or DOD facility>   Remote RX#: 10950021
                        Drug: ASPIRIN 325MG EC TAB (ACTIVE)
                        SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
                        Last Filled On: 11/08/06

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
```

### Critical Drug Interaction with Remote Rx

```
***CRITICAL*** Drug Interaction with Prospective Drug:
                        INDINAVIR 400MG CAP and

                        LOCATION: <VA or DOD Facility>   Remote Rx#: 2443
                        Drug: AMIODARONE 200MG TAB (ACTIVE)
                        SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                        Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.
```

### Critical Drug Interaction with Non-VA Med Order

```
***Critical*** Drug Interaction with Prospective Drug:
                        WARFARIN 5MG TAB and

                        Non-VA Med: CIMETIDINE 200MG TAB
                        Dosage: ONE TABLET      Schedule: AT BEDTIME

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.
```

### Significant Drug Interaction with Non-VA Med Order

```
***Significant*** Drug Interaction with Prospective Drug:
                        WARFARIN 5MG TAB and

                        Non-VA Med: ASPIRIN 325MG TAB
                        Dosage: ONE TABLET      Schedule: <NOT ENTERED>

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
```

### Critical Drug Interaction with Pending Order

```
***CRITICAL*** Drug Interaction with Prospective Drug:
                        INDINAVIR 400MG CAP and

                        Pending Drug: AMIODARONE 200MG TAB
                        SIG: TAKE ONE TABLET EVERY 8 HOURS

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.
```

### Significant Drug Interaction with Pending Order

```
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                        WARFARIN 5MG TAB and

                        Pending Drug: ASPIRIN 325MG TAB

                        SIG: TAKE ONE TABLET EVERY 8 HOURS

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
```

## Clinic Orders

Clinic orders are created via CPRS generally using the Meds Inpatient tab or the IV Fluids tab. Drug orders that have a clinic and an appointment date and time are considered clinic orders. The clinic must be defined with 'ADMINISTER INPATIENT MEDS?' prompt answered YES under the SETUP A CLINIC [SDBUILD] option in the Scheduling package. Defining the clinic in this manner ensures that an appointment date and time are defined. Orders placed via backdoor inpatient medications are not considered clinic orders.

MOCHA v1.0 Enhancements 1 adds drug interaction and therapeutic duplication order checks for clinic orders to Outpatient Pharmacy. Previously Inpatient Medications package performed order checks on active, pending and non-verified clinic orders. With the MOCHA 1 Enhancement 1, Inpatient medications will perform enhanced order checks for recently discontinued and expired inpatient medications clinic orders.

For both packages, the system will display clinic orders in a standard format to differentiate them from Inpatient Medications and Outpatient Pharmacy order checks.

Discontinued/expired orders must have a stop date within the last 90 days to be evaluated during enhanced order checks. For pending clinic orders, a variety of start and stop dates are available based on the information that the provider enters during initial order entry. The following are the scenarios that drive which dates will be displayed for the clinic order:

- If there are start/stop dates defined, they are displayed.
- If there are no stop/start dates defined, the 'requested start/stop dates' will be displayed with the word "Requested" prior to the start/stop date header.
- If there are no requested start/stop dates defined, the order date will be displayed and the start/stop date headers will be displayed with "\*\*\*\*\*" for the date.
- If there is either a requested start date or a requested stop date, the available date will be displayed and "\*\*\*\*\*" will be displayed for the undefined date.

### Unit Dose Clinic Order Check Example:

```
Now Processing Enhanced Order Checks! Please wait...

***CRITICAL*** Drug Interaction with Prospective Drug:
                  CIMETIDINE 300 MG and

      Clinic Order: PHENYTOIN 100MG CAP (DISCONTINUED)
      Schedule: Q8H
      Dosage: 100MG
      Start Date: FEB 27, 2012@13:00
      Stop Date: FEB 28, 2012@15:22:27

Concurrent use of cimetidine or ranitidine may result in elevated levels
of and toxicity from the hydantoin. Neutropenia and thrombocytopenia have
been reported with concurrent cimetidine and phenytoin.
```

### IV Clinic Order Check Example:

```
***CRITICAL*** Drug Interaction with Prospective Drug:
                  WARFARIN 2MG TAB and

      Clinic Order: POTASSIUM CHLORIDE 20 MEQ (ACTIVE)
      Other Additive(s): MAGNESIUM SULFATE 1 GM (1), CALCIUM GLUCONATE 1 GM (2),
                        HEPARIN 1000 UNITS, CIMETIDINE 300 MG
      Solution(s): DEXTROSE 20% 500 ML 125 ml/hr
                  AMINO ACID SOLUTION 8.5% 500 ML 125 ml/hr
```

3Start Date: APR 05, 2012@15:00  
Stop Date: APR 27, 2012@24:00

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Therapeutic Duplication – IV and Unit Dose clinic order therapeutic duplications display in the same format as drug interactions.

#### Unit Dose Clinic Order Check Example:

```
*** THERAPEUTIC DUPLICATION(S) *** POTASSIUM CHLORIDE 30 MEQ with

Clinic Order: POTASSIUM CHLORIDE 10MEQ TAB (PENDING)
Schedule: BID
Dosage: 20MEQ
Requested Start Date: NOV 20, 2012@17:00
Stop Date: *****

Class(es) Involved in Therapeutic Duplication(s): Potassium
```

#### IV Order Check Example:

```
*** THERAPEUTIC DUPLICATION(S) *** CEFAZOLIN 1 GM with

Clinic Order: CEFAZOLIN 2 GM (PENDING)
Solution(s): 5% DEXTROSE 50 ML
Order Date: NOV 20, 2012@11:01
Start Date: *****
Stop Date: *****

Clinic Order: CEFAZOLIN SOD 1GM INJ (EXPIRED)
Solution(s): 5% DEXTROSE 50 ML
Start Date: OCT 24, 2012@16:44
Stop Date: OCT 25, 2012@24:00

Class(es) Involved in Therapeutic Duplication(s): Beta-Lactams,
Cephalosporins, Cephalosporins - 1st Generation
```

The FDB standard professional drug interaction monograph is shown below:

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

**MONOGRAPH TITLE:** Anticoagulants/Salicylates

**SEVERITY LEVEL:** 2-Severe Interaction: Action is required to reduce the risk of severe adverse interaction.

**MECHANISM OF ACTION:** Multiple processes are involved: 1) Salicylate doses greater than 3 gm daily decrease plasma prothrombin levels. 2) Salicylates may also displace anticoagulants from plasma protein binding sites. 3) Salicylates impair platelet function, resulting in prolonged bleeding time. 4) Salicylates may cause gastrointestinal bleeding due to irritation.

**CLINICAL EFFECTS:** The concurrent use of anticoagulants and salicylates may result in increased INR values and increase the risk of bleeding.

**PREDISPOSING FACTORS:** None determined.

**PATIENT MANAGEMENT:** Avoid concomitant administration of these drugs. If salicylate use is necessary, monitor prothrombin time, bleeding time, or INR values closely. When possible, the administration of a non-aspirin salicylate would be preferable.

**DISCUSSION:** This interaction has been reported between aspirin and warfarin and between aspirin and dicumarol. Diflunisal, sodium salicylate, and topical methyl salicylate have been shown to interact with anticoagulants as well. Based on the proposed mechanisms,

other salicylates would be expected to interact with anticoagulants as well. The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated, altered, or discontinued.

REFERENCES:

- 1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the coagulation of blood. J Pharmacol Exp Ther 1960;128:95-8.
  - 2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.
  - 3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis with liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.
  - 4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.
  - 5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.
  - 6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970 Nov;188(5):403-8.
  - 7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.
  - 8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.
  - 9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980 Jun;99(6):746-52.
  - 10.Donaldson DR, Sreeharan N, Crow MJ, Rajah SM. Assessment of the interaction of warfarin with aspirin and dipyridamole. Thromb Haemost 1982 Feb 26;47(1):77.
  - 11.Chesebro JH, Fuster V, Elveback LR, McGoon DC, Pluth JR, Puga FJ, Wallace RB, Danielson GK, Orszulak TA, Piehler JM, Schaff HV. Trial of combined warfarin plus dipyridamole or aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with dipyridamole. Am J Cardiol 1983 May 15;51(9):1537-41.
  - 12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.
  - 13.Meade TW, Roderick PJ, Brennan PJ, Wilkes HC, Kelleher CC. Extra-cranial bleeding and other symptoms due to low dose aspirin and low intensity oral anticoagulation. Thromb Haemost 1992 Jul 6;68(1):1-6.
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Following the drug interaction monograph prompts, when a critical or significant drug interaction is generated with a local, pending, or remote medication order, users not holding a PSORPH key shall be presented with the next prompt in the current order entry dialog. They will not be shown any intervention prompts or dialog.

Following the drug interaction monograph prompts, when a significant drug interaction is generated with a local, pending, or remote medication order, the user will be presented with 'Do you want to intervene?' prompt for the following processes:

- New order entry via backdoor pharmacy options
- Finishing a pending order
- Renewing an order
- Copying an order
- Editing an order which results in creation of a new order
- Verifying an order
- Reinstating an order



### Critical Drug Interaction with Local Rx – No Monograph –Backdoor New Order Entry

```
***CRITICAL*** Drug Interaction with Prospective Drug:
INDINAVIR 400MG CAP and

Local RX#: 2443
Drug: AMIODARONE 200MG TAB (ACTIVE)
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Processing Status: Released locally on 11/08/06@08:55:32 (Window)
Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// n NO
RX DELETED

Or

Do you want to Continue? Y// ES

Do you want to Process medication
INDINAVIR 400MG CAP: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for INDINAVIR 400MG CAP

PROVIDER: OPProvider, ONE
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
VERB: TAKE
Available Dosage(s)
1. 400MG
2. 800MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 400MG

You entered 400MG is this correct? Yes// YES
VERB: TAKE
DISPENSE UNITS PER DOSE(CAPSULE): 1// 1
Dosage Ordered: 400MG

NOUN: CAPSULE
ROUTE: ORAL// ORAL
```

### Significant Drug Interaction with Local Rx – With Monograph – Backdoor New Order Entry

```
*** Significant *** Drug Interaction with Prospective Drug:
WARFARIN 5MG TAB and

Local RX#: 2411
Drug: ASPIRIN 325MG EC TAB (ACTIVE)
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
Processing Status: Released locally on 11/08/06@08:55:32 (Window)
Last Filled On: 11/08/06

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
```

Display Professional Interaction Monograph? No// Yes

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph  
Drug Interaction with WARFARIN and ASPIRIN

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

MONOGRAPH TITLE: Anticoagulants/Salicylates

SEVERITY LEVEL: 2-Severe Interaction: Action is required to reduce the risk of severe adverse interaction.

MECHANISM OF ACTION: Multiple processes are involved: 1) Salicylate doses greater than 3 gm daily decrease plasma prothrombin levels. 2) Salicylates may also displace anticoagulants from plasma protein binding sites. 3) Salicylates impair platelet function, resulting in prolonged bleeding time. 4) Salicylates may cause gastrointestinal bleeding due to irritation.

CLINICAL EFFECTS: The concurrent use of anticoagulants and salicylates may result in increased INR values and increase the risk of bleeding.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Avoid concomitant administration of these drugs. If salicylate use is necessary, monitor prothrombin time, bleeding time, or INR values closely. When possible, the administration of a non-aspirin salicylate would be preferable.

DISCUSSION: This interaction has been reported between aspirin and warfarin and between aspirin and dicumarol. Diflunisal, sodium salicylate, and topical methyl salicylate have been shown to interact with anticoagulants as well. Based on the proposed mechanisms, other salicylates would be expected to interact with anticoagulants as well. The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated, altered, or discontinued.

#### REFERENCES:

- 1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the coagulation of blood. J Pharmacol Exp Ther 1960;128:95-8.
- 2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.
- 3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis with liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.
- 4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.
- 5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.
- 6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970 Nov;188(5):403-8.
- 7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.
- 8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.
- 9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980 Jun;99(6):746-52.
- 10.Donaldson DR, Sreeharan N, Crow MJ, Rajah SM. Assessment of the interaction of warfarin with aspirin and dipyridamole. Thromb Haemost 1982 Feb 26;47(1):77.
- 11.Chesebro JH, Fuster V, Elveback LR, McGoon DC, Pluth JR, Puga FJ, Wallace RB, Danielson GK, Orszulak TA, Piehler JM, Schaff HV. Trial of combined warfarin plus dipyridamole or aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with dipyridamole. Am J Cardiol 1983 May 15;51(9):1537-41.
- 12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.

13.Meade TW, Roderick PJ, Brennan PJ, Wilkes HC, Kelleher CC. Extra-cranial bleeding and other symptoms due to low dose aspirin and low intensity oral anticoagulation. Thromb Haemost 1992 Jul 6;68(1):1-6.

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Do you want to Intervene? Y// NO  
Remote data not available - Only local order checks processed.

Press Return to Continue...

VERB: TAKE  
Available Dosage(s)  
1. 2.5MG  
2. 5MG

.  
.

OR

Do you want to Intervene? Y// ES  
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention  
for WARFARIN 5MG TAB

PROVIDER: OPPROVIDER,ONE            OPP            119  
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this  
intervention or for more options.

Would you like to edit this intervention ? N// O

VERB: TAKE  
Available Dosage(s)  
1. 5MG  
2. 10MG

Select from list of Available Dosages, Enter Free Text Dose  
or Enter a Question Mark (?) to view list: 1 5MG

You entered 5MG is this correct? Yes//    YES  
VERB: TAKE  
DISPENSE UNITS PER DOSE(TABLET): 1// 1  
Dosage Ordered: 5MG

NOUN: TABLET  
ROUTE: PO//    ORAL            PO    MOUTH

### Significant Drug Interaction with Remote Rx – With Monograph – Backdoor New Order Entry

\*\*\* Significant\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN 5MG TAB and

LOCATION: <VA or DOD facility>            Remote RX#: 10950021  
Drug: ASPIRIN 325MG EC TAB (ACTIVE)  
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING)  
Last Filled On: 11/08/06

\*\*\* REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph  
Drug Interaction with WARFARIN and ASPIRIN

MONOGRAPH TITLE: Anticoagulants/Salicylates

SEVERITY LEVEL: 2-Severe Interaction: Action is required to reduce the risk of severe adverse interaction.

MECHANISM OF ACTION: Multiple processes are involved: 1) Salicylate doses greater than 3 gm daily decrease plasma prothrombin levels. 2) Salicylates may also displace anticoagulants from plasma protein binding sites. 3) Salicylates impair platelet function, resulting in prolonged bleeding time. 4) Salicylates may cause gastrointestinal bleeding due to irritation.

CLINICAL EFFECTS: The concurrent use of anticoagulants and salicylates may result in increased INR values and increase the risk of bleeding.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Avoid concomitant administration of these drugs. If salicylate use is necessary, monitor prothrombin time, bleeding time, or INR values closely. When possible, the administration of a non-aspirin salicylate would be preferable.

DISCUSSION: This interaction has been reported between aspirin and warfarin and between aspirin and dicumarol. Diflunisal, sodium salicylate, and topical methyl salicylate have been shown to interact with anticoagulants as well. Based on the proposed mechanisms, other salicylates would be expected to interact with anticoagulants as well. The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated, altered, or discontinued.

REFERENCES:

- 1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the coagulation of blood. J Pharmacol Exp Ther 1960;128:95-8.
- 2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.
- 3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis with liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.
- 4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.
- 5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.
- 6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970 Nov;188(5):403-8.
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- 8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.
- 9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980 Jun;99(6):746-52.
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- 12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.

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Do you want to Intervene? Y// NO

Press Return to Continue...

VERB: TAKE

Available Dosage(s)

1. 2.5MG
2. 5MG

```

.
.
OR

Do you want to Intervene? Y// ES

Press Return to Continue...

Now creating Pharmacy Intervention
for WARFARIN 5MG TAB

PROVIDER: OPPROVIDER,ONE      OPP      119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
VERB: TAKE
Available Dosage(s)
    1. 5MG
    2. 10MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 5MG

You entered 5MG is this correct? Yes//  YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 5MG

NOUN: TABLET
ROUTE: PO//  ORAL      PO  MOUTH

```

### Critical Drug Interaction with Remote Rx – No Monograph – Backdoor New Order Entry

```

***CRITICAL*** Drug Interaction with Prospective Drug:
                INDINAVIR 400MG CAP and

                LOCATION: <VA or DOD facility>  Remote RX#: 2543789
                Drug: AMIODARONE 200MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH EVERY 8 HOURS
                Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// n  NO
RX DELETED

```

### Critical Drug Interaction with Non-VA Medication Order – Backdoor New Order Entry – No Monograph

```

Select Action: Quit// NO  New Order

Eligibility: SC LESS THAN 50%      SC%: 40
RX PATIENT STATUS: SC LESS THAN 50%//
DRUG: WARFARIN
  Lookup: GENERIC NAME
    1  WARFARIN 2.5MG TAB      BL110
    2  WARFARIN 5MG TAB      BL110
CHOOSE 1-2: 2  WARFARIN 5MG TAB      BL110

Now doing remote order checks. Please wait...

```

```

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***Critical*** Drug Interaction with Prospective Drug:
                    WARFARIN 5MG TAB and

                    Non-VA Med: CIMETIDINE 200MG TAB
                    Dosage: ONE TABLET      Schedule: AT BEDTIME

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Professional Interaction Monograph? No// No

VERB: TAKE
Available Dosage(s)
    1. 5MG
    2. 10MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 5MG

You entered 5MG is this correct? Yes//

```

### Critical Drug Interaction with Pending Order – No Monograph –Backdoor New Order Entry

```

***CRITICAL*** Drug Interaction with Prospective Drug
                    INDINAVIR 400MG CAP and

                    Pending Drug: AMIODARONE 200MG TAB
                    SIG: TAKE ONE TABLET EVERY 8 HOURS

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// n NO
RX DELETED

    Or

Do you want to Continue? Y// ES

Do you want to Process medication
INDINAVIR 400MG CAP: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for INDINAVIR 400MG CAP

PROVIDER: OPPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

```

```

VERB: TAKE
Available Dosage(s)
    1. 400MG
    2. 800MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 400MG

You entered 400MG is this correct? Yes//    YES
VERB: TAKE
DISPENSE UNITS PER DOSE(CAPSULE): 1// 1
Dosage Ordered: 400MG

NOUN: CAPSULE
ROUTE: ORAL// ORAL

```

### Significant Drug Interaction with Pending Rx – With Monograph – Backdoor New Order Entry

```

*** Significant *** Drug Interaction with Prospective Drug
                        WARFARIN 5MG TAB and

    Pending Drug: ASPIRIN 325MG EC TAB
    SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph
Drug Interaction with WARFARIN and ASPIRIN

This information is generalized and not intended as specific medical advice. Consult your
healthcare professional before taking or discontinuing any drug or commencing any course
of treatment.

MONOGRAPH TITLE:  Anticoagulants/Salicylates

SEVERITY LEVEL:  2-Severe Interaction: Action is required to reduce the risk of severe
adverse interaction.

MECHANISM OF ACTION:  Multiple processes are involved:  1) Salicylate doses greater than
3 gm daily decrease plasma prothrombin levels. 2) Salicylates may also displace
anticoagulants from plasma protein binding sites. 3) Salicylates impair platelet
function, resulting in prolonged bleeding time. 4) Salicylates may cause gastrointestinal
bleeding due to irritation.

CLINICAL EFFECTS:  The concurrent use of anticoagulants and salicylates may result in
increased INR values and increase the risk of bleeding.

PREDISPOSING FACTORS:  None determined.

PATIENT MANAGEMENT:  Avoid concomitant administration of these drugs. If salicylate use
is necessary, monitor prothrombin time, bleeding time, or INR values closely. When
possible, the administration of a non-aspirin salicylate would be preferable.

DISCUSSION:  This interaction has been reported between aspirin and warfarin and between
aspirin and dicumarol. Diflunisal, sodium salicylate, and topical methyl salicylate have
been shown to interact with anticoagulants as well. Based on the proposed mechanisms,
other salicylates would be expected to interact with anticoagulants as well. The time of
highest risk for a coumarin-type drug interaction is when the precipitant drug is
initiated, altered, or discontinued.

REFERENCES:
1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the
coagulation of blood. J Pharmacol Exp Ther 1960;128:95-8.
2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced
gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.

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3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis with liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.  
 4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.  
 5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.  
 6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970 Nov;188(5):403-8.  
 7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.  
 8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.  
 9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980 Jun;99(6):746-52.  
 10.Donaldson DR, Sreeharan N, Crow MJ, Rajah SM. Assessment of the interaction of warfarin with aspirin and dipyridamole. Thromb Haemost 1982 Feb 26;47(1):77.  
 11.Chesebro JH, Fuster V, Elveback LR, McGoon DC, Pluth JR, Puga FJ, Wallace RB, Danielson GK, Orszulak TA, Piehler JM, Schaff HV. Trial of combined warfarin plus dipyridamole or aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with dipyridamole. Am J Cardiol 1983 May 15;51(9):1537-41.  
 12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.  
 13.Meade TW, Roderick PJ, Brennan PJ, Wilkes HC, Kelleher CC. Extra-cranial bleeding and other symptoms due to low dose aspirin and low intensity oral anticoagulation. Thromb Haemost 1992 Jul 6;68(1):1-6.

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Do you want to Intervene? Y// NO  
 Remote data not available - Only local order checks processed.

Press Return to Continue...

VERB: TAKE  
 Available Dosage(s)  
     1. 2.5MG  
     2. 5MG

OR

Do you want to Intervene? Y// ES  
 Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention  
 for WARFARIN 5MG TAB

PROVIDER: OP  
 PROVIDER,ONE                      OPP                      119  
 RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this  
 intervention or for more options.

Would you like to edit this intervention ? N// O

VERB: TAKE  
 Available Dosage(s)  
     1. 5MG  
     2. 10MG

Select from list of Available Dosages, Enter Free Text Dose  
 or Enter a Question Mark (?) to view list: 1 5MG



```

You entered 5MG is this correct? Yes//  YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 5MG

NOUN: TABLET
ROUTE: PO//  ORAL          PO  MOUTH

```

### Significant Drug Interaction with Local Rx – Finishing Pending Order – No Monograph

```

+      Enter ?? for more actions
BY  Bypass                      DC  Discontinue
ED  Edit                       FN  Finish
Select Item(s): Next Screen// FN  Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                   WARFARIN 5MG TAB and

      Local RX#: 2498
      Drug: ASPIRIN 325MG EC TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      Processing Status: Released locally on 11/08/06@08:55:32 (Window)
      Last Filled On: 11/08/06

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// NO

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//
.
.
OR

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for WARFARIN 5MG TAB

PROVIDER:      OERRPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

Rx # 2500                      10/19/07
OPPATIENT, ONE                  #30
TAKE ONE TABLET BY MOUTH AT BEDTIME

WARFARIN 5MG TAB
OERRPROVIDER,ONE  OPPHARMACIST,ONE
# of Refills: 11

```

```

SC Percent: 40%
Disabilities: NONE STATED

This Rx has been flagged by the provider as: NO COPAY

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//
.

Critical Drug Interaction with Local Rx - Finishing Pending Order - No Monograph

+          Enter ?? for more actions
BY Bypass          DC Discontinue
ED Edit           FN Finish
Select Item(s): Next Screen// FN Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

***CRITICAL*** Drug Interaction with Prospective Drug:
                INDINAVIR 400MG CAP and

                Local Rx#: 2443
                Drug: AMIODARONE 200MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                Processing Status: Released locally on 11/08/06@08:55:32 (Window)
                Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// NO

Pending OP Orders (ROUTINE)   Oct 19, 2007@08:55:12           Page:    1 of    4
OPPATIENT, ONE                                     <A>
  PID: 666-45-6754                                Ht(cm): 187.96 (07/05/1994)
  DOB: JAN 1,1945 (62)                            Wt(kg): 77.27 (07/05/1994)

CPRS Order Checks:
  CRITICAL drug-drug interaction: INDINAVIR 400MG CAP & AMIODARONE 200MG TAB
  TAKE ONE TABLET BY MOUTH EVERY MORNING [ACTIVE])
  Overriding Provider: OERRPROVIDER, ONE
  Overriding Reason: TESTING

  SIGNIFICANT drug-drug interaction: IBUPROFEN & METHOTREXATE (METHOTREXATE
  TAB 2.5MG TAKE ONE TABLET BY MOUTH TWICE A DAY [PENDING])
  Overriding Provider: OERRPROVIDER, ONE

+          Enter ?? for more actions
AC Accept          ED Edit          DC Discontinue
Select Item(s): Next Screen//.
.
.
OR

Do you want to Continue? Y// YES

Do you want to Process medication

```

```

INDINAVIR 400MG CAP: P// ROCESS

Enter your Current Signature Code:      SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for INDINAVIR 400MG CAP
PROVIDER:      OERRPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

Rx # 2501                      10/19/07
OPPATIENT, ONE                  #90
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY

INDINAVIR 400MG CAP OERRPROVIDER,ONE  OPPHARMACIST,ONE
# of Refills: 11

      SC Percent: 40%
      Disabilities: NONE STATED

This Rx has been flagged by the provider as: NO COPAY

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//

```

### Significant Drug Interaction with Pending Order – Finishing Pending Order – No Monograph

```

+      Enter ?? for more actions
BY Bypass                      DC Discontinue
ED Edit                        FN Finish
Select Item(s): Next Screen// FN  Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                    WARFARIN 5MG TAB and

      Pending Drug: ASPIRIN 325MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// NO

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//
.
.
OR

Do you want to Intervene? Y// ES

```

```

Now creating Pharmacy Intervention
for WARFARIN 5MG TAB

PROVIDER:      OERRPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

Rx # 2500                10/19/07
OPPATIENT, ONE          #30
TAKE ONE TABLET BY MOUTH AT BEDTIME

WARFARIN 5MG TAB
OERRPROVIDER,ONE      OPPHARMACIST,ONE
# of Refills: 11

      SC Percent: 40%
      Disabilities: NONE STATED

This Rx has been flagged by the provider as: NO COPAY

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//

```

### Critical Drug Interaction with Pending Order – Finishing Pending Order – No Monograph

```

+      Enter ?? for more actions
BY Bypass                DC Discontinue
ED Edit                  FN Finish
Select Item(s): Next Screen// FN Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

***CRITICAL*** Drug Interaction with Prospective Drug:
                INDINAVIR 400MG CAP and

      Local RX#: 2443
      Drug: AMIODARONE 200MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
      Processing Status: Released locally on 11/08/06@08:55:32 (Window)
      Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// n NO

Pending OP Orders (ROUTINE)  Oct 19, 2007@08:55:12          Page:      1 of      4
OPPATIENT, ONE                                     <A>
  PID: 666-45-6754                                Ht(cm): 187.96 (07/05/1994)
  DOB: JAN 1,1945 (62)                            Wt(kg): 77.27 (07/05/1994)

      SIGNIFICANT drug-drug interaction: IBUPROFEN & WARFARIN (WARFARIN TAB 5MG
      TAKE ONE TABLET BY MOUTH AT BEDTIME [PENDING])
      Overriding Provider: OERRPROVIDER, ONE

```

```

Overriding Reason:

SIGNIFICANT drug-drug interaction: IBUPROFEN & METHOTREXATE (METHOTREXATE
TAB 2.5MG TAKE ONE TABLET BY MOUTH TWICE A DAY [PENDING])
Overriding Provider: OERRPROVIDER,ONE

+          Enter ?? for more actions
AC Accept          ED Edit          DC Discontinue
Select Item(s): Next Screen//.
.
OR

Do you want to Continue? Y// YES

Do you want to Process medication
INDINAVIR 400MG CAP : P// ROCESS

Enter your Current Signature Code:    SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for INDINAVIR 400MG CAP

PROVIDER:    OERRPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

Rx # 2501          10/19/07
OPPATIENT, ONE          #90
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD OR MILK

INDINAVIR 400MG CAP OERRPROVIDER,ONE  OPPhARMACIST,ONE
# of Refills: 11

SC Percent: 40%
Disabilities: NONE STATED

This Rx has been flagged by the provider as: NO COPAY

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//

```

### Critical Interaction –Renewing an Order

```

OP Medications (ACTIVE)          Feb 14, 2008@07:25:28          Page: 1 of 3
OPPATIENT,THREE                                     <A>
PID: 000-00-0000          Ht(cm): 167.64 (10/16/1993)
DOB: JUL 1,1934 (73)          Wt(kg): 68.18 (10/16/1993)

Rx #: 2530$
(1) *Orderable Item: WARFARIN TAB
(2)      Drug: WARFARIN 2.5MG TAB
(3)      *Dosage: 2.5 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: QHS
(4)Pat Instructions:

          SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6)      Issue Date: 02/13/08          (7) Fill Date: 02/13/08
          Last Fill Date: 02/13/08 (Window)
+          Enter ?? for more actions

```

```

DC   Discontinue      PR   Partial      RL   Release
ED   Edit             RF   Refill       RN   Renew
Select Action: Next Screen// RN   Renew
FILL DATE: (2/14/2008 - 2/14/2009): TODAY// (FEB 14, 2008)
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
Nature of Order: WRITTEN//          W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Now Renewing Rx # 2530   Drug: WARFARIN 2.5MG TAB

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***CRITICAL*** Drug Interaction with Prospective Drug:
                WARFARIN 2.5MG TAB and

                Local RX#: #2527
                Drug: CIMETIDINE 300MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
                Processing Status: Released locally on 09/08/07@08:55:32 (Window)
                Last Filled On: 09/08/07

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// NO

RENEWED RX DELETED

OR

Do you want to Continue? Y// ES

Do you want to Process medication
WARFARIN 2.5MG TAB: P// ROCESS

Enter your Current Signature Code:    SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for WARFARIN 2.5MG TAB

PROVIDER:    OPPROVIDER, FOUR      FPP      119
RECOMMENDATION:    NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

2530A          WARFARIN 2.5MG TAB          QTY: 30
# OF REFILLS: 11 ISSUED: 02-14-08
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
FILLED: 03-04-08
ROUTING: WINDOW      PHYS: OPPROVIDER, FOUR

Edit renewed Rx ? Y//

```

### Significant Interaction – Renewing an Order

```

OP Medications (ACTIVE)      Feb 14, 2008@07:15:31      Page:    1 of    3
OPPATIENT,THREE                                     <A>

```

```

PID: 000-00-0000                                Ht(cm): 167.64 (10/16/1993)
DOB: JUL 1,1934 (73)                             Wt(kg): 68.18 (10/16/1993)

Rx #: 2531$
(1) *Orderable Item: INDOMETHACIN CAP,ORAL
(2) Drug: INDOMETHACIN 25MG CAP
(3) *Dosage: 25 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: CAPSULE
    *Route: ORAL
    *Schedule: TID
(4)Pat Instructions:
    SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
(5) Patient Status: OPT NSC
(6) Issue Date: 02/13/08                (7) Fill Date: 02/13/08
    Last Fill Date: 02/13/08 (Window)
+ Enter ?? for more actions
DC Discontinue      PR Partial      RL Release
ED Edit            RF Refill        RN Renew
Select Action: Next Screen// RN Renew
FILL DATE: (2/14/2008 - 2/14/2009): TODAY// (FEB 14, 2008)
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Now Renewing Rx # 2531 Drug: INDOMETHACIN 25MG CAP

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                    INDOMETHACIN 25MG CAP and

Local RX#: 2530
DRUG: WARFARIN 2.5MG TAB
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
Processing Status: Released locally on 01/08/08@08:55:32 (Window)
Last Filled On: 01/08/08

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// ES
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for INDOMETHACIN 25MG CAP

PROVIDER: OPPROVIDER,FOUR FPP 119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N//NO

```

```

2531A          INDOMETHACIN 25MG CAP          QTY: 90
# OF REFILLS: 11  ISSUED: 02-14-08
SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
FILLED: 03-04-08
ROUTING: WINDOW      PHYS: OPPROVIDER,FOUR

Edit renewed Rx ? Y//
.
.
    OR

Do you want to Intervene? Y// NO
Remote data not available - Only local order checks processed.

Press Return to Continue...

2531A          INDOMETHACIN 25MG CAP          QTY: 90
# OF REFILLS: 11  ISSUED: 02-14-08
SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
FILLED: 03-04-08
ROUTING: WINDOW      PHYS: OPPROVIDER,FOUR

Edit renewed Rx ? Y//

```

### Copying An Order – Critical Interaction

```

OP Medications (ACTIVE)      Feb 14, 2008@09:20:04      Page:      1 of      3
OPPATIENT,TWO                                     <A>
  PID: 666-33-3333                      Ht(cm): 167.64 (10/16/1993)
  DOB: JUL 1,1934 (73)                  Wt(kg): 68.18 (10/16/1993)

      Rx #: 2530$
(1) *Orderable Item: WARFARIN TAB
(2)      Drug: WARFARIN 2.5MG TAB
(3)      *Dosage: 2.5 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      *Route: ORAL
      *Schedule: QHS
(4)Pat Instructions:
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6)      Issue Date: 02/13/08          (7) Fill Date: 02/13/08
      Last Fill Date: 02/13/08 (Window)
+      Enter ?? for more actions

DC  Discontinue      PR  Partial          RL  Release
ED  Edit             RF  Refill           RN  Renew
Select Action: Next Screen// co  CO

New OP Order (COPY)      Feb 14, 2008@09:20:04      Page:      1 of      2
OPPATIENT,TWO                                     <A>
  PID: 666-33-3333                      Ht(cm): 167.64 (10/16/1993)
  DOB: JUL 1,1934 (73)                  Wt(kg): 68.18 (10/16/1993)

      Orderable Item: WARFARIN TAB
(1)      Drug: WARFARIN 2.5MG TAB
(2) Patient Status: OPT NSC
(3)      Issue Date: FEB 14,2008      (4) Fill Date: FEB 14,2008
(5) Dosage Ordered: 2.5 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      Route: ORAL
      Schedule: QHS
(6)Pat Instruction:
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(7)      Days Supply: 30              (8) QTY (TAB): 30

```



```

(9)  # of Refills: 11                (10) Routing: WINDOW
+      Enter ?? for more actions
AC  Accept                      ED  Edit
Select Action: Next Screen// ac  Accept
-----
Duplicate Drug in Local RX:

      Rx #: 2530
      Drug: WARFARIN 2.5MG TAB
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
      QTY: 30                      Refills remaining: 11
      Provider: OPPROVIDER, ONE      Issued: 02/13/08
      Status: ACTIVE                  Last filled on: 02/13/08
      Processing Status: Released locally on 02/13/08@08:55:32 (Window)
                                      Days Supply: 30
-----
Discontinue Rx #2530 WARFARIN 2.5MG TAB? Y/N  YES

Rx #2530 WARFARIN 2.5MG TAB will be discontinued after the acceptance of the new order.

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

***CRITICAL*** Drug Interaction with Prospective Drug:
                INDINAVIR 400MG CAP and

      Local RX#: 2443
      Drug: AMIODARONE 200MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
      Processing Status: Released locally on 11/08/06@08:55:32 (Window)
      Last Filled On: 11/08/06

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// ES

Do you want to Process medication
INDINAVIR 400MG CAP: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for INDINAVIR 400MG CAP

PROVIDER: OPPROVIDER,ONE      OPP      119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
Nature of Order: WRITTEN//
.
.

```

## Copying an Order – Significant Interaction

```

Medication Profile      Feb 14, 2008@08:56:40      Page: 1 of 1
OPPATIENT,TWO          <A>
  PID: 666-33-3333      Ht(cm): 167.64 (10/16/1993)
  DOB: JUL 1,1934 (73)  Wt(kg): 68.18 (10/16/1993)
  SEX: MALE
  CrCL: <Not Found>     BSA (m2): 1.77
                        ISSUE  LAST REF DAY
#  RX #      DRUG      QTY ST  DATE  FILL REM SUP
-----
1 2528$      AMINOPHYLLINE 200MG TAB      120 A 02-13 02-13 11 30
2 2529$      ASPIRIN 325MG EC TAB      30 A 02-13 02-13 11 30
3 2527$      CIMETIDINE 300MG TAB      30 A 02-13 02-13 11 30
4 2531$      INDOMETHACIN 25MG CAP      90 A 02-13 02-13 11 30
5 2530$      WARFARIN 2.5MG TAB      30 A 02-13 02-13 11 30
-----
DC  Discontinue      PR  Partial      RL  Release
ED  Edit             RF  Refill      RN  Renew
Select Action: Next Screen// co  CO

New OP Order (COPY)    Feb 14, 2008@08:56:43      Page: 1 of 2
OPPATIENT,TWO          <A>
  PID: 666-33-3333      Ht(cm): 167.64 (10/16/1993)
  DOB: JUL 1,1934 (73)  Wt(kg): 68.18 (10/16/1993)

  Orderable Item: ASPIRIN TAB,EC
(1) Drug: ASPIRIN 325MG EC TAB <DIN>
(2) Patient Status: OPT NSC
(3) Issue Date: FEB 14,2008      (4) Fill Date: FEB 14,2008
(5) Dosage Ordered: 325 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: TABLET
    Route: ORAL
    Schedule: QAM
(6) Pat Instruction:
    SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(7) Days Supply: 30      (8) QTY (TAB): 30
(9) # of Refills: 11      (10) Routing: WINDOW
+ Enter ?? for more actions
AC  Accept            ED  Edit
Select Action: Next Screen// ac  Accept
-----
Duplicate Drug in Local RX:

  Rx #: 2529
  Drug: ASPIRIN 325MG EC TAB
  SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
  QTY: 30      Refills remaining: 11
  Provider: OPProvider, ONE      Issued: 02/13/08
  Status: ACTIVE      Last filled on: 02/13/08
  Processing Status: Released locally on 02/13/08@08:55:32 (Window)
                        Days Supply: 30
-----

Discontinue Rx #2529 ASPIRIN 325MG EC TAB? Y/N YES

Rx #2529 ASPIRIN 325MG EC TAB will be discontinued after the acceptance of the new order.

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

```

```

-----
***SIGNIFICANT*** Drug Interaction with
                    ASPIRIN 325MG EC TAB and
Local RX#: 2530
          DRUG: WARFARIN 2.5MG TAB (ACTIVE)
          SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
          Processing Status: Released locally on 01/08/08@08:55:32 (Window)
          Last Filled On: 01/08/08

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// n NO
Remote data not available - Only local order checks processed.

Press Return to Continue...

Nature of Order: WRITTEN//          W
WAS THE PATIENT COUNSELED: NO//
.
.
          OR

Do you want to Intervene? Y// ES
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for ASPIRIN 325MG EC TAB

PROVIDER:      OPPROVIDER,ONE      OPP      119
RECOMMENDATION:      NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
Nature of Order: WRITTEN//

```

### Verifying an Order using Process Order Checks option – Critical Drug Interaction

```

Select Outpatient Pharmacy Manager Option: PROCess Order Checks
Select RX with Order Checks: 3237A          CIMETIDINE 300MG TAB          PSOPATIENT,TWO
                                         000-00-0000

PSOPATIENT,TWO          ID#: 000-00-0000  RX: 3237A

RX: 3237A          PATIENT: PSOPATIENT,TWO (000-00-0000)

STATUS: Non-Verified  CO-PAY STATUS
          DRUG: CIMETIDINE 300MG TAB
          QTY: 30      30 DAY SUPPLY
          SIG: TAKE ONE TABLET BY BY MOUTH AT BEDTIME
          LATEST: 01/09/2012          # OF REFILLS: 11  REMAINING: 11
          ISSUED: 12/20/11          PROVIDER:
          LOGGED: 12/20/11          CLINIC: NOT ON FILE
          EXPIRES: 12/20/12          DIVISION: HINES (499)
          CAP: SAFETY          ROUTING: MAIL
          ENTRY BY: PSTECH,ONE          VERIFIED BY:

FILLED: 01/09/12  PHARMACIST:          LOT #:
DISPENSED: 01/09/12  RELEASED:
REMARKS: RENEWED FROM RX # 3237

```

LABEL LOG:

# DATE RX REF PRINTED BY  
=====

1 12/20/11 ORIGINAL PSTECH,ONE  
COMMENTS: From RX number 3237A Drug-Drug interaction  
EDIT: (Y/N/P): N// O

PSOPATIENT,TWO ID#:000-00-0000 RX#: 3237A

RX #	DRUG	QTY	ST	ISSUE DATE	LAST REF DATE	FILL REM	SUP
-----ACTIVE-----							
1 3197\$	AMLODIPINE 5MG/ATORVASTATIN 10MG TAB	30	A	06-16	06-16	11	30
2 3200\$	ASPIRIN TAB 81MG	4320	A	06-16	06-16	11	30
3 3203\$	LEUCOVOR CALCIUM 25MG TAB	30	A	06-16	06-16	11	30
4 3204\$	PREDNISONE 20MG TAB	1195	A	06-21	06-21	11	30
5 3187\$	PREDNISONE 5MG TAB	58	A	06-16	06-16	11	30
6 3190\$	WARFARIN 10MG	90	A	06-16	06-16	3	90
7 3189\$	WARFARIN 5MG TAB	90	A	06-16	06-16	3	90
-----DISCONTINUED-----							
8 3193\$	ASPIRIN 325MG EC TAB	4320	DE	06-16	06-16	11	30
9 3198\$	ASPIRIN 650MG	4320	DE	06-16	06-16	11	30
10 3207\$	CLOPIDOGREL 75MG TAB	30	DF	06-23	06-23	1	30
11 3206\$	CLOPIDOGREL BISULFATE 75MG TAB	30	DC	06-23	06-23	1	30
12 3192\$	LOVASTATIN 10MG TAB	30	DC	06-16	06-16	11	30
-----NON-VERIFIED-----							
13 3236A\$	AMINOPHYLLINE 200MG TAB	120	N	12-20	01-09	11	30
14 3237A\$	CIMETIDINE 300MG TAB	30	N	12-20	01-09	11	30
15 3194\$	DIGOXIN 0.25MG TAB	97	N	06-16	06-16	11	30
16 3234\$	FOLIC ACID 1MG TAB	3000	N	11-22	11-22	11	30
17 3201A\$	HALOPERIDOL 5MG TAB	180	N	12-20	12-20	11	30
18 3202A\$	INDINAVIR 400MG CAP	90	N	12-20	12-20	11	30

Press return to continue:

PSOPATIENT,TWO ID#:000-00-0000 RX#: 3237A

-----NON-VERIFIED-----							
19 3195\$	SIMVASTATIN 80MG TAB	600	N	06-16	06-16	11	30
20 3235\$	THIAMINE HCL 100MG TAB	300	N>	11-22	11-22	11	30
-----PENDING-----							
21 ACETAMINOPHEN 650MG TAB	QTY: 2160	ISDT: 06-16	REF: 11				
22 AMOXAPINE TAB	QTY: 30	ISDT: 06-23	REF: 1				
23 CHOLESTYRAMINE 9GM PACKETS	QTY:	ISDT: 06-16	REF: 11				
24 CLOPIDOGREL 75MG TAB	QTY: 15	ISDT: 09-16	REF: 1				
25 IBUPROFEN TAB	QTY: 100	ISDT: 06-16	REF: 11				
26 NIFEDIPINE 90MG SA TAB	QTY: 120	ISDT: 06-16	REF: 11				

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Enhanced Order Checks cannot be performed for Local Drug: AMOXAPINE TAB  
Reason: Drug not matched to NDF

\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
CIMETIDINE 300MG TAB and

Local RX#: 3236A

Drug: AMINOPHYLLINE 200MG TAB (Non-Verified)

SIG: TAKE ONE TABLET BY BY MOUTH EVERY 6 HOURS

Processing Status: Not released locally (Mail)

```

Last Filled On: 01/09/12

Concurrent cimetidine and theophylline derivative therapy may result in
elevated theophylline derivative concentration levels, prolonged
elimination half-life, and decreased clearance.

Display Interaction Monograph? No//  NO
-----
***Critical*** Drug Interaction with Prospective Drug:
                CIMETIDINE 300MG TAB and

    Local RX#: 3190
    Drug: WARFARIN 10MG (Active)
    SIG: TAKE 50 TABLETS BY BY MOUTH MO-WE-FR@0900 EXCEPT
        TAKE 30 TABLETS TU-TH-SA-SU@0900
    Processing Status: Not released locally (Window)
    Last Filled On: 06/16/11

    Local RX#: 3189
    Drug: WARFARIN 5MG TAB (Active)
    SIG: TAKE ONE-HALF TABLET BY BY MOUTH MO-FR@0900 EXCEPT
        TAKE ONE TABLET TU-WED@0900 EXCEPT TAKE TWO
        TABLETS TH-SA-SU@0900
    Processing Status: Not released locally (Window)
    Last Filled On: 06/16/11

The pharmacologic effects of warfarin may be increased resulting in severe
bleeding.

Display Interaction Monograph? No//  NO
-----
***Significant*** Drug Interaction with Prospective Drug:
                CIMETIDINE 300MG TAB and

    Pending Order: CLOPIDOGREL 75MG TAB
    SIG: TAKE 37.5MG BY BY MOUTH EVERY MORNING

    *** Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No//  NO

Do you want to Continue? Y// ES

Do you want to Process or Cancel medication?
Rx #3237A  Drug: CIMETIDINE 300MG TAB: PROCESS//

Enter your Current Signature Code:  SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for CIMETIDINE 300MG TAB

PROVIDER:
RECOMMENDATION:  NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

PSOPATIENT,TWO                                ID#:000-00-0000  RX#: 3237A
CIMETIDINE 300MG TAB

VERIFY FOR PSOPATIENT,TWO ? (Y/N/Delete/Quit): Y// ES

RX# 3237A has been suspended until 01-09-12.

```

## Verifying an Order using Patient Prescription Processing option – Significant Drug Interaction

```

OP Medications (NON-VERIFIED) Feb 13, 2008@08:51:40          Page:    1 of    2
PSOPATIENT,TWO                                           <A>
  PID: 000-00-0000                                Ht(cm): 167.64 (10/16/1993)
  DOB: JUL 1,1934 (73)                                Wt(kg): 68.18 (10/16/1993)

      Rx #: 2531$
(1) *Orderable Item: INDOMETHACIN CAP,ORAL
(2)      Drug: INDOMETHACIN 25MG CAP
(3)      *Dosage: 25 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: CAPSULE
      *Route: ORAL
      *Schedule: TID
(4)Pat Instructions:
      SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
(5) Patient Status: OPT NSC
(6)      Issue Date: 02/13/08                (7) Fill Date: 02/13/08
      Last Fill Date: 02/13/08 (Window)
+      Enter ?? for more actions
DC Discontinue      PR (Partial)                RL (Release)
ED Edit            RF (Refill)                  RN (Renew)
Select Action: Next Screen// VF  VF

RX: 2531          PATIENT: PSOPATIENT,TWO (000-00-0000)
STATUS: Non-Verified CO-PAY STATUS
      DRUG: INDOMETHACIN 25MG CAP
      QTY: 90      30 DAY SUPPLY
      SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
      LATEST: 02/13/2008          # OF REFILLS: 11  REMAINING: 11
      ISSUED: 02/13/08          PROVIDER:
      LOGGED: 02/13/08          CLINIC: NOT ON FILE
      EXPIRES: 02/13/09          DIVISION: HINES (499)
      CAP: SAFETY                ROUTING: WINDOW
      ENTRY BY: OPCLERK,ONE      VERIFIED BY:

PATIENT STATUS : OPT NSC                COPIES : 1

Now doing remote order checks. Please wait...

Remote data not available - Only local order checks processed.

Press Return to Continue...

EDIT:  (Y/N/P): N// O

PSOPATIENT,TWO                                ID#:000-00-0000  RX #2531

      RX #          DRUG                                QTY ST  ISSUE  LAST REF DAY
      -----
      -----ACTIVE-----
      1 2528$      AMINOPHYLLINE 200MG TAB              120 A  02-13 02-13 11 30
      2 2529$      ASPIRIN 325MG EC TAB                  30 A  02-13 02-13 11 30
      -----NON-VERIFIED-----
      3 2527$      CIMETIDINE 300MG TAB                  30 N  02-13 02-13 11 30
      4 2531$      INDOMETHACIN 25MG CAP                  90 N  02-13 02-13 11 30
      5 2530$      WARFARIN 2.5MG TAB                    30 N  02-13 02-13 11 30

Press RETURN to Continue:

Now doing remote checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

```

```

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                     INDOMETHACIN 25MG CAP and

Local RX#: #2530
      DRUG: WARFARIN 2.5MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
      Processing Status: Released locally on 02/13/08@08:55:32 (Window)
      Last Filled On: 02/13/08

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// NO

VERIFY FOR PSOPATIENT,TWO ? (Y/N/Delete/Quit): Y// NO
.

OR

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for INDOMETHACIN 25MG CAP

PROVIDER: PSOPROVIDER,TWO      TPP      119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

PSOPATIENT,TWO                      ID#:000-00-0000  RX#: 2531
INDOMETHACIN 25MG CAP

VERIFY FOR PSOPATIENT,TWO ? (Y/N/Delete/Quit): Y// ES

```

### Reinstating A Discontinued Order – Critical Interaction

```

Rx #: 2473
(1) *Orderable Item: AMINOPHYLLINE TAB
(2) Drug: AMINOPHYLLINE 200MG TAB
(3) *Dosage: 200 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: TABLET
    *Route: ORAL
    *Schedule: Q6H
(4) Pat Instructions:
    SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS
(5) Patient Status: SC LESS THAN 50%
(6) Issue Date: 06/25/07          (7) Fill Date: 06/25/07
    Last Fill Date: 02/12/08 (Window)
+ Enter ?? for more actions
DC Discontinue      PR (Partial)      RL Release
ED (Edit)          RF (Refill)        RN Renew
Select Action: Next Screen// DC Discontinue
Are you sure you want to Reinstate? NO// YES

Comments: TESTING
Nature of Order: SERVICE CORRECTION// S
=====

2473 AMINOPHYLLINE 200MG TAB

Now doing remote order checks. Please wait...

```

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----  
\*\*\*CRITICAL\*\*\* Drug Interaction with Prospective Drug:  
AMINOPHYLLINE 200MG TAB and

Local RX#: 2527  
Drug: CIMETIDINE 300MG (ACTIVE)  
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME  
Processing Status: Released locally on 02/13/08@08:55:32 (Window)  
Last Filled On: 02/13/08

Concurrent cimetidine and theophylline derivative therapy may result in elevated theophylline derivative concentration levels, prolonged elimination half-life, and decreased clearance.

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// NO

PI Patient Information SO Select Order  
PU Patient Record Update NO New Order  
PI Patient Information SO Select Order  
Select Action: Quit// 5

Medication Profile Feb 14, 2008@11:43:17 Page: 1 of 1  
PSOPATIENT, TEN <A>

PID: 000-00-0000 Ht(cm): \_\_\_\_\_ (\_\_\_\_\_)  
DOB: JAN 1,1922 (86) Wt(kg): \_\_\_\_\_ (\_\_\_\_\_)  
SEX: MALE  
CrCL: <Not Found> BSA (m2): \_\_\_\_\_

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
-----ACTIVE-----								
1	2472	CIMETIDINE 300MG TAB	60	A	06-25	02-12	11	30
2	2526	INDINAVIR 400MG CAP	90	A	02-12	02-12	11	30
3	2469	RIFAMPIN 300MG CAP	120	A	06-25	02-12	11	30
4	2525	WARFARIN 5MG TAB	30	A	02-12	02-12	11	30
-----DISCONTINUED-----								
5	2473	AMINOPHYLLINE 200MG TAB	120	DC	06-25	02-12	11	30
6	2533	AMIODARONE 200MG TAB	180	DC	02-14	02-14	11	30
7	2465	ASPIRIN 325MG EC TAB	30	DC	06-25	02-12	11	30
8	2471	CARBAMAZEPINE 200MG TAB	90	DC	06-25	02-12	11	30
9	2524	WARFARIN 2.5MG TAB	90	DC	02-12	02-12	11	30

Enter ?? for more actions

ED (Edit) RF (Refill) RN Renew  
.  
.  
OR

Do you want to Continue? Y// ES

Do you want to Process medication  
AMINOPHYLLINE 200MG TAB: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention  
for AMINOPHYLLINE 200MG TAB

PROVIDER: OPPROVIDER, ELEVEN EPP  
RECOMMENDATION: NO CHANGE



See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O

Prescription #2473 REINSTATED!

Prescription #2473 Filled: JUN 25, 2007Printed: JUN 25, 2007Released:

\*\* Do you want to print the label now? N// O

ED (Edit)

RF (Refill)

RN Renew

### Reinstating A Discontinued Order – Significant Interaction

```
Rx #: 2465
(1) *Orderable Item: ASPIRIN TAB,EC
(2) Drug: ASPIRIN 325MG EC TAB <DIN>
(3) *Dosage: 325 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: TABLET
    *Route: ORAL
    *Schedule: QAM
(4)Pat Instructions:
    SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(5) Patient Status: SC LESS THAN 50%
(6) Issue Date: 06/25/07 (7) Fill Date: 06/25/07
    Last Fill Date: 02/12/08 (Window)
+ Enter ?? for more actions
DC Discontinue PR (Partial) RL Release
ED (Edit) RF (Refill) RN Renew
Select Action: Next Screen// DC Discontinue
Are you sure you want to Reinstate? NO// YES
```

Comments: TESTING

Nature of Order: SERVICE CORRECTION// S

2465 ASPIRIN 325MG EC TAB

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----  
\*\*\*SIGNIFICANT\*\*\* Drug Interaction with Prospective Drug:  
ASPIRIN 325MG EC TAB and

Local RX#: 2524

Drug: WARFARIN 2.5MG TAB (ACTIVE)

SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME

Processing Status: Released locally on 02/12/07@08:55:32 (Window)

Last Filled On: 02/12/07

\*\*\* REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// NO

Prescription #2465 REINSTATED!

Prescription #2465 Filled: JUN 25, 2007Printed: JUN 25, 2007Released:

\*\* Do you want to print the label now? N//

.

.

OR

Do you want to Intervene? Y// YES

Do you want to Process medication  
CARBAMAZEPINE 200MG TAB: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention  
for CARBAMAZEPINE 200MG TAB

PROVIDER: OPPROVIDER, ELEVEN EPP  
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this  
intervention or for more options.

Would you like to edit this intervention ? N// O

Prescription #2471 REINSTATED!  
Prescription #2471 Filled: JUN 25, 2007Printed: JUN 25, 2007Released:  
\*\* Do you want to print the label now? N// O

### Editing An Order – Creating a New Order – Critical Interaction

Medication Profile Feb 14, 2008@12:26:38 Page: 1 of 2  
OPPATIENT, ONE <A>  
PID: 000-00-0000 Ht (cm): \_\_\_\_\_ (\_\_\_\_\_)  
DOB: JAN 1,1922 (86) Wt (kg): \_\_\_\_\_ (\_\_\_\_\_)  
SEX: MALE  
CrCL: <Not Found> BSA (m2): \_\_\_\_\_

#	RX #	DRUG	QTY	ST	DATE	ISSUE	LAST REF	DAY
-----ACTIVE-----								
1	2473	AMINOPHYLLINE 200MG TAB	120	A	06-25	02-12	11	30
2	2537	ASPIRIN 325MG EC TAB	30	A	02-14	02-14	11	30
3	2471	CARBAMAZEPINE 200MG TAB	90	A	06-25	02-12	11	30
4	2472	CIMETIDINE 300MG TAB	60	A	06-25	02-12	11	30
5	2526	INDINAVIR 400MG CAP	90	A	02-12	02-12	11	30
6	2469	RIFAMPIN 300MG CAP	120	A	06-25	02-12	11	30
-----DISCONTINUED-----								
7	2533	AMIODARONE 200MG TAB	180	DC	02-14	02-14	11	30
8	2536	DIPYRIDAMOLE 25MG TAB	30	DE	02-14	02-14	11	30
9	2524	WARFARIN 2.5MG TAB	90	DC	02-12	02-12	11	30

+ Enter ?? for more actions

DC Discontinue PR Partial RL Release  
ED Edit RF Refill RN Renew  
Select Action: Next Screen// ED

Rx #: 2537  
(1) \*Orderable Item: ASPIRIN TAB,EC  
(2) Drug: ASPIRIN 325MG EC TAB <DIN>  
(3) \*Dosage: 325 (MG)  
Verb: TAKE  
Dispense Units: 1  
Noun: TABLET  
\*Route: ORAL

OP Medications (ACTIVE) Feb 14, 2008@12:26:38 Page: 1 of 2  
OPPATIENT, ONE <A>  
PID: 000-00-0000 Ht (cm): \_\_\_\_\_ (\_\_\_\_\_)  
DOB: JAN 1,1922 (86) Wt (kg): \_\_\_\_\_ (\_\_\_\_\_)

\*Schedule: QAM  
(4)Pat Instructions:  
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING  
(5) Patient Status: SC LESS THAN 50%  
(6) Issue Date: 02/14/08 (7) Fill Date: 02/14/08  
Last Fill Date: 02/14/08 (Window)  
+ Enter ?? for more actions

```

DC   Discontinue      PR   Partial      RL   Release
ED   Edit             RF   Refill       RN   Renew
Select Action: Next Screen// 1

Current Orderable Item: ASPIRIN TAB,EC
Select PHARMACY ORDERABLE ITEM NAME: ASPIRIN// AMIODARONE  AMIODARONE      TAB

New Orderable Item selected. This edit will create a new prescription!

Press Return to Continue...

-----
Duplicate Drug in Local Rx:

      Rx #: 2533
      Drug: AMIODARONE 200MG TAB
      SIG: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY
      QTY: 180                      Refills remaining: 11
      Provider: OPPROVIDER,TEN      Issued: 02/14/08
      Status: Discontinued          Last filled on: 02/14/08
      Processing Status: Released locally on 02/14/08@08:55:32 (Window)
                                   Days Supply: 30
-----

Press Return to Continue:

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***CRITICAL*** Drug Interaction with Prospective Drug:
                  AMIODARONE 200MG TAB and

      Local RX#: 2526
      Drug: INDINAVIR 400MG CAP (ACTIVE)
      SIG: TAKE ONE CAPSULES EVERY 8 HOURS
      Processing Status: Released locally on 02/12/08@08:55:32 (Window)
      Last Filled On: 02/12/08

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased
levels, clinical effects, and toxicity of amiodarone.

Display Professional Interaction Monograph? N//No

Do you want to Continue? Y// NO

      Rx #: 2537
(1) *Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 325MG EC TAB <DIN>
(3)      *Dosage: 325 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: QAM
OP Medications (ACTIVE)      Feb 14, 2008@12:27:09      Page: 1 of 2
OPPATIENT, ONE              <A>
PID: 000-00-0000            Ht (cm): _____ (_____)
DOB: JAN 1,1922 (86)        Wt (kg): _____ (_____)

(4)Pat Instructions:
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(5) Patient Status: SC LESS THAN 50%
(6) Issue Date: 02/14/08      (7) Fill Date: 02/14/08
      Last Fill Date: 02/14/08 (Window)

```

```

+          Enter ?? for more actions
DC  Discontinue      PR   Partial      RL   Release
ED  Edit            RF   Refill       RN   Renew
Select Action: Next Screen//
.
.
OR

Do you want to Continue? Y// ES

Do you want to Process medication
AMIODARONE 200MG TAB: P// ROCESS

Enter your Current Signature Code:      SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for AMIODARONE 200MG TAB

PROVIDER:      PSOPROVIDER, THREE      TPP
RECOMMENDATION:      NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

```

### Editing An Order – Creating a New Order – Significant Interaction

```

Rx #: 2537
(1) *Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 325MG EC TAB <DIN>
(3)      *Dosage: 325 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: QAM
OP Medications (ACTIVE)      Feb 14, 2008@12:27:09      Page:      1 of      2
OPPATIENT,TWO
          PID: 000-00-0000      Ht(cm): _____ (_____)
          DOB: JAN 1,1922 (86)      Wt(kg): _____ (_____)

(4)Pat Instructions:
          SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(5) Patient Status: SC LESS THAN 50%
(6)      Issue Date: 02/14/08      (7) Fill Date: 02/14/08
          Last Fill Date: 02/14/08 (Window)
+          Enter ?? for more actions
DC  Discontinue      PR   Partial      RL   Release
ED  Edit            RF   Refill       RN   Renew
Select Action: Next Screen// EDIT      Edit

Select fields by number: (1-19): 1

Current Orderable Item: ASPIRIN TAB,EC
Select PHARMACY ORDERABLE ITEM NAME: ASPIRIN// AMIODARONE      AMIODARONE      TAB

New Orderable Item selected. This edit will create a new prescription!

Press Return to Continue...

-----
Duplicate Drug in Local Rx:

          Rx #: 2533
          Drug: AMIODARONE 200MG TAB
          SIG: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY
          QTY: 180      Refills remaining: 11
          Provider: OPPROVIDER,TEN      Issued: 02/14/08

```

```

Status: Discontinued                      Last filled on: 02/14/08
Processing Status: Released locally on 02/14/08@08:55:32 (Window)
                                           Days Supply: 30
-----

Press Return to Continue:

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                    AMIODARONE 200MG TAB and

Local RX#: 2469
Drug: CIPROFLOXACIN 750MG TAB (ACTIVE)
SIG: TAKE ONE TABLET EVERY 12 HOURS
Processing Status: Released locally on 02/12/08@08:55:32 (Window)
Last Filled On: 02/12/08

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? N//No

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for AMIODARONE 200MG TAB

PROVIDER:      OPPROVIDER,ELEVEN      EPP
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
.
.
OR
Do you want to Intervene? Y// NO

You have changed the Orderable Item from
ASPIRIN to AMIODARONE.
Do You want to Edit the SIG? NO// YES
Available Dosage(s)
1. 200MG
2. 400MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 200MG

You entered 200MG is this correct? Yes// YES
VERB: TAKE// TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1

```

### Backdoor New Order Entry by Non-Pharmacist – Critical Interaction with Non-VA Med plus Significant Interaction with Local Rx

```

Enter ?? for more actions
PU Patient Record Update          NO New Order
PI Patient Information            SO Select Order
Select Action: Quit// NO New Order

Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 80
RX PATIENT STATUS: SC//

```

```

DRUG: WARFAR
  Lookup: GENERIC NAME
    1  WARFARIN 2.5MG TAB          BL110
    2  WARFARIN 5MG TAB           BL110
CHOOSE 1-2: 2  WARFARIN 5MG TAB    BL110

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***Critical*** Drug Interaction with Prospective Drug:
                WARFARIN 5MG TAB and

                Non-VA Med: CIMETIDINE 300MG TAB
                Dosage: ONE TABLET Schedule: AT BEDTIME

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Professional Interaction Monograph? No// No

***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                WARFARIN 5MG TAB and

                Local RX#: 2443
                Drug: IBUPROFEN 600MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                Processing Status: Released locally on 11/08/07@08:55:32 (Window)
                Last Filled On: 11/08/07

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// Yes

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph
Drug Interaction with WARFARIN and IBUPROFEN

MONOGRAPH TITLE: Anticoagulants/NSAIDs

SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action
as needed.

MECHANISM OF ACTION: The exact mechanism is unknown. Some NSAIDs may displace
anticoagulants from plasma protein binding sites. NSAIDs also have the potential to
produce gastrointestinal ulceration and bleeding. Some NSAIDs may impair platelet
function and prolong bleeding times.

CLINICAL EFFECTS: In some patients, NSAIDs have been associated with an increase in the
hypoprothrombinemic effect to anticoagulants.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: If concurrent therapy with anticoagulants and NSAIDs is warranted,
patients should be monitored for an increased hypoprothrombinemic response when NSAIDs
are added to the patient's drug regimen. In addition to routine monitoring of INR values,
the patient should be observed for signs of increased effect, including bruising or
bleeding. The time of highest risk for a coumarin-type drug interaction is when the
precipitant drug is initiated or discontinued. Consult with the prescriber before
initiating, altering the dose of, or discontinuing either drug.

DISCUSSION: The effects of NSAIDs on the hypoprothrombinemic response to anticoagulants
appears to vary between patients as well as with different NSAIDs. Documentation is

```

frequently contradictory - while studies have shown several NSAIDs to have no effect on the pharmacokinetics of warfarin, case reports have documented increased effects with and without bleeding when these same NSAIDs were administered concurrently with warfarin. While celecoxib has been shown not to affect platelet aggregation or bleeding times and had no effects on the anticoagulant effect of warfarin in healthy subjects, increased prothrombin times and bleeding episodes, some of which were fatal, have been reported, predominantly in the elderly, in patients receiving concurrent therapy with celecoxib and warfarin. Rofecoxib has been shown to increase prothrombin times in subjects who received concurrent warfarin therapy. If concurrent therapy with anticoagulants and NSAIDs is warranted, it would be prudent to monitor patients closely for increased anticoagulant effects.

#### REFERENCES:

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Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention  
for WARFARIN 5MG TAB

PROVIDER:       OPPROVIDER,ELEVEN       EPP

```

RECOMMENDATION:      NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
.
.
OR

Do you want to Intervene? Y// NO

VERB: TAKE
Available Dosage(s)
    1. 5MG
    2. 10MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:

```

### Finishing a Pending Order by Non-Pharmacist

```

***Critical*** Drug Interaction with Prospective Drug:
                    WARFARIN 5MG TAB and

                    Non-VA Med: CIMETIDINE 300MG TAB
                    Dosage: ONE TABLET      Schedule: AT BEDTIME

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Professional Interaction Monograph? No// No

***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                    WARFARIN 5MG TAB and

                    Local RX#: 2443
                    Drug: IBUPROFEN 600MG TAB (ACTIVE)
                    SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
                    Processing Status: Released locally on 11/08/07@08:55:32 (Window)
                    Last Filled On: 11/08/07

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for WARFARIN 5MG TAB

PROVIDER:      OP PROVIDER,ELEVEN      EPP
RECOMMENDATION:      NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O
.
.
OR
Do you want to Intervene? Y// NO

```

### Pharmacist Verifying order with 2 drug interactions

```

OP Medications (NON-VERIFIED) Mar 04, 2008@11:55:21      Page:      1 of      2
OPPATIENT,ONE      <A>
  PID: 666-00-0000      Ht (cm): _____ (_____)
  DOB: JAN 1,1910 (98)      Wt (kg): _____ (_____)

```



```

Rx #: 2560
(1) *Orderable Item: WARFARIN TAB
(2) Drug: WARFARIN 5MG TAB
(3) *Dosage: 5 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: TABLET
    *Route: ORAL
    *Schedule: QPM
(4) Pat Instructions:
    SIG: TAKE ONE TABLET BY MOUTH EVERY EVENING
(5) Patient Status: SC
(6) Issue Date: 03/04/08 (7) Fill Date: 03/04/08
    Last Fill Date: 03/04/08 (Window)
+ Enter ?? for more actions
DC Discontinue PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)
Select Action: Next Screen// VF VF

RX: 2560 PATIENT: OPPATIENT,ONE (666-00-0000)
STATUS: Non-Verified
DRUG: WARFARIN 5MG TAB
QTY: 90 90 DAY SUPPLY
SIG: TAKE ONE TABLET BY MOUTH EVERY EVENING
LATEST: 03/04/2008 # OF REFILLS: 3 REMAINING: 3
ISSUED: 03/04/08 PROVIDER:
LOGGED: 03/04/08 CLINIC: BARB'S CLINIC
EXPIRES: 03/05/09 DIVISION: HINES (499)
CAP: SAFETY ROUTING: WINDOW
ENTRY BY: OERRPROVIDER,ONE VERIFIED BY:

ACTIVITY LOG:
# DATE REASON RX REF INITIATOR OF ACTIVITY
=====
1 03/04/08 PATIENT INST.ORIGINAL
COMMENTS: Patient Instructions Not Sent By Provider.
PATIENT STATUS : SC COPIES : 1
EDIT: (Y/N/P): N// NO

OPPATIENT,ONE ID#:666-00-0000 RX #2560

RX # DRUG QTY ST DATE FILL REM SUP
-----
1 2550 IBUPROFEN 600MG TAB 270 A 03-03 03-04 3 90
-----
2 2560 WARFARIN 5MG TAB 90 N 03-04 03-04 3 90
-----
3 FAMOTIDINE 20MG TAB QTY: 180 ISDT: 03-04> REF: 3
4 INDOMETHACIN 25MG CAP QTY: 270 ISDT: 03-04 REF: 3
5 LOVASTATIN 10MG TAB QTY: 90 ISDT: 03-03 REF: 3
6 NIFEDIPINE 90MG SA TAB QTY: 90 ISDT: 03-03 REF: 3
-----
Non-VA MEDS (Not dispensed by VA)-----
CIMETIDINE 300MG TAB 300MG TWICE A DAY Date Documented: 03/03/08
Press RETURN to Continue:

Now doing remote checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

-----
***Critical*** Drug Interaction with Prospective Drug:
WARFARIN 5MG TAB and

```

```

Non-VA Med: CIMETIDINE 300MG TAB
Dosage: ONE TABLET      Schedule: AT BEDTIME

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Professional Interaction Monograph? No// No

=====
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                    WARFARIN 5MG TAB and

Local RX#: 2443
Drug: IBUPROFEN 600MG TAB (ACTIVE)
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Processing Status: Released locally on 11/08/07@08:55:32 (Window)
Last Filled On: 11/08/07

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// ES

Do you want to Process or Cancel medication?
Rx #2560 Drug: WARFARIN 5MG TAB: PROCESS//

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for WARFARIN 5MG TAB

PROVIDER:
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

OPPATIENT,ONE ID#:666-00-0000 RX#: 2560
WARFARIN 5MG TAB

VERIFY FOR OPPATIENT,ONE ? (Y/N/Delete/Quit): Y// ES

PI Patient Information SO Select Order

Medication Profile Mar 04, 2008@11:55:31 Page: 1 of 1
OPPATIENT,ONE <A>
PID: 666-00-0000 Ht(cm): _____ (_____)
DOB: JAN 1,1910 (98) Wt(kg): _____ (_____)
SEX: FEMALE Non-VA Meds on File Last entry on 03/03/08
ISSUE LAST REF DAY
# RX # DRUG QTY ST DATE FILL REM SUP
-----ACTIVE-----
1 2550 IBUPROFEN 600MG TAB 270 A 03-03 03-04 3 90
2 2560 WARFARIN 5MG TAB 90 A 03-04 03-04 3 90
-----PENDING-----
3 FAMOTIDINE 20MG TAB QTY: 180 ISDT: 03-04> REF: 3
4 INDOMETHACIN 25MG CAP QTY: 270 ISDT: 03-04 REF: 3
5 LOVASTATIN 10MG TAB QTY: 90 ISDT: 03-03 REF: 3
6 NIFEDIPINE 90MG SA TAB QTY: 90 ISDT: 03-03 REF: 3
-----Non-VA MEDS (Not dispensed by VA)-----
CIMETIDINE 300MG TAB 300MG TWICE A DAY Date Documented: 03/03/08

Enter ?? for more actions
PU Patient Record Update NO New Order

```

PI Patient Information	SO Select Order
Select Action: Quit//	

For orders with multiple drug interactions, the user is presented with a drug interaction monograph display prompt and intervention prompt after each drug interaction warning is displayed. Only users that hold the PSORPH key will be prompted to log an intervention.

## Multiple Drug Interactions

```

Another New Order for OPPATIENT,ONE? YES//

Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 60
              PRISONER OF WAR
RX PATIENT STATUS: SC//
DRUG: WARFAR
  Lookup: GENERIC NAME
           1  WARFARIN (COUMADIN) NA 2.5MG TAB      BL110
           2  WARFARIN 5MG TAB                      BL110
CHOOSE 1-2: 1  WARFARIN (COUMADIN) NA 2.5MG TAB      BL110

Now doing remote order checks.  Please wait...

Now doing allergy checks.      Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

-----
***Critical*** Drug Interaction with Prospective Drug:
                WARFARIN 2.5MG TAB and

                Local RX#: 2376
                Drug: CIMETIDINE 300MG TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
                Processing Status: Released locally on 11/08/07@08:55:32 (Window)
                Last Filled On: 11/08/07

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.
Display Professional Interaction Monograph? No// No

-----
***SIGNIFICANT*** Drug Interaction with Prospective Drug:
                WARFARIN 2.5MG TAB and

                Local RX#: 2378
                Drug: ASPIRIN 325MG EC TAB (ACTIVE)
                SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
                Processing Status: Released locally on 11/08/07@08:55:32 (Window)
                Last Filled On: 11/08/07

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
Display Professional Interaction Monograph? No// No

Do you want to Continue? Y// YES

Do you want to Process medication
CIMETIDINE 300MG TAB P// ROCESS

Enter your Current Signature Code:      SIGNATURE VERIFIED
Remote data not available - Only local order checks processed.

Press Return to Continue...

Now creating Pharmacy Intervention
for CIMETIDINE 300MG TAB

PROVIDER: OPPROVIDER, ONE

```

RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O  
.

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) NA 5MG TAB and

Local Rx#: 509974  
Drug: AMIODARONE 200MG TAB (SUSPENDED)  
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY  
Processing Status: Not released locally (Window)  
Last Filled On: 11/08/06

Pending Drug: AMIODARONE HCL (PACERONE) 200MG TAB  
SIG: TAKE ONE TABLET BY MOUTH EVERY 8 HOURS

The concurrent administration of amiodarone and an anticoagulant may result in an increase in the clinical effects of the anticoagulant and an increased risk of bleeding.(1-22) It may take several weeks of concurrent therapy before the full effects of this interaction are noted. The effect of amiodarone on anticoagulant levels may continue for several months after amiodarone is discontinued.

Display Interaction Monograph? No// NO

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) NA 5MG TAB

Local Rx#: 502214  
Drug: KETOCONAZOLE 200MG TAB (ACTIVE)  
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY  
Processing Status: Not released locally (Window)  
Last Filled On: 11/08/06

The anticoagulant effect of warfarin may be increased.

Display Interaction Monograph? No// NO

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) NA 5MG TAB and

Non-VA Med: CIMETIDINE 300MG TAB  
Dosage: 300MG Schedule: TWICE A DAY

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) NA 5MG TAB and

Location: <Remote facility name> Remote Rx#: 502211

```

Drug: ASPIRIN 325MG EC TAB (ACTIVE)
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
Last Filled On: 11/08/06

Non-VA Med: ASPIRIN 325MG EC TAB
Dosage: 325MG Schedule: EVERY MORNING

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL

Display Interaction Monograph? No// NO

Do you want to Continue? Y// ES

Do you want to Process medication
WARFARIN (COUMADIN) NA 5MG TAB: P// ROCESS

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention
for WARFARIN (COUMADIN) NA 5MG TAB

PROVIDER:
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

```

## Therapeutic Duplication

This section describes enhancements to the existing VistA Duplicate Class order checks.

The current VistA Duplicate Class checks have been enhanced using the FDB business rules and database, as well as the FDB Enhanced Therapeutic Classification (ETC) system. The Duplicate Class check will now be referred to as the Duplicate Therapy order check. This order check will continue to be performed against active, pending, non-verified orders on hold (initiated through pharmacy or CPRS), expired and discontinued orders. The timeframe for inclusion of expired orders is determined by the display rules on the medication profile. The timeframe for inclusion of locally discontinued orders is determined by the following formula: Discontinued Date (Cancel Date) + Days Supply + 7. This check will be performed on active Non-VA Medication orders.

No changes have been made to the existing user actions for Duplicate Therapy order checks. Users will continue to have the ability to discontinue the order. The existing order will only be discontinued upon acceptance of the order being processed. No discontinue actions can be performed on remote outpatient orders, Non-VA medications, discontinued, and expired orders or orders placed on provider hold through CPRS. If the CANCEL DRUG IN SAME CLASS outpatient site parameter is set to 'No', no discontinue action is allowed on any duplicate class order.

Any remote Outpatient order (from another VAMC or Department of Defense (DoD) facility) using data from Health Data Repository Historical (HDR-Hx) or Health Data Repository- Interim Messaging Solution (HDR-IMS) that has been expired for 30 days or less will be included in the list of medications to be checked.

FDB custom tables will be used to store custom changes to the duplication allowance for a FDB therapeutic classification. Each duplicate therapy class is assigned a duplication allowance. The duplication allowance for a therapeutic allowance determines whether or not the therapeutic duplication warning will be displayed to the user.

The Vendor's (currently FDB) Enhanced Therapeutic Classification (ETC) System is now used in place of the VA Drug Class for the Duplicate Therapy (formerly duplicate class) order checks.

Duplicate Therapy order checks will no longer be processed in pairs. Each duplicate therapy warning includes as many outpatient medication orders that it applies to.

A duplicate therapy warning is only displayed if the number of duplicate therapy matches exceeds the duplication allowance specified for the FDB duplicate therapy class.

The following processes use the enhanced functionality:

- Entering a new outpatient medication order through pharmacy options
- Finishing a pending outpatient medication order
- Renewing an outpatient medication order
- When a new outpatient medication order is created via an edit
- Verification of an outpatient medication order entered or finished by a non-pharmacist
- Copy of an outpatient medication order
- Reinstatement of an outpatient medication order

See illustrations below:

#### Local Rx

```
=====
*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

      Local Rx#: 2561
      Drug: CIMETIDINE 300MG TAB (DISCONTINUED)
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
      QTY: 30                      Days Supply: 30
      Processing Status: Released locally on 3/4/08@08:55:32 (Window)
      Last Filled On: 11/08/06

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)
=====
```

#### Remote Rx

```
=====
*** THERAPEUTIC DUPLICATION(S) *** SUCRALFATE 1GM TAB with

      LOCATION: <VA OR DOD FACILITY>      Remote Rx#: 65343
      Drug: RANITIDINE HCL 150MG TAB (EXPIRED)
      SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
      QTY: 180                      Days Supply: 90
      Last Filled On: 11/08/06

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents
=====
```

#### Pending Order

```
=====
*** THERAPEUTIC DUPLICATION(S) *** NIZATIDINE 150MG CAP with

      Pending Drug: FAMOTIDINE 20MG TAB
=====
```

```

SIG: TAKE ONE TABLET BY TWICE DAILY

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents
=====

```

## Non-VA Med Order

```

=====
*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

      Non-VA Med: CIMETIDINE 300MG TAB
      Dosage: 300MG      Schedule: TWICE A DAY

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)
=====

```

If the CANCEL DRUG IN SAME CLASS outpatient site parameter is set to 'No', the following information is shown for the duplicate therapy warning:

```

=====
*** THERAPEUTIC DUPLICATION(S) *** NIZATIDINE 150MG CAP with

      Local Rx #2561 (ACTIVE) for CIMETIDINE 300MG TAB

      Local Rx #2572 (PROVIDER HOLD) for SUCRALFATE 1MG TAB

      Remote Rx #2571 (DISCONTINUED) for RANITIDINE HCL 150MG TAB

      Pending Order for FAMOTIDINE 20MG TAB

      Non-VA Med Order for CIMETIDINE 300MG TAB

Class(es)Involved in Therapeutic Duplication(s): PEPTIC ULCER AGENTS, HISTAMINE-2
RECEPTOR ANTAGONISTS (H2 ANTAGONISTS)
=====

```

If there is more than one remote, local, pending or Non-VA med order involved in the therapeutic duplication, the order details will be displayed one after the other.

If the same drugs are involved in multiple therapeutic duplications, a single therapeutic duplication warning will be displayed and multiple therapeutic classes will be listed.

If the CANCEL DRUG IN SAME CLASS outpatient site parameter is set to 'No', no discontinue action prompt will be presented.

After all the therapeutic duplication warnings are displayed and if the CANCEL DRUG IN SAME CLASS outpatient site parameter is set to 'Yes', the user will be asked if they want to discontinue any of the orders.

## See Examples:

```

Discontinue RX #2580A SUCRALFATE 1GM TAB? Y/N
Discontinue Pending Order SUCRALFATE 1GM TAB? Y/N

```

The system will only allow a discontinuation action on active, pending, non-verified and orders placed on hold by pharmacy.

The system will display the following information for the numbered list of orders:

- Prescription number (if applicable)
- Dispense Drug (Orderable item if dispense drug not assigned to order)
- Indicate if the order is pending (with text 'Pending Order')

See example below.

```
1. Pending order  AMLODIPINE 5MG/ATORVASTATIN 10MG
2. RX #2426  LOVASTATIN 40MG TAB
```

The discontinuation of selected orders by the system will occur at the time the user accepts the order that is being processed.

```
Discontinue order(s)? Y/N  Y es
```

```
1. RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
2. RX #2581 CHOLESTYRAMINE 9GM PACKETS
```

```
Select (1-2): 1 Duplicate Therapy RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB will be
discontinued after the acceptance of the new order.
```

```
Discontinue order(s)? Y/N  Y es
```

```
1. RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
2. Pending Order CHOLESTYRAMINE 9GM PACKETS
```

```
Select (1-2): 2 Duplicate Therapy Pending Order CHOLESTYRAMINE 9GM PACKETS will be
discontinued after the acceptance of the new order.
```

If the user fails to accept the order that is being processed or exits before accepting the order, the system will not discontinue the order(s) selected.

The message displayed to the user will contain:

- Indication that discontinuance was for Duplicate Therapy
- The prescription number or text 'Pending order' if order status is pending.
- Dispense Drug (Orderable item if dispense drug not assigned to order)
- Ending with text 'NOT Discontinued.'

See examples below:

```
Duplicate Therapy RX #2710 CIMETIDINE 300MG TAB NOT Discontinued.
```

```
Duplicate Therapy Pending Order RANITIDINE 150MG TAB NOT Discontinued.
```

Once the order being processed is accepted and there were orders selected for discontinuation, the system will inform the user when the discontinuation occurs.

The message displayed to the user will contain:

- Indicate that discontinuance was for Duplicate Therapy
  - The prescription number or text 'Pending order' if order status is pending.
  - Dispense Drug (Orderable item if dispense drug not assigned to order)
  - Ending with text 'has been discontinued.'

See examples below.

```
Duplicate Therapy RX #2549 CIMETIDINE 300MG TAB has been discontinued...
```

```
Duplicate Therapy Pending Order RANITIDINE 150MG TAB has been discontinued...
```



See Therapeutic Duplication examples below:

**Finishing pending order – Therapeutic Duplication with Non-VA med and discontinued order – No discontinue action allowed.**

```
* (1) Orderable Item: FAMOTIDINE TAB *** (N/F) *** <DIN>
(2)      CMOP Drug: FAMOTIDINE 20MG TAB *** (N/F) *** <DIN>
(3)      *Dosage: 20 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
+      Enter ?? for more actions
BY Bypass      DC Discontinue
ED Edit        FN Finish
Select Item(s): Next Screen// FN Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

      Local Rx#: 2561
      Drug: CIMETIDINE 300MG TAB (DISCONTINUED)
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
      QTY: 30      Days Supply: 30
      Processing Status: Released locally on 3/4/08@08:55:32 (Window)
      Last Filled On: 11/08/06
-----

      Non-VA Med: CIMETIDINE 300MG TAB
      Dosage: 300MG      Schedule: TWICE A DAY

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)
=====

Press Return to Continue:

Rx # 2570      03/07/08
PSOPATIENT,ONE      #180
TAKE ONE TABLET BY MOUTH TWICE A DAY

FAMOTIDINE 20MG TAB
PSOPROVIDER,ONE      PSOPHARMACIST,ONE
# of Refills: 3

      SC Percent: 80%
      Disabilities: NONE STATED

Was treatment for a Service Connected condition? YES//
Are you sure you want to Accept this Order? NO//
```

**New Order Entry Backdoor – Therapeutic Duplication with pending and active order. Discontinue action shown.**

```
PU Patient Record Update      NO New Order
PI Patient Information      SO Select Order
Select Action: Quit// no      New Order

Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 80
RX PATIENT STATUS: SC//
DRUG: Nizatidine
```

```

Lookup: DRUG  GENERIC NAME
NIZATIDINE 150MG CAP          GA302
...OK? Yes//  (Yes)

Now doing remote order checks. Please wait...

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please Wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** NIZATIDINE 150MG CAP with

      Local Rx#: 2549
      Drug: CIMETIDINE 300MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
      QTY: 30                      Days Supply: 30
      Processing Status: Released locally on 3/4/09@08:55:32 (Window)
      Last Filled On: 11/08/06
-----

      Pending Drug: FAMOTIDINE 20MG TAB
      SIG: TAKE ONE TABLET BY TWICE DAILY

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)
=====
Discontinue order(s)? Y/N  No

Press Return to Continue...

Available Dosage(s)
    1. 150MG
    2. 300MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:
.
.
      OR

Discontinue order(s)? Y/N  Yes

    1. Pending Order FAMOTIDINE 20MG TAB
    2. RX #2549 CIMETIDINE 300MG TAB

Select (1-2):  2  RX #2549 CIMETIDINE 300MG TAB will be discontinued after the acceptance
of the new order.

Available Dosage(s)
    1. 150MG
    2. 300MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 150MG

You entered 150MG is this correct? Yes//  YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 150MG

NOUN: TABLET
ROUTE: PO//  ORAL      PO  MOUTH
Schedule:
This is a required response. Enter '^' to exit
Schedule: BID (TWO TIMES A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
PATIENT INSTRUCTIONS:

```

```

(TAKE ONE TABLET BY MOUTH TWO TIMES A DAY)

DAYS SUPPLY: (1-90): 60//
QTY ( ) : 360// 180
COPIES: 1// 1
# OF REFILLS: (0-3): 3//
PROVIDER: PSOPROVIDER,ONE
CLINIC: BARB'S CLINIC 2
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
REMARKS:
ISSUE DATE: TODAY// (MAR 12, 2008)
FILL DATE: (3/12/2008 - 3/13/2009): TODAY// (MAR 12, 2008)
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Rx # 2580 03/12/08
PSOPATIENT,ONE #180
TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

NIZATIDINE 150MG CAP
PSOPROVIDER,ONE PSOPHARMACIST,ONE
# of Refills: 3

SC Percent: 80%
Disabilities: NONE STATED

Was treatment for a Service Connected condition?
This is a required response. Enter '^' to exit
Was treatment for a Service Connected condition? NO
Is this correct? YES//

-Duplicate Therapy RX #2549 CIMETIDINE 300MG TAB has been discontinued...

Another New Order for PSOPATIENT,ONE? YES//

```

**Finishing Pending Order – Therapeutic Duplication with Non-Verified and Active orders. One drug is involved in both therapeutic duplications. One duplication allowance value is greater than ‘0’.**

```

-----ACTIVE-----
1 2577      AMLODIPINE 5MG/ATORVASTATIN 10MG TAB  90 A  03-07 03-07  3  90
2 2578      ITRACONAZOLE 100MG CAP                60 A  03-07 03-07  0  30
3 2576      SUCRALFATE 1MG TAB                    120 A  03-07 03-07  0  30
-----NON-VERIFIED-----
4 2581      CHOLESTYRAMINE 9GM PACKETS             60 N  03-12 03-12  11  30
-----PENDING-----
5 SIMVASTATIN 20MG TAB                            QTY: 30      ISDT: 03-12  REF:  6

Enter ?? for more actions

ED  Edit                                FN  Finish

Pending OP Orders (ROUTINE)  Mar 12, 2008@07:54:21      Page:  1 of  3
OPPATIENT, THREE                                     <A>
  PID: 666-44-4444                                Ht(cm): _____ (_____)
  DOB: JUL 3,1949 (58)                            Wt(kg): 51.36 (10/01/1996)

CPRS Order Checks:
  CRITICAL drug-drug interaction: ITRACONAZOLE & SIMVASTATIN
  (ITRACONAZOLE CAP,ORAL 100MG TAKE ONE CAPSULE BY MOUTH EVERY 12 HOURS
  [ACTIVE])
  Overriding Provider: PSOPROVIDER,ONE
  Overriding Reason: TESTING

  CRITICAL drug-drug interaction: ITRACONAZOLE & SIMVASTATIN
  ITRACONAZOLE CAP,ORAL 100MG PO BID [ACTIVE]]

```

```

Overriding Provider: PSOPROVIDER,ONE
Overriding Reason: TESTING

Duplicate drug class order: ANTILIPEMIC AGENTS (CHOLESTYRAMINE 9GM
PACKETS TAKE ONE PACKET BY MOUTH TWICE A DAY DISSOLVE IN WATER OR
JUICE. [PENDING])

+           Enter ?? for more actions
BY Bypass                      DC Discontinue
ED Edit                        FN Finish
Select Item(s): Next Screen// FN Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

=====
THERAPEUTIC DUPLICATION(S) *** SIMVASTATIN 20MG TAB with

      Local Rx#: 2577
      Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 90                      Days Supply: 90
      Processing Status: Released locally on 3/7/08@08:55:32 (Window)
      Last Filled On: 03/07/08

-----

      Local Rx#: 2581
      Drug: CHOLESTYRAMINE 9GM PACKETS (NON-VERIFIED)
      SIG: TAKE ONE PACKET BY MOUTH TWICE A DAY DISSOLVE IN WATER
      OR JUICE.
      QTY: 60                      Days Supply: 30
      Processing Status: Not released locally (Window)
      Last Filled On: 11/08/06
Class(es)Involved in Therapeutic Duplication(s): HMGCo-A Reductase Inhibitors,
Antihyperlipidemics

=====
Discontinue order(s)? Y/N Y es

      1. RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
      2. RX #2581 CHOLESTYRAMINE 9GM PACKETS

Select (1-2): 1 Duplicate Therapy RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB will be
discontinued after the acceptance of the new order.

Rx # 2582                      03/12/08
TEST,D                        #30
TAKE ONE TABLET BY MOUTH EVERY EVENING

SIMVASTATIN 20MG TAB
PSOPROVIDER,ONE              PSOPHARMACIST,ONE
# of Refills: 6

This Rx has been flagged by the provider as: NO COPAY

Was treatment related to Agent Orange exposure? YES//

Are you sure you want to Accept this Order? NO// YES

METHOD OF PICK-UP:
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

```

```
-Duplicate Therapy RX #2577 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB has been discontinued...
Press Return to Continue:
```

**Renewing an order – Therapeutic Duplication involving 5 drugs, one therapy class and only one order can be discontinued.**

```
+          Enter ?? for more actions
DC  Discontinue      PR  Partial          RL  Release
ED  Edit            RF  Refill          RN  Renew
Select Action: Next Screen// rn  Renew
FILL DATE: (3/12/2008 - 3/13/2009): TODAY//  (MAR 12, 2008)
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
Nature of Order: WRITTEN//          W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//  NO

Now Renewing Rx # 2580   Drug: SUCRALFATE 1GM TAB

Now doing remote order checks. Please wait...

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please Wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** SUCRALFATE 1GM TAB with

      Local Rx#: 2574
      Drug: CIMETIDINE 300MG TAB (DISCONTINUED)
      SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
      QTY: 180                      Days Supply: 90
      Processing Status: Released locally on 3/7/08@08:55:32 (Window)
      Last Filled On: 03/07/08
-----

      Local Rx#: 2573
      Drug: NIZATIDINE 150MG CAP (HOLD)
      SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
      QTY: 180                      Days Supply: 90
      Processing Status: Released locally on 3/7/08@08:55:32 (Window)
      Last Filled On: 03/07/08
-----

      LOCATION: <VA OR DOD FACILITY>   Remote Rx#: 65343
      Drug: RANITIDINE HCL 150MG TAB (EXPIRED)
      SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
      QTY: 180                      Days Supply: 90

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)

=====
Discontinue RX #2573 NIZATIDINE 150MG CAP? Y/N  No

Press Return to Continue:

2580A          SUCRALFATE 1MG TAB          QTY: 360
# OF REFILLS: 3  ISSUED: 03-12-08
SIG: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY
FILLED: 03-12-08
ROUTING: WINDOW      PHYS: PSOPROVIDER,ONE

Edit renewed Rx ? Y// n  NO

SC Percent: 80%
```

Disabilities: NONE STATED

Was treatment for a Service Connected condition? NO//

### Verification of Non-Verified Order

```
OP Medications (NON-VERIFIED) Dec 20, 2011@14:45:54      Page: 1 of 2
PSOPATIENT,ONE                                         <A>
  PID: 666-00-0000                                     Ht(cm): _____ (_____)
  DOB: JAN 1,1945 (66)                                Wt(kg): _____ (_____)

      Rx #: 2382$
(1) *Orderable Item: NIZATIDINE CAP,ORAL
(2)      Drug: NIZATIDINE 150MG CAP
(3)      *Dosage: 150 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: CAPSULE
      *Route: ORAL
      *Schedule: BID
(4)Pat Instructions:
      SIG: TAKE ONE CAPSULE BY BY MOUTH TWICE A DAY
(5) Patient Status: OPT NSC
(6)      Issue Date: 12/20/11      (7) Fill Date: 12/20/11
      Last Fill Date: 12/20/11 (Window)
+      Enter ?? for more actions
DC Discontinue      PR (Partial)      RL (Release)
ED Edit      RF (Refill)      RN (Renew)
Select Action: Next Screen// VF VF

RX: 2382      PATIENT: PSOPATIENT,ONE (666-00-0000)
STATUS: Non-Verified CO-PAY STATUS
      DRUG: NIZATIDINE 150MG CAP
      QTY: 180 90 DAY SUPPLY
      SIG: TAKE ONE CAPSULE BY BY MOUTH TWICE A DAY
      LATEST: 12/20/2011      # OF REFILLS: 3 REMAINING: 3
      ISSUED: 12/20/11      PROVIDER:
      LOGGED: 12/20/11      CLINIC: NOT ON FILE
      EXPIRES: 12/20/12      DIVISION: HINES (499)
      CAP: SAFETY      ROUTING: WINDOW
      ENTRY BY: PSTECH,ONE      VERIFIED BY:

EDIT: (Y/N/P): N// O

PSOPATIENT,ONE      ID#:666-00-0000 RX#: 2382

      ISSUE  LAST REF DAY
      QTY ST  DATE  FILL REM SUP
-----
      -----ACTIVE-----
      2380$      ACETAMINOPHEN 325MG TAB U.D.      540 A 12-20 12-20 3 90
      2379$      WARFARIN 2.5MG TABS      90 A 12-20 12-20 3 90
      -----DISCONTINUED-----
      2378$      INDOMETHACIN 25MG CAP      270 DC 12-20 12-20 3 90
      2377$      WARFARIN 10MG TABS      2160 DC 12-20 12-20 3 90
      -----NON-VERIFIED-----
      2382$      NIZATIDINE 150MG CAP      180 N 12-20 12-20 3 90
      2381$      SUCRALFATE 1 GM TAB      360 N 12-20 12-20 3 90

Press Return to continue:

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

=====
```

```

*** THERAPEUTIC DUPLICATION(S) *** NIZATIDINE 150MG CAP with

      Local RX#: 2381
      Drug: SUCRALFATE 1 GM TAB (Non-Verified)
      SIG: TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY
      QTY: 360                      Days Supply: 90
      Processing Status: Not released locally (Window)
      Last Filled On: 12/20/11

Class(es) Involved in Therapeutic Duplication(s): Peptic Ulcer Agents
=====

Press Return to continue:

Discontinue Rx #2381 SUCRALFATE 1 GM TAB Y/N ? NO

PSOPATIENT,ONE                      ID#:666-00-0000  RX#: 2382
NIZATIDINE 150MG CAP

VERIFY FOR PSOPATIENT,ONE ? (Y/N/Delete/Quit): Y// ES

```

## Copying an Existing Order

```

New OP Order (COPY)                Mar 12, 2008@09:15:48          Page:    1 of    2
PSOPATIENT,TWO                      <A>
  PID: 000-00-0000                      Ht(cm): 182.88 (04/13/2005)
  DOB: JAN 1,1945 (63)                  Wt(kg): 77.27 (04/13/2005)

      Orderable Item: AMLODIPINE/ATORVASTATIN TAB
(1)      Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
(2) Patient Status: OPT NSC
(3)      Issue Date: MAR 12,2008          (4) Fill Date: MAR 12,2008
      Verb: TAKE
(5) Dosage Ordered: ONE TABLET
      Route: ORAL
      Schedule: QAM
(6)Pat Instruction:
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(7)      Days Supply: 30                  (8)  QTY ( ): 30
(9)      # of Refills: 11                 (10) Routing: WINDOW
(11)     Clinic:
(12)     Provider: PSOPROVIDER,ONE        (13) Copies: 1
+      Enter ?? for more actions
AC  Accept                      ED  Edit
Select Action: Next Screen// AC  Accept
-----
Duplicate Drug in Local Rx:

      Rx #: 2584
      Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30                      Refills remaining: 11
      Provider: OPPROVIDER, ONE          Issued: 03/12/07
      Status: ACTIVE                    Last filled on: 03/12/07
      Processing Status: Released locally on 03/12/07@08:55:32 (Window)
      Days Supply: 30

-----
Discontinue Rx #2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB? Y/N YES

Rx #2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB will be discontinued after the acceptance
of the new order.

=====
*** THERAPEUTIC DUPLICATION(S) *** AMLODIPINE 5MG/ATORVASTATIN 10MG TAB with

      Pending Drug: LOVASTATIN 20MG TAB
      SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR HIGH CHOLESTEROL

      Pending Drug: NIFEDIPINE 10MG CAP

```

```

                                SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY

Class(es)Involved in Therapeutic Duplication(s): Calcium Channel Blockers, HMGCo-A
Reductase Inhibitors

=====
Discontinue order(s)? Y/N Yes

    1. Pending Order NIFEDIPINE 10MG CAP
    2. Pending Order LOVASTATIN 20MG TAB

Select (1-2): 1-2 Duplicate Therapy Pending Order NIFEDIPINE 10MG CAP will be
discontinued after the acceptance of the new order.
Duplicate Therapy Pending Order LOVASTATIN 20MG TAB will be discontinued after the
acceptance of the new order.

Nature of Order: WRITTEN//          W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//    NO

Rx # 2585                03/12/08
PSOPATIENT,TWO T                #30
TAKE ONE TABLET BY MOUTH EVERY MORNING

AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
PSOPROVIDER,ONE                PSOPHARMACIST,ONE
# of Refills: 11

    SC Percent: 40%
    Disabilities: NONE STATED

Was treatment for Service Connected condition? NO//

Is this correct? YES// ...

Duplicate Drug Rx 2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB has been discontinued...
Duplicate Therapy Pending Order NIFEDIPINE 10MG CAP has been discontinued...
Duplicate Therapy Pending Order LOVASTATIN 20MG TAB has been discontinued...

```

### Reinstating a Discontinued Order

```

                                Rx #: 2586
(1) *Orderable Item: CIMETIDINE TAB
(2)      Drug: CIMETIDINE 300MG TAB
(3)      *Dosage: 300 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: QHS
(4)Pat Instructions:
          SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6)      Issue Date: 03/12/08          (7) Fill Date: 03/12/08
          Last Fill Date: 03/12/08 (Window)
+      Enter ?? for more actions
DC Discontinue          PR (Partial)          RL Release
ED (Edit)              RF (Refill)           RN Renew
Select Action: Next Screen// dc Discontinue
Are you sure you want to Reinstate? NO// y YES

Comments: testing duplicate therapy check
Nature of Order: SERVICE CORRECTION//          S

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

```



```

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** CIMETIDINE 300MG TAB with

      Local Rx#: 2576
      Drug: SUCRALFATE 1GM TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY
      QTY: 1200                      Days Supply: 30
      Processing Status: Released locally on 3/7/08@08:55:32 (Window)
      Last Filled On: 03/07/08

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents
=====
Discontinue RX # 2576 SUCRALFATE 1GM TAB? Y/N NO - Prescription was not discontinued...

Prescription #2586 REINSTATED!
Prescription #2586 Filled: MAR 12, 2008Printed:          Released:
Either print the label using the reprint option
or check later to see if the label has been printed.

```

### Creating a New Order – Editing the Orderable Item

```

      Rx #: 2594
(1) *Orderable Item: ENALAPRIL TAB ***(N/F)***
(2)      Drug: ENALAPRIL 5MG TAB ***(N/F)***
(3)      *Dosage: 5 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      *Route: ORAL
      *Schedule: QAM
(4)Pat Instructions:
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(5) Patient Status: SC
(6)      Issue Date: 03/12/08          (7) Fill Date: 03/12/08
      Last Fill Date: 03/12/08 (Window)
+      Enter ?? for more actions
DC  Discontinue      PR  Partial          RL  Release
ED  Edit             RF  Refill           RN  Renew
Select Action: Next Screen// 1

Current Orderable Item: ENALAPRIL TAB

Select PHARMACY ORDERABLE ITEM NAME: ENALAPRIL// dip
  1  DIPHENHYDRAMINE      CREAM, TOP
  2  DIPHENHYDRAMINE      CAP, ORAL
  3  DIPYRIDAMOLE         TAB
CHOOSE 1-3: 3  DIPYRIDAMOLE      TAB

New Orderable Item selected. This edit will create a new prescription!

Press Return to Continue...

DRUG NAME REQUIRED!

Instructions:

The following Drug(s) are available for selection:
1. DIPYRIDAMOLE 25MG TAB
2. DIPYRIDAMOLE 50MG TAB

Select Drug by number: (1-2): 1

Now doing remote order checks. Please wait...

```

```

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please Wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** DIPYRIDAMOLE 25MG TAB with

      Local Rx#: 2560
      Drug: WARFARIN 5MG TAB (ACTIVE)
      SIG: TAKE ONE TABLET BY MOUTH EVERY EVENING
      QTY: 90                      Days Supply: 90
      Processing Status: Released locally on 3/4/08@08:55:32 (Window)
      Last Filled On: 03/04/08

Class(es)Involved in Therapeutic Duplication(s): Antiplatelet Drugs, Antithrombotic Drugs

=====
Discontinue RX # 2560 WARFARIN 5MG TAB? Y/N NO -Prescription was not discontinued...

You have changed the Orderable Item from ENALAPRIL to
DIPYRIDAMOLE.

Do You want to Edit the SIG? NO// y YES
Available Dosage(s)
    1. 25MG
    2. 50MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 25MG

You entered 25MG is this correct? Yes// YES
VERB: TAKE// TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 25MG

NOUN: TABLET// TABLET

ROUTE: ORAL// ORAL
Schedule: QAM// tid (THREE TIMES A DAY)
LIMITED DURATION (IN MONTHS, WEEKS, DAYS, HOURS OR MINUTES):
CONJUNCTION:

New OP Order (ROUTINE)          Mar 12, 2008@10:58:24          Page: 1 of 2
PSOPATIENT,ONE                                <A>
      PID: 666-00-0000                      Ht(cm): _____ (_____)
      DOB: JAN 1,1910 (98)                  Wt(kg): _____ (_____)

      Orderable Item: DIPYRIDAMOLE TAB
(1) Drug: DIPYRIDAMOLE 25MG TAB
(2) Patient Status: SC
(3) Issue Date: MAR 12,2008          (4) Fill Date: MAR 12,2008
(5) Dosage Ordered: 25 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      Route: ORAL
      Schedule: TID
(6)Pat Instruction:
      SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
(7) Days Supply: 90          (8) QTY (TAB): 180
(9) # of Refills: 3          (10) Routing: WINDOW
+ This change will create a new prescription!
AC Accept          ED Edit
Select Action: Next Screen// ac Accept
Nature of Order: SERVICE CORRECTION// S
WAS THE PATIENT COUNSELED: NO// NO

```

Was treatment for a Service Connected condition? YES//  
Is this correct? YES// ...

Class(es) Involved in Therapeutic Duplication(s): PEPTIC ULCER AGENTS, HISTAMINE-2 RECEPTOR ANTAGONISTS (H2 ANTAGONISTS)

```

VERB: TAKE
Available Dosage(s)
    1. 150MG
    2. 300MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:

```

### Entering a New Order – Not accepting order, duplicate therapy not discontinued

```

Select Action: Quit// NO    New Order

Eligibility: NSC          SC%: 5
RX PATIENT STATUS: OPT NSC//
DRUG: FAMOTIDINE
    Lookup: GENERIC NAME
FAMOTIDINE 20MG TAB          GA301
    ...OK? Yes// (Yes)

    Restriction/Guideline(s) exist.  Display? : (N/D/O/B): No//    NO

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** FAMOTIDINE 20MG TAB with

    Local RX#: 2586A
    Drug: CIMETIDINE 300MG TAB (DISCONTINUED)
    SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
    QTY: 90                      Days Supply: 30
    Processing Status: Released locally on 3/12/08@08:55:32 (Window)
    Last Filled On: 03/12/08

-----
Press Return to Continue:

    Local RX#: 2710
    Drug: RANITIDINE HCL 150MG TAB (ACTIVE)
    SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
    QTY: 60                      Days Supply: 30
    Processing Status: Released locally on 6/1/09@08:55:32 (Window)
    Last Filled On: 06/01/09

-----
Press Return to Continue:

Class(es)Involved in Therapeutic Duplication(s): Peptic Ulcer Agents, Histamine-2
Receptor Antagonists (H2 Antagonists)

=====
Press Return to Continue:

Discontinue Rx #2710 for RANITIDINE HCL 150MG TAB Y/N ? YES

Duplicate Therapy RX #2710 RANITIDINE HCL 150MG TAB will be discontinued after the
acceptance of the new order.
=====

VERB: TAKE
Available Dosage(s)
    1. 20MG
    2. 40MG

Select from list of Available Dosages, Enter Free Text Dose

```

```

or Enter a Question Mark (?) to view list: 1 20MG

You entered 20MG is this correct? Yes//   YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 20MG

NOUN: TABLET
ROUTE: PO//   ORAL       PO MOUTH
Schedule: BID// QAM (EVERY MORNING )
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
PATIENT INSTRUCTIONS:

(TAKE ONE TABLET BY MOUTH EVERY MORNING )

DAYS SUPPLY: (1-90): 30// ^
RX DELETED
Duplicate Therapy RX #2710 RANITIDINE HCL 150MG TAB NOT Discontinued.

```

## Allergy/ADR Order Checks (PSO\*7\*251)

This section will detail the Allergy/ADR order check display within Outpatient Pharmacy.

Outpatient Pharmacy displays the same Allergy/ADR warning only once if both a drug class(es) and drug ingredient(s) are defined for the Allergy/ADR. The drug class and drug ingredient will be listed on the single display. The user is prompted to intervene once. If no intervention is chosen, the standard order entry dialog will resume. Local and remote Allergy/ADRs are combined.

If no Allergy Assessment has been documented for the patient for whom the medication order is being processed, the user will be forced to log an intervention for every medication order entered until the allergy assessment is resolved.

See examples below:

### Remote Allergy/ADR – New Order Entry Backdoor – Both Ingredient and Drug Class defined for Allergy/ADR

```

Select Action: Quit// NO   New Order

PATIENT STATUS: SC//
DRUG: DILTIAZEM
  Lookup: GENERIC NAME
    1  DILTIAZEM (DILACOR XR) 240MG SA CAP          CV200      N/F      This
drug will not be processed without Drug Request Form 10-7144
    2  DILTIAZEM (INWOOD) 120MG SA CAP             CV200
    3  DILTIAZEM (INWOOD) 180MG SA CAP             CV200
    4  DILTIAZEM (INWOOD) 240MG SA CAP             CV200
    5  DILTIAZEM (INWOOD) 300MG SA CAP             CV200
Press <RETURN> to see more, '^' to exit this list, '^' to exit all lists, OR
CHOOSE 1-5: 1  DILTIAZEM (DILACOR XR) 240MG SA CAP          CV200      N/F      This drug will
not be processed without Drug Request Form 10-7144

Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

  Prospective Drug: DILTIAZEM (DILACOR XR) 240MG SA CAP
  Causative Agent: DILTIAZEM
  Historical/Observed: OBSERVED
  Severity: MODERATE
  Ingredients: DILTIAZEM (REMOTE(SITE(S)),
  Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                  ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,

```

```

Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (REMOTE(SITE(S))),
Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene? Y// NO

VERB: TAKE
Available Dosage(s)
    1. 240MG
    2. 480MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:
.
.
OR

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for DILTIAZEM (DILACOR XR) 240MG SA CAP

PROVIDER:      PSOPROVIDER,THREE      TPP      119
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

VERB: TAKE
Available Dosage(s)
    1. 240MG
    2. 480MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:

```

### Local Allergy/ADR – New Order Entry Backdoor – Only Drug Class defined.

```

Another New Order for PSOPATIENT, TEN? YES//

Eligibility: NSC
RX PATIENT STATUS: OPT NSC//
DRUG: SEPTRA
    Lookup: GENERIC NAME
SEPTRA DS TAB      AM650
    ...OK? Yes// (Yes)

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: SEPTRA DS TAB
    Causative Agent: SULFADIAZINE/SULFAMERAZINE/SULFAMETHAZINE
    Historical/Observed: HISTORICAL
    Severity: Not Entered
    Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
        ANXIETY, DROWSINESS,
    Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL),
    Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for SEPTRA DS TAB

PROVIDER:      PSOPROVIDER,FOUR      FPP      119
RECOMMENDATION: NO CHANGE

```

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O

Available Dosage(s)

1. 1 TABLET
2. 2 TABLETS

Select from list of Available Dosages, Enter Free Text Dose or Enter a Question Mark (?) to view list: 1 1 TABLET

You entered 1 TABLET is this correct? Yes// YES

VERB: TAKE

ROUTE: PO// ORAL PO MOUTH

Schedule: BID (TWICE A DAY)

LIMITED DURATION (IN DAYS, HOURS OR MINUTES):

### Local & Remote Allergy/ADR – Multi-ingredients, Pending Order

```
ED Edit                      FN Finish
Select Item(s): Next Screen// NEXT SCREEN

Pending OP Orders (ROUTINE)  Mar 24, 2008@21:56:03          Page: 2 of 3
PSOPATIENT,THREE                                     <A>
  PID: 000-00-0000                                Ht(cm): 167.64 (06/10/1993)
  DOB: FEB 2,1939 (69)                            Wt(kg): 68.18 (06/10/1993)
+

*(1) Orderable Item: SULFAMETHOXAZOLE/TRIMETHOPRIM TAB
(2)      Drug: SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB
      Verb: TAKE
(3)      *Dosage: 1 TABLET
      *Route: ORAL
      *Schedule: Q12H
(4) Pat Instruct:
  Provider Comments:
    Instructions: TAKE 1 TABLET PO Q12H
    SIG: TAKE 1 TABLET BY MOUTH EVERY 12 HOURS
(5) Patient Status: OPT NSC
(6) Issue Date: MAR 24,2008      (7) Fill Date: MAR 24,2008
+      Enter ?? for more actions
BY Bypass                      DC Discontinue
ED Edit                      FN Finish
Select Item(s): Next Screen// FN Finish

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

  Prospective Drug: SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB
  Causative Agent: SULFADIAZINE/SULFAMERAZINE/SULFAMETHAZINE
  Historical/Observed: HISTORICAL
  Severity: Not Entered
  Ingredients: SULFAMETHOXAZOLE (LOCAL), TRIMETHOPRIM (LOCAL AND
    REMOTE(S))
  Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA,
    NAUSEA,VOMITING, ANXIETY, DROWSINESS,
  Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS
    (LOCAL AND REMOTE(S)),
  Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

PROVIDER: PSOPROVIDER, 11 PP 119
RECOMMENDATION: NO CHANGE
```

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O

Rx # 2611                      03/24/08  
PSOPATIENT,THREE                      #20  
TAKE 1 TABLET BY MOUTH EVERY 12 HOURS  
SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB  
PSOPROVIDER, 11                      PSOPHARMACIST,TWO  
# of Refills: 1

Are you sure you want to Accept this Order? NO// Y



## Chapter 22: Dosing Order Checks

---

MOCHA v2.0 implements the first increment of dosage checks and introduces the Maximum Single Dose Check for simple and complex orders for both Outpatient Pharmacy and Inpatient Medications applications. MOCHA v2.0 uses the same interface to First Databank (FDB) as MOCHA v1.0.



Please refer to the **Dosing Order Checks User Manual** for a detailed description of dosing order checks.

*(This page included for two-sided copying.)*

## Chapter 23: Releasing Medication

---

This chapter describes the option used for releasing medications.

### Release Medication

#### [PSO RELEASE]

The *Release Medication* option is used at the time the prescription is filled and ready to be given to the patient. Inventory is decreased, certain fields in the file are updated, and a copay is generated if the action is applicable to the prescription. With this option, prescriptions can be batch processed. Communication is made with the Integrated Funds Control, Accounting and Procurement (IFCAP) and Integrated Billing (IB) software to generate copay charges. IFCAP and IB software handle patient billing, tracking of charges, and payment received.

The copay status of a prescription is re-evaluated whenever a fill is released. Various actions can occur based on changes to the criteria that determine the copay status of a prescription. The actions that may result at the time a fill is released are described below.

1. **No action is taken.** No changes to the criteria that determine copay status of a prescription have occurred.
2. **The copay status of the prescription is automatically reset and an entry is placed in the Copay activity log.**

**Example:** The drug for which the prescription is written is no longer marked for investigational use. The copay status of the prescription is reset from No Copayment to Copay.

3. **The copay status of the prescription is automatically reset, an entry is placed in the Copay activity log, and a MailMan message is generated detailing missing information required for user follow up.**

**Example:** The drug for which the prescription is written is no longer marked for investigational use. The copay status of the prescription is reset from No Copayment to Copay. The patient has been documented as being exposed to Southwest Asia Conditions during Persian Gulf War service since the last fill. A MailMan message will be generated informing the user that the 'Is this Rx for treatment related to service in SW Asia?' question must be addressed and documented using the *Reset Copay Status/Cancel Charges* option.

4. **A MailMan message is generated detailing missing information required for user follow-up.**

**Example:** A Veteran is documented as having Agent Orange exposure. Refill #2 for a prescription entered into the system before the new medication copay exemptions took effect on January 1, 2002 is released. The prescription is copay eligible. A MailMan message will be generated informing recipients that the 'Is this Rx for treatment of Vietnam-Era Herbicide (Agent Orange) exposure?' question must be addressed. The copay status of the Rx may change based on the response entered using the *Reset Copay Status/Cancel Charges* option.

If a MailMan message is generated at the time a prescription fill is released, the recipients of the message will be the provider of record, the pharmacy user who finished the order, and holders of the PSO COPAY key. The message lists the patient name, prescription number, and medication ordered, current copay status, and applicable copay exemption questions that need addressing to determine the prescription's copay status. The *Reset Copay Status/Cancel Charges* option must be used to enter the responses to the medication copay exemption questions listed in the MailMan message. If responses are not entered for the applicable medication copay exemption questions,

any subsequent refills when released for this prescription and possibly other prescriptions for this patient will continue to generate the same MailMan message.

#### Example: MailMan Message

```
Subj: PRESCRIPTION QUESTIONS REVIEW NEEDED (500) [#30364] 10/11/05@19:56
35 lines
From: OUTPATIENT PHARMACY PACKAGE In 'IN' basket. Page 1
-----

OPPATIENT29,ONE (6543P) CHEYENNE VAM&ROC
Eligibility: SC LESS THAN 50% SC: 20
REIMBURSABLE INSURANCE

Disabilities: ARTHRITIS-10%(SC), FOREARM CONDITION-5%(NSC),
FOREARM CONDITION-4%(NSC), BENIGN EYE GROWTH-0%(NSC),
LOSS OF FIELD OF VISION-20%(SC),

Rx# 101906 (1) COPAY
ALBUTEROL SO4 0.083% INHL 3ML

Due to a change in criteria, additional information listed below is needed
to determine the final VA copay and/or insurance billable status for this Rx
so that appropriate action can be taken by pharmacy personnel.

Is this Rx for a Service Connected Condition?

Is this Rx for treatment related to service in SW Asia?

This message has been sent to the provider of record, the pharmacist who
finished the prescription order, and all holders of the PSO COPAY key.

Enter RETURN to continue or '^' to exit: <Enter>

Subj: PRESCRIPTION QUESTIONS REVIEW NEEDED (500) [#30364] Page 2
-----

Providers:
Please respond with your answer to the question(s) as a reply to this
message. The prescription will be updated by the appropriate staff.

Staff assigned to update the Prescription responses:
Please use the RESET COPAY STATUS/CANCEL CHARGES option to enter the responses
to the questions above, which may result in a Rx copay status change and/or
the need to remove VA copay charges or may result in a charge to the patient's
insurance carrier.

Note: The SC question is now asked for Veterans who are SC>49% in order to
determine if the Rx can be billed to a third party insurance. These Veterans
will NOT be charged a VA copay.

Supply, nutritional, and investigational drugs are not charged a VA copay but could be
reimbursable by third party insurance.

Enter message action (in IN basket): Ignore//
```

An annual copayment cap is applied to patients in specific priority enrollment groups. Once a patient reaches the annual copayment cap, no further medication copay charges will be billed for the calendar year. An entry to that effect is made to the Copay Activity Log. The '\$' indicator remains next to the prescription number to indicate that the prescription is still copay eligible.

Integrated Billing software keeps track of all prescription fills not billed due to the annual cap.

### Example: Copay Activity Log When Annual Cap Reached

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
=====				
1	10/23/01	ANNUAL CAP REACHED	ORIGINAL	OPPHARMACIST11,THREE
Comment: NO BILLING FOR THIS FILL				

If a patient falls below the annual copayment cap for whatever reason (e.g., prescription fill is returned to stock and copay charges cancelled), the Integrated Billing package can initiate copay charges to bring the patient back up to the annual copayment cap. Integrated billing software will go back and bill a copay charge for those fills previously not charged due to the annual cap, bringing the patient's total copayment up to the cap. Whenever this occurs an entry will be placed in the Copay activity log.

### Example: Copay Activity Log With IB-Initiated Charge

Copay Activity Log:				
#	Date	Reason	Rx Ref	Initiator Of Activity
=====				
1	10/23/01	ANNUAL CAP REACHED	ORIGINAL	OPPHARMACIST11,THREE
Comment: NO BILLING FOR THIS FILL				
2	10/23/01	IB-INITIATED COPAY	ORIGINAL	OPPHARMACIST11,THREE
Comment: PARTIAL CHARGE				

If a prescription is not in a releasable status, the user will be given an error message, such as:

- Prescription has a status of (status) and is not eligible for release.
- Prescription was deleted.
- Improper barcode format.
- Non-existent prescription.

Copay is not charged for a partial fill.



#### \*\*\*Important\*\*\*

This is a mandatory function that must be used by the pharmacy.

## Changes to Releasing Orders Function – Digitally Signed Orders Only

The release function in the *Patient Prescription Processing* option has been modified with patch PSO\*7\*131 to require that all digitally signed orders for Schedule II controlled substances (CSII orders) be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. If DEA/PKI is activated and an order is digitally signed, the user will be advised that the order must be released through the *Outpatient Rx's* option in the *Controlled Substances* (CS) menu. The same message will display if a user attempts to release a digitally signed CSII order during Speed Release or when using the *Release Medication* option.

A new security key named "PSDRPH", was introduced by the Controlled Substances patch PSD\*3\*76 that authorizes pharmacists to finish/verify digitally signed Schedule II-V CS orders placed via CPRS.

When processing a digitally signed pending order, the integrity of the original order placed in CPRS is now being checked to ensure that the data fields listed below are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy. This is done by passing the data elements listed below to a Kernel Application Programming Interface (API), Integration Control Registration (ICR) #3539 along with the CPRS hash count provided by ICR #5709. The Kernel API

compares these two hash values and returns an "OK" if the pending order is unaltered; otherwise, a "-1^error code^error message" is returned.

Example: "-1^89802016^Mismatched digital signature hash values."

The following fields are used in the hash check:

- Date of Issuance
- Full Name and Address of the Patient
- Drug Name
- Quantity Prescribed
- Directions for Use
- Prescriber Name
- Prescriber Address (site address)
- Prescriber DEA/VA Registration Number
- Order Number (CPRS)

The Kernel API will also check for the validity of the DEA certificate. If the certificate is revoked or expired, the API will return the appropriate error code. If the error code is related to hash mismatch, or the DEA certificate is revoked, the following events will be triggered during pending order processing:

- The order will be auto discontinued.
- First line of the pending order screen will have the message "Digital Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked" concatenated with "Order Auto Discontinued", and the message will be highlighted.
- The status bar of the screen will have the message "Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked".

A mail message will be generated to the holders of the PSDMGR key notifying that the order has been auto-discontinued (similar to the example listed below). If the discontinuation is due to a hash mismatch as a result of altering one of the fields listed above, the mail message will show the altered fields with the discrepancies as shown in the following example.

**Example: Mail Message of Discontinuation Due to Hash Mismatch**

```
Subj: DIGITALLY SIGNED NEW ORDER AUTO DISCONTINUED  [#196353]
      03/20/12@17:1024 lines
From: POSTMASTER  In 'IN' basket.  Page 1  *New*

-----

Following order was auto discontinued when finishing a pending order
due to Corrupted (Hash mismatch) - 89802016

Division      : GREELEY CLINIC
CPRS Order #  : 5587651
Issue Date    : MAR 7,2012
Patient       : TEST,PATIENT (0908)
Address       : P.O. BOX 31
               LAPORTE, CA 95981
Drug          : CODEINE SULFATE 60MG TAB
Dosage Ordered: 120(MG)
Dosage Form   : TABLETS
Quantity      : 54
Provider      : TEST,PROVIDER
DEA#          : TA1234563
```

Site Address : 2360 E PERSHING BLVD 2360 East Pershing Boulevard CHEYENNE		
Differences in CPRS and Pharmacy Pending File		
Data Name -----	CPRS File -----	Pharmacy Pending File -----
QTY PRESCRIBED	15	30

If the error code is related to 'certificate expired', the pending order will be processed (will not be auto-discontinued), and a notification will be sent to the provider with the message "DEA certificate expired. Renew your certificate."

The following changes have been made for finishing a CS order:

- When finishing a pending CS order, if the user does not hold the new PSDRPH security key, the order will be marked as 'Non-Verified'. To verify a 'Non-Verified' CS order, the PSDRPH security key is now required. To discontinue a pending CS order, the PSDRPH security key is now required.
- The pending order screen will now display the provider's DEA/VA #, the DETOX# (if available), and the site address.
- When finishing a new pending CS order, the dosage, provider name, or the number of refills will not be allowed editing; however, the user will be allowed to select other possible dosages for the same drug if available. If the changes to the dispense drug results in creating a new order, the user will be notified by the message " Digitally Signed Order – No such changes allowed". If pharmacy wants to make such changes, then they have to discontinue (DC) the pending order and start a new order. However, the user will be allowed to select other possible dosages for the same drug that does not change the prescribed dosage.
- When finishing a new pending CS order, the day supply or the quantity will not be allowed to increase but can be decreased. If the day supply is decreased, the number of refills will also be adjusted accordingly depending on the drug setup (maximum refills, not refillable, etc.). The quantity may be auto-calculated to a higher quantity by the system only when the dosage remains the same, but the dispense drug strength is changed – i.e., 2mg tablets #30 is changed to 1mg tablets, the Sig is updated, and the system changes the quantity to 60. A manual change to a higher quantity is not allowed.
- When finishing a pending CS order or verifying a CS order by the PSDRPH key holder, any edit to some of the key fields, such as dispense drug, dosage, dispense units, issue date, day's supply, quantity or number of refills, will now be captured and stored in the activity log.

Note: In patch PSO\*7\*99, a change was made for pending orders not to recalculate the quantity for CS drugs on selecting a different strength of the same drug and resulting in the same prescribed dosage. This change is removed in patch PSO\*7\*391.

## Changes to Releasing Orders Function – ScripTalk®

The release function in the *Patient Prescription Processing* option has been modified to display a message to the user when the site is using a Bingo Board and when the patient is enrolled in ScripTalk®. This message will alert the user that the patient is enrolled in ScripTalk® and may need to have a verbal announcement that the prescription(s) is ready, instead of a visual announcement.

### Example: Releasing Medication to a ScripTalk® Patient

```
Prescription Number 400693 Released
No Refill(s) to be Released
No Partial(s) to be Released

OPPATIENT16,ONE added to the WAITING display.
This patient is enrolled in ScripTalk and may benefit from
a non-visual announcement that prescriptions are ready.

Press Return to Continue:
```

## Changes to Releasing Orders Function – Signature Alert

With Patch PSO\*7\*385, the release function in the *Patient Prescription Processing* option has been modified to display a message to the user when an ECME-billable prescription is being released as a window fill. This message will alert the user that the patient's signature must be obtained. The user is not required to press <Enter> to continue or respond to the alert in any other manner.

### Example: Releasing an ePharmacy Window Fill

```
Prescription Number 100003853 Released
No Refill(s) to be Released
No Partial(s) to be Released

ePharmacy Rx - Obtain Signature
```

## Changes to Releasing Orders Function – HIPAA NCPDP Global

The release function has been modified with patch PSO\*7\*148 to perform National Drug Code (NDC) validation for ePharmacy prescriptions. These changes also affect the Controlled Substance prescription release, which is performed through the Controlled Substances package.

The user releasing the third-party electronically billable prescription will be prompted for the NDC for the drug being dispensed to the patient. The NDC code previously retrieved when the prescription was finished will be presented as the current (default) NDC for the prescription. The other possible values that the user will be able to choose from are:

- NDC field value in the DRUG file, if valid and different than the current prescription NDC.
- LAST LOCAL NDC field value in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription, if valid and different than the current prescription NDC.
- NDC CODE field values in the SYNONYM sub-file in the DRUG file, if valid and different than the current prescription NDC.

If the NDC dispensed is not on the list to select, the user must contact the ADPAC or other designated person to add the NDC in a synonym multiple for that drug in the DRUG file.

If the NDC code selected matches the current NDC in the prescription no further NDC processing is required. However, if the user selects a different NDC, the following steps will occur:

1. Outpatient Pharmacy V. 7.0 will instruct the Electronic Claims Management Engine (ECME) to reverse the previous claim for the previous NDC code and submit a new claim for the newly selected NDC code.



2. The newly selected NDC code will be saved in the LAST LOCAL NDC field in NDC BY OUTPATIENT SITE sub-file in the DRUG file for the division filling the prescription.

The following examples show the new prompt for NDC validation during the release process.

**Example: Releasing an ePharmacy Order – Selecting Default NDC**

```
Select Outpatient Pharmacy Manager Option: RELEASE Medication

Enter PHARMACIST: OPPHARMACIST4,THREE

Enter/Wand PRESCRIPTION number: 100003853

NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

      1 - 00580-0277-10

NDC: 00580-0277-10// <Enter> 00580-0277-10
      Prescription Number 100003853 Released
      No Refill(s) to be Released
      No Partial(s) to be Released

ePharmacy Rx - Obtain Signature
```

**Example: Releasing an ePharmacy Order – Selecting Different NDC**

```
Select Outpatient Pharmacy Manager Option: RELEASE Medication

Enter PHARMACIST: OPPHARMACIST4,THREE

Enter/Wand PRESCRIPTION number: 100003853

NDC: 00580-0277-10// ?

Select one of the following valid NDC code(s) below:

      1 - 00580-0277-10
      2 - 00580-0277-14

NDC: 00580-0277-10// 2 00580-0277-14

Prescription 100003853 successfully submitted to ECME for claim generation.

Claim Status:
Reversing and Rebilling a previously submitted claim...
Reversing...
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
Resubmitting...
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE

      Prescription Number 100003853 Released
      No Refill(s) to be Released
      No Partial(s) to be Released
```

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## Chapter 24: Returning Medication to Stock

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This chapter describes the option used for returning medication to stock.

### Return Medication to Stock [PSO RETURNED STOCK]

This option is used when a prescription has been released, but has been refused, not picked up, or not given to the patient for some reason. Comments can be entered to explain why the medication was returned to stock.

A prescription can only be returned to stock if the prescription status is Active, Discontinued, or Expired. If the prescription is not released, there is no need to return it to stock. This function increases the inventory so that a more current level is maintained by the Outpatient Pharmacy package and removes the copay charge if it is applicable to the prescription. It is highly recommended that this option be used.

When an ePharmacy prescription is returned to stock, the software checks to see if it has a PAYABLE claim. If so, a request is sent to ECME to electronically reverse the claim with the third party payer. Also, if the prescription contains any unresolved DUR or REFILL TOO SOON reject, it will be marked resolved with the reason 'Prescription Returned To Stock'.

If a copay charge is removed by returning a prescription fill to stock, an entry will be placed in the Copay activity log documenting the action.

#### Example: Copay Activity Log

```
Copay Activity Log:
#   Date       Reason                      Rx Ref      Initiator Of Activity
=====
1   11/21/01   REMOVE COPAY CHARGE  REFILL 1    OPPHARMACIST9,THREE
Comment: RX REFUSED Returned to stock
```

If an **original fill** is returned to stock and reprinted, it can be released again. If a **refill** is returned to stock, the refill is deleted so the patient will not lose it.

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## Chapter 25: Processing a Prescription

---

This chapter describes the menu and options used in processing prescriptions.

### Rx (Prescriptions)

#### [PSO RX]

The *Rx (Prescriptions)* menu allows the pharmacist to manipulate information that pertains to prescriptions. Actions are taken on prescriptions via this menu. Some previous options, such as renew, refill, edit, release, are now actions in the *Patient Prescription Processing* option found on this menu. Also, data now must be entered for the individual fields that are used to build a Sig.

Default values are also displayed for possible dosages, schedules, med routes, and patient instructions. When possible, default quantities are calculated using data entered into specific fields during medication order entry.

The following options are available on this menu:

- *Patient Prescription Processing*
- *Barcode Rx Menu ...*
- *Check Drug Interaction*
- *Complete Orders from OERR*
- *Discontinue Prescription(s)*
- *Edit Prescriptions*
- *ePharmacy Menu ...*
- *List One Patient's Archived Rx's*
- *Manual Print of Multi-Rx Forms*
- *Reprint an Outpatient Rx Label*
- *Signature Log Reprint*
- *View Prescriptions*

### Patient Prescription Processing

#### [PSO LM BACKDOOR ORDERS]

This option is used to process outpatient medication through OERR V. 3.0. The *Patient Prescription Processing* option is found on the *Outpatient Pharmacy Manager Menu* and the *Pharmacist Menu* under the *Rx (Prescriptions)* option. This option uses List Manager features to allow the outpatient pharmacy manager and pharmacist to perform the following actions on a prescription without leaving this option.

- |                  |                   |                         |                            |
|------------------|-------------------|-------------------------|----------------------------|
| • Enter a new Rx | • Renew           | • Release               | • Show a profile           |
| • Discontinue    | • Hold            | • Reprint               | • View activity log        |
| • Edit           | • Unhold          | • Copy                  | • Pull early from suspense |
| • Refill         | • Order a partial | • Verify a prescription |                            |

When a new drug order is processed (new, renewal, finish, verify, copy, or an edit that creates a new order), order checks are performed. These include checking for Duplicate Drug, Duplicate Drug Therapy, Drug-Drug Interaction, and Drug-Drug Allergy.

With the introduction of enhanced Order checks, Outpatient Pharmacy generated order checks are displayed in this sequence:

- System Errors
- Duplicate Drug
- Clozapine
- Allergy/ADR (local & remote) or Non-Assessment
- CPRS checks generated backdoor (3 new checks)
- Drug Level Errors
- Local & Remote Critical Drug Interactions
- Local & Remote Significant Drug Interactions
- Local & Remote Duplicate Therapy

Additionally, the order check display sequence is applied to the following processes:

- Backdoor new order entry
- Finishing a pending order
- When renewing an outpatient medication order
- Creating a new order when editing an outpatient medication order
- Verifying an outpatient medication order
- Copying an outpatient medication order
- Reinstating a discontinued outpatient medication order

There are three levels of error messages associated with Enhanced Order Checking (Drug Interactions, Duplicate Therapy, and Dosing):

1. System - When such an error occurs, no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed. Other order checks that do not use the COTS database (FDB) will still be performed such as allergy/ADRs, duplicate drug (for outpatient only), and new CPRS order checks, etc.
2. Drug - The second error level is for the drug and no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed for a specific drug. Drug level errors can occur for the prospective drug (drug being processed) or the profile drug. If a drug level error occurs on the prospective drug, no profile drug errors will be displayed. The only exception to this is when you are processing an IV order with multiple prospective drugs (i.e. multiple IV Additives). Profile drug level errors will only be shown once per patient session.

There are two reasons that a drug level error is generated; the drug is not matched to NDF or the drug is matched to NDF, but the VA Product to which it is matched does not have a GCNSEQNO assigned or the GCNSEQNO assigned does not match up to the GCNSEQNO in the COTS database. The latter (GCNSEQNO mismatch) is rare.

3. Order - The third error level is for the order. Order level errors will only occur with dosing order checks. Please see the *Dosing Order Check User Manual* for more information.

See table below for an explanation of the errors:

Error Level	Error Message	Reason	Why message is being displayed.
System	No Enhanced Order Checks can be performed	Vendor Database cannot be reached	The connectivity to the vendor database has gone down. A MailMan message is sent to the G. PSS ORDER CHECKS mail group when the link goes down and when it comes back up.
System	No Enhanced Order Checks can be performed	The connection to the vendor database has been disabled	A user has executed the Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK] option and disabled the interface.
System	No Enhanced Order Checks can be performed	Vendor database updates are being processed	The vendor database (custom and standard data) is being updated using the DATUP (Data Update) process.
System	No Enhanced Order Checks can be performed	An unexpected error has occurred	There is a system network problem and the vendor database cannot be reached or a software interface issue.
Drug	Enhanced Order Checks cannot be performed for Local or Local Outpatient Drug: <DRUG NAME>	Drug not matched to NDF	The local drug being ordered/ or on profile has not been matched to NDF. Matching the drug to a VA Product will eliminate this message.
Drug	Order Checks could not be done for Remote Drug: <DRUG NAME>, please complete a manual check for Drug Interactions and Duplicate Therapy. Remote order indicator		If this error message is displayed, it means that the VA product that the local or remote drug being ordered/or on the local or remote profile does not have a GCNSEQNO or in rare cases, the GCNSEQNO assigned to the VA Product does not match up with a GCNSEQNO in the vendor database.
Drug	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active Dispense Drug found	Highly unlikely that this error would be seen. At the time the order check was being performed the orderable item did not have an active dispense drug associated.

See examples below to illustrate error sequences.

#### New Order Entry – System Level Error

```
Select Action: Quit// NO    New Order

Eligibility: SC LESS THAN 50%    SC%: 40
RX PATIENT STATUS: SC LESS THAN 50%//
DRUG: AMLOD
  Lookup: GENERIC NAME
    1  AMLODIPINE 10MG/BENAZEPRIL 20MG TAB    CV400
    2  AMLODIPINE 5MG/ATORVASTATIN 10MG TAB    CV200
CHOOSE 1-2: 1  AMLODIPINE 10MG/BENAZEPRIL 20MG TAB    CV400
```

```

Now doing remote checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

No Enhanced Order Checks can be performed.
Reason: Vendor database cannot be reached.

Press Return to Continue...

Available Dosage(s)

1 TABLET
2 TABLETS

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 1 TABLET

You entered 1 TABLET is this correct? Yes// YES
VERB: TAKE
ROUTE: PO//
1 PO ORAL (BY MOUTH) PO
2 PO ORAL PO
CHOOSE 1-2: 1 ORAL (BY MOUTH) PO MOUTH
Schedule: Q4H (EVERY 4 HOURS)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:

```

### Drug Error Message – Finishing Pending Outpatient Order

```

+ Enter ?? for more actions
BY Bypass DC Discontinue
ED Edit FN Finish
Select Item(s): Next Screen// FN Finish

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Enhanced Order Checks cannot be performed for Local Drug: WARFARIN 5MG TAB
Reason: Drug not matched to NDF

Press Return to Continue...

Was treatment for Service Connected condition? YES//

Are you sure you want to Accept this Order? NO//

```

### Renewing an Order – Therapeutic Duplication – Drug Level Error

```

+ Enter ?? for more actions
DC Discontinue PR Partial RL Release
ED Edit RF Refill RN Renew
Select Action: Next Screen// rn Renew
FILL DATE: (3/12/2008 - 3/13/2009): TODAY// (MAR 12, 2008)
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Now Renewing Rx # 2580 Drug: SUCRALFATE 1GM TAB

```



Press Return to Continue...

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Enhanced Order Checks cannot be performed for Local Drug: RANITIDINE 150MG TAB  
Reason: No GCNSEQNO exists for VA Product

=====  
\*\*\* THERAPEUTIC DUPLICATION \*\*\* Local Rx for SUCRALFATE 1GM TAB with Local Rx for  
CIMETIDINE 300MG TAB and Local Rx for NIZATIDINE 150MG CAP and Local Rx for FAMOTIDINE  
20MG TAB

Rx: #2574  
Drug: CIMETIDINE 300MG TAB  
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY  
QTY: 180 Refills remaining: 3  
Provider: PSOPROVIDER,ONE Issued: 02/12/08  
Status: Discontinued Last filled on: 03/07/08  
Processing Status: Released locally on 03/07/08@08:55:32 (Window)  
Days Supply: 90

-----  
Rx: #2573  
Drug: NIZATIDINE 150MG CAP  
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY  
QTY: 180 Refills remaining: 3  
Provider: PSOPROVIDER,ONE Issued: 03/07/08  
Status: Hold Last filled on: 03/07/08  
Processing Status: Released locally on 03/07/08@08:55:32 (Window)  
Days Supply: 90

-----  
Rx: #2599  
Drug: FAMOTIDINE 20MG TAB  
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY  
QTY: 180 Refills remaining: 3  
Provider: PSOPROVIDER,ONE Issued: 03/07/08  
Status: Provider Hold Last filled on: 03/07/08  
Processing Status: Released locally on 03/07/08@08:55:32 (Window)  
Days Supply: 90

Duplicate Therapy Class(es): Peptic Ulcer Agents

=====  
Discontinue RX #2573 NIZATIDINE 150MG CAP? Y/N No

Press Return to Continue:

2580A SUCRALFATE 1GM TAB QTY: 360  
# OF REFILLS: 3 ISSUED: 03-12-08  
SIG: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY  
FILLED: 03-12-08  
ROUTING: WINDOW PHYS: PSOPROVIDER,ONE

Edit renewed Rx ? Y// n NO

SC Percent: 80%  
Disabilities: NONE STATED

Was treatment for a Service Connected condition? NO//

## Duplicate Drug Order Check

The Duplicate Drug warning displays the following information for a local or remote outpatient medication order:

### Local Rx

```
Duplicate Drug in Local Rx:

      Rx #: 2608
      Drug: ASPIRIN 81MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30           Refills remaining: 11
      Provider: PSOPROVIDER,TEN           Issued: 03/24/08
      Status: Active           Last filled on: 03/24/08
      Processing Status: Released locally on 3/24/08@08:55:32 (Window)
                        Days Supply: 30
```

### Remote Rx

```
Duplicate Drug in Remote Rx:

      LOCATION NAME: <NAME OF FACILITY>
      Rx #: 2608
      Drug: ASPIRIN 81MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30           Refills remaining: 11
      Provider: PSOPROVIDER,TEN           Issued: 03/24/08
      Status: Active           Last filled on: 03/24/08
                        Days Supply: 30
```

Duplicate Drug order check for Pending Orders:

### Pending Order

```
Duplicate Drug in a Pending Order for:

      Drug: ALLOPURINOL 300MG TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 180           # of Refills: 3
      Provider: PSOPROVIDER,TEN           Issue Date: 03/24/08@14:44:15
      Provider Comments:
```

Duplicate Drug order check for Non-VA Medications

### Non-VA Med Order

```
Duplicate Drug in a Non-VA Med Order for

      Drug: CIMETIDINE 300MG TAB
      Dosage: 300MG
      Schedule: AT BEDTIME
      Medication Route: MOUTH
      Start Date: <NOT ENTERED>           CPRS Order #: 13554
      Documented By: PSOPROVIDER,TEN on Mar 24, 2008@14:44:15
      Order Check #1:
      SIGNIFICANT drug-drug interaction: CIMETIDINE & PROPRANOLOL (PROPRANOLOL
      TAB 40MG PO QID [PENDING])
      Overriding Provider: PSOPROVIDER,TEN
      Reason:<NOT ENTERED>
      Statement/Explanation/Comments:
      Patient wants to buy from Non-VA pharmacy
```

#### Duplicate Drug Order Check business rules:

- a. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, the system will not prompt a clerk (no PSORPH key) to discontinue the order when a Duplicate Drug order check occurs.
- b. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, and a new order is being entered by a clerk (no PSORPH key) via the pharmacy backdoor, the order being processed will be deleted by the system immediately after the duplicate drug warning is displayed.
- c. If the duplicate drug is a remote order, the system will allow the clerk to process the new order after the display of the duplicate drug warning.
- d. If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, and a clerk (no PSORPH key) is finishing a pending order:
  - d1. When the VERIFICATION outpatient site parameter is set to YES and the duplicate drug is a local order, the system will return the user back to the detailed order ListMan display with the available actions of Accept/Edit/Discontinue.
  - d2. When the VERIFICATION outpatient site parameter is set to YES and the duplicate drug is a remote order
    - d2a. A duplicate drug warning will be displayed
    - d2b. The clerk will be allowed to finish the order
    - d2c. The finished order will have a status of non-verified
  - d3. When the VERIFICATION outpatient site parameter is set to NO, the clerk will not be allowed to finish the order.
  - d4. If the DRUG CHECK FOR CLERK outpatient site parameter is set to Yes, a clerk (no PSORPH key) will see the same discontinue prompts as a pharmacist.
- e. If the VERIFICATION outpatient site parameter is set to YES when reinstating an order, no duplicate message will be displayed and the reinstated order will have a non-verified status.
- f. No discontinuation prompt will be displayed for a duplicate Non-VA medication order in any situation.

After the Duplicate Drug warning is displayed, the system will ask the user if they wish to discontinue the order.

#### Active Order

```
Discontinue RX #2580A SUCRALFATE 1GM TAB? Y/N
```

#### Pending Order

```
Discontinue Pending Order for ALLOPURINOL 300MG? Y/N
```

If the user chooses not to discontinue the displayed order when entering a new order via the pharmacy backdoor, the system will delete the order being entered (prospective drug).

If the user chooses not to discontinue the displayed order when finishing a pending order, the system will redisplay the pending order and prompt them to accept, edit or discontinue the order.

If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO, and if the clerk (no PSORPH key) is copying an order, the system will return them back to the detailed order ListMan display where the copy action was initiated.

If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO and the VERIFICATION outpatient site parameter is set to YES when a clerk (no PSORPH key) is reinstating a discontinued order for a medication for which an active local order exists, the system will delete the active order and reinstate the discontinued order.

If the DRUG CHECK FOR CLERK outpatient site parameter is set to NO and the VERIFICATION outpatient site parameter is set to NO when a clerk is reinstating a discontinued order for a medication for which an active local order exists, the system will display a duplicate drug warning, but the order will not be reinstated.

If the DRUG CHECK FOR CLERK outpatient site parameter is set to YES or NO and the VERIFICATION outpatient site parameter is set to NO when a clerk is reinstating a discontinued order for a medication for which a remote order exists, the system will display a duplicate drug warning and the reinstated order will be assigned an active status.

If the DRUG CHECK FOR CLERK outpatient site parameter is set to YES or NO and the VERIFICATION outpatient site parameter is set to YES when a clerk is reinstating a discontinued order, the system will not display a duplicate drug warning and the reinstated order will be assigned a non-verified status.

If a duplicate drug warning is displayed for a medication order, it will not be included in a duplicate therapy order check.

The following examples illustrate the conditions described above.

### Duplicate Pending Order

```
Pending OP Orders (ROUTINE)   Mar 24, 2008@13:52:04           Page:    1 of    2
PSOPATIENT,FOUR                                <NO ALLERGY ASSESSMENT>
  PID: 000-00-0000                                Ht(cm): 168.91 (04/11/2006)
  DOB: MAY 20,1966 (41)                          Wt(kg): 68.18 (09/06/2006)

Order Checks:
  Duplicate drug order: ASPIRIN TAB,EC 325MG TAKE ONE TABLET BY MOUTH EVERY
    MORNING [ACTIVE]
  Overriding Provider: PSOPROVIDER,TEN
  Overriding Reason: TESTING DUPLICATE THERAPY FUNCTIONALITY

*(1) Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 325MG EC TAB <DIN>
(3)      *Dosage: 325 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: QAM
+      Enter ?? for more actions
BY Bypass                                DC Discontinue
ED Edit                                  FN Finish
Select Item(s): Next Screen// FN  Finish

-----
Duplicate Drug in Local Rx:

          RX #: 2603
          Drug: ASPIRIN 325MG EC TAB
```

```

                SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
                QTY: 30                                Refills remaining: 11
                Provider: PSOPROVIDER,TEN              Issued: 03/24/08
                Status: Active                          Last filled on: 03/24/08
                Processing Status: Released locally on 3/24/08@08:55:32 (Window)
                                                        Days Supply: 30
-----
Discontinue RX #2603 ASPIRIN 325MG EC TAB? Y/N NO -Prescription was not discontinued...

Pending OP Orders (ROUTINE)   Mar 24, 2008@13:52:45           Page:    1 of    2
PSOPATIENT,FOUR              <NO ALLERGY ASSESSMENT>
    PID: 000-00-0000                Ht(cm): 168.91 (04/11/2006)
    DOB: MAY 20,1966 (41)           Wt(kg): 68.18 (09/06/2006)

Order Checks:
    Duplicate drug order: ASPIRIN TAB,EC  325MG TAKE ONE TABLET BY MOUTH EVERY
    MORNING [ACTIVE]
    Overriding Provider: PSOPROVIDER,TEN
    Overriding Reason: TESTING DUPLICATE THERAPY FUNCTIONALITY

*(1) Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 325MG EC TAB <DIN>
(3)      *Dosage: 325 (MG)
          Verb: TAKE
          Dispense Units: 1
          NOUN: TABLET
          *Route: ORAL
          *Schedule: QAM
+      Enter ?? for more actions
AC Accept          ED Edit          DC Discontinue
Select Item(s): Next Screen//
.
.
    OR

Discontinue RX #2603 ASPIRIN 325MG EC TAB? Y/N YES

RX #2603 ASPIRIN 325MG EC TAB will be discontinued after the acceptance of the new order.

Rx # 2604                03/24/08
PSOPATIENT,FOUR          #30
TAKE ONE TABLET BY MOUTH EVERY MORNING

ASPIRIN 325MG EC TAB
PSOPROVIDER,TEN          PSOPHARMACIST,ONE
# of Refills: 11

    SC Percent: 100%
    Disabilities: NONE STATED

Was treatment for a Service Connected condition? YES// YES
Are you sure you want to Accept this Order? NO// YES
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//    NO

    -Duplicate Drug Rx #2603 ASPIRIN 325MG EC TAB has been discontinued...

Press Return to Continue:

```

### New Order Entry Backdoor – Duplicate Drug

```

Eligibility: SERVICE CONNECTED 50% to 100%    SC%: 100
RX PATIENT STATUS: OPT NSC//
DRUG: aspirin
    Lookup: DRUG  GENERIC NAME
            1  ASPIRIN 325MG EC TAB          CN103
            2  ASPIRIN 325MG SUPPOSITORY      CN103
            3  ASPIRIN 325MG TAB             CN103

```

```

4   ASPIRIN 650MG/BUTALBITAL 50MG TAB          CN103
5   ASPIRIN 81MG EC TAB                        CN103
Press <RETURN> to see more, '^' to exit this list, '^' to exit all lists, OR
CHOOSE 1-5: 1   ASPIRIN 325MG EC TAB          CN103
      Restriction/Guideline(s) exist.  Display? : (N/D): No//   NO
-----
Duplicate Drug in Local Rx:

      RX #: 2604
      Drug: ASPIRIN 325MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30                               Refills remaining: 11
      Provider: PSOPROVIDER,TEN                Issued: 03/24/08
      Status: Active                           Last filled on: 03/24/08
      Processing Status: Released locally on 3/24/08@08:55:32 (Window)
                                          Days Supply: 30
-----
Discontinue RX #2604 ASPIRIN 325MG EC TAB? Y/N NO -Prescription was not discontinued...

RX DELETED

      OR

Discontinue RX #2604 ASPIRIN 325MG EC TAB? Y/N YES

RX #2604 ASPIRIN 325MG EC TAB will be discontinued after the acceptance of the new order.

VERB: TAKE
Available Dosage(s)
      1. 325MG
      2. 650MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 325MG

You entered 325MG is this correct? Yes//   YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 325MG

NOUN: TABLET
ROUTE: PO//   ORAL           PO MOUTH
Schedule: bid (TWICE A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
PATIENT INSTRUCTIONS:

(TAKE ONE TABLET BY MOUTH TWICE A DAY)

DAYS SUPPLY: (1-90): 30//
QTY ( TAB ) : 60// 60
COPIES: 1// 1
# OF REFILLS: (0-11): 11//
PROVIDER:      PSOPROVIDER,TEN
CLINIC:
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
REMARKS:
ISSUE DATE: TODAY//   (MAR 24, 2008)
FILL DATE: (3/24/2008 - 3/25/2009): TODAY//   (MAR 24, 2008)
Nature of Order: WRITTEN//           W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//   NO

Rx # 2605                                03/24/08
PSOPATIENT,FOUR                          #60
TAKE ONE TABLET BY MOUTH TWICE A DAY

```

```

ASPIRIN 325MG EC TAB
PSOPROVIDER,TEN          PSOPHARMACIST,ONE
# of Refills: 11

      SC Percent: 100%
      Disabilities: NONE STATED

Was treatment for a Service Connected condition? n  NO
Is this correct? YES//

-Duplicate Drug RX #2604 ASPIRIN 325MG EC TAB has been discontinued...

Another New Order for PSOPATIENT,FOUR? YES//

```

### Editing Dispense Drug – Create New Order

```

      Rx #: 2605A
(1) *Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 325MG EC TAB <DIN>
(3)      *Dosage: 325 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: TABLET
          *Route: ORAL
          *Schedule: BID
(4)Pat Instructions:
          SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: OPT NSC
(6)      Issue Date: 03/24/08          (7) Fill Date: 03/24/08
          Last Fill Date: 03/24/08 (Window)
+      Enter ?? for more actions
DC Discontinue      PR Partial          RL Release
ED Edit            RF Refill           RN Renew
Select Action: Next Screen// ED Edit

Select fields by number: (1-19): 2
DRUG: ASPIRIN 325MG EC TAB// ASPIRIN 8

      Lookup: GENERIC NAME
ASPIRIN 81MG EC TAB          CN103
      ...OK? Yes// (Yes)

TRADE NAME:
-----
Duplicate Drug in Local Rx:

      Rx #: 2606
      Drug: ASPIRIN 81MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30          Refills remaining: 11
      Provider: PSOPROVIDER,TEN          Issued: 03/24/08
      Status: Active          Last filled on: 03/24/08
      Processing Status: Released locally on 03/24/08@08:55:32 (Window)
                              Days Supply: 30
-----
Discontinue RX #2606 ASPIRIN 81MG EC TAB? Y/N NO -Prescription was not discontinued...
.
.
      OR

Discontinue RX #2606 ASPIRIN 81MG EC TAB? Y/N YES

RX #2606 ASPIRIN 81MG EC TAB will be discontinued after the acceptance of the new order.

You have changed the dispense drug from
ASPIRIN 325MG EC TAB to ASPIRIN 81MG EC TAB.

```

```

Current SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
Do You want to Edit the SIG? YES//
Available Dosage(s)
    1. 81MG
    2. 162MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 81MG

You entered 81MG is this correct? Yes//  YES
This edit will discontinue the duplicate Rx & change the dispensed drug!
Do You Want to Proceed? NO// YES

VERB: TAKE// TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 81MG

NOUN: TABLET// TABLET
ROUTE: ORAL// ORAL
Schedule: BID// QAM (EVERY MORNING)
LIMITED DURATION (IN MONTHS, WEEKS, DAYS, HOURS OR MINUTES):
CONJUNCTION:

New OP Order (ROUTINE)          Mar 24, 2008@14:10:20          Page: 1 of 2
PSOPATIENT,FOUR                  <NO ALLERGY ASSESSMENT>
    PID: 000-00-0000              Ht(cm): 168.91 (04/11/2006)
    DOB: MAY 20,1966 (41)         Wt(kg): 68.18 (09/06/2006)

    Orderable Item: ASPIRIN TAB,EC
(1)      Drug: ASPIRIN 81MG EC TAB
(2) Patient Status: OPT NSC
(3)      Issue Date: MAR 24,2008          (4) Fill Date: MAR 24,2008
(5) Dosage Ordered: 81 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: TABLET
    Route: ORAL
    Schedule: QAM
(6)Pat Instruction:
    SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(7)      Days Supply: 30                  (8)      QTY (TAB): 60
(9)      # of Refills: 11                  (10)     Routing: WINDOW
+      This change will create a new prescription!
AC  Accept          ED  Edit
Select Action: Next Screen// AC  Accept

Nature of Order: SERVICE CORRECTION//      S
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//  NO

Rx # 2607          03/24/08
PSOPATIENT,FOUR          #60
TAKE ONE TABLET BY MOUTH EVERY MORNING

ASPIRIN 81MG EC TAB
PSOPROVIDER,TEN          PSOPHARMACIST,ONE
# of Refills: 11

    SC Percent: 100%
    Disabilities: NONE STATED

Was treatment for a Service Connected condition? YES//
Is this correct? YES// ...

-Duplicate Drug RX #2606 ASPIRIN 81MG EC TAB has been discontinued...

```



### Clerk Entering New Order via Backdoor – Drug Check for Clerk Parameter set to No

```
PI Patient Information          SO Select Order
Select Action: Quit// NO      New Order
```

```
Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 100
```

```
RX PATIENT STATUS: OPT NSC//
```

```
DRUG: ASPIRIN 81
```

```
Lookup: GENERIC NAME
```

```
ASPIRIN 81MG EC TAB          CN103
```

```
...OK? Yes// (Yes)
```

```
-----
Duplicate Drug in Local Rx:
```

```
Rx #: 2608
```

```
Drug: ASPIRIN 81MG EC TAB
```

```
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
```

```
QTY: 30
```

```
Refills remaining: 11
```

```
Provider: PSOPROVIDER,TEN
```

```
Issued: 03/24/08
```

```
Status: Active
```

```
Last filled on: 03/24/08
```

```
Processing Status: Released locally on 3/24/08@08:55:32 (Window)
```

```
Days Supply: 30
```

```
-----
RX DELETED
```

```
Another New Order for PSOPATIENT,FOUR? YES//
```

### Clerk Entering New Order via Backdoor – Drug Check for Clerk Parameter set to No – Duplicate Drug – Discontinued Status

```
Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 100
```

```
RX PATIENT STATUS: OPT NSC//
```

```
DRUG: ASPIRIN
```

```
Lookup: GENERIC NAME
```

```
1 ASPIRIN 325MG EC TAB          CN103
```

```
2 ASPIRIN 325MG SUPPOSITORY      CN103
```

```
3 ASPIRIN 325MG TAB            CN103
```

```
4 ASPIRIN 650MG/BUTALBITAL 50MG TAB          CN103
```

```
5 ASPIRIN 81MG EC TAB          CN103
```

```
Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR
```

```
CHOOSE 1-5: 1 ASPIRIN 325MG EC TAB          CN103
```

```
Restriction/Guideline(s) exist. Display? : (N/D): No// NO
```

```
-----
Duplicate Drug in Local Rx:
```

```
Rx #: 2605A
```

```
Drug: ASPIRIN 325MG EC TAB
```

```
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
```

```
QTY: 60
```

```
Refills remaining: 11
```

```
Provider: PSOPROVIDER,TEN
```

```
Issued: 03/24/08
```

```
Status: Discontinued (Edit)
```

```
Last filled on: 03/24/08
```

```
Processing Status: Released locally on 3/24/08@08:55:32 (Window)
```

```
Days Supply: 30
```

```
-----
Press Return to Continue:
```

### Clerk Finishing Pending Order – Drug Check for Clerk parameter set to No

```
ED (Edit)
```

```
FN Finish
```

```
Pending OP Orders (ROUTINE) Mar 24, 2008@14:35:21
```

```
Page: 1 of 3
```

```
PSOPATIENT,FOUR
```

```
<NO ALLERGY ASSESSMENT>
```

```
PID: 000-00-0000
```

```
Ht(cm): 168.91 (04/11/2006)
```

```
DOB: MAY 20,1966 (41)
```

```
Wt(kg): 68.18 (09/06/2006)
```

```

Order Checks:
  Duplicate drug order: ASPIRIN TAB,EC 81MG TAKE ONE TABLET BY MOUTH EVERY
  MORNING [ACTIVE]
  Overriding Provider: PSOPROVIDER,TEN
  Overriding Reason: TESTING

  Duplicate drug class order:(ASPIRIN TAB,EC 325MG
  TAKE ONE TABLET BY MOUTH EVERY MORNING [UNRELEASED])
  Overriding Provider: PSOPROVIDER,TEN
  Overriding Reason: TESTING

*(1) Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 81MG EC TAB
(3)      *Dosage: 81 (MG)
+      Enter ?? for more actions
BY Bypass      DC (Discontinue)
ED (Edit)      FN Finish
Select Item(s): Next Screen// FN Finish

-----
Duplicate Drug in Local Rx:

      Rx #: 2608
      Drug: ASPIRIN 81MG EC TAB
      SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
      QTY: 30      Refills remaining: 11
      Provider: PSOPROVIDER,TEN      Issued: 03/24/08
      Status: Active      Last filled on: 03/24/08
      Processing Status: Released locally on 3/24/08@08:55:32 (Window)
      Days Supply: 30

-----

Pending OP Orders (ROUTINE)   Mar 24, 2008@14:35:25      Page: 1 of 3
PSOPATIENT,FOUR      <NO ALLERGY ASSESSMENT>
  PID: 000-00-0000      Ht(cm): 168.91 (04/11/2006)
  DOB: MAY 20,1966 (41)      Wt(kg): 68.18 (09/06/2006)

Order Checks:
  Duplicate drug order: ASPIRIN TAB,EC 81MG TAKE ONE TABLET BY MOUTH EVERY
  MORNING [ACTIVE]
  Overriding Provider: PSOPROVIDER,TEN
  Overriding Reason: TESTING

  Duplicate drug class order: NON-OPIOID ANALGESICS (ASPIRIN TAB,EC 325MG
  TAKE ONE TABLET BY MOUTH EVERY MORNING [UNRELEASED])
  Overriding Provider: PSOPROVIDER,TEN
  Overriding Reason: TESTING

*(1) Orderable Item: ASPIRIN TAB,EC
(2)      Drug: ASPIRIN 81MG EC TAB
(3)      *Dosage: 81 (MG)
+      Enter ?? for more actions
AC Accept      ED Edit      DC Discontinue
Select Item(s): Next Screen// DC Discontinue

Nature of Order: SERVICE CORRECTION//      S

Requesting PROVIDER: PSOPROVIDER,TEN//      LBB      119
Comments: Per Pharmacy Request Replace

Press Return to :

PI Patient Information      SO Select Order
PU Patient Record Update      NO New Order
PI Patient Information      SO Select Order
Select Action: Quit// 2

```

Medication Profile Mar 24, 2008@14:36:28 Page: 1 of 1  
 PSOPATIENT,FOUR <NO ALLERGY ASSESSMENT>  
 PID: 000-00-0000 Ht(cm): 168.91 (04/11/2006)  
 DOB: MAY 20,1966 (41) Wt(kg): 68.18 (09/06/2006)  
 SEX: MALE

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST REF DATE	FILL REM	SUP
-----ACTIVE-----								
1	2608	ASPIRIN 81MG EC TAB	30	A	03-24	03-24	11	30
-----NON-VERIFIED-----								
2	2609	ASPIRIN 325MG EC TAB	30	N	03-24	03-24	5	30

### Duplicate with Non-VA Med – No Action Required

DRUG: CIMETIDINE  
 Lookup: GENERIC NAME  
 1 CIMETIDINE 100MG TAB GA301  
 2 CIMETIDINE 200MG TAB GA301  
 3 CIMETIDINE 300MG TAB GA301 90 DAY SUPPLY  
 4 CIMETIDINE 400MG TAB GA301  
 5 CIMETIDINE 800MG TAB GA301  
 CHOOSE 1-5: 3 CIMETIDINE 300MG TAB GA301 90 DAY SUPPLY

-----

Duplicate Drug in a Non-VA Med Order for

Drug: CIMETIDINE 300MG TAB  
 Dosage: 300MG  
 Schedule: AT BEDTIME  
 Medication Route: MOUTH  
 Start Date: CPRS Order #: 13554  
 Documented By: PSOPROVIDER,TEN on Mar 24, 2008@14:44:15

Order Check #1:  
 SIGNIFICANT drug-drug interaction: CIMETIDINE & PROPRANOLOL (PROPRANOLOL TAB 40MG PO QID [PENDING])

Overriding Provider: PSOPROVIDER,TEN  
 Reason:  
 Statement/Explanation/Comments:  
 Patient wants to buy from Non-VA pharmacy

-----

Press Return to Continue:

VERB: TAKE  
 Available Dosage(s)  
 1. 300MG  
 2. 600MG

Select from list of Available Dosages, Enter Free Text Dose  
 or Enter a Question Mark (?) to view list: 1 300MG

You entered 300MG is this correct? Yes//

### Duplicate Drug with Pending Order

Another New Order for PSOPATIENT,FOUR? YES//

Eligibility: SERVICE CONNECTED 50% to 100% SC%: 100  
 RX PATIENT STATUS: OPT NSC//  
 DRUG: ALLOPURINOL  
 Lookup: GENERIC NAME  
 1 ALLOPURINOL 100MG TAB MS400  
 2 ALLOPURINOL 300MG TAB MS400  
 CHOOSE 1-2: 2 ALLOPURINOL 300MG TAB MS400

-----

DUPLICATE DRUG in a Pending Order for:

Drug: ALLOPURINOL 300MG TAB  
 SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING  
 QTY: 180 # of Refills: 3

```

Provider: PSOPROVIDER,TEN      Issue Date: 03/24/08@14:44:15
Provider Comments:

-----
Discontinue Pending Order for ALLOPURINOL 300MG? Y/N  YES

Pending Order for ALLOPURINOL 300MG will be discontinued after the acceptance of the new
order.

VERB: TAKE
Available Dosage(s)
    1. 300MG
    2. 600MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 300MG

You entered 300MG is this correct? Yes//  YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 300MG

NOUN: TABLET
ROUTE: PO//  ORAL      PO  MOUTH
Schedule: QAM// (EVERY MORNING)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
PATIENT INSTRUCTIONS:

(TAKE ONE TABLET BY MOUTH EVERY MORNING)

DAYS SUPPLY: (1-90): 30//
QTY ( TAB ) : 30// 30
COPIES: 1// 1
# OF REFILLS: (0-11): 11//
PROVIDER: PSOPROVIDER,TEN
CLINIC:
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
REMARKS:
ISSUE DATE: TODAY// (MAR 24, 2008)
FILL DATE: (3/24/2008 - 3/25/2009): TODAY// (MAR 24, 2008)
Nature of Order: WRITTEN//  W

Rx # 2610      03/24/08
PSOPATIENT,FOUR      #30
TAKE ONE TABLET BY MOUTH EVERY MORNING

ALLOPURINOL 300MG TAB
PSOPROVIDER,TEN      PSOPHARMACIST,ONE
# of Refills: 11

SC Percent: 100%
Disabilities: NONE STATED

Was treatment for a Service Connected condition? y  YES
Is this correct? YES//

- Duplicate Drug Pending Order for ALLOPURINOL 300MG has been discontinued...

```

### Copying an Existing Order

```

RN  Renew
Select Action: Next Screen// CO  CO

OP Medications (ACTIVE)      Mar 12, 2008@09:15:48      Page: 1 of 2
PSOPATIENT,TWO               <A>
PID: 000-00-0000             Ht(cm): 182.88 (04/13/2005)
DOB: JAN 1,1945 (63)         Wt(kg): 77.27 (04/13/2005)

```

```

Rx #: 2584$
(1) *Orderable Item: AMLODIPINE/ATORVASTATIN TAB
(2) Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
Verb: TAKE
(3) *Dosage: ONE TABLET
*Route: ORAL
*Schedule: QAM
(4)Pat Instructions:
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(5) Patient Status: OPT NSC
(6) Issue Date: 03/12/08 (7) Fill Date: 03/12/08
Last Fill Date: 03/12/08 (Window)
Last Release Date: (8) Lot #:
Expires: 03/13/09 MFG:
+ Enter ?? for more actions

AC Accept ED Edit

New OP Order (COPY) Mar 12, 2008@09:15:48 Page: 1 of 2
PSOPATIENT,TWO <A>
PID: 000-00-0000 Ht(cm): 182.88 (04/13/2005)
DOB: JAN 1,1945 (63) Wt(kg): 77.27 (04/13/2005)

Orderable Item: AMLODIPINE/ATORVASTATIN TAB
(1) Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
(2) Patient Status: OPT NSC
(3) Issue Date: MAR 12,2008 (4) Fill Date: MAR 12,2008
Verb: TAKE
(5) Dosage Ordered: ONE TABLET
Route: ORAL
Schedule: QAM
(6)Pat Instruction:
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
(7) Days Supply: 30 (8) QTY ( ): 30
(9) # of Refills: 11 (10) Routing: WINDOW
(11) Clinic:
(12) Provider: PSOPROVIDER,ONE (13) Copies: 1
+ Enter ?? for more actions
AC Accept ED Edit
Select Action: Next Screen// AC Accept
-----
Duplicate Drug in Local RX:

Rx #: 2584
Drug: AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
QTY: 30 Refills remaining: 11
Provider: OPPROVIDER, ONE Issued: 03/12/07
Status: ACTIVE Last filled on: 03/12/07
Processing Status: Released locally on 3/12/07@08:55:32 (Window)
Days Supply: 30
-----
Discontinue Rx #2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB? Y/N YES

Rx #2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB will be discontinued after the acceptance
of the new order.

Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Rx # 2585 03/12/08
PSOPATIENT,TWO T #30
TAKE ONE TABLET BY MOUTH EVERY MORNING

AMLODIPINE 5MG/ATORVASTATIN 10MG TAB
PSOPROVIDER,ONE PSOPHARMACIST,ONE
# of Refills: 11

```

```
SC Percent: 40%
Disabilities: NONE STATED

Was treatment for Service Connected condition? NO//

Is this correct? YES// ...

Duplicate Drug Rx #2584 AMLODIPINE 5MG/ATORVASTATIN 10MG TAB has been discontinued...
```

The CPRS Auto Refill field can be updated using the *Pharmacy Systems Parameter Edit* [PSS MGR] option. This parameter works in conjunction with the PSOAUTRF security key.

- When the CPRS Auto Refill field is set to YES and the PSOAUTRF security key has been assigned to at least one user, all refills placed in CPRS by the provider are processed and suspended with the next fill date and all routing is set to Mail automatically.
- When the CPRS Auto Refill field is set to NO or if the PSOAUTRF security key is not assigned, the manual refill process is required.

If the auto refill process fails, the order will not be processed and will require manual refilling. A MailMan message will be sent to the holders of the PSOAUTRF key describing the reason for not filling the auto refill. All of the refill activity, manual or automatic, is recorded in the Activity Log entry notes.

With Patch PSO\*7\*233, when a name is selected, if the patient's address is flagged with a Bad Address Indicator, a warning message is displayed. If the user has proper authorization (i.e., the PSO SITE parameter "EDIT PATIENT DATA" is set to Yes or the user holds the new PSO ADDRESS UPDATE security key), a prompt displays asking if the user wants to update the address.

Following the installation of patches PSO\*7\*207 and OR\*3\*238 (Remote Data Interoperability (RDI) trigger patch), order checks will be made using additional data from the Health Data Repository Interim Messaging Solution (HDR-IMS) and the HDR-Historical (HDR-Hx). This will contain both Outpatient orders from other VAMCs as well as from Department of Defense (DoD) facilities, if available. All remote prescription statuses will be included in order checking for a new order being processed from within backdoor Outpatient Pharmacy and for new orders being placed by CPRS or by Inpatient Medications. Any remote Outpatient order that has been expired or discontinued for 30 days or less will be included in the list of medications to be checked.



For the *Patient Prescription Processing*, if a temporary address has no end date, the following text is displayed in the Status column: "(Temp address from XXX 99,9999 till (no end date))".

The check for remote data availability is performed upon entering the patient's profile, rather than on each order, to ensure that both remote data and local data are used for order checking.

The following will not be included in order checks (after patch PSO\*7\*243):

- Prescriptions with a status of "DELETED" in the STATUS field in the PRESCRIPTION file from a remote facility
- Prescriptions with a missing expiration date, unless the ISSUE DATE field of the PRESCRIPTION file is within the past year

Remote order checking added (after patch PSO\*7\*243):

- For drug class when orders are placed for locally defined drugs
- Allergy Analgesic class order checks only match against the specific 5-character class if the class begins with “CN10”

If for any reason remote order checks cannot be performed, the following message displays:

```
Remote data not available - Only local order checks processed.
```



**Note:** For remote order checking, if the remote order does not have a VA PRODUCT file VUID, then it will not be included in drug-drug order checks.

This option also prompts for 1<sup>st</sup> reference International Classification of Diseases (ICD) Diagnosis Codes (maximum of eight). Along with the PROVIDER key, the VistA Outpatient Pharmacy application evaluates the IBB Clinical Indicator Data Capture (CIDC) Insurance Switch to determine if CIDC prompts appear. This allows sites to choose whether to collect CIDC data.

These new ICD Diagnosis Code prompts only appear when the:

1. User entering the prescription holds the PROVIDER key.
2. IBB CIDC Insurance Switch is set to ‘YES’. (Yes = Prompt user for ICD Diagnosis Codes)

User response to the ICD Diagnosis Code prompts is optional.

This option is also found on the *Pharmacy Technician's Menu*, but with limited actions. A pharmacy technician can only enter a new order, refill, copy, renew, reprint, release, order a partial, or pull early from suspense.

When an order is an ePharmacy order (determined to be third party billable), the billing data is sent to ECME when an order is finished. ECME sends a message back to Outpatient Pharmacy displaying the status of the claim. This message displays for new, edited, copied, and renewed ePharmacy orders.

```
Is this correct? YES// <Enter>
-Rx 100003869A has been discontinued...

Prescription 100003919 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E PAYABLE
```

## Titration

Introduced in PSO\*7\*313, the user has the ability to mark prescriptions as 'Titration to Maintenance' when finishing prescriptions from CPRS as well as via the Patient Prescription Processing [PSO LM BACKDOOR ORDERS] option by invoking the new hidden action 'TM' - Mark Rx as Titration. This action will result in preventing the following actions to be taken on the prescription: Refill, Renewal (including via CPRS), and Copy and editing of any field that requires a new Rx to be created. This action

will also set the new field TITRATION RX FLAG (#45.3) in the PRESCRIPTION File (#52) as well as the new field TITRATION DOSE RX (#45.1) in the PRESCRIPTION File (#52). Prescriptions that are marked as Titration/Maintenance will have the letter 't' postfix to the RX # as seen below (entry #1):

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
1	100005024t	AMOXAPINE 50MG TAB	30	S	09-26	09-26	2	30
2	100005022	AMOXICILLIN 250MG CAP	30	A	08-18	08-18	11	30
3	100005035	KALETRA	3	A	09-29	09-29	0	3



Note: A prescription can be unmarked as Titration/Maintenance by invoking the same TM action on an already marked prescription.

There is also a new hidden action in the Patient Prescription Processing [PSO LM BACKDOOR ORDERS] option called TR (Convert Titration Rx). This action populates the MAINTENANCE DOSE RX (#45.2) field in the PRESCRIPTION File (#52). When a titration to maintenance prescription needs to be refilled so the patient can continue on the Maintenance Dose, this option allows users to create a new prescription with the maintenance dose only. The process works similar to copying an existing prescription; however, it can only be used on prescriptions with the following characteristics:

- Rx is a complex order with a THEN conjunction
- Rx is released
- Rx status is ACTIVE
- Rx does not have refills previously ordered
- Rx # Of Refills is greater than 0 (zero)

Before the new Maintenance Rx can be accepted, the user is prompted to validate the QTY field for the new Rx, which may or may not be automatically re-calculated. Only the last dose from the original prescription is carried over to the new Maintenance Rx, and the # of Refills field is decreased by 1 because the new Maintenance Rx counts as a fill. Once the user verifies the information for the Maintenance Rx is accurate, they can accept the Maintenance Rx. This action will trigger a Duplicate Drug check against the original complex order, which must be discontinued before the new Maintenance Rx can be accepted.

After the new Maintenance Rx is accepted, it will have the new indicator 'm' on the right side of the Rx # in the patient's Medication Profile as seen below (entry #1):

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
1	100005436m	AMOXAPINE 50MG TAB	30	S	09-26	09-26	1	30
2	100005022	AMOXICILLIN 250MG CAP	30	A	08-18	08-18	11	30
3	100005035	KALETRA	3	A	09-29	09-29	0	3

## CPRS Order Checks

The following CPRS order checks have been added to the existing list of order checks performed in the Outpatient Pharmacy application:

- Aminoglycoside Ordered
- Dangerous Meds for Patient >64



- Glucophage –Lab Results



**Note:** Please see the CPRS (OERR) documentation for details on each order check.

The CPRS order checks shall be incorporated in the following Outpatient Pharmacy order entry processes:

- Entering a new order via backdoor pharmacy options
- Finishing a pending order
- Renewing an order
- Editing an order that results in a new order being created.
- Verifying an order
- Copying an order
- Reinstating a discontinued order

No user action/intervention shall be required after a CPRS order check warning is displayed.

See examples below:

#### New Order Entry – Backdoor – Dangerous Meds for Patient >64 for Dipyridamole

```
Select Action: Quit// NO    New Order

Eligibility: NSC
RX PATIENT STATUS: OPT NSC//
DRUG: DIPYRIDAMOLE
  Lookup: GENERIC NAME
    1  DIPYRIDAMOLE 25MG TAB          BL117
    2  DIPYRIDAMOLE 50MG TAB          BL117
CHOOSE 1-2: 1  DIPYRIDAMOLE 25MG TAB          BL117

***DANGEROUS MEDS FOR PATIENT >64***

Patient is 78.  Older patients can experience adverse reactions at high doses of
Dipyridamole (e.g., headache, dizziness, syncope, GI intolerance.)  There is also
questionable efficacy at lower doses.

VERB: TAKE
Available Dosage(s)
  1. 25MG
  2. 50MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 25MG

You entered 25MG is this correct? Yes//  YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// 1
Dosage Ordered: 25MG

NOUN: TABLET
ROUTE: PO//
```

#### Finishing a Pending Order – Dangerous Meds for Patient >64 for Amitriptyline

```
Pending OP Orders (ROUTINE)  Mar 25, 2008@15:29:09          Page:    1 of    2
PSOPATIENT,NINE                                     <A>
  PID: 000-00-0000                                Ht(cm): 177.80 (10/14/2005)
  DOB: JAN 1,1930 (78)                             Wt(kg): 136.36 (10/14/2005)

*(1) Orderable Item: AMITRIPTYLINE TAB
```

```

(2)          Drug: AMITRIPTYLINE 25MG TAB
(3)          *Dosage: 25 (MG)
              Verb: TAKE
              Dispense Units: 1
              Noun: TABLET
              *Route: ORAL
              *Schedule: QHS
(4) Pat Instruct:
  Provider Comments:
    Instructions: TAKE ONE TABLET PO QHS
    SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6) Issue Date: MAR 25,2008      (7) Fill Date: MAR 25,2008
+      Enter ?? for more actions
BY Bypass          DC Discontinue
ED Edit           FN Finish
Select Item(s): Next Screen// FN Finish

***DANGEROUS MEDS FOR PATIENT >64***

Patient is 78. Amitriptyline can cause cognitive impairment and loss of balance in older
patients. Consider other antidepressant medications on formulary.

Rx # 2612          03/25/08
PSOPATIENT,NINE          #30
TAKE ONE TABLET BY MOUTH AT BEDTIME

AMITRIPTYLINE 25MG TAB
PSOPROVIDER,TEN          PSOPHARMACIST,22
# of Refills: 3

Are you sure you want to Accept this Order? NO// YES
WAS THE PATIENT COUNSELED: NO//
.

Renewing an Order - Dangerous Meds for Patient >64 for Chlorpropamide

          Rx #: 2613$
(1) *Orderable Item: CHLORPROPAMIDE TAB
(2)          Drug: CHLORPROPAMIDE 250MG TAB
(3)          *Dosage: 250 (MG)
              Verb: TAKE
              Dispense Units: 1
              Noun: TABLET
              *Route: ORAL
              *Schedule: BID
(4)Pat Instructions:
    SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: OPT NSC
(6) Issue Date: 03/25/08      (7) Fill Date: 03/25/08
    Last Fill Date: 03/25/08 (Mail)
+      Enter ?? for more actions
DC Discontinue      PR Partial          RL Release
ED Edit            RF Refill           RN Renew
Select Action: Next Screen// RN Renew

FILL DATE: (3/25/2008 - 3/26/2009): TODAY// (MAR 25, 2008)
MAIL/WINDOW: WINDOW// WINDOW
METHOD OF PICK-UP:
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Now Renewing Rx # 2613 Drug: CHLORPROPAMIDE 250MG TAB

***DANGEROUS MEDS FOR PATIENT >64***

```

Patient is 78. Older patients may experience hypoglycemia with Chlorpropamide due do its long duration and variable renal secretion. They may also be at increased risk for Chlorpropamide-induced SIADH.

2613A CHLORPROPAMIDE 250MG TAB QTY: 60  
# OF REFILLS: 3 ISSUED: 03-25-08  
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY  
.

Creating New Order from Edit - Glucophage Lab Results for Metformin

\* (1) Orderable Item: METFORMIN TAB, ORAL  
(2) Drug: METFORMIN 500MG TAB  
(3) \*Dosage: 500 (MG)  
Verb: TAKE

ED Edit FN Finish  
Select Item(s): Next Screen// NEXT SCREEN

BY Bypass DC Discontinue  
Pending OP Orders (ROUTINE) Mar 25, 2008@15:33:47 Page: 2 of 3  
PSOPATIENT,NINE <A>  
PID: 000-00-0000 Ht(cm): 177.80 (10/14/2005)  
DOB: JAN 1,1930 (78) Wt(kg): 136.36 (10/14/2005)

+  
Dispense Units: 1  
Noun: TABLET  
\*Route: ORAL  
\*Schedule: Q12H  
(4) Pat Instruct:  
Provider Comments:  
Instructions: TAKE ONE TABLET PO Q12H  
SIG: TAKE ONE TABLET BY MOUTH EVERY 12 HOURS  
(5) Patient Status: OPT NSC  
(6) Issue Date: MAR 25,2008 (7) Fill Date: MAR 25,2008  
(8) Days Supply: 30 (9) QTY (TAB): 60  
Provider ordered 2 refills  
(10) # of Refills: 2 (11) Routing: MAIL  
(12) Clinic: BARB'S CLINIC  
+ Enter ?? for more actions  
ED Edit FN Finish  
Select Item(s): Next Screen// ED Edit  
\* Indicates which fields will create an new Order  
Select Field to Edit by number: (1-15): 3

Press Return to :

Available Dosage(s)  
1. 500MG  
2. 1000MG

Select from list of Available Dosages, Enter Free Text Dose  
or Enter a Question Mark (?) to view list: 500MG// 2 1000MG

You entered 1000MG is this correct? Yes// YES  
VERB: TAKE// TAKE  
DISPENSE UNITS PER DOSE(TABLETS): 2// 2  
Dosage Ordered: 1000MG

NOUN: TABLETS// TABLETS  
ROUTE: ORAL// ORAL  
Schedule: Q12H// QHS (AT BEDTIME)  
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):  
CONJUNCTION:

Pending OP Orders (ROUTINE) Mar 25, 2008@15:34:08 Page: 1 of 3  
PSOPATIENT,NINE <A>  
PID: 000-00-0000 Ht(cm): 177.80 (10/14/2005)  
DOB: JAN 1,1930 (78) Wt(kg): 136.36 (10/14/2005)

CPRS Order Checks:

```

Duplicate drug class order: ORAL HYPOGLYCEMIC AGENTS,ORAL (CHLORPROPAMIDE
TAB 250MG TAKE ONE TABLET BY MOUTH TWICE A DAY [PENDING])
Overriding Provider: PSOPROVIDER,TEN
Overriding Reason: testing

Metformin - no serum creatinine within past 60 days.
Overriding Provider: PSOPROVIDER,TEN
Overriding Reason: testing

*(1) Orderable Item: METFORMIN TAB,ORAL
(2) Drug: METFORMIN 500MG TAB
(3) *Dosage: 1000 (MG)
Verb: TAKE

+ This change will create a new prescription!
AC Accept ED Edit DC Discontinue
Select Item(s): Next Screen// AC Accept

***Metformin Lab Results***

Metformin - no serum creatinine within past 60 days.

Rx # 2614 03/25/08
PSOPATIENT,NINE #1440
TAKE TWO TABLETS BY MOUTH AT BEDTIME

METFORMIN 500MG TAB
PSOPROVIDER,TEN PSOPHARMACIST,22
# of Refills: 2

Are you sure you want to Accept this Order? NO// YES
Nature of Order: SERVICE CORRECTION//

```

### Verifying an Order – Dangerous Meds for Patient >64 for Dipyridamole

```

OP Medications (NON-VERIFIED) Mar 25, 2008@15:39:03 Page: 1 of 2
PSOPATIENT,NINE <A>
PID: 000-00-0000 Ht(cm): 177.80 (10/14/2005)
DOB: JAN 1,1930 (78) Wt(kg): 136.36 (10/14/2005)

Rx #: 2615$
(1) *Orderable Item: DIPYRIDAMOLE TAB
(2) Drug: DIPYRIDAMOLE 25MG TAB
(3) *Dosage: 25 (MG)
Verb: TAKE
Dispense Units: 1
Noun: TABLET
*Route: ORAL
*Schedule: QHS
(4)Pat Instructions:
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6) Issue Date: 03/25/08 (7) Fill Date: 03/25/08
Last Fill Date: 03/25/08 (Mail)
+ Enter ?? for more actions
DC Discontinue PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)
Select Action: Next Screen// VF VF

RX: 2615 PATIENT: PSOPATIENT,NINE (000-00-0000)
STATUS: Non-Verified CO-PAY STATUS
DRUG: DIPYRIDAMOLE 25MG TAB
QTY: 30 30 DAY SUPPLY
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME
LATEST: 03/25/2008 # OF REFILLS: 3 REMAINING: 3
ISSUED: 03/25/08 PROVIDER:
LOGGED: 03/25/08 CLINIC: BARB'S CLINIC
EXPIRES: 03/26/09 DIVISION: HINES (499)
CAP: SAFETY ROUTING: MAIL

```

```

ENTRY BY: PSOPROVIDER,TEN          VERIFIED BY:

ACTIVITY LOG:
#  DATE      REASON      RX REF      INITIATOR OF ACTIVITY
=====
1  03/25/08  PATIENT INST.ORIGINAL
COMMENTS: Patient Instructions Not Sent By Provider.
PATIENT STATUS : OPT NSC          COPIES : 1

Press RETURN to Continue:

***DANGEROUS MEDS FOR PATIENT >64***

Patient is 78.  Older patients can experience adverse reactions at high doses of
Dipyridamole (e.g., headache, dizziness, syncope, GI intolerance.)  There is also
questionable efficacy at lower doses.

EDIT: (Y/N/P): N// O
VERIFY FOR PSOPATIENT,NINE ? (Y/N/Delete/Quit): Y// ES

```

### Copying an Order – Aminoglycoside Ordered – Gentamicin

```

Select Action: Next Screen// CO  CO

OP Medications (ACTIVE)          Mar 25, 2008@15:46:18          Page: 1 of 2
PSOPATIENT,NINE                  <A>
  PID: 000-00-0000                Ht(cm): 177.80 (10/14/2005)
  DOB: JAN 1,1930 (78)            Wt(kg): 136.36 (10/14/2005)

                                Rx #: 2616$
(1) *Orderable Item: GENTAMICIN INJ,SOLN
(2)      Drug: GENTAMICIN 40MG/ML 2ML VI
      Verb: INJECT
(3)      *Dosage: 80MG
      *Route: INTRAMUSCULAR
      *Schedule: Q8H
(4)Pat Instructions:
      SIG: INJECT 80MG IM EVERY 8 HOURS
(5) Patient Status: OPT NSC
(6)   Issue Date: 03/25/08          (7) Fill Date: 03/25/08
      Last Fill Date: 03/25/08 (Window)
      Last Release Date:            (8) Lot #:
      Expires: 04/24/08              MFG:
+      Enter ?? for more actions

AC  Accept                      ED  Edit

New OP Order (COPY)              Mar 25, 2008@15:46:18          Page: 1 of 2
PSOPATIENT,NINE                  <A>
  PID: 000-00-0000                Ht(cm): 177.80 (10/14/2005)
  DOB: JAN 1,1930 (78)            Wt(kg): 136.36 (10/14/2005)

                                Orderable Item: GENTAMICIN INJ,SOLN
(1)      Drug: GENTAMICIN 40MG/ML 2ML VI
(2) Patient Status: OPT NSC
(3)   Issue Date: MAR 25,2008      (4) Fill Date: MAR 25,2008
      Verb: INJECT
(5) Dosage Ordered: 80MG
      Route: INTRAMUSCULAR
      Schedule: Q8H
(6)Pat Instruction:
      SIG: INJECT 80MG IM EVERY 8 HOURS
(7)   Days Supply: 10              (8) QTY (VI): 10
(9)   # of Refills: 0              (10) Routing: WINDOW
(11)  Clinic: SHIRL-2
(12)  Provider: PSOPROVIDER,TEN    (13) Copies: 1
+      Enter ?? for more actions

```

```

AC    Accept                      ED    Edit
Select Action: Next Screen// AC    Accept

***Aminoglycoside Ordered***

Aminoglycoside - est. CrCl: <Unavailable> (<Results Not Found>) [Est.
CrCl based on modified Cockcroft-Gault equation using Adjusted Body
Weight (if ht > 60 in)]

Nature of Order: WRITTEN//          W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No//    NO

Rx # 2617                      03/25/08
PSOPATIENT,NINE                      #10
INJECT 80MG IM EVERY 8 HOURS

GENTAMICIN 40MG/ML 2ML VI
PSOPROVIDER,TEN                      PSOPHARMACIST,22
# of Refills: 0

Is this correct? YES//

```

### Reinstating a Discontinued Order – Glucophage Lab Results for Metformin

```

Rx #: 2614$
(1) *Orderable Item: METFORMIN TAB,ORAL
(2)      Drug: METFORMIN 500MG TAB
(3)      *Dosage: 1000 (MG)
          Verb: TAKE
          Dispense Units: 2
          Noun: TABLETS
          *Route: ORAL
          *Schedule: QHS
(4)Pat Instructions:
          SIG: TAKE TWO TABLETS BY MOUTH AT BEDTIME
(5) Patient Status: OPT NSC
(6)      Issue Date: 03/25/08          (7) Fill Date: 03/25/08
          Last Fill Date: 03/25/08 (Mail)
+      Enter ?? for more actions
DC Discontinue      PR (Partial)          RL Release
ED (Edit)           RF (Refill)           RN Renew
Select Action: Next Screen// DC Discontinue
Are you sure you want to Reinstate? NO// YES

Comments: TESTING
Nature of Order: SERVICE CORRECTION//          S
=====
2614 METFORMIN 500MG TAB

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

***Metformin Lab Results***

Metformin - Creatinine results: <creatinine greater than 1.5 w/in past <x> days>

Prescription #2614 REINSTATED!
Prescription #2614 Filled: MAR 25, 2008Printed: MAR 25, 2008Released:
Either print the label using the reprint option
or check later to see if the label has been printed.

```

## Entering a New Order

Actions display in the action area of the screen. Actions with parentheses ( ) around them are invalid actions for that order. A double question mark (??) displays all the actions available, including the Outpatient Pharmacy actions described in the section "Using List Manager". If an invalid hidden action is selected, a message will display in the message window.

### Example: Entering a New Order

```
Select Outpatient Pharmacy Manager Option: RX (Prescriptions)

      Orders to be completed for all divisions: 14

Do you want an Order Summary? No// <Enter>
```

A summary list of the number of pending orders can be displayed by Division or by each Clinic within the Division where the user is signed on. This is helpful when completing batch orders. In this example, an individual patient name is entered.

```
Patient Prescription Processing
Barcode Rx Menu ...
Complete Orders from OERR
Discontinue Prescription(s)
Edit Prescriptions
List One Patient's Archived Rx's
Manual Print of Multi-Rx Forms
Reprint an Outpatient Rx Label
Signature Log Reprint
View Prescriptions

Select Rx (Prescriptions) Option: PATient Prescription Processing
Select PATIENT NAME: OPPATIENT16  OPPATIENT16,ONE      04-03-41      000246802
  YES      SC VETERAN
Patient is enrolled to receive Scriptalk 'talking' prescription labels.

Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED// <Enter>
```

If RDI is active and a patient has prescriptions at another location, when the user selects the patient to enter a new order from Patient Prescription Processing, the following message appears:

```
REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//
```

If the user responds **NO**, then the normal procedure occurs for entering prescriptions. If the user responds **YES**, the "Remote Facilities Visited" screen appears. See the Displaying a Patient's Remote Prescriptions section later in Entering a New Order for more details.

A detailed explanation of the different parts of the screen can be found under in Chapter 2: List Manager. The Patient Information screen is displayed on two screens; however, only the second screen is shown in this example.

### Example: Entering a New Order (continued)

```
Patient Information      May 22, 2006 10:44:38      Page:      2 of      2
OPPATIENT16,ONE
  PID: 000-24-6802      Ht (cm): 177.80 (02/08/2004)
  DOB: APR 3,1941 (60)      Wt (kg): 90.45 (02/08/2004)
  SEX: MALE
+
```

```

Allergies:
  Remote: ASPIRIN, NON-OPIOID ANALGESICS
Adverse Reactions:

      Enter ?? for more actions
EA  Enter/Edit Allergy/ADR Data      PU  Patient Record Update
DD  Detailed Allergy/ADR List        EX  Exit Patient List
Select Action: Quit// <Enter>

```

Although the default option is “Quit” at the “Select Action” prompt, pressing the **Enter** key here quits the Patient Information screen and displays the Medication Profile. This Medication Profile includes any Non-VA Med orders documented via the CPRS GUI application.

```

Medication Profile          May 22, 2006 10:44:56          Page:    1 of    1
OPPATIENT16,ONE
  PID: 000-24-6802                      Ht(cm): 177.80 (02/08/2004)
  DOB: APR 3,1941 (60)                  Wt(kg): 90.45 (02/08/2004)
  AGE: 60                               Non-VA Meds on File Last entry on 01/13/03
  CrCL: 102.4(est.) (CREAT:1.0mg/dL 10/30/12)  BSA (m2): 2.09
                                     ISSUE  LAST REF DAY
  #  RX #          DRUG                      QTY ST  DATE  FILL REM SUP
-----
1  503902          ACETAMINOPHEN 500MG TAB      60 A> 05-22 05-22   3  30
2  503886$         DIGOXIN (LANOXIN) 0.2MG CAP    60 A> 05-07 05-07   5  30
-----
3  AMPICILLIN 250MG CAP                      QTY: 40      ISDT: 05-29  REF:  0
-----
GINKGO EXT 1 TAB ONCE A DAY BY MOUTH          Date Documented: 01/13/03
IBUPROFEN 50MG TAB                          Date Documented: 12/10/02
TERFENADINE TAB 200 MILLIGRAMS
  MIX ½ CUP PDR & 6 OZ WATER & DRINK 1 MIXED CUP
                                     Date Documented: 03/17/02

      Enter ?? for more actions
PU  Patient Record Update                NO  New Order
PI  Patient Information                  SO  Select Order
Select Action: Quit//

```

-----example continues-----

If a double question mark (??) had been entered at the above “Select Action” prompt, the following hidden actions would display in the action area:

```

The following actions are also available:
RP  Reprint (OP)          DN  Down a Line          LS  Last Screen
RN  Renew (OP)            RD  Re Display Screen    FS  First Screen
DC  Discontinue (OP)      PT  Print List          GO  Go to Page
RL  Release (OP)          PS  Print Screen        +  Next Screen
RF  Refill (OP)           >  Shift View to Right  -  Previous Screen
PP  Pull Rx (OP)          <  Shift View to Left    ADPL Auto Display(On/Off)
IP  Inpat. Profile (OP)   SL  Search List          CK  Check Interactions
RS  Reprint Sig Log        RDD Fill/Rel Date Disply  IN  Intervention Menu
CM  Manual Queue to CMOP  DR  Display Remote       UP  Up a Line
OTH Other OP Actions      QU  Quit
Select Action: Quit//

```

-----example continues-----

Typing in the letters **NO** creates a new order.

#### Example: Entering a New Order (continued)

```

Medication Profile          Mar 29, 2011@14:34:27          Page:    1 of    1
(Patient information is displayed here.)

```



```

:
      Enter ?? for more actions
PU Patient Record Update          NO New Order
PI Patient Information             SO Select Order
Select Action: Quit// NO    New Order

Eligibility:
RX PATIENT STATUS: SC LESS THAN 50%//
DRUG: ACETAMINOPHEN
  Lookup: GENERIC NAME
    1 ACETAMINOPHEN 160MG/5ML LIQUID          CN103      NATL FORM; 480 M
L/BT (NDC)
    2 ACETAMINOPHEN 325MG TAB                CN103      NATL FORM; DU: INCREMEN
TS OF 100 ONLY *** AUTOMED & SCRIPTPRO ***
    3 ACETAMINOPHEN 325MG/BUTALBITAL 50MG TAB          CN103      N/F      N
ATL N/F
    4 ACETAMINOPHEN 500MG TAB                CN103      NATL FORM; DU: INCREMEN
TS OF 100 ONLY*** AUTOMED & SCRIPTPRO ***
    5 ACETAMINOPHEN 650MG RTL SUPP          CN103      NATL FORM (IEN)

CHOOSE 1-5: 5 ACETAMINOPHEN 650MG RTL SUPP          CN103      NATL FORM (IEN)

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

=====
*** THERAPEUTIC DUPLICATION(S) *** ACETAMINOPHEN 650MG RTL SUPP with

      Local RX#: 2054930
      Drug: ACETAMINOPHEN 500MG TAB (Active)
      SIG: TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED
      QTY: 180                      Days Supply: 30
      Processing Status: Not released locally (Window)
      Last Filled On: 03/29/11

Class(es) Involved in Therapeutic Duplication(s): Non-Narcotic
Analgesic/Antipyretic, Non-Salicylate
=====

Press Return to continue:
Discontinue Rx #2054930 ACETAMINOPHEN 500MG TAB Y/N ?

```

The system checks the medication selected for any duplicate drugs or classes, interactions, or allergies that are noted in the patient's local and remote record. This also includes any local Non-VA Meds. See the following example of local and remote order checking.

#### Example: Entering a New Order (continued)

```

-----
Duplicate Drug in Local Rx:

      Rx: 6223755
      Drug: ACETAMINOPHEN 325MG RTL SUPP
      SIG: UNWRAP AND INSERT 1 SUPPOSITORY IN RECTUM EVERY 4
            HOURS AS NEEDED
      QTY: 30                      Refills remaining: 11
      Provider: PROVIDER,PRE              Issued: 01/21/15
      Status: Active                      Last filled: 01/21/15
      Processing Status: Not released locally (Window)
                                           Days Supply: 30
-----

Discontinue RX # 6223755 ACETAMINOPHEN 325MG RTL SUPP Y/N? y  YES

```

Rx #6223755 ACETAMINOPHEN 325MG RTL SUPP will be discontinued after the acceptance of the new order.

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: ACETAMINOPHEN 325MG RTL SUPP  
Causative Agent: ACETAMINOPHEN (MARTINSBURG VAMC - 05/13/14)  
Historical/Observed: OBSERVED  
Severity: SEVERE  
Ingredients: ACETAMINOPHEN  
Signs/Symptoms: NAUSEA AND VOMITING

Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES//

Enter your Current Signature Code: SIGNATURE VERIFIED

Now creating Pharmacy Intervention  
for ACETAMINOPHEN 325MG RTL SUPP

PROVIDER: PROVIDER,TEST  
RECOMMENDATION: 9 OTHER

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
ACETAMINOPHEN 325MG RTL SUPP and

Local RX#: 6223756  
Drug: ISONIAZID 100MG TAB (Active)  
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING AN HOUR  
BEFORE BREAKFAST (ON AN EMPTY STOMACH, AN HOUR  
BEFORE OR TWO HOURS AFTER A MEAL; TAKE WITH FOOD  
IF IT UPSETS THE STOMACH)  
Processing Status: Not released locally (Window)  
Last Filled On: 01/21/15

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

Do you want to Intervene? Y// N

=====

\*\*\* THERAPEUTIC DUPLICATION(S) \*\*\* ACETAMINOPHEN 325MG TAB with

LOCATION: CHEYENNE VAMROC Remote RX#: 712996  
Drug: ACETAMINOPHEN 500MG TAB (Active)  
SIG: TAKE ONE TABLET BY MOUTH EVERY DAY  
QTY: 30 Days Supply: 30  
Processing Status: Released locally on 09/21/05@11:34:13 (Window)  
Last Filled On: 09/21/05

Class(es) Involved in Therapeutic Duplication(s): Non-Narcotic  
Analgesic/Antipyretic, Non-Salicylate

=====

Press Return to continue...<Enter>

Now doing drug interaction and allergy checks. Please wait...



If a patient does not have an allergy assessment, the user will have to create an intervention. If the patient already has a prescription for which an Intervention was created, the user will have the option to copy the existing Intervention. For more information about copying an existing Intervention, refer to the *Complete Orders from OERR* section.

```
Select Action: Quit// NO    New Order

Eligibility: SC LESS THAN 50%    SC%: 10
RX PATIENT STATUS: OPT NSC//
DRUG: ACETAMINOPHEN 325MG RTL SUPP    CN103    N/F    NON-FORMULAR
Y ORDERS WILL BE DC'D IF NOT APPROVED WITHIN 72 HOURS
...OK? Yes// (Yes)

Restriction/Guideline(s) exist. Display? : (N/D): No// NO

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

There is no allergy assessment on file for this patient.
You will be prompted to intervene if you continue with this prescription
Do you want to Continue?: N// YES

Now creating Pharmacy Intervention
for ACETAMINOPHEN 325MG RTL SUPP

PROVIDER: PROVIDER,TEST
RECOMMENDATION: 9 OTHER

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N// O

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

VERB: UNWRAP AND INSERT
Available Dosage(s)
    1. 1 SUPPOSITORY
    2. 2 SUPPOSITORIES

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list:
```



If the new order is for Clozapine, there are additional restrictions for filling a prescription. See “Chapter 9: Controlling the Dispensing of Clozapine” for more information.

```
A Drug-Allergy Reaction exists for this medication and/or class!
Drug: ACETAMINOPHEN 325MG TAB
Drug Class: CN103 NON-OPIOID ANALGESICS (REMOTE SITE(S))
Do you want to Intervene? Y// NO
```

If the drug or orderable item is edited, PROVIDER key users may be prompted for the appropriate ICD Diagnosis Codes. User response is optional.

If prompted for ICD Diagnosis Codes, the user can enter partial names and ICD Diagnosis Code numbers or a valid Diagnosis Code number or name.

#### Example: Entering a New Order (continued)

```
Select Primary ICD Code: neuropathy
  1  NEUROPATHY  337.1    AUT NEUROPATHY IN OTH DIS
  2  NEUROPATHY  356.2    HERED SENSORY NEUROPATHY
  3  NEUROPATHY  356.8    IDIO PERIPH NEURPTHY NEC
  4  NEUROPATHY  356.9    IDIO PERIPH NEURPTHY NOS
  5  NEUROPATHY  377.33   NUTRITION OPTC NEUROPATHY
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3 356.8    IDIO PERIPH NEURPTHY NEC
Select Secondary ICD Code: diabetes
  1  DIABETES  250.01    DIABETES MELLI W/O COMP TYP I    COMPLICATION/CO MORBIDITY
  2  DIABETES  250.11    DIABETES W KETOACIDOSIS TYPE I    COMPLICATION/CO
MORBIDITY
  3  DIABETES  250.21    DIABETES W HYPEROSMOLAR TYPE I    COMPLICATION/CO
MORBIDITY
  4  DIABETES  250.31    DIABETES W OTHER COMA TYPE I    COMPLICATION/CO MORBIDITY
Press <RETURN> to see more, '^' to exit this list,
OR CHOOSE 1-4: 1 250.01    DIABETES MELLI W/O COMP TYP I    COMPLICATION/COMORBIDITY
Select Secondary ICD Code: <Enter>
VERB: <Enter> TAKE
```

The list of available possible dosages display after order checks is linked to the drug ordered. The user can choose from the list or use free text to enter the dosage. Confirmation of the selected (or entered) dosage is required to confirm that it is correct.

```
Available Dosage(s)
  1. 250MG
  2. 500MG
  3. 1000MG
Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 3 500MG
You entered 500MG is this correct? Yes// <Enter> YES
```

For numeric dosages, the Dispense Units Per Dose value is calculated based on the strength of the dosage ordered divided by the strength of the medication ordered. For example, the 500 mg dosage ordered requires two 250 mg capsules. The Dosage Ordered is re-displayed after the Dispense Units to allow the entry to be verified.

```
DISPENSE UNITS PER DOSE(CAPSULES): 2// <Enter> 2
Dosage Ordered: 500MG
```

If a Route has not been associated with the Dispense Drug, the default Route of PO or Oral will be displayed. A different Route can be entered or it can be deleted at this point if needed. The Route is not required to complete a prescription. If the abbreviation entered is in the stored list of possible routes, the entry will be expanded in the Sig.

#### Example: Entering a New Order (continued)

```
ROUTE: PO// <Enter>    ORAL    PO  MOUTH
or
ROUTE: PO// @ <Enter to delete>
```

A default schedule associated with the drug ordered is displayed. The default can be accepted or a different free text schedule can be entered. Free text entries cannot contain more than two spaces or be more than twenty characters long. Entries will be compared against a list of common abbreviations and expanded if the entry matches. Any entry not found in the list of common abbreviations will be displayed in the Sig as entered.

Schedule: QID// <Enter> (FOUR TIMES A DAY)

The LIMITED DURATION field is used only when a medication should be taken for a limited period of time. Days are assumed for numeric entries. Follow the number with an “H” to specify hours or an “M” to specify minutes.



Do not use the LIMITED DURATION field for Days Supply.

LIMITED DURATION (IN DAYS, HOURS OR MINUTES): **10 (DAYS)**

The CONJUNCTION field is used to join dosing sequences in complex orders. Entries are limited to AND, THEN, or EXCEPT. For concurrent doses, use AND; for example, “Take 1 tablet every morning AND take 2 tablets at bedtime”. For consecutive doses, use “THEN”; for example, “Take 2 tablets daily for one week THEN take 1 tablet for five days.” For any dosing sequence that is not routine, use “EXCEPT”; for example, “Take 1 tablet every day EXCEPT take no tablets Wednesday.” See Appendix B for additional examples.

CONJUNCTION: <Enter>

Any entry in the PATIENT INSTRUCTIONS field will first be checked to see if it contains any abbreviations that can be expanded. The entry will be added to the end of the Sig, after the dosing information, and the entire Sig will be displayed.

PATIENT INSTRUCTIONS: **WF** WITH FOOD  
(TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS WITH FOOD)  
OTHER PATIENT INSTRUCTIONS: **WF** CON ALIMENTO

Two optional fields, OTHER LANGUAGE PREFERENCE and PMI LANGUAGE PREFERENCE in the PHARMACY PATIENT file, store if a patient has another language preference and if the patient’s PMI sheets should print in English or Spanish at the CMOP. The CMOP functionality was requested for future CMOP use. When printing locally from Outpatient Pharmacy this parameter is not used. These fields are accessed through the *Update Patient Record* option and the protocol Patient Record Update [PSO PATIENT RECORD UPDATE]. If the other language preference is indicated for a patient, the user will be prompted to enter OTHER PATIENT INSTRUCTIONS after selecting the PATIENT INSTRUCTIONS field to enter/edit. If a quick code is entered at the OTHER PATIENT INSTRUCTIONS prompt, the expansion entered at the OTHER PATIENT INSTRUCTIONS EXPANSIONS will print on the prescription label.

A default value for Days Supply based on patient status is displayed. A default quantity is calculated when possible. See Appendix B for more information on this calculation.

#### Example: Entering a New Order (continued)

DAYS SUPPLY: (1-90): 30// **10**  
QTY ( CAP ) : 80// <Enter> **80**

Pharmacy Data Management (PDM) V. 1.0 patch PSS\*1.0\*61 added the NON REFILLABLE (“F”) code to values for the DEA SPECIAL HDLG field of the DRUG file (#50). No refills will be allowed for any Outpatient Pharmacy prescription for a drug that contains an “F” in that field.

```

COPIES: 1// <Enter> 1
# OF REFILLS: (0-11): 11// 0
PROVIDER:      OPPROVIDER4,TWO
CLINIC:        OUTPT NURSE GREEN TEAM
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
REMARKS: <Enter>
ISSUE DATE: TODAY// <Enter> (MAY 30, 2006)
FILL DATE: (5/30/2006 - 6/9/2006): TODAY// <Enter> (MAY 30, 2006)
Nature of Order: WRITTEN// ??

```

Nature of Order Activity	Require E.Signature	Print Chart Copy	Print on Summary
WRITTEN			x
VERBAL	x	x	x
TELEPHONED	x	x	x
SERVICE CORRECTION POLICY		x	x
DUPLICATE			
SERVICE REJECT	x	x	

```

Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// Y YES
WAS COUNSELING UNDERSTOOD: NO// Y YES

```

An option to add a progress note has been added. If “Yes” is entered at this prompt, the progress note entry will begin after the order information has been displayed and confirmed. The order is redisplayed, along with information on any service-connected disabilities on record.

#### Example: Entering a New Order (continued)

```

Do you want to enter a Progress Note? No// <Enter>

Rx # 503906          05/30/01
OPPATIENT25,ONE      #80
TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS WITH FOOD

AMPICILLIN 250MG CAP
OPPROVIDER1,TWO      OPPHARMACIST4,THREE
# of Refills: 11

      SC Percent: 40%
      Disabilities: NONE STATED

Was treatment for Service Connected condition? NO

```

To determine if the order should be charged copay, eligible copay exemptions for the order are displayed one at a time. The user is asked if the order is being prescribed for the first service-connected condition displayed. If yes is entered at this point, the fill is set for No Copay and no other exemption questions are asked. Otherwise, the next eligible exemption is displayed and the question repeated. In the following example, the patient has reported exposure to herbicides during Vietnam-era service.

```

Was treatment related to Agent Orange exposure? NO
Is this correct? YES// <Enter>
Another New Order for OPPATIENT25,ONE? YES//

```

#### **Entering a new order with Local or Free-Text Dosage**

The software checks the medication selected for any interactions or allergies noted in the patient’s record, which includes any Non-VA Meds. The next prompts shown will be the new fields used to build a Sig. The list of available possible dosages shown after order checks is linked to the drug ordered. One of the

dosages listed may be chosen or a different, free text dosage may be entered. Confirmation of the dosage is required and the value entered is displayed again to allow the user to confirm that it is correct.

Medications with non-numeric dosages, such as ointments and creams, will display non-numeric possible default dosages. Because the dosage is non-numeric, values for dispense units per dose and quantity cannot be calculated.

#### Example: Entering a New Order with Local or Free-Text Dosage

```
DRUG:      TYLENOL #3  ACETAMINOPHEN AND CODEINE 30MG          CN101
          ...OK? Yes//  (Yes)

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Available Dosage(s)
  1. 1 TABLET
  2. 2 TABLET(S)
  3. 3 TABLET(S)

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 2 2 TABLET(S)
You entered 2 TABLET(S) is this correct? Yes// <Enter> YES
OTHER LANGUAGE DOSAGE: DOS TABLET(S)
```



The OTHER LANGUAGE DOSAGE field is only prompted for if a local or free- text dosage is entered and the patient has been identified as having another language preference.

For local or free-text dosages, the Dispense Units Per Dose and Dosage Ordered are not prompted for.



The optional field, OTHER LANGUAGE PREFERENCE in the PHARMACY PATIENT file, stores if a patient has another language preference. This field is accessed through the *Update Patient Record* option and the protocol Patient Record Update. If the other language preference is indicated for a patient, the user will be prompted to enter OTHER LANGUAGE DOSAGE.

If a Route has not been associated with the Dispense Drug, the default Route of PO or Oral will be displayed. A different Route can be entered or it can be deleted at this point if needed. The Route is not required to complete a prescription. If the abbreviation entered is in the MEDICATION ROUTES file, the entry will be expanded in the Sig based on the OUTPATIENT EXPANSION field.

#### Example: Entering a New Order with Local or Free-Text Dosage (continued)

```
ROUTE: PO// <Enter>  ORAL      PO  MOUTH
      or
ROUTE: PO// @ <Enter to delete>
```

A default schedule associated with the Orderable Item of the drug ordered is displayed at the “Schedule:” prompt. The default can be accepted or a different free text schedule can be entered. Free text entries cannot contain more than two spaces or be more than twenty characters long. Entries will be compared against a list of common abbreviations, first in the ADMINISTRATION SCHEDULE file and then in the

MEDICATION INSTRUCTION file, and expanded if the entry matches. Any entry not found in the list of common abbreviations will be displayed in the Sig as entered.

Schedule: QID// **<Enter>** (FOUR TIMES A DAY)

The LIMITED DURATION field is used only when a medication should be taken for a limited period of time. Days are assumed for numeric entries. The user should follow the number with a “H” to specify hours or a “M” to specify minutes.



**Note:** Do not use this field for Days Supply.

LIMITED DURATION (IN DAYS, HOURS OR MINUTES): **90** (DAYS)

The CONJUNCTION field is used to join dosing sequences in complex orders. Entries are limited to AND, THEN, or EXCEPT. AND is used for concurrent doses, such as “Take 1 tablet every morning AND take 2 tablets at bedtime”. THEN is used for consecutive doses, such as “Take 2 tablets daily for one week THEN take 1 tablet for five days.” EXCEPT is used to describe any dosing sequence that is not routine, such as “Take 1 tablet every day EXCEPT take no tablets Wednesday”. See Appendix B for examples.

CONJUNCTION: **<Enter>**

Any entry in the PATIENT INSTRUCTIONS field will first be checked to see if it contains any abbreviations that can be expanded. The entry will be added to the end of the Sig, after the dosing information, and the entire Sig will be displayed.

PATIENT INSTRUCTIONS: **WF** WITH FOOD  
(TAKE 2 TABLETS BY MOUTH FOUR TIMES A DAY FOR 90 DAYS WITH FOOD)  
OTHER PATIENT INSTRUCTIONS: **WF** CON ALIMENTO

Patch PSS\*1\*47 adds two optional fields, OTHER LANGUAGE PREFERENCE and PMI LANGUAGE PREFERENCE in the PHARMACY PATIENT file that stores if a patient has another language preference and what language their PMI sheets should print at the CMOP.



These fields are accessed through the *Update Patient Record* option and the protocol Patient Record Update. If the other language preference is indicated for a patient, the user will be prompted to enter OTHER PATIENT INSTRUCTIONS after selecting the PATIENT INSTRUCTIONS field to enter/edit. If a quick code is entered at the OTHER PATIENT INSTRUCTIONS prompt, the expansion entered at the OTHER PATIENT INSTRUCTIONS EXPANSIONS will print on the prescription label.

A default value for Days Supply based on patient status is displayed. A default quantity is NOT calculated for local and free-text dosages. See Appendix B for more information on QUANTITY calculations.

#### **Example: Entering a New Order with Local or Free-Text Dosage (continued)**

DAYS SUPPLY: (1-90): 30// **90**  
QTY ( CAP ): **720**

The remaining prompts have not changed.



```

COPIES: 1// <Enter> 1
# OF REFILLS: (0-1): 1// 1
PROVIDER:      OPPROVIDER4,TWO
CLINIC:        OUTPT NURSE GREEN TEAM
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
REMARKS: <Enter>
ISSUE DATE: TODAY// <Enter> (MAY 30, 2006)
FILL DATE: (5/30/2006 - 6/9/2006): TODAY// <Enter> (MAY 30, 2006)
Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// Y YES
WAS COUNSELING UNDERSTOOD: NO// Y YES

```

An option to add a progress note has been added. If “Yes” is entered at this prompt, the progress note entry will begin after the order information has been displayed and confirmed. The order is redisplayed, along with information on any service-connected disabilities on record.

#### Example: Entering a New Order with Local or Free-Text Dosage (continued)

```

Do you want to enter a Progress Note? No// <Enter>

Rx # 503908          05/30/01
OPPATIENT25,ONE          #80
TAKE 2 TABLETS BY MOUTH FOUR TIMES A DAY FOR 90 DAYS WITH FOOD

ACETAMINOPHEN AND CODEINE 30MG
OPPROVIDER1,TWO          OPPHARMACIST4,THREE
# of Refills: 1

          SC Percent: 40%
          Disabilities: NONE STATED

Was treatment for Service Connected condition? NO

Is this correct? YES//

Another New Order for OPPATIENT25,ONE? YES//

View of Rx

OP Medications (ACTIVE)          May 30, 2006 16:48:05          Page: 1 of 3
OPPATIENT29,ONE          <A>
  PID: 000-87-6543          Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)          Wt(kg): 79.09 (06/07/2000) f

          Rx #: 503908
(1) *Orderable Item: ACETAMINOPHEN TAB
(2)          Drug: ACETAMINOPHEN AND CODEINE 30MG
          Verb: TAKE
(3)          *Dosage: 2 TABLET(S)
          Oth. Lang. Dosage: TRE TABLET(S)
          *Route: ORAL
          *Schedule: QID
          *Duration: 10D (DAYS)
(4)Pat Instructions: WITH FOOD
          Other Pat. Instruc: CON ALIMENTO
          SIG: TAKE 2 TABLET(S) BY MOUTH FOUR TIMES A DAY FOR 90 DAYS
          WITH FOOD
(5) Patient Status: SERVICE CONNECTED

```

### **Entering a new order – ePharmacy (third party billable)**

For patients who have active third party insurance and have the appropriate eligibility requirements, the software will submit electronic claims to their insurance companies when prescriptions for billable drugs are ordered.

After a WINDOW order is entered and finished, the billing data is sent to the Electronic Claims Management Engine (ECME). ECME sends a message back to Outpatient Pharmacy displaying the status of the claim. For MAIL orders, the communication between Outpatient Pharmacy and ECME occurs either during the Local Mail Label Print or during the CMOP transmission.

The following example shows the creation of a new WINDOW order starting with the "DRUG:" prompt.

#### **Example: Entering a New Order for ePharmacy Billing**

```
DRUG: PREDNISONE
  Lookup: GENERIC NAME
    1  PREDNISONE 1MG TAB          HS051
    2  PREDNISONE 20MG S.T.       HS051
    3  PREDNISONE 5MG TAB         HS051
CHOOSE 1-3: 3  PREDNISONE 5MG TAB    HS051

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Previously entered ICD diagnosis codes: <Enter>

Select Primary ICD Code: <Enter>
VERB: TAKE
Available Dosage(s)
    1. 20MG
    2. 40MG

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 20MG

You entered 20MG is this correct? Yes// <Enter> YES
VERB: TAKE
DISPENSE UNITS PER DOSE(TABLET): 1// <Enter> 1
Dosage Ordered: 20MG

NOUN: TABLET
ROUTE: PO// <Enter>
    1  PO  ORAL (BY MOUTH)      PO
    2  PO  ORAL                 PO
CHOOSE 1-2: 2  ORAL             PO BY MOUTH
Schedule: TID (THREE TIMES A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES): 10 (DAYS)
CONJUNCTION: <Enter>
PATIENT INSTRUCTIONS: WF
WITH FOOD
```

#### **Example: Entering a New Order for ePharmacy Billing (continued)**

```
(TAKE ONE TABLET BY BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD)

DAYS SUPPLY: (1-90): 30// <Enter>
QTY ( TAB ) : 30// <Enter> 30
COPIES: 1// <Enter> 1
# OF REFILLS: (0-5): 5// <Enter>
```

```

PROVIDER: OPPROVIDER4,TWO
CLINIC: <Enter>
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
REMARKS: <Enter>
ISSUE DATE: TODAY// <Enter> (NOV 02, 2005)
FILL DATE: (11/2/2005 - 11/3/2006): TODAY// <Enter> (NOV 02, 2005)
Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO// YES
WAS COUNSELING UNDERSTOOD: NO// YES

Do you want to enter a Progress Note? No// <Enter> NO

Rx # 100003840          11/02/05
OPPATIENT,FOUR          #30
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY FOR 10 DAYS WITH FOOD

PREDNISONE 5MG TAB
OPPROVIDER4,TWO          OPPHARMACIST4,THREE
# of Refills: 5

Is this correct? YES// <Enter> YES

Prescription 100003840 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Gathering claim info
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE

Another New Order for OPPATIENT,FOUR? YES// NO

```

## View of RX:

Medication Profile		Nov 02, 2005@07:33:29	Page: 1 of 1
OPPATIENT,FOUR			
PID: 000-01-1322P	Ht (cm): _____ (_____)		
DOB: JAN 13,1922 (83)	Wt (kg): _____ (_____)		
SEX: MALE	BSA (m2): _____		
CrCL: <Not Found>	ISSUE LAST REF DAY		
# RX #	DRUG	QTY ST	DATE FILL REM SUP
-----ACTIVE-----			
1	100003840e PREDNISONE 5MG TAB	30 A>	11-02 11-02 5 30

Denotes  
ePharmacy Rx

Enter ?? for more actions

PU Patient Record Update	NO New Order
PI Patient Information	SO Select Order

Select Action: Quit//

If a new order is rejected due to a Drug Utilization Review (DUR), Refill Too Soon, or Reject Resolution Required, the prescription will be marked as “REJECTED”, and the user will have the opportunity to resolve the reject before continuing.

The following example shows a sample ECME transmission rejection, and how to resolve the rejection.

### Example: Handling a Rejected New Order for ePharmacy Billing

```
Prescription 999999 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***
-----
Division : ALBANY                      NPI#: 1234567890      NCPDP: 4150001
Patient  : OPPATIENT,FOUR(000-01-1322P) Sex: M      DOB: JAN 13,1922(83)
Prescription : 99999999/0 - TESTOSTERONE (ANDROD   ECME#: 000001234567
Reject Type  : 88 - DUR REJECT received on FEB 27, 2006@10:58:25
Payer Message: DUR Reject Error
Reason      : ER (OVERUSE PRECAUTION)
DUR Text    : ANDRODERM      DIS 5MG/24HR
Insurance   : TEST INS                      Contact: 800 555-5555
Group Name  : RXINS                      Group Number: 12454
Cardholder ID: 000011322P
-----
Select one of the following:

O      (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
I      (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
Q      (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(I)gnore,(Q)uit: Q// O  OVERRIDE
```

When a claim is rejected, typically the Payer provides a “Reason for Service Code”, which displays on the reject as “Reason”. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”. To see a list of service codes, enter ? at the specified prompt.

```
Reason for Service Code : ER - OVERUSE
Professional Service Code: RT      RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G      FILLED, WITH PRESCRIBER APPROVAL

Reason for Service Code : ER - OVERUSE
Professional Service Code: RT - RECOMMENDED LABORATORY TEST
Result of Service Code   : 1G - FILLED, WITH PRESCRIBER APPROVAL

Confirm? ? YES// <Enter>

Prescription 99999999 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE
```

For Refill Too Soon rejects, the same choices apply.

### Example: Handling a TRICARE Rejected New Order for ePharmacy Billing

Rejected TRICARE claims will be denoted with “TRICARE” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES/” prompt during finish. Where DUR or RTS are one of the reject

codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit, which sends the rejection to the Third Party Payer Rejects – Worklist. A TRICARE rejection may not be (I)gnored.

```

TRICARE Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
  79 - Refill Too Soon
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***

-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M    DOB: OCT 18,1963(44)
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.      ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
          Received on MAR 03, 2008@14:40:57.

Insurance   : TRICARE                      Contact:
Group Name  : TRICARE PRIME                 Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

O          (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D          (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(D)iscontinue,(Q)uit: Q//

```

#### Example: Handling a non-DUR/RTS or non-clinical TRICARE rejected New Order for ePharmacy Billing

For TRICARE prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects – Worklist. TRICARE prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

```

TRICARE Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E REJECTED
  07 - M/I Cardholder ID Number
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR TRICARE PATIENT ***

-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M    DOB: OCT 18,1963(44)
Rx/Drug  : 101113/0 - SIMETHICONE 40MG TAB      ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID
          Number (07). Received on MAR 03, 2008@14:43:42.

Insurance   : TRICARE                      Contact:
Group Name  : TRICARE PRIME                 Group Number: 123123
Cardholder ID: SI9844532

```

```

-----
Select one of the following:

D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue,(Q)uit: Q//

```

For non-billable TRICARE prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e., insurance, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

```

Is this correct? YES// ...

*** TRICARE - NON-BILLABLE ***
-----
Division : ALBANY ISC                                NPI#:
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M          DOB: OCT 18,1963(44)
Rx/Drug  : 102058/0 - ABSORBABLE GELATIN S
Date/Time: AUG 27, 2008@16:49:46
Reason   : Drug not billable.
-----

This is a non-billable TRICARE prescription. It cannot be filled or sent
to the reject worklist. It must be discontinued.

Press <RETURN> to continue...
Nature of Order: SERVICE CORRECTION//                S

Requesting PROVIDER: OPHARM  OPPHARM,ONE             OO

```

Labels will not print for discontinued TRICARE prescriptions, and reprint label will not be allowed for TRICARE rejected prescriptions.

```

Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113          SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1//
Print adhesive portion of label only? ? No//    NO
Do you want to resend to Dispensing System Device? No//    NO
Comments: REPRINT

Rx # 101113          03/03/08
OPTRICARE,ONE          #180

ONE MOUTH TWICE A DAY

SIMETHICONE 40MG TAB
OPPHARM,ONE          OPPHARM,ONE
# of Refills: 3

Select LABEL DEVICE: NULL  Bit Bucket

No Label(s) printed.

Reprint Prescription Label:

```

Suspended TRICARE prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

```

TRICARE Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** TRICARE - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...

```

A rejected TRICARE prescription may not have a partial fill ordered until the reject is resolved.

```

OP Medications (SUSPENDED)   Apr 18, 2008@19:10:16           Page:    1 of    2
OPTRICARE,ONE
  PID: 666-55-4789                      Ht(cm): _____ (_____)
  DOB: OCT 18,1963 (44)                 Wt(kg): _____ (_____)

                                Rx #: 101526e
(1) *Orderable Item: ACETAZOLAMIDE PILL
(2)      Drug: ACETAZOLAMIDE 500MG SEQUELS
      Verb: TAKE
(3)      *Dosage: 1 PILL
      *Route: ORAL
      *Schedule: BID
(4)Pat Instructions:
      SIG: TAKE 1 PILL BY MOUTH TWICE A DAY
(5) Patient Status: OTHER FEDERAL
(6)   Issue Date: 04/18/08              (7) Fill Date: 04/19/08
      Last Fill Date: 04/19/08 (Window)
      Last Release Date:                (8) Lot #:
      Expires: 04/19/09                 MFG:

+
DC Discontinue      PR Partial          RL Release
ED Edit             RF (Refill)         RN Renew
Select Action: Next Screen// ☒ Partial

OP Medications (SUSPENDED)   Apr 18, 2008@19:10:16           Page:    1 of    2
OPTRICARE,ONE
  PID: 666-55-4789                      Ht(cm): _____ (_____)
  DOB: OCT 18,1963 (44)                 Wt(kg): _____ (_____)

                                Rx #: 101526e
(1) *Orderable Item: ACETAZOLAMIDE PILL
(2)      Drug: ACETAZOLAMIDE 500MG SEQUELS
      Verb: TAKE
(3)      *Dosage: 1 PILL
      *Route: ORAL

```

```

*Schedule: BID
(4)Pat Instructions:
      SIG: TAKE 1 PILL BY MOUTH TWICE A DAY
(5) Patient Status: OTHER FEDERAL
(6) Issue Date: 04/18/08      (7) Fill Date: 04/19/08
      Last Fill Date: 04/19/08 (Window)
      Last Release Date:      (8) Lot #:
      Expires: 04/19/09      MFG:
+      Partial cannot be filled on TRICARE non-payable Rx
DC Discontinue      PR Partial      RL Release
ED Edit      RF (Refill)      RN Renew
Select Action: Next Screen//

```

If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, TRICARE prescriptions will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```

TRICARE Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** TRICARE - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...

```

If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, TRICARE prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME TRICARE" will be displayed during Finish and an ECME log entry will be added stating such.

#### Example of message during finish:

```

Do you want to enter a Progress Note? No// NO

Rx # 102046      08/27/08
OPTRICARE,TEST      #180
ONE MOUTH TWICE A DAY

DANTROLENE 25MG CAP
OPPROVIDER,ONE      OPPHAR,ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME TRICARE

```



### Example of ECME Activity Log entry:

```
ECME Log:
#      Date/Time      Rx Ref      Initiator Of Activity
=====
1      8/27/08@11:07:45  ORIGINAL  OPPHARM,ONE
Comments: TRICARE-Inactive ECME TRICARE
```

### Example: Handling a CHAMPVA Rejected New Order for ePharmacy Billing

Rejected CHAMPVA claims will be denoted with “CHAMPVA” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES//” prompt during finish. Where DUR or RTS are one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit, which sends the rejection to the Third Party Payer Rejects – Worklist. A CHAMPVA rejection may not be (I)gnored unless the user holds the PSO TRICARE/CHAMPVA security key.

```
CHAMPVA Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
  79 - Refill Too Soon
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***

-----
Division : ALBANY ISC          NPI#: 5000000021   NCPDP: 1234567
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.      ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14).
          Received on MAR 03, 2008@14:40:57.

Insurance   : CHAMPVA                      Contact:
Group Name  : CHAMPVA PRIME                 Group Number: 123123
Cardholder ID: SI9844532

-----

Select one of the following:

O          (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D          (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(D)iscontinue,(Q)uit: Q//
```

### Example: Handling a non-DUR/RTS or non-clinical CHAMPVA rejected New Order for ePharmacy Billing

For CHAMPVA prescription rejections that have non-DUR/RTS or non-clinical rejects, the user will be able to select from (D)iscontinue the prescription or (Q)uit which sends it to the Third Party Payer Rejects – Worklist. CHAMPVA prescriptions with these type rejects cannot be filled until the rejection is resolved. Example:

```
CHAMPVA Prescription 101113 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
```

```

IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E REJECTED
  07 - M/I Cardholder ID Number
  14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***
-----
Division : ALBANY ISC                                NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M          DOB: OCT 18,1963(44)
Rx/Drug  : 101113/0 - SIMETHICONE 40MG TAB           ECME#: 000000112306
Reject(s): M/I Eligibility Clarification Code (14), M/I Cardholder ID
           Number (07). Received on MAR 03, 2008@14:43:42.

Insurance : CHAMPVA                                Contact:
Group Name : CHAMPVA PRIME                          Group Number: 123123
Cardholder ID: SI9844532
-----

Select one of the following:

D (D)iscontinue - DO NOT FILL PRESCRIPTION
Q (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(D)iscontinue,(Q)uit: Q//

```

For non-billable CHAMPVA prescriptions, an abbreviated version of the reject notification screen will be displayed. Because the prescription is non-billable, the insurance and ECME information that's currently provided for DUR/RTS rejects will not be displayed (i.e., insurance, group name, group #, ECME #, contact, cardholder ID). In this case, the prescription must be discontinued.

```

Is this correct? YES// ...

*** CHAMPVA - NON-BILLABLE ***
-----
Division : ALBANY ISC                                NPI#:
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M          DOB: OCT 18,1963(44)
Rx/Drug  : 102058/0 - ABSORBABLE GELATIN S
Date/Time: AUG 27, 2008@16:49:46
Reason   : Drug not billable.
-----

This is a non-billable CHAMPVA prescription. It cannot be filled or sent
to the reject worklist. It must be discontinued.

Press <RETURN> to continue...
Nature of Order: SERVICE CORRECTION//              S

Requesting PROVIDER: OPHARM OPPHARM,ONE            OO

```

Labels will not print for discontinued CHAMPVA prescriptions, and reprint label will not be allowed for CHAMPVA rejected prescriptions.

```

Select Rx (Prescriptions) Option: REPrint an Outpatient Rx Label

Reprint Prescription Label: 101113          SIMETHICONE 40MG TAB
Number of Copies? : (1-99): 1//
Print adhesive portion of label only? ? No//  NO
Do you want to resend to Dispensing System Device? No//  NO
Comments: REPRINT

```

```

Rx # 101113          03/03/08
OPCHAMPVA,ONE      #180

ONE MOUTH TWICE A DAY

SIMETHICONE 40MG TAB
OPPHARM,ONE        OPPHARM,ONE
# of Refills: 3

Select LABEL DEVICE: NULL Bit Bucket

No Label(s) printed.

Reprint Prescription Label:

```

Suspended CHAMPVA prescriptions will remain on suspense when a reject occurs, when the prescription is non-billable, or when the third party claim remains in an 'IN PROGRESS' status in ECME. Labels will not print. Once the reject is resolved, the user may pull the prescription early from suspense or wait for the next scheduled Print from Suspense option runs at which time labels will print accordingly. This includes CMOP and local suspense.

```

CHAMPVA Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

*** CHAMPVA - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...

```

A rejected CHAMPVA prescription may not have a partial fill ordered until the reject is resolved.

```

OP Medications (SUSPENDED)   Apr 18, 2008@19:10:16           Page:    1 of    2
OPCHAMPVA,ONE
  PID: 666-55-4789                      Ht (cm): _____ (_____)
  DOB: OCT 18,1963 (44)                  Wt (kg): _____ (_____)

      Rx #: 101526e
(1) *Orderable Item: ACETAZOLAMIDE PILL
(2)      Drug: ACETAZOLAMIDE 500MG SEQUELS
      Verb: TAKE
(3)      *Dosage: 1 PILL
      *Route: ORAL
      *Schedule: BID
(4) Pat Instructions:
      SIG: TAKE 1 PILL BY MOUTH TWICE A DAY
(5) Patient Status: OTHER FEDERAL
(6)      Issue Date: 04/18/08              (7) Fill Date: 04/19/08
      Last Fill Date: 04/19/08 (Window)

```

```

      Last Release Date:                (8)      Lot #:
      Expires: 04/19/09                  MFG:
+
DC   Discontinue      PR   Partial      RL   Release
ED   Edit             RF   (Refill)     RN   Renew
Select Action: Next Screen// ☒ Partial

OP Medications (SUSPENDED)   Apr 18, 2008@19:10:16      Page:    1 of    2
OPCHAMPVA,ONE
  PID: 666-55-4789          Ht(cm): _____ (_____)
  DOB: OCT 18,1963 (44)     Wt(kg): _____ (_____)

      Rx #: 101526e
(1) *Orderable Item: ACETAZOLAMIDE PILL
(2)   Drug: ACETAZOLAMIDE 500MG SEQUELS
      Verb: TAKE
(3)   *Dosage: 1 PILL
      *Route: ORAL
      *Schedule: BID
(4)Pat Instructions:
      SIG: TAKE 1 PILL BY MOUTH TWICE A DAY
(5) Patient Status: OTHER FEDERAL
(6)   Issue Date: 04/18/08      (7) Fill Date: 04/19/08
      Last Fill Date: 04/19/08 (Window)
      Last Release Date:                (8)      Lot #:
      Expires: 04/19/09                  MFG:
+
  Partial cannot be filled on CHAMPVA non-payable Rx
DC   Discontinue      PR   Partial      RL   Release
ED   Edit             RF   (Refill)     RN   Renew
Select Action: Next Screen//

```

If ECME's status on the claim remains in an "In Progress" state past the processing timeout during finish of the prescription, a CHAMPVA prescription will not be allowed to be filled. Instead it will be placed on suspense until the rejection is resolved. Below is an example of this screen:

```

CHAMPVA Prescription 101607 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response

      *** CHAMPVA - 'IN PROGRESS' ECME status ***
-----
Division : ALBANY ISC                      NPI#: 5000000021
Patient  : OPCHAMPVA,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx/Drug  : 101607/0 - ACETAZOLAMIDE 250MG
Date/Time: APR 20, 2008@20:11:17
Reason   : ECME Status is in an 'IN PROGRESS' state and cannot be filled
-----

This prescription will be suspended. After the third party claim is resolved,
it may be printed or pulled early from suspense.

Press <RETURN> to continue...

```

If a pharmacy is active for ePharmacy processing but an insurance plan is not linked or not active, the CHAMPVA prescription will be allowed to be filled without third party claim submission. The phrase "Inactive ECME CHAMPVA" will be displayed during Finish and an ECME log entry will be added stating such.

### Example of message during finish:

```
Do you want to enter a Progress Note? No//    NO

Rx # 102046          08/27/08
OPCHAMPVA,TEST          #180
ONE MOUTH TWICE A DAY

DANTROLENE 25MG CAP
OPPROVIDER,ONE          OPPHAR,ONE
# of Refills: 3

Is this correct? YES// ...
-Rx 101921 has been discontinued...

Inactive ECME CHAMPVA
```

### Example of ECME Activity Log entry:

```
ECME Log:
#   Date/Time          Rx Ref          Initiator Of Activity
=====
1   8/27/08@11:07:45   ORIGINAL       OPPHARM,ONE
Comments: CHAMPVA -Inactive ECME CHAMPVA
```

### Displaying a Patient's Remote Prescriptions

If RDI is active and a patient has prescriptions at another location, when the user selects the patient to enter a new order from Patient Prescription Processing, the following message appears.

```
REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//
```

If the user responds **NO**, then the normal procedure occurs for entering prescriptions. If the user responds **YES**, the “Remote Facilities Visited” screen appears as in the following example.

```
Remote Facilities Visited    Dec 30, 2008@17:26:47    Page: 1 of 1

Patient: PSOPATIENT,ONE          (000-00-0000)    DOB: 01/02/1967

Station
HDR CHEYENNE

Enter ?? for more actions
DR  Display Remote Pharmacy Data    DB  Display Both Pharmacy Data
Action:Quit//DR
```

To display the prescriptions at the remote pharmacy location, enter DR at the “Action” prompt. The “Medication Profile – Remote” screen appears as in the following example.

```
Medication Profile - Remote    Dec 30, 2008@17:29:43    Page: 1 of 2

Patient: PSOPATIENT,ONE          (000-00-0000)    DOB: 01/02/1967

RX#          DRUG          ST QTY ISSUED    LAST FILLED
HDR CHEYENNE
712885       AMOXICILLIN TRIHYDRATE 250MG CAP    A    90 11/06/08    11/06/08
SIG: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY
PROVIDER: MCKAY,ELMER
```

```

712886      DILTIAZEM (INWOOD) 240MG CAP,SA      A  30 11/28/08  11/28/08
            SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY
            PROVIDER: MCKAY,ELMER
712888      LABETALOL HCL 200MG TAB                A  60 12/30/08  12/30/08
            SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
            PROVIDER: MCKAY,ELMER
712887      SIMVASTATIN 20MG TAB                  A  15 12/09/08  12/09/08
            SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING TESTING
                  FOR PATTESTING FOR PATIENT TESTING FOR PATTESTING
                  FOR PATIENTENT INSTRUCTION ON SIG1 TESTING FOR
                  PATIENT INSTRUCTION ON SIG1 TESTING FOR PATIENT
                  REPLACE IENT WITH IENT TESTING FOR PATIENT
+           Enter ?? for more actions

Select Action:Next Screen//

```

#### Example: Handling a Reject Resolution Required rejected New Prescription for ePharmacy Billing

For VETERAN prescriptions, a reject code can be specified in the Reject Resolution Required section of the ePharmacy Site Parameter screen to stop a prescription from being filled. The Reject Resolution Required reject codes will prevent a prescription from being filled during any claims processing under the following conditions:

- VETERAN eligibility
- The prescription is an original fill
- The prescription is not released
- The reject is on the Reject Resolution Required list for the division
- The total gross amount of the prescription is at or above the specified threshold amount

For VETERAN prescription rejections that have Reject Resolution Required rejects, the user will be able to select from (I)gnore, which bypasses claims processing and allows the prescription to be filled, or (Q)uit which sends it to the Third Party Payer Rejects – Worklist. Prescriptions with these type of rejects cannot be filled until the reject is resolved.

#### Example: Handling a Reject Resolution Required rejected New Order for ePharmacy Billing (continued)

```

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***
-----
Division : ALBANY                NPI: 1234567890      NCPDP: 4150001
Patient  : OP,FOUR(000-01-1322P) Sex: M      DOB: JAN 13, 1922(83)
Rx/Drug  : 99999999/0 - TESTOSTERONE (ANDROD      ECME#: 000001234567
Reject(s): 76 - Plan Limitations Exceeded.  Received on JUN 07, 2013@11:26:05

Payer Message: DAYS SUPPLY IS MORE THAN ALLOWED BY PLAN

Insurance : TEST INS                Contact: 800-555-5555
Group Name : RXINS                  Group Number: 12454
Cardholder ID: 0000011322P

Reject Resolution Required
Gross Amount Due ($34.42) is greater than or equal to
Threshold Dollar Amount ($0)
Please select Quit to resolve this reject on the Reject Worklist.
-----

Select one of the following:

```

```

I          (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
Q          (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(I)gnore,(Q)uit: Q//

```

## Editing an Order

An asterisk or star (\*) is shown in front of each field that will create a new order if it is changed. The Sig field cannot be edited directly, but it will change if the fields that are used to build it are edited.

When editing fields preceded by an asterisk (\*) in an ePharmacy order (or electronically third party billable prescription), upon acceptance of the edited order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription. For more information, see the example Editing an ePharmacy Order.



Do not use the up-arrow (^) after editing one field to jump past the rest of the fields. Using just the up-arrow results in the changes just entered being deleted. The user must press **<Enter>** through *all* the order fields when editing to save the changes.

### Example: Editing an Order

```

OP Medications (ACTIVE)      May 30, 2006 16:48:05      Page: 1 of 3
OPPATIENT29,ONE
  PID: 000-87-6543           Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)      Wt(kg): 79.09 (06/07/2000) f

                                Rx #: 503908
(1) *Orderable Item: AMPICILLIN CAP,ORAL *** (N/F) ***
(2)      Drug: AMPICILLIN 250MG CAP *** (N/F) ***
(3)      *Dosage: 500 (MG)
          Verb: TAKE
          Dispense Units: 2
          Noun: CAPSULES
          *Route: ORAL
          *Schedule: QID
          *Duration: 10D (DAYS)
(4) Pat Instructions: with food
          SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
          WITH FOOD
(5) Patient Status: SERVICE CONNECTED
+      Enter ?? for more actions
DC  Discontinue      PR  Partial      RL  Release
ED  Edit            RF  (Refill)      RN  Renew
Select Action: Next Screen// ED Edit
Select fields by number: (1-19): 4
PATIENT INSTRUCTIONS: WITH FOOD// WITH FOOD AVOIDING DAIRY FOODS

```

Changes to fields that are not starred (\*), like Patient Instructions, will not create a new order. Note that the new Patient Instruction text appears at the end of the Sig.

### Example: Editing an Order (continued)

```

OP Medications (ACTIVE)      May 30, 2006 16:54:25      Page: 1 of 3
OPPATIENT29,ONE
  PID: 000-87-6543           Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)      Wt(kg): 79.09 (06/07/2000)

                                Rx #: 503908
(1) *Orderable Item: AMPICILLIN CAP,ORAL *** (N/F) ***

```

```

(2)          Drug: AMPICILLIN 250MG CAP ***(N/F)***
(3)          *Dosage: 500 (MG)
              Verb: TAKE
              Dispense Units: 2
              Noun: CAPSULES
              *Route: ORAL
              *Schedule: QID
              *Duration: 10D (DAYS)
(4)Pat Instructions: WITH FOOD AVOIDING DAIRY FOODS
              SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
              WITH FOOD AVOIDING DAIRY FOODS
(5) Patient Status: SERVICE CONNECTED
+           Enter ?? for more actions
DC   Discontinue      PR   Partial              RL   Release
ED   Edit             RF   (Refill)             RN   Renew
Select Action: Next Screen//

```

If a new order is created due to the editing of a field that affects copay, like Duration, the values previously entered display as defaults.

If editing the PATIENT STATUS field of a prescription results in a change to the copay status of that prescription, the copay status of the prescription is automatically updated and an entry made in the prescription Copay activity log.

```

+           Enter ?? for more actions
DC   Discontinue      PR   Partial              RL   Release
ED   Edit             RF   Refill              RN   Renew
Select Action: Next Screen// E Edit
Select fields by number: (1-18): 5
PATIENT STATUS: OPT NSC// AUT
    1 AUTH ABS +96
    2 AUTH ABS -96
CHOOSE 1-2: 2 AUTH ABS -96
11 refills are greater than 0 allowed for AUTH ABS -96 Rx Patient Status.

The last fill has been released, do you want a reprint label? Y// NO

Patient Status field for this Rx has been changed from a COPAYMENT ELIGIBLE
patient status to a COPAYMENT EXEMPT patient status. The copay status of this Rx will be
automatically adjusted. If action needs to be taken to adjust charges you MUST use the
Reset Copay Status/Cancel Charges option.

```

If a starred field, like Dosage, is changed a new order will be created that will include a remark noting the original prescription number. Note that when the dosage is changed the dispense units per dose and quantity are recalculated.

#### Example: Editing an Order (continued)

```

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 500// 750MG 750MG

You entered 750MG is this correct? Yes// <Enter> YES
VERB: TAKE// <Enter> TAKE
DISPENSE UNITS PER DOSE (CAPSULE(S)): 3// <Enter> 3
Dosage Ordered: 750MG
NOUN: CAPSULE(S)// <Enter> CAPSULE(S)
ROUTE: ORAL// <Enter> ORAL
Schedule: QID// <Enter> (FOUR TIMES A DAY)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES): 10D// <Enter> 10D (DAYS)
CONJUNCTION: <Enter>

New OP Order (ROUTINE)          May 30, 2006 17:11:44          Page:    1 of    2
OPPATIENT29,ONE
  PID: 000-87-6543              Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)         Wt(kg): 79.09 (06/07/2000)

```



```

Orderable Item: AMPICILLIN CAP,ORAL *** (N/F) ***
(1) Drug: AMPICILLIN 250MG CAP *** (N/F) ***
(2) Patient Status: SERVICE CONNECTED
(3) Issue Date: MAY 30,2006 (4) Fill Date: MAY 30,2006
(5) Dosage Ordered: 750 (MG)
Verb: TAKE
Dispense Units: 3
Noun: CAPSULE(S)
Route: ORAL
Schedule: QID
*Duration: 10D (DAYS)
(6) Pat Instruction: WITH FOOD AVOIDING DAIRY FOODS
SIG: TAKE THREE CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10
DAYS WITH FOOD AVOIDING DAIRY FOODS
+ This change will create a new prescription!
AC Accept ED Edit
Select Action: Next Screen//

```

```

New OP Order (ROUTINE) May 30, 2006 17:15:09 Page: 2 of 2
OPPATIENT29,ONE
PID: 000-87-6543 Ht(cm): 175.26 (06/07/2000)
DOB: SEP 12,1919 (81) Wt(kg): 79.09 (06/07/2000)
+
(7) Days Supply: 10 (8) QTY (CAP): 120
(9) # of Refills: 0 (10) Routing: WINDOW
(11) Clinic: OUTPT NURSE GREEN TEAM
(12) Provider: OPProvider4.TWO (13) Copies: 1
(14) Remarks: New Order Created by editing Rx # 503908.
Entry By: OPProvider4,TWO Entry Date: MAY 30,2006 17:11:44

This change will create a new prescription!
AC Accept ED Edit
Select Action: Edit// AC

```



If the DAYS SUPPLY field is edited, the QTY field is recalculated. If the QTY field is edited, the DAYS SUPPLY field value does not change, but a message is displayed warning the user of the change and recommending that the value be checked.

#### Example: Editing an Order (continued)

```

New OP Order (ROUTINE) May 31, 2006 12:57:06 Page: 2 of 2
OPPATIENT29,ONE
PID: 000-87-6543 Ht(cm): 175.26 (06/07/2000)
DOB: SEP 12,1919 (81) Wt(kg): 79.09 (06/07/2000)
+
(7) Days Supply: 30 (8) QTY (CAP): 120
(9) # of Refills: 0 (10) Routing: WINDOW
(11) Clinic: OUTPT NURSE GREEN TEAM
(12) Provider: OPProvider4,TWO (13) Copies: 1
(14) Remarks: New Order Created by editing Rx # 503910.
Entry By: OPProvider4,TWO Entry Date: MAY 31,2006 12:57:06

Enter ?? for more actions
AC Accept ED Edit
Select Action: Edit// <Enter> Edit
Select Field to Edit by number: (1-14): 7
DAYS SUPPLY: (1-90): 10// 7

```

Once changes are entered the screen redisplay with the changes and the order can be accepted or edited again. If the order is accepted, the prescription is checked for drug/drug interactions and, if none exist, prompts follow for nature of order and whether the patient was counseled.

```
Now doing drug interaction and allergy checks. Please wait...

Nature of Order: WRITTEN// ??

      Nature of Order Activity      Require      Print      Print on
      -----      E.Signature      Chart Copy      Summary
      -----      -----      -----      -----
      WRITTEN
      VERBAL              x              x              x
      TELEPHONED          x              x              x
      SERVICE CORRECTION
      POLICY
      DUPLICATE
      REJECTED
      SERVICE REJECT          x              x

Nature of Order: WRITTEN// <Enter> WRITTEN
WAS THE PATIENT COUNSELED: NO// Y YES
WAS COUNSELING UNDERSTOOD: NO// Y YES
```

If the drug or orderable item is edited, PROVIDER key users may be prompted for the appropriate ICD Diagnosis Codes. User response is optional.

If prompted for ICD Diagnosis Codes, the user can enter partial names and ICD Diagnosis Code numbers or a valid Diagnosis Code number or name.

```
Patient Information      Mar 23, 2004@10:14:45      Page: 1 of 2
OPPATIENT29,ONE      <A>
  PID: 000-87-6543      Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)      Wt(kg): 79.09 (06/07/2000)
Eligibility: SC LESS THAN 50%      SC%: 10
RX PATIENT STATUS: SC LESS THAN 50%

Disabilities: BACK STRAIN-10% (SC), UPPER ARM CONDITION-0% (SC),
              CONDITION OF THE SKELETAL SYSTEM-0% (SC),

123 ANY STREET      HOME PHONE:
BIRMINGHAM      CELL PHONE:
ALABAMA      WORK PHONE:
Prescription Mail Delivery: Regular Mail
Allergies
  Verified: THEOPHYLLINE,
+      Enter ?? for more actions
EA Enter/Edit Allergy/ADR Data      PU Patient Record Update
DD Detailed Allergy/ADR List      EX Exit Patient List
Select Action: Next Screen// <Enter>
Select Primary ICD Code: neuropathy
  1 NEUROPATHY 337.1      AUT NEUROPATHY IN OTH DIS
  2 NEUROPATHY 356.2      HERED SENSORY NEUROPATHY
  3 NEUROPATHY 356.8      IDIO PERIPH NEURPTHY NEC
  4 NEUROPATHY 356.9      IDIO PERIPH NEURPTHY NOS
  5 NEUROPATHY 377.33      NUTRITION OPTC NEUROPATHY
Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: 3 356.8      IDIO
PERIPH NEURPTHY NEC
Select Secondary ICD Code: diabetes
  1 DIABETES 250.01      DIABETES MELLI W/O COMP TYP I      COMPLICATION/CO MORBIDITY
  2 DIABETES 250.11      DIABETES W KETOACIDOSIS TYPE I      COMPLICATION/CO
MORBIDITY
  3 DIABETES 250.21      DIABETES W HYPEROSMOLAR TYPE I      COMPLICATION/CO
MORBIDITY
  4 DIABETES 250.31      DIABETES W OTHER COMA TYPE I      COMPLICATION/CO MORBIDITY
  5 DIABETES 250.41      DIABETES W RENAL MANIFES TYP I      COMPLICATION/CO
MORBIDITY
```

```

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 250.01          DIABETES MELLI W/O COMP TYP I      COMPLICATION/COMORBIDITY

Select Secondary ICD Code:

```

## Editing an ePharmacy Order

When editing fields preceded by an asterisk (\*) in an ePharmacy order (or electronically third party billable prescription), upon acceptance of the edited order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription.

If the original claim was E Payable, and edits are made to any of these fields – Provider, Qty, Days Supply, Division, Fill Date, NDC, or DAW Code – then the original payable claim is reversed and a new claim is submitted to ECME. If the original claim was rejected, then a reversal is not necessary, and a new claim is submitted to ECME.

```

Medication Profile          Nov 03, 2005@12:33:29          Page: 1 of 1
OPPATIENT,FOUR
PID: 000-01-1322P          Ht (cm): _____ (_____)
DOB: JAN 13,1922 (83)      Wt (kg): _____ (_____)
SEX: MALE
CrCL: <Not Found>          BSA (m2): _____

ISSUE  LAST REF DAY
#  RX #          DRUG      QTY ST  DATE  FILL REM SUP
-----
1  100003840e    PREDNISONE 5MG TAB      30 A> 11-02 11-02  5  30

Enter ?? for more actions
PU Patient Record Update      NO New Order
PI Patient Information         SO Select Order
Select Action: Quit// 1

```

Press <Enter> twice to scroll to page 3 of the Medication Profile. Notice that a new field displays on the profile: DAW Code. DAW stands for “Dispense as Written” and refers to a set of ten NCPDP codes (0-9) that tells third party payers why a brand or generic product was selected to fill a prescription. When a new prescription is entered for a specific drug, the DAW code from the drug is stored in the PRESCRIPTION file (#52) for each fill. This field is solely being used for electronic billing purposes. It communicates to the third party payer that a drug has a special characteristic, which may prevent the payer from rejecting the claim. The available codes include:

Code	Description
0	NO PRODUCT SELECTION INDICATED
1	SUBSTITUTION NOT ALLOWED BY PRESCRIBER
2	SUBSTITUTION ALLOWED-PATIENT REQUESTED PRODUCT DISPENSED
3	SUBSTITUTION ALLOWED-PHARMACIST SELECTED PRODUCT DISPENSED
4	SUBSTITUTION ALLOWED-GENERIC DRUG NOT IN STOCK
5	SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC
6	OVERRIDE

Code	Description
7	SUBSTITUTION NOT ALLOWED-BRAND DRUG MANDATED BY LAW
8	SUBSTITUTION ALLOWED-GENERIC DRUG NOT AVAILABLE IN MARKETPLACE
9	OTHER

The DAW Code default is 0 – No Product Selection Indicated, unless the DAW Code has been set for this drug at the DRUG file level.

Enter **21** to edit the field.

**Example: Editing an ePharmacy Order (continued)**

```

OP Medications (ACTIVE)      Nov 03, 2005@12:51:52      Page:    3 of    3
OPPATIENT,FOUR
  PID: 000-01-1322P          Ht(cm): _____ (_____)
  DOB: JAN 13,1922 (83)      Wt(kg): _____ (_____)

(19)      Counseling: YES                      Was Counseling Understood: YES
(20)      Refill Data
(21)      DAW Code: 0 - NO PRODUCT SELECTION INDICATED
          Entry By: OPPHARMACIST4,THREE          Entry Date: 11/03/05 12:50:51

+          Enter ?? for more actions
DC  Discontinue          PR  Partial          RL  Release
ED  Edit                RF  Refill           RN  Renew
Select Action: Next Screen// 21

DAW CODE: 0// ??

Answer with BPS NCPDP DAW CODE
Choose from:
0      NO PRODUCT SELECTION INDICATED
1      SUBSTITUTION NOT ALLOWED BY PRESCRIBER
2      SUBSTITUTION ALLOWED-PATIENT REQUESTED PRODUCT DISPENSED
3      SUBSTITUTION ALLOWED-PHARMACIST SELECTED PRODUCT DISPENSED
4      SUBSTITUTION ALLOWED-GENERIC DRUG NOT IN STOCK
5      SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC
6      OVERRIDE
7      SUBSTITUTION NOT ALLOWED-BRAND DRUG MANDATED BY LAW
8      SUBSTITUTION ALLOWED-GENERIC DRUG NOT AVAILABLE IN MARKETPLACE
9      OTHER

Dispensed As Written code. This information is used for electronic claim transmi
ssion to third party payers (insurance companies).

DAW CODE: 0// 5 - SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC
Are You Sure You Want to Update Rx 100003853? Yes// <Enter>

```

The field is updated and displayed in the Medication Profile.

```

OP Medications (ACTIVE)      Nov 03, 2005@12:51:52      Page:    1 of    3
OPPATIENT,FOUR
  PID: 000-01-1322P          Ht(cm): _____ (_____)
  DOB: JAN 13,1922 (83)      Wt(kg): _____ (_____)

```

```

(19)      Counseling: YES                               Was Counseling Understood: YES
(20)      Refill Data
(21)      DAW Code: 0 - NO PRODUCT SELECTION INDICATED
      Entry By: OPPHARMACIST4,THREE                      Entry Date: 11/03/05 12:50:51

```

```

+          Enter ?? for more actions
DC  Discontinue      PR  Partial                      RL  Release
ED  Edit             RF  Refill                      RN  Renew
Select Action: Quit//

```

```

New OP Order (ROUTINE)      Nov 04, 2005@08:36:29      Page:      2 of      2
OPPATIENT,FOUR
  PID: 000-01-1322P                      Ht(cm): _____ (_____)
  DOB: JAN 13,1922 (83)                  Wt(kg): _____ (_____)
+
(7)    Days Supply: 30                      (8)    QTY (TAB): 30
(9)    # of Refills: 5                      (10)   Routing: WINDOW
(11)   Clinic:
(12)   Provider: OPPROVIDER4,TWO           (13)   Copies: 1
(14)   Remarks: New Order Created by editing Rx # 100003840.
      Entry By: OPPHARMACIST4,THREE          Entry Date: NOV 4,2005 08:36:06

```

```

          This change will create a new prescription!
AC  Accept                      ED  Edit
Select Action: Edit// AC  Accept
Nature of Order: SERVICE CORRECTION// <Enter>      S
WAS THE PATIENT COUNSELED: NO// YES
WAS COUNSELING UNDERSTOOD: NO// YES

```

```

Do you want to enter a Progress Note? No// <Enter> NO
-----example continues-----

```

```

Rx # 100003852      11/04/05
OPPATIENT,FOUR      #30
TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30 DAYS WITH FOOD
AVOIDING DAIRY FOODS

```

```

PREDNISONE 5MG TAB
OPPROVIDER4,TWO      OPPHARMACIST4,THREE
# of Refills: 5

```

```

Is this correct? YES// <Enter> YES...
Claim has status E REJECTED. Not reversed.

```

```

Prescription 100003852 successfully submitted to ECME for claim generation.

```

```

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E PAYABLE

```

## DAW/NDC Edit

The Dispensed As Written (DAW)/National Drug Code (NDC) field for discontinued and expired orders can be edited.

For ePharmacy prescriptions, the DAW/NDC field for discontinued and expired orders can be edited. The following statuses are editable.

- 11 – EXPIRED
- 12 – DISCONTINUED
- 14 – DISCONTINUED BY PROVIDER
- 15 – DISCONTINUED (EDIT).

Status's 14 and 15 above result from the prescription being discontinued from CPRS. For status 14 – DISCONTINUED BY PROVIDER, the user can choose to discontinue the prescription in CPRS by selecting “Requesting Physician Cancelled” for the reason.

The following is an example of the activity log entry stored on the prescription for this type of discontinue:

```
1 06/20/08 DISCONTINUED ORIGINAL OPPHARM,ONE
Comments: Discontinued by OE/RR.
```

For status 15 – DISCONTINUED (EDIT), the user can edit a prescription in CPRS which discontinues the prescription being edited resulting in status 15 in the Outpatient Pharmacy package. The following is an example of the activity log entry on the prescription in OP:

```
2 06/05/08 DISCONTINUED ORIGINAL OPHARM,ONE
Comments: Discontinued due to CPRS edit
```

## Using the Copy Action

If a double question mark (??) had been entered at the “Select Action:” prompt, the following hidden actions would display in the action area.

The following actions are also available:

AL	Activity Logs (OP)	REJ	View REJECT	FS	First Screen
VF	Verify (OP)	IN	Intervention Menu	GO	Go to Page
CO	Copy (OP)	DA	Display Drug AllergiesLS		Last Screen
RP	Reprint (OP)	DIN	Drug Restr/Guide (OP)PS		Print Screen
HD	Hold (OP)	+	Next Screen	PT	Print List
UH	Unhold (OP)	-	Previous Screen	QU	Quit
PI	Patient Information	<	Shift View to Left	RD	Re Display Screen
PP	Pull Rx (OP)	>	Shift View to Right	SL	Search List
IP	Inpat. Profile (OP)	ADPL	Auto Display(On/Off)	UP	Up a Line
OTH	Other OP Actions	DN	Down a Line		

Copy is a hidden action used to copy an order and edit any field.

### Example: Copying an Order

```
Medication Profile Jun 04, 2006 15:49:09 Page: 1 of 1
OPPATIENT6,ONE
PID: 000-13-5790 Ht(cm): 175.26 (08/10/2004)
DOB: FEB 8,1922 (79) Wt(kg): 75.45 (08/10/2004)
CrCL: 102.4(est.) (CREAT:1.0mg/dL 10/30/12) BSA (m2): 1.91
ISSUE LAST REF DAY
# RX # DRUG QTY ST DATE FILL REM SUP
-----ACTIVE-----
1 503911$ AMPICILLIN 250MG CAP 80 A 05-25 06-01 0 10
2 503901 LISINOPRIL 10MG TAB 150 A> 05-17 05-17 2 30
```

```

Enter ?? for more actions
PU Patient Record Update          NO New Order
PI Patient Information             SO Select Order
Select Action: Quit// SO          [Or enter the order number here, e.g., 1]
Select Orders by number: (1-2): 1

```

Remember that actions in parentheses, like Refill in this example, are not available for the order.

### Example: Copying an Order (continued)

```

OP Medications (ACTIVE)          Jun 04, 2006 15:50:49          Page: 1 of 3
OPPATIENT6,ONE                  <A>
  PID: 000-13-5790              Ht(cm): 175.26 (08/10/2004)
  DOB: FEB 8,1922 (79)          Wt(kg): 75.45 (08/10/2004)

      Rx #: 503911$
(1) *Orderable Item: AMPICILLIN CAP,ORAL *** (N/F) ***
(2)      Drug: AMPICILLIN 250MG CAP *** (N/F) ***
(3)      *Dosage: 500 (MG)
          Verb: TAKE
          Dispense Units: 2
          Noun: CAPSULES
          *Route: ORAL
          *Schedule: QID
(4) Pat Instructions: Prov Comments
    Provider Comments: Prov Comments
      SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY PROV COMMENTS
(5) Patient Status: OUTPT NON-SC
(6)      Issue Date: 05/25/01          (7) Fill Date: 06/01/01
+      Enter ?? for more actions
DC Discontinue          PR Partial          RL Release
ED Edit                RF (Refill)          RN Renew
Select Action: Next Screen// CO          CO

```

Once “Copy” is entered, the heading on the screen changes to “New OP Order (COPY)” and the available actions are limited to “Edit” or “Accept”.

```

New OP Order (COPY)            Jun 04, 2006 15:51:32          Page: 1 of 2
OPPATIENT6,ONE                  <A>
  PID: 000-13-5790              Ht(cm): 175.26 (08/10/2004)
  DOB: FEB 8,1922 (79)          Wt(kg): 75.45 (08/10/2004)

      Orderable Item: AMPICILLIN CAP,ORAL *** (N/F) ***
(1)      Drug: AMPICILLIN 250MG CAP *** (N/F) ***
(2) Patient Status: OUTPT NON-SC
(3)      Issue Date: JUN 4,2006          (4) Fill Date: JUN 4,2006
(5) Dosage Ordered: 500 (MG)
          Verb: TAKE
          Dispense Units: 2
          Noun: CAPSULES
          Route: ORAL
          Schedule: QID
(6) Pat Instruction: Prov Comments
      SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY PROV
          COMMENTS
(7)      Days Supply: 10          (8) QTY (CAP): 80
+      Enter ?? for more actions
AC Accept                ED Edit
Select Action: Next Screen// AC          Accept

```

Once the copied order is accepted, the previous order information displays and the user is asked whether to discontinue the original order.

If the orderable item or drug is edited, PROVIDER key users may be prompted for the appropriate ICD Diagnosis Codes. User response is optional.

If prompted for ICD Diagnosis Codes, the user can enter partial names and ICD Diagnosis Code numbers or a valid Diagnosis Code number or name.

```

Patient Information      Mar 23, 2004@10:14:45      Page: 1 of 2
OPPATIENT6,ONE          <A>
  PID: 000-13-5790      Ht(cm): 175.26 (08/10/2004)
  DOB: FEB 8,1922 (79)  Wt(kg): 75.45 (08/10/2004)

Eligibility: SC LESS THAN 50%      SC%: 10
RX PATIENT STATUS: SC LESS THAN 50%

Disabilities: BACK STRAIN-10% (SC), UPPER ARM CONDITION-0% (SC),
              CONDITION OF THE SKELETAL SYSTEM-0% (SC),
123 ANY STREET          HOME PHONE:
BIRMINGHAM             CELL PHONE:
ALABAMA                WORK PHONE:
Prescription Mail Delivery: Regular Mail
Allergies
  Verified: THEOPHYLLINE,
+      Enter ?? for more actions
EA Enter/Edit Allergy/ADR Data      PU Patient Record Update
DD Detailed Allergy/ADR List        EX Exit Patient List
Select Action: Next Screen// <Enter>
Select Primary ICD Code: neuropathy
  1  NEUROPATHY  337.1      AUT NEUROPATHY IN OTH DIS
  2  NEUROPATHY  356.2      HERED SENSORY NEUROPATHY
  3  NEUROPATHY  356.8      IDIO PERIPH NEURPTHY NEC
  4  NEUROPATHY  356.9      IDIO PERIPH NEURPTHY NOS
  5  NEUROPATHY  377.33     NUTRITION OPTC NEUROPATHY
Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: 3  356.8      IDIO
PERIPH NEURPTHY NEC
Select Secondary ICD Code: diabetes
  1  DIABETES  250.01      DIABETES MELLI W/O COMP TYP I      COMPLICATION/CO MORBIDITY
  2  DIABETES  250.11      DIABETES W KETOACIDOSIS TYPE I      COMPLICATION/CO
MORBIDITY
  3  DIABETES  250.21      DIABETES W HYPEROSMOLAR TYPE I      COMPLICATION/CO
MORBIDITY
  4  DIABETES  250.31      DIABETES W OTHER COMA TYPE I      COMPLICATION/CO MORBIDITY
  5  DIABETES  250.41      DIABETES W RENAL MANIFES TYP I      COMPLICATION/CO
MORBIDITY
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  250.01      DIABETES MELLI W/O COMP TYP I      COMPLICATION/COMORBIDITY
Select Secondary ICD Code:

```

ICD Diagnosis Codes from copied, edited, or renewed prescriptions will carry forward as default answers.

### Example: Copying an Order (continued)

```

-----
DUPLICATE DRUG AMPICILLIN 250MG CAP in Prescription: 503911

      Status: Active          Issued: 05/25/01
Processing Status: Released locally on 06/01/01@11:34:13 (Mail)
      SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY PROV
      COMMENTS
      QTY: 80                  # of refills: 0
Provider: OPPROVIDER4,TWO     Refills remaining: 0
                               Last filled on: 06/01/01
                               Days Supply: 10
-----

Discontinue RX # 503911 AMPICILLIN 250MG CAP      Y/N? YES

Rx #503911 AMPICILLIN 250MG CAP will be discontinued
after the acceptance of the new order.

Now doing remote order checks. Please wait...

```



Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Nature of Order: WRITTEN// <Enter> W  
 WAS THE PATIENT COUNSELED: NO// <Enter> NO

Do you want to enter a Progress Note? No// <Enter> NO

The new order information is displayed and, if it is verified as correct, the old order is discontinued.

Rx # 503913 06/04/01  
 OPPATIENT6,ONE #80  
 TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY PROV COMMENTS

AMPICILLIN 250MG CAP  
 OPPROVIDER4,TWO OPPHARMACIST4,THREE  
 # of Refills: 0

Is this correct? YES// <Enter>...  
 -Rx 503911 has been discontinued...

SC Percent: 10%  
 Disabilities:  
 PROSTATE GLAND CONDITION 10% - SERVICE CONNECTED  
 INGUINAL HERNIA 0% - SERVICE CONNECTED

Was treatment for Service Connected condition? NO// <Enter>

Is this correct? YES// <Enter>...

The Medication Profile screen is redisplayed at this point. The dollar sign next to the first prescription number means a copay charge is associated with that order.

#### Example: Copying an Order (continued)

Medication Profile Jun 04, 2006 16:03:55 Page: 1 of 1  
 OPPATIENT6,ONE <A>  
 PID: 000-13-5790 Ht(cm): 175.26 (08/10/2004)  
 DOB: FEB 8,1922 (79) Wt(kg): 75.45 (08/10/2004)  
 CrCL: <Not Found> BSA (m2): 1.91

#	RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
-----ACTIVE-----								
1	503913\$	AMPICILLIN 250MG CAP	80	A	06-04	06-04	0	10
2	503901	LISINOPRIL 10MG TAB	150	A>	05-17	05-17	2	30

Enter ?? for more actions  
 PU Patient Record Update NO New Order  
 PI Patient Information SO Select Order  
 Select Action: Quit// <Enter>

Label Printer: TELNET  
 LABEL: QUEUE/CHANGE PRINTER/HOLD/SUSPEND or '^' to bypass Q// <Enter>

LABEL(S) QUEUED TO PRINT

Select PATIENT NAME: <Enter>

The label displays the copay status of the prescription except for a partial fill.

## Copying an ePharmacy Order

When copying an ePharmacy order, upon acceptance of the copied order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription.

### Example: Copying an ePharmacy Order

```
Patient Information      Nov 04, 2005@09:19:26      Page:      1 of      1
OPPATIENT,FOUR
PID: 000-01-1322P      Ht (cm): _____ (_____)
DOB: JAN 13,1922 (83)   Wt (kg): _____ (_____)
SEX: MALE

Eligibility: NSC, VA PENSION
RX PATIENT STATUS: PENSION NSC

Disabilities:

123 ANY STREET          HOME PHONE:
BIRMINGHAM             CELL PHONE:
ALABAMA                WORK PHONE:
Prescription Mail Delivery: Regular Mail

Allergies:

Adverse Reactions:

      Enter ?? for more actions
EA  Enter/Edit Allergy/ADR Data      PU  Patient Record Update
DD  Detailed Allergy/ADR List        EX  Exit Patient List
Select Action: Quit// <Enter>      QUIT

Medication Profile      Nov 04, 2005@09:23:47      Page:      1 of      1
OPPATIENT,FOUR
PID: 000-01-1322P      Ht (cm): _____ (_____)
DOB: JAN 13,1922 (83)   Wt (kg): _____ (_____)
SEX: MALE
CrCL: <Not Found>      BSA (m2): _____

#  RX #      DRUG      QTY ST  DATE  FILL  REM  SUP
-----ACTIVE-----
1  100003852e  PREDNISONE 5MG TAB      30  A>  11-04  11-04   5  30

PU  Patient Record Update      NO  New Order
PI  Patient Information        SO  Select Order
Select Action: Quit// 1
```

Once “Copy” is entered, the heading on the screen changes to “New OP Order (COPY)” and the available actions are limited to “Edit” or “Accept”.

```
New OP Order (COPY)      Nov 04, 2005@09:24:17      Page:      1 of      2
OPPATIENT,FOUR
PID: 000-01-1322P      Ht (cm): _____ (_____)
DOB: JAN 13,1922 (83)   Wt (kg): _____ (_____)

Orderable Item: PREDNISONE TAB
```

```

(1)      CMOP Drug: PREDNISON 5MG TAB
(2) Patient Status: OPT NSC
(3)      Issue Date: NOV 4,2005          (4) Fill Date: NOV 4,2005
(5) Dosage Ordered: 20 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      Route: ORAL
      Schedule: QID
      *Duration: 30 (DAYS)
(6)Pat Instruction: WITH FOOD AVOIDING DAIRY FOODS
      SIG: TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30
          DAYS WITH FOOD AVOIDING DAIRY FOODS
+      Enter ?? for more actions
AC  Accept          ED  Edit
Select Action: Next Screen// AC  Accept
Medication Profile      Nov 04, 2005@09:24:04      Page:      1 of      1
OPPATIENT,FOUR
      PID: 000-01-1322P      Ht (cm): _____ (_____)
      DOB: JAN 13,1922 (83)      Wt (kg): _____ (_____)
      SEX: MALE
      CrCL: <Not Found>      BSA (m2): _____
      ISSUE      LAST REF DAY
#  RX #      DRUG      QTY ST  DATE  FILL REM SUP
-----
OP Medications (ACTIVE)      Nov 04, 2005@09:24:17      Page:      1 of      3
OPPATIENT,FOUR
      PID: 000-01-1322P      Ht (cm): _____ (_____)
      DOB: JAN 13,1922 (83)      Wt (kg): _____ (_____)
      Rx #: 100003852e
(1) *Orderable Item: PREDNISON TAB
(2)      CMOP Drug: PREDNISON 5MG TAB
(3)      *Dosage: 20 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: TABLET
      *Route: ORAL
      *Schedule: QID
      *Duration: 30 (DAYS)
(4)Pat Instructions: WITH FOOD AVOIDING DAIRY FOODS
      SIG: TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30 DAYS
          WITH FOOD AVOIDING DAIRY FOODS
(5) Patient Status: OPT NSC
      Enter ?? for more actions
DC  Discontinue      PR  Partial      RL  Release
ED  Edit      RF  Refill      RN  Renew
Select Action: Next Screen// CO  CO
-----
DUPLICATE DRUG PREDNISON 5MG TAB in Prescription: 100003852
      Status: Active      Issued: 11/04/05
      Processing Status: Released locally on 11/04/05@11:34:13 (Mail)
      SIG: TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30
          DAYS WITH FOOD AVOIDING DAIRY FOODS
      QTY: 30      # of refills: 5
      Provider: OPPROVIDER4,TWO      Refills remaining: 5
          Last filled on: 11/04/05
          Days Supply: 30
-----
Discontinue RX # 100003852 PREDNISON 5MG TAB      Y/N? YES
Rx #100003852 PREDNISON 5MG TAB      will be discontinued
after the acceptance of the new order.
Now doing remote order checks. Please wait...
Now doing allergy checks. Please wait...

```

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Nature of Order: WRITTEN// W  
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Rx # 100003853 11/04/05  
OPPATIENT,FOUR #30  
TAKE ONE TABLET BY BY MOUTH FOUR TIMES A DAY FOR 30 DAYS WITH FOOD  
AVOIDING DAIRY FOODS

PREDNISON 5MG TAB  
OPPROVIDER4,TWO OPPHARMACIST4,THREE  
# of Refills: 5

Is this correct? YES// **YES**...  
Reversing prescription 100003852.

Claim Status:  
Reversing and Rebilling a previously submitted claim...  
Reversing...  
IN PROGRESS-Waiting for transmit  
IN PROGRESS-Transmitting  
IN PROGRESS-Waiting to process response  
E REVERSAL ACCEPTED

-Rx 100003852 has been discontinued...

Prescription 100003853 successfully submitted to ECME for claim generation.

Claim Status:  
IN PROGRESS-Waiting to start  
IN PROGRESS-Waiting for packet build  
IN PROGRESS-Waiting for transmit  
IN PROGRESS-Transmitting  
E PAYABLE

## View of RX:

Medication Profile Nov 04, 2005@09:25:14 Page: 1 of 1  
OPPATIENT,FOUR  
PID: 000-01-1322P Ht (cm): \_\_\_\_\_ (\_\_\_\_\_)  
DOB: JAN 13,1922 (83) Wt (kg): \_\_\_\_\_ (\_\_\_\_\_)  
SEX: MALE  
CrCL: <Not Found> BSA (m2): \_\_\_\_\_  
ISSUE LAST REF DAY  
# RX # DRUG QTY ST DATE FILL REM SUP  
-----ACTIVE-----  
1 100003853e PREDNISON 5MG TAB 30 A> 11-04 11-04 5 30  
  
Enter ?? for more actions  
PU Patient Record Update NO New Order  
PI Patient Information SO Select Order  
Select Action: Quit//

## Holding and Unholding a Prescription

If a double question mark (??) is entered at the “Select Action” prompt, the hidden actions on the following page will display in the action area.

The following actions are also available:					
AL	Activity Logs (OP)	REJ	View REJECT	FS	First Screen
VF	Verify (OP)	IN	Intervention Menu	GO	Go to Page
CO	Copy (OP)	DA	Display Drug Allergies	LS	Last Screen
RP	Reprint (OP)	DIN	Drug Restr/Guide (OP)	PS	Print Screen
HD	Hold (OP)	+	Next Screen	PT	Print List
UH	Unhold (OP)	-	Previous Screen	QU	Quit
PI	Patient Information	<	Shift View to Left	RD	Re Display Screen
PP	Pull Rx (OP)	>	Shift View to Right	SL	Search List
IP	Inpat. Profile (OP)	ADPL	Auto Display(On/Off)	UP	Up a Line
OTH	Other OP Actions	DN	Down a Line		

Use the Hold (HD) action to put a prescription on hold. Use the Unhold (UH) action to remove a prescription from hold.

Only key holders of the PSORPH security key or the PSO TECH ADV security key can hold or unhold a prescription.

PSORPH security key holders are allowed to put a prescription on hold using the following HOLD reasons:

```
1 INSUFFICIENT QTY IN STOCK
2 DRUG-DRUG INTERACTION
4 PROVIDER TO BE CONTACTED
6 ADVERSE DRUG REACTION
7 BAD ADDRESS
8 PER PATIENT REQUEST
9 CONSULT/PRIOR APPROVAL NEEDED
98 OTHER/TECH (NON-CLINICAL)
99 OTHER/RPH (CLINICAL)
```



**Note:** HOLD reasons 98 and 99 require the user to enter a HOLD comment.

PSO TECH ADV security key holders are allowed to put a prescription on hold using the following HOLD reasons:

```
1 INSUFFICIENT QTY IN STOCK
7 BAD ADDRESS
8 PER PATIENT REQUEST
98 OTHER/TECH (NON-CLINICAL)
```



**Note:** HOLD reason 98 requires the user to enter a HOLD comment.

While PSORPH security key holders are allowed to remove a prescription from HOLD under any HOLD reason, PSO TECH ADV security key holders are only allowed to remove a prescription from hold under the above HOLD reasons (reasons 1, 7, 8, and 98).

### Example: HOLD with PSORPH Security Key or PSO TECH ADV Security Key

```
OP Medications (SUSPENDED)    May 11, 2012@10:12:56    Page: 1 of 3
PAGPATNM,M                    <A>
  PID: 666-00-0286              Ht (cm): _____ (_____)
  DOB: DEC 1,1900              Wt (kg): _____ (_____)

                                Rx #: 100002926
(1) *Orderable Item: FLUOXETINE CAP,ORAL
(2)      CMOP Drug: EFFEXOR
(3)      *Dosage: 10 (MG)
          Verb: TAKE
          Dispense Units: 1
          Noun: CAPSULE
          *Route: ORAL
          *Schedule: QAM
(4)Pat Instructions:
          SIG: TAKE ONE CAPSULE MOUTH EVERY MORNING
(5) Patient Status: OPT NSC
(6) Issue Date: 02/14/12          (7) Fill Date: 05/09/12
    Last Fill Date: 05/29/12 (Mail)
+ Enter ?? for more actions
DC Discontinue      PR Partial      RL Release
ED Edit            RF (Refill)      RN Renew
Select Action: Next Screen// HD  HD
Nature of Order: WRITTEN//      W

If the user has the PSORPH security key, the following HOLD reasons are available:

HOLD REASON: ?

Enter reason medication is placed in a 'Hold' status.
Choose from:
1      INSUFFICIENT QTY IN STOCK
2      DRUG-DRUG INTERACTION
4      PROVIDER TO BE CONTACTED
6      ADVERSE DRUG REACTION
7      BAD ADDRESS
8      PER PATIENT REQUEST
9      CONSULT/PRIOR APPROVAL NEEDED
98     OTHER/TECH (NON-CLINICAL)
99     OTHER/RPH (CLINICAL)

If the user has the PSO TECH ADV security key, the following HOLD reasons are available:

HOLD REASON: ?

Enter reason medication is placed in a 'Hold' status.
Choose from:
1      INSUFFICIENT QTY IN STOCK
7      BAD ADDRESS
8      PER PATIENT REQUEST
98     OTHER/TECH (NON-CLINICAL)
```

The same conditions apply for Unholding a prescription. Users with the PSORPH security key can unhold for the following reason:

```
1      INSUFFICIENT QTY IN STOCK
2      DRUG-DRUG INTERACTION
4      PROVIDER TO BE CONTACTED
6      ADVERSE DRUG REACTION
7      BAD ADDRESS
8      PER PATIENT REQUEST
9      CONSULT/PRIOR APPROVAL NEEDED
98     OTHER/TECH (NON-CLINICAL)
99     OTHER/RPH (CLINICAL)
```

Users with only the PSO TECH ADV security key can unhold for the following reasons:

1	INSUFFICIENT QTY IN STOCK
7	BAD ADDRESS
8	PER PATIENT REQUEST
98	OTHER/TECH (NON-CLINICAL)

Note: If a user does not have a PSORPH security key and tries to unhold a prescription, the message “**The HOLD can only be removed by a pharmacist**” is displayed.

Each time a user holds or unholds a prescription, an entry is created in the Activity Log. These entries include HOLD COMMENTS and the HOLD REASON when a prescription is placed on HOLD and UNHOLD COMMENTS when the prescription is removed from HOLD. Again, HOLD reasons 98 and 99 require the user to enter a HOLD comment.

#### Example: Activity Log with HOLD/UNHOLD Comments

```
Activity Log:
#      Date      Reason      Rx Ref      Initiator Of Activity
...
8      05/10/12   HOLD          REFILL 1     USER,PHARMACY
Comments: Rx placed on HOLD (Reason: BAD ADDRESS) and removed from
          SUSPENSE - HOLD COMMENTS ENTERED BY THE USER MANUALLY.
...
9      05/10/12   UNHOLD        REFILL 1     USER,PHARMACY
Comments: Rx Removed from HOLD - UNHOLD COMMENTS ENTERED BY THE USER
          WHEN REMOVING THE RX FROM HOLD.
```

## Renewing a Prescription

This action allows the pharmacy manager, pharmacist, or pharmacy technician to process renewals for existing orders.

#### Example: Renewing a Prescription

*[This example begins after an order is selected from the Medication Profile screen.]*

```
OP Medications (ACTIVE)      Jun 04, 2006 16:14:40      Page: 1 of 3
OPPATIENT29,ONE
PID: 000-87-6543              Ht(cm): 175.26 (06/07/2000)
DOB: SEP 12,1919 (81)         Wt(kg): 79.09 (06/07/2000)

Rx #: 503910
(1) *Orderable Item: AMPICILLIN CAP,ORAL *** (N/F)***
(2) Drug: AMPICILLIN 250MG CAP *** (N/F)***
(3) *Dosage: 500 (MG)
    Verb: TAKE
    Dispense Units: 2
    Noun: CAPSULES
    *Route: ORAL
    *Schedule: QID
    *Duration: 10D (DAYS)
(4) Pat Instructions: with food
    SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
    WITH FOOD
(5) Patient Status: SERVICE CONNECTED
+ Enter ?? for more actions
DC Discontinue      PR Partial      RL Release
ED Edit            RF (Refill)      RN Renew
Select Action: Next Screen// RN Renew
FILL DATE: (6/4/2006 - 7/4/2006): TODAY// <Enter> (JUN 04, 2006)
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
```

```

Nature of Order: WRITTEN// <Enter>      W
WAS THE PATIENT COUNSELED: NO// <Enter> NO

Do you want to enter a Progress Note? No// <Enter>  NO

Now Renewing Rx # 503910   Drug: AMPICILLIN 250MG CAP

Now doing remote order checks. Please wait...

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...


503910A      AMPICILLIN 250MG CAP          QTY: 80
# OF REFILLS: 0   ISSUED: 06-04-01
SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS WITH FOOD
FILLED: 06-20-01
ROUTING: WINDOW      PHYS: OPPROVIDER4,TWO

Edit renewed Rx ? Y// <Enter> ES

```

### Example: Renewing a Prescription (continued)

*[To save space, only the second Prescription Renew screen is displayed in this example.]*

```

Prescription Renew          Jun 04, 2006 16:18:17          Page:    2 of    2
OPPATIENT29,ONE
  PID: 000-87-6543                      Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)                 Wt(kg): 79.09 (06/07/2000)
+
      SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
      WITH FOOD
      Days Supply: 30
      QTY (CAP): 80
(3)  # of Refills: 0
(4)   Routing: WINDOW
(5)   Clinic: OUTPT NURSE GREEN TEAM
(6)   Provider: OPPROVIDER4,TWO
(7)   Copies: 1
(8)   Remarks: RENEWED FROM RX # 503910
      Entry By: OPPROVIDER4,TWO          Entry Date: JUN 4,2006 16:16:27

      Enter ?? for more actions
AC  Accept          DC  Discontinue
BY  Bypass          ED  Edit
Select Item(s): Quit// ED  Edit  [Or enter the field(s), e.g., 1,5,7]

Select Field to Edit by number: (1-8): 5
CLINIC: OUTPT NURSE GREEN TEAM //OUT
  1  OUTPT NURSE BLUE TEAM
  2  OUTPT NURSE GREEN TEAM
  3  OUTPT NURSE YELLOW TEAM
CHOOSE 1-3: 1  OUTPT NURSE BLUE TEAM

```

The user may renew more than one order on the same patient by typing the desired order numbers separated by a comma (for Example:. 1,3,5).

```

Prescription Renew          Jun 04, 2006 16:24:32          Page:    2 of    2
OPPATIENT29,ONE
  PID: 000-87-6543                      Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)                 Wt(kg): 79.09 (06/07/2000)
+
      SIG: TAKE TWO CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
      WITH FOOD
      Days Supply: 30

```



```

          QTY (CAP): 80
(3)   # of Refills: 0
(4)   Routing: WINDOW
(5)   Clinic: OUTPT NURSE BLUE TEAM
(6)   Provider: OPPROVIDER4,TWO
(7)   Copies: 1
(8)   Remarks: RENEWED FROM RX # 503910
      Entry By: OPPROVIDER4,TWO          Entry Date: JUN 4,2006 16:23:56

      Enter ?? for more actions
AC   Accept          DC   Discontinue
BY   Bypass          ED   Edit
Select Item(s): Quit// AC Accept

RX# 503910A has been suspended until 06-20-01.

```



Original provider comments are not carried over to any renewals in Outpatient Pharmacy.

## Renewing an ePharmacy Order

When renewing an ePharmacy order, upon acceptance of the renewed order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription.

*[This example begins after an order is selected from the Medication Profile screen.]*

```

OP Medications (ACTIVE)      Nov 04, 2005@11:48:14      Page: 1 of 3
OPPATIENT,FOUR
  PID: 000-01-1322P          Ht(cm): _____ (_____)
  DOB: NOV 12,1975 (29)      Wt(kg): _____ (_____)

      Rx #: 100003642$e
(1) *Orderable Item: SIMETHICONE TAB,CHEWABLE
(2)   Drug: SIMETHICONE 40MG TAB
(3)   *Dosage: 40 (MG)
      Verb: CHEW
      Dispense Units: 1
      Noun: TABLET
      *Route: ORAL
      *Schedule: TID
(4)Pat Instructions:
      SIG: CHEW ONE TABLET BY BY MOUTH THREE TIMES A DAY
(5) Patient Status: OPT NSC
(6)   Issue Date: 08/11/05      (7) Fill Date: 08/11/05
      Last Fill Date: 08/11/05 (Window)
+      Enter ?? for more actions
DC   Discontinue          PR   Partial          RL   Release
ED   Edit                 RF   Refill           RN   Renew
Select Action: Next Screen// RN Renew
FILL DATE: (11/4/2005 - 11/5/2006): TODAY// <Enter> (NOV 04, 2005)
MAIL/WINDOW: WINDOW// <Enter> WINDOW
METHOD OF PICK-UP: <Enter>
Nature of Order: WRITTEN// <Enter> W
WAS THE PATIENT COUNSELED: NO//<Enter> NO

Now Renewing Rx # 100003642   Drug: SIMETHICONE 40MG TAB

Now doing remote order checks. Please wait...

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

```

```

100003642A    SIMETHICONE 40MG TAB                      QTY: 90
# OF REFILLS: 5   ISSUED: 11-04-05
SIG: CHEW ONE TABLET BY BY MOUTH THREE TIMES A DAY
FILLED: 11-04-05
ROUTING: WINDOW      PHYS: OPPROVIDER4,TWO

Edit renewed Rx ? Y// <Enter> ES

```

### Example: Renewing an ePharmacy Order (continued)

*[To save space, only the second Prescription Renew screen is displayed in this example.]*

```

Prescription Renew          Jun 04, 2006 16:18:17          Page:    2 of    2
OPPATIENT,FOUR
  PID: 000-01-1322P                      Ht(cm): _____ (_____)
  DOB: NOV 12,1975 (29)                  Wt(kg): _____ (_____)
+
  Days Supply: 30
  QTY ( ): 90
(3)  # of Refills: 5
(4)  Routing: WINDOW
(5)  Clinic:
(6)  Provider: OPPROVIDER4,TWO
(7)  Copies: 1
(8)  Remarks: RENEWED FROM RX # 100003642
      Entry By: OPPHARMACIST4,THREE          Entry Date: NOV 4,2005 11:56:31

```

```

Enter ?? for more actions
AC  Accept          DC  Discontinue
BY  Bypass          ED  Edit
Select Item(s): Quit// 5

```

CLINIC: **3EN**

```

Prescription Renew          Jun 04, 2006 16:24:32          Page:    2 of    2
OPPATIENT,FOUR
  PID: 000-01-1322P                      Ht(cm): _____ (_____)
  DOB: NOV 12,1975 (29)                  Wt(kg): _____ (_____)
+
  Days Supply: 30
  QTY ( ): 90
(3)  # of Refills: 5
(4)  Routing: WINDOW
(5)  Clinic: 3EN
(6)  Provider: OPPROVIDER4,TWO
(7)  Copies: 1
(8)  Remarks: RENEWED FROM RX # 100003642
      Entry By: OPPHARMACIST4,THREE          Entry Date: NOV 4,2005 11:56:31

```

```

Enter ?? for more actions
AC  Accept          DC  Discontinue
BY  Bypass          ED  Edit

```

```

Select Item(s): Quit// AC  Accept
      SC Percent: 40%
      Disabilities: NONE STATED

```

Was treatment for Service Connected condition? NO// <Enter>

### Example: Renewing an ePharmacy Order (continued)

Reversing prescription 100003642.

```

Claim Status:
Reversing and Rebilling a previously submitted claim...
Reversing...
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response

```

```

E REVERSAL ACCEPTED

-Rx 100003642 has been discontinued...

Prescription 100003642A successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Receiving response
E PAYABLE

```



Original provider comments are not carried over to any renewals in Outpatient Pharmacy.

## Flagging and Unflagging Pending Orders

Flagging a pending order allows you to prevent an order from processing and attach a note known as a flag to the pending order. Flag/Unflag functionality is only available for Pending new orders and Pending renewals; only holders of the PSORPH security key can flag or unflag an order.

The following provides examples of how to flag and unflag a pending order from a medication profile within *Patient Prescription Processing*.

If a pending order is flagged, the row number is highlighted on the Medication Profile screen (shown in the following example). Select the order to view the flag or to flag the new pending order.

### Example: A Flagged Pending Order

```

Medication Profile      Mar 13, 2008@16:31:24      Page: 1 of 1
OPPATIENT16,ONE      <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802      Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)      Wt(kg): 90.45 (02/08/2007)
  SEX: MALE
  CrCL: <Not Found>      BSA (m2): 2.08
                        ISSUE  LAST REF DAY
#  RX #      DRUG      QTY ST  DATE  FILL REM SUP
-----
1 100002518  PENICILLAMINE 250MG TAB      31 A  02-29 02-29  5  31
-----
2 ACETAMINOPHEN 500MG TAB      QTY: 60      ISDT: 03-13  REF: 3
  Enter ?? for more actions
PU Patient Record Update      NO New Order
PI Patient Information      SO Select Order
Select Action: Quit// SO Select Order
Select Orders by number: (1-2): 2

```

From the Pending OP Orders screen, you can flag and unflag an order, as well as view the flagged reason. To flag the order, enter **FL** and then enter a “REASON FOR FLAG”, alert the proper individual that the flag has been added by pressing **<Enter>** to select the default name or entering a different user name and pressing **<Enter>**, and the flagging process is complete.

### Example: Flagging an Order

```

REASON FOR FLAG: DOUBLE CHECK WITH PATIENT FOR HEART CONDITION BEFORE DISPENSING.
Send alert to: PSUSER,ONE//      BIRMINGHAM      ALABAMA      OP      PHARMACIST
... order flagged.

```

When an order is flagged, “FL-” is placed in front of “Pending OP Orders” in the upper left corner, and the flagged reason is listed below the patient identifying information.

#### Example: A Flagged New Pending Order

```

FL-Pending OP Orders (ROUTINE)March 13, 2008 16:31:33      Page:    1 of    2
OPPATIENT16,ONE                                           <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802                                         Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)                                    Wt(kg): 90.45 (02/08/2007)

Flagged by OPPHARM,TWO on 03/13/08@23:14:  DOUBLE CHECK WITH PATIENT FOR HEART CONDITION
BEFORE DISPENSING.

*(1) Orderable Item: ACETAMINOPHEN TAB                    * Editing starred fields will
(2)      CMOP Drug: ACETAMINOPHEN 500MG TAB               create a new order
      Drug Message: NATL FORM
(3)      *Dosage: 500 (MG)
          Verb: TAKE
          Dispense Units: 1
          *Route: ORAL
          *Schedule: BID
(4) Pat Instruct:
      Provider Comments: ProvComments
          SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: SERVICE CONNECTED
(6)      Issue Date: MAR 13,2008      (7) Fill Date: MAR 13,2008
(8)      Days Supply: 30      (9) QTY (TAB): 60
+      Enter ?? for more actions
BY Bypass          DC Discontinue          FL Flag/Unflag
ED Edit           FN Finish
Select Item(s): Next Screen// FL Flag/Unflag

```

#### Example: A Flagged Renewal

```

FL-Prescription Renew      Jun 12, 2012@14:00:51      Page:    1 of    2
PAGPATNM,M                                               <A>
  PID: 666-00-0286                                         Ht(cm): _____ (_____)
  DOB: DEC 1,1900                                         Wt(kg): _____ (_____)

Flagged by PHARMACY,USER on 6/12/12@14:00: test

      Rx#: 100001943A
      Orderable Item: ACETAMINOPHEN TAB
      CMOP Drug: THIORIDAZINE 30MG/ML CONC.
      Patient Status: OPT NSC
(1)      Issue Date: JUN 12,2012
(2)      Fill Date: JUN 12,2012
          Dosage: 20 (MG)
          Verb: TAKE
          Dispense Units: 2
          Noun: TABLETS
          Route: ORAL (BY MOUTH)
          Schedule: BID-PRN
+      Enter ?? for more actions
AC Accept          DC Discontinue          FL Flag/Unflag
BY Bypass          ED Edit
Select Item(s): Next Screen//

```

To unflag an order, enter **FL** at the “Select Item(s)” prompt, and then enter your “COMMENTS”. When you press **<Enter>**, the order is no longer flagged.

#### Example: Unflagging an Order

```

FLAGGED: 03/13 23:14 by OPPHARM,TWO
      DOUBLE CHECK WITH PATIENT FOR HEART CONDITION BEFORE DISPENSING.
COMMENTS: CHECKED WITH PATIENT. NO HEART CONDITION.
... order unflagged.

```

At that point, the flag from the Medication Profile is removed, but the flagged/unflagged reason remains on the Pending OP Orders screen unless you reflag the order.



**Note:** If a user does not have the PSORPH security key, they cannot unflag an order and will receive the following message when selecting the Accept (AC) action:

```
+          Enter ?? for more actions
AC  Accept          DC  (Discontinue)      FL  (Flag/Unflag)
BY  Bypass          ED  (Edit)
Select Item(s): Next Screen// AC  Accept

Order must be unflagged by a pharmacist before it can be finished.

Enter RETURN to continue:
```

### Example: An Unflagged Order

```
Pending OP Orders (ROUTINE)  March 14, 2008 09:16:33      Page:    1 of    2
OPPATIENT16,ONE              <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802             Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)         Wt(kg): 90.45 (02/08/2007)

Flagged by OPPHARM,TWO on 03/13/08@23:14:  DOUBLE CHECK WITH PATIENT FOR HEART CONDITION
BEFORE DISPENSING.
Unflagged by OPPHARM,TWO on 03/14/08@09:26:  CHECKED WITH PATIENT. NO HEART CONDITION.

*(1) Orderable Item: ACETAMINOPHEN TAB          * Editing starred fields will
(2)    CMOP Drug: ACETAMINOPHEN 500MG TAB        create a new order
      Drug Message: NATL FORM
(3)    *Dosage: 500 (MG)
          Verb: TAKE
      Dispense Units: 1
          *Route: ORAL
          *Schedule: BID
(4)    Pat Instruct:
      Provider Comments: ProvComments
          SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: SERVICE CONNECTED
(6)    Issue Date: MAR 13,2008      (7) Fill Date: MAR 13,2008
(8)    Days Supply: 30              (9) QTY (TAB): 60
+          Enter ?? for more actions
BY  Bypass          DC  Discontinue          FL  Flag/Unflag
ED  Edit            FN  Finish
Select Item(s): Next Screen//
```

### Example: An Unflagged Renewal

```
Prescription Renew          Jun 12, 2012@14:02:18      Page:    1 of    2
PAGPATNM,M                  <A>
  PID: 666-00-0286           Ht(cm): _____ (_____)
  DOB: DEC 1,1900            Wt(kg): _____ (_____)

Flagged by PHARMACY,USER on 6/12/12@14:00: test
Unflagged by PHARMACY,USER on 6/12/12@14:02: testing unflag

      Rx#: 100001943A
      Orderable Item: ACETAMINOPHEN TAB
      CMOP Drug: THIORIDAZINE 30MG/ML CONC.
      Patient Status: OPT NSC
(1)    Issue Date: JUN 12,2012
(2)    Fill Date: JUN 12,2012
          Dosage: 20 (MG)
          Verb: TAKE
      Dispense Units: 2
```

```

Noun: TABLETS
Route: ORAL (BY MOUTH)
+      Enter ?? for more actions
Accept      DC  Discontinue      FL  Flag/Unflag      AC
BY  Bypass      ED  Edit
Select Item(s): Next Screen// Prescription Renew      Jun 12, 2012@14:02:1
8      Page:      1 of      2

```

After pending orders have been unflagged, they can be processed.



If you attempt to process a flagged order and are a user with a PSORPH security key, you are prompted “Unflag Order? NO//”. If you respond **YES**, enter comments to unflag the order and continue with processing. If you respond **NO**, you cannot process the order because it is still flagged. Users with only the PSO TECH ADV security key cannot unflag an order and will receive the following message when selecting the Accept (AC) action:

```

+      Enter ?? for more actions
AC  Accept      DC  (Discontinue)      FL  (Flag/Unflag)
BY  Bypass      ED  (Edit)
Select Item(s): Next Screen// AC  Accept

Order must be unflagged by a pharmacist before it can be finished.

Enter RETURN to continue:

```

## Barcode Rx Menu

### [PSO BARCODE MENU]

Use this menu to batch barcode refills and renewals of prescriptions, and check the quality of the barcode print. The menu contains the following options:

- *Barcode Batch Prescription Entry*
- *Check Quality of Barcode*
- *Process Internet Refills*

## Barcode Batch Prescription Entry

### [PSO BATCH BARCODE]

Enter refills or renewals by batch entry using barcodes with this option.

#### Example: Barcode Batch Prescription Entry -- Refills

```

Select Barcode Rx Menu Option: Barcode Batch Prescription Entry

Select one of the following:

1      REFILLS
2      RENEWS

Batch Barcode for: REFILLS// 1  REFILLS
Please answer the following for this session of prescriptions

FILL DATE: (2/14/2007 - 12/31/2699): TODAY// <Enter> (AUG 13, 2007)
MAIL/WINDOW: MAIL// <Enter> MAIL
Will these refills be Queued or Suspended ? S// <Enter> USPENDED
Allow refills for inpatient ? N// <Enter> 0
Allow refills for CNH ? N// <Enter> 0
WAND BARCODE: [Scan barcode]

```

When using the Barcode Batch Prescription Entry option [PSO BATCH BARCODE], if the prescription has been marked as a Titration/Maintenance Rx, and the user attempts to renew or refill the prescription, the following message will display:

For a renewal:

"Rx# XXXXXX is marked as Titration Rx and cannot be renewed."

For a refill:

"Rx# XXXXXX is marked as Titration Rx and cannot be refilled."

## Check Quality of Barcode [PSO BARCODE CHECK]

No action is taken on the prescription by using this option. Use this option to check the quality of printed barcodes or use it to practice using the barcode reader. After the barcode is scanned, the barcode number will echo back on the screen and screen will return to the "Read Barcode" prompt. No action is taken on the prescription by using this option.

The following are some common causes for failure of the barcode reader and how they can be corrected.

- Barcode too faint (change printer ribbon)
- Improper scanning (move the wand at a steady rate)
- Defective barcode reader (replace the reader)

## Process Internet Refills [PSO INTERNET REFILLS]

This option allows the pharmacist to process prescription orders entered on the Internet through My HealthVet. The system will prompt the user for the information as shown in the following example. The user enters the appropriate response for each prompt by pressing **Enter** on the keyboard to accept the default setting for a prompt. The user must type the appropriate word or letter to enter a response contrary to the default.



The recommended usage of this option is three times a day to ensure the requested refills are processed in a timely manner. Or, the *Automate Internet Refill* option, located on the Maintenance (Outpatient Pharmacy) menu, may be set up to schedule a background job for automatically processing Internet refills.

### Example: Process Internet Refills Screen

```
Select Barcode Rx Menu Option: Process Internet Refills

Division: ALBANY

Please answer the following for this session of prescriptions

FILL DATE: (1/28/2005 - 12/31/2699): TODAY// <Enter> (AUG 11, 2005)
MAIL/WINDOW: MAIL// <Enter> MAIL
Will these refills be Queued or Suspended? Q// S <Enter> USPENDED
Allow refills for inpatient ? N// <Enter> O
Allow refills for CNH ? N//<Enter> O
```

```
Allow early refills? N// <Enter> O
Process internet refill requests at this time? YES// <Enter> YES
Process internet refills for all divisions? NO// <Enter> O
```

Users can process refills for their division or all divisions within a site. However, sites can set parameters in the PHARMACY SYSTEM file for the INTERDIVISIONAL PROCESSING and DIVISION PROMPT ASKED fields that control responses to user input on the Process Internet Refills screen. Note that site control parameters override any entries made by the user in the Process Internet Refills screen.

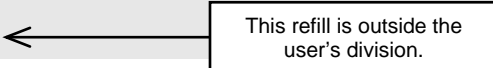
If the INTERDIVISIONAL PROCESSING parameter is set to **No**, only the refills for the user's division will be filled, regardless of the user's input at the "Process internet refills for all divisions?" prompt.

If the INTERDIVISIONAL PROCESSING parameter is set to **Yes** and the DIVISION PROMPT ASKED parameter is set to **No**, then the refill orders are processed for all divisions without any additional user input.

If the INTERDIVISIONAL PROCESSING parameter is set to **Yes** and the DIVISION PROMPT ASKED parameter is set to **Yes**, refills for the user's division will be processed without any additional input. If unprocessed refills outside the user's division exist, the "Continue?" prompt displays, allowing the user to confirm each refill, as shown in the following example.

#### Example: Process Internet Refills for all Divisions?

```
Process internet refills for all divisions? NO// Y YES
Now refilling Rx# 100002310      Drug: CAPTOPRIL 100MG TABS
Qty: 60      Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY
      Rx # 100002310 is for (ALBANY) division.
Continue? N// Y YES
```



If the user enters Yes at the "Continue?" prompt, the refill will be processed.

If the user enters No at the "Continue?" prompt, the refill will not process at this time, and the refill request will remain in the PRESCRIPTION REFILL REQUEST file. These refill requests may be processed later by a user in the same division, or any division, depending on the PHARMACY SYSTEM file parameters.

Refills processed successfully are flagged as FILLED in the RESULTS field of the PRESCRIPTION REFILL REQUEST file.

Refills not processed due to conditions such as: Rx Expired, Discontinued, On Hold, or Deleted, are flagged as NOT FILLED in the RESULTS field of PRESCRIPTION REFILL REQUEST file.

## Complete Orders from OERR [PSO LMOE FINISH]

When a clinician has created an order for a patient, the pharmacist needs to finish and verify the order. This option is used to finish orders entered into the patient record via Order Entry Results Reporting (OERR) V. 3.0. This option uses the List Manager features. PSO\*7\*391 added a new sort selection, 'CS'



to the Complete Orders from OERR, enabling users to select digitally signed pending CS orders separately.

The user may select orders by patient, route, priority, clinic, flag, or controlled substances. If Clinic is selected, the user may then choose to select by Clinic or Clinic Sort Group. In any sort, orders are completed on a first-in/first-out basis by patient. Clinic Sort Groups can be added or edited in the *Enter/Edit Clinic Sort Groups* option, found under the *Maintenance (Outpatient Pharmacy)* menu option. Orders entered before implementation of patch PSO\*7\*46 (Pharmacy Ordering Enhancements (POE)) must have the fields used to build the Sig filled in before processing can be completed.



Enter “E” at the “Select By:” prompt to stop processing orders.

If a temporary address has no end date, the following text is now displayed: “(Temp address from XXX 99,9999 till (no end date))”.

For ePharmacy orders, after an order is finished, the billing data is sent to ECME, which sends a message back to Outpatient Pharmacy displaying the status of the claim. For an example, see “Finishing an ePharmacy Order” in this section.

#### Example: Finishing an Order from OERR

```
Select Outpatient Pharmacy Manager Option: RX (Prescriptions)

      Orders to be completed for all divisions: 16

Do you want an Order Summary? No//  <Enter> NO

      Patient Prescription Processing
      Barcode Rx Menu ...
      Complete Orders from OERR
      Discontinue Prescription(s)
      Edit Prescriptions
      ePharmacy Menu...
List One Patient's Archived Rx's
Manual Print of Multi-Rx Forms
      Reprint an Outpatient Rx Label
      Signature Log Reprint
View Prescriptions

Select Rx (Prescriptions) Option: Complete Orders from OERR

There are multiple Institutions associated with this Outpatient Site for
finishing orders entered through CPRS. Select the Institution for which to
finish orders from. Enter '?' to see all choices.

Select CPRS ORDERING INSTITUTION: ALBANY// <Enter>    NY  VAMC  500

You have selected ALBANY.
After completing these orders, you may re-enter this option and select again.

<There are 3 flagged orders for ALBANY>

Select By: (PA/RT/PR/CL/FL/CS/E): PATIENT// <Enter>

All Patients or Single Patient: (A/S/E): SINGLE// <Enter>
Select Patient: OPPATIENT16,ONE  OPPATIENT16,ONE      4-3-41      000246802
      YES      SC VETERAN
WARNING : ** This patient has been flagged with a Bad Address Indicator.

Do you want to see Medication Profile? Yes// <Enter>
```



The user may enter a question mark at the “Select Patient” prompt to get a list of patients with pending orders. A single patient may be selected for processing, or pending orders for all patients may be processed in sequence by the time of each order’s entry into the system.



Flagged orders will not be processed. They are not a part of any pending orders. To process flagged orders, you should enter **FL** at the “Select By” prompt. This ensures you will view all patients with flagged pending orders, allowing you to address their flagged orders; however, if you know which patients have flagged orders, you can access the flagged orders through the Medication Profile.



If the user answers **YES** to “Do you want to see Medication Profile?” and the patient has remote prescription(s), the following prompt appears.

```
REMOTE PRESCRIPTIONS AVAILABLE!
Display Remote Data? N//
```

If the user answers **YES** to “Display Remote Data?” then the “Remote Facilities Visited” screen appears, allowing the user to see what facilities the patient has prescriptions at and what those prescriptions are.

After the user answers the medication profile prompt, a warning displays if no allergy assessment has been made. The patient’s eligibility and RX patient status also displays.

```
OPPATIENT16,ONE      4-3-41      000-24-6802
YES      SC VETERAN
      No Allergy Assessment!

Press Return to continue: <Enter>
Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED// <Enter>
```

*[The Patient Information and Medication Profile screens display next, but are not shown in this example.]*

```
Pending OP Orders (ROUTINE)  March 13, 2008 16:31:33      Page:      1 of      2
OPPATIENT16,ONE
PID: 000-24-6802
DOB: APR 3,1941 (66)
      <NO ALLERGY ASSESSMENT>
      Ht(cm): 177.80 (02/08/2008)
      Wt(kg): 90.45 (02/08/2008)

*(1) Orderable Item: ACETAMINOPHEN TAB
(2)      CMOP Drug: ACETAMINOPHEN 500MG TAB
      Drug Message: NATL FORM
(3)      *Dosage: 500 (MG)
      Verb: TAKE
      Dispense Units: 1
      *Route: ORAL
      *Schedule: BID
(4) Pat Instruct:
      Provider Comments: ProvComments
      SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: SERVICE CONNECTED
(6) Issue Date: MAR 13,2008      (7) Fill Date: MAR 13,2008
(8) Days Supply: 30      (9) QTY (TAB): 60
+      Enter ?? for more actions
BY Bypass      DC Discontinue      FL Flag/Unflag
ED Edit      FN Finish
```

Select Item(s): Next Screen//// **FN** Finish

After “Finish” is selected, the user is prompted to fill in any information missing from fields needed to complete the order.



If you attempt to process a flagged order, you are prompted “Unflag Order? NO//”. If you respond **YES**, enter comments to unflag the order and continue with processing. If you respond **NO**, you cannot process the order because it is still flagged.



If an order is sent from OERR without a Dispense Drug selected, and there is only one Dispense Drug tied to the Orderable Item, that drug will be inserted in the DRUG field (#2 on the screen). If there is more than one Dispense Drug tied to the Orderable Item, a “No Dispense Drug Selected” message will display in the DRUG field (#2 on the screen) and a Dispense Drug must be selected to complete/finish the order.

The following Drug are available for selection:

1. ACETAMINOPHEN 325MG
2. ACETAMINOPHEN EXTRA STR 500MG



If the drug list is empty, the user should select a new orderable item or the order can be discontinued.

Select Drug by number: (1-2): **1**

Drug interaction and allergy checks are now performed. If the patient does not have an allergy assessment, a warning is displayed. If the user continues with the order, the user will have to create an intervention.

Now doing drug interaction and allergy checks. Please wait...

There is no allergy assessment on file for this patient.  
You will be prompted to intervene if you continue with this prescription  
Do you want to Continue?: N// **YES**

To continue with the order, respond **YES**. To cancel the order, respond **NO**.

If the user continues with the order, and the patient does not have an allergy assessment, and does not already have a prescription for which an Intervention was created, the user will have to create an intervention.

To create a new intervention, respond to the prompts as they are presented.

Now creating Pharmacy Intervention  
for ACETAMINOPHEN 325MG  
  
PROVIDER: OPPROVIDER4,TWO  
RECOMMENDATION: ?  
Answer with APSP INTERVENTION RECOMMENDATION, or NUMBER  
Choose from:  
1 CHANGE DRUG  
2 CHANGE FORM OR ROUTE OF ADMINISTRATION

```

3          ORDER LAB TEST
4          ORDER SERUM DRUG LEVEL
5          CHANGE DOSE
6          START OR DISCONTINUE A DRUG
7          CHANGE DOSING INTERVAL
8          NO CHANGE
9          OTHER

RECOMMENDATION: 2  CHANGE FORM OR ROUTE OF ADMINISTRATION

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention ? N//

```

If the patient does not have an allergy assessment, but already has a prescription for which an Intervention was created, the user will have the option to copy the existing Intervention.

```

Now doing drug interaction and allergy checks. Please wait...

No Allergy Assessment - Do you want to duplicate Intervention?: Yes//

```

To duplicate the intervention, respond YES. The Intervention is displayed and the user is prompted to edit the Intervention.

```

No Allergy Assessment - Do you want to duplicate Intervention?: Yes//  YES

INTERVENTION DATE: JUL 20, 2009          PATIENT: OPPATIENT16,ONE
PROVIDER:  OPPROVIDER4,TWO              PHARMACIST: OPPHARMACIST4,THREE
DRUG:  325MG                          INSTITUTED BY: PHARMACY
INTERVENTION: ALLERGY                   RECOMMENDATION: NO CHANGE
ORIGINATING PACKAGE: OUTPATIENT         DIVISION: ALBANY

Would you like to edit this intervention ? N//

```

To accept the existing intervention as is, respond NO. To edit the intervention, respond YES. Edit as any other intervention.

To create a new intervention, respond NO.

```

No Allergy Assessment - Do you want to duplicate Intervention?: Yes// n NO

Now creating Pharmacy Intervention
for  325MG

```

If the user chooses to copy Provider Comments into the Patient Instructions, they will display on the end of both the Patient Instructions and the Sig.



If the patient has been identified as having another language preference, the Provider Comments will not be appended to the other language Sig.

#### Example: Finishing an Order from OERR (continued)

```

Provider Comments:
WITH A FULL MEAL
Copy Provider Comments into the Patient Instructions? No//  Y  YES

(TAKE ONE TABLET BY MOUTH TWICE A DAY WITH A FULL MEAL)

Rx # 503902          05/22/01

```

```

OPPATIENT16,ONE                #60
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH A FULL MEAL

ACETAMINOPHEN 325MG TAB
OPPROVIDER4,TWO                OPPHARMACIST4,THREE
# of Refills: 3

Are you sure you want to Accept this Order? NO// Y YES

```

After an order is accepted, the user will be prompted to enter the missing information.

```

METHOD OF PICK-UP:
WAS THE PATIENT COUNSELED: NO// Y YES
WAS COUNSELING UNDERSTOOD: NO// Y YES

Do you want to enter a Progress Note? No// <Enter> NO

    SC Percent: 20%
    Disabilities:
KNEE CONDITION                    10% - SERVICE CONNECTED
TRAUMATIC ARTHRITIS              10% - SERVICE CONNECTED
SEPTUM, NASAL, DEVIATION OF     0% - SERVICE CONNECTED
RESIDUALS OF FOOT INJURY        0% - SERVICE CONNECTED

This Rx has been flagged as: SC
Was treatment for Service Connected condition? YES// <Enter>
Press Return to Continue:

```

## Flagging and Unflagging Pending Orders

Flagging a pending order allows you to prevent an order from being processed and attach a note known as a flag to the pending order. Flag/Unflag functionality is only available for Pending new orders and Pending renewals; only holders of the PSORPH security key can flag or unflag an order.

Flagged orders will not be processed. When you have flagged orders to process from the *Complete Orders from OERR* option, you should enter **FL** at the “Select By” prompt (shown in the following example). This ensures you will view all patients with flagged pending orders, allowing you to address their flagged orders; however, if you know which patients have flagged orders, you can access the flagged orders through the Medication Profile.

The following provides examples of how to flag and unflag pending orders from a medication profile within the *Complete Orders from OERR* option.

### Example: Finishing an Order from OERR

```

Select Outpatient Pharmacy Manager Option: RX (Prescriptions)

    Orders to be completed for all divisions: 16

Do you want an Order Summary? No// <Enter> NO

    Patient Prescription Processing
    Barcode Rx Menu ...
    Complete Orders from OERR
    Discontinue Prescription(s)
    Edit Prescriptions
    ePharmacy Menu...
    List One Patient's Archived Rx's
Manual Print of Multi-Rx Forms
    Reprint an Outpatient Rx Label
    Signature Log Reprint
View Prescriptions

```

```

Select Rx (Prescriptions) Option: COMplete Orders from OERR

There are multiple Institutions associated with this Outpatient Site for
finishing orders entered through CPRS. Select the Institution for which to
finish orders from. Enter '?' to see all choices.

Select CPRS ORDERING INSTITUTION: ALBANY// <Enter> NY VAMC 500

You have selected ALBANY.
After completing these orders, you may re-enter this option and select again.

<There are 3 flagged orders for ALBANY>

Select By: (PA/RT/PR/CL/FL/CS/E): PATIENT// FL <Enter>

Do you want to see Medication Profile? Yes// <Enter>

```

After answering the “Medication Profile” prompt, a warning displays if no allergy assessment has been made. The patient’s eligibility and RX patient status also displays.

```

OPPATIENT16,ONE      4-3-41      000246802
YES      SC VETERAN
      No Allergy Assessment!

Press Return to continue: <Enter>
Eligibility: SC
RX PATIENT STATUS: SERVICE CONNECTED// <Enter>

```

If a pending order is flagged, the row number is highlighted on the Medication Profile screen (shown in the following example). Select the order to view the flag or to flag the new pending order.

#### Example: A Flagged Pending Order

```

Medication Profile      Mar 13, 2008@16:31:24      Page: 1 of 1
OPPATIENT16,ONE      <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802      Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)      Wt(kg): 90.45 (02/08/2007)
  SEX: MALE
  CrCL: <Not Found>      BSA (m2): 2.08
                        ISSUE  LAST REF DAY
#  RX #      DRUG      QTY ST  DATE  FILL REM SUP
-----
-----ACTIVE-----
1 100002518  PENICILLAMINE 250MG TAB      31 A  02-29 02-29  5 31
-----PENDING-----
2 ACETAMINOPHEN 500MG TAB      QTY: 60      ISDT: 03-13 REF: 3
  Enter ?? for more actions
PU Patient Record Update      NO New Order
PI Patient Information      SO Select Order
Select Action: Quit// SO Select Order
Select Orders by number: (1-2): 2

```

From the Pending OP Orders screen, you can flag and unflag an order, as well as view the flagged reason. To flag the order, enter **FL** and then enter a “REASON FOR FLAG”, alert the proper individual that the flag has been added, and the flagging process is complete.

#### Example: Flagging an Order

```

REASON FOR FLAG: DOUBLE CHECK WITH PATIENT FOR HEART CONDITION BEFORE DISPENSING.
Send alert to: PSUSER,ONE//      BIRMINGHAM      ALABAMA      OP      PHARMACIST
... order flagged.

```

When an order is flagged, “**FL-**” is placed in front of “Pending OP Orders” in the upper-left corner, and the flagged reason is listed below the patient identifying information.

### Example: A Flagged Order

```
FL-Pending OP Orders (ROUTINE)March 13, 2008 16:31:33      Page:    1 of    2
OPPATIENT16,ONE                                           <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802                                         Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)                                    Wt(kg): 90.45 (02/08/2007)

Flagged by OPPHARM,TWO on 03/13/08@23:14:  DOUBLE CHECK WITH PATIENT FOR HEART CONDITION
BEFORE DISPENSING.

*(1) Orderable Item: ACETAMINOPHEN TAB                    * Editing starred fields will
(2)    CMOP Drug: ACETAMINOPHEN 500MG TAB                 create a new order
      Drug Message: NATL FORM
(3)    *Dosage: 500 (MG)
          Verb: TAKE
      Dispense Units: 1
          *Route: ORAL
          *Schedule: BID
(4)    Pat Instruct:
      Provider Comments: ProvComments
          SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: SERVICE CONNECTED
(6)    Issue Date: MAR 13,2008      (7) Fill Date: MAR 13,2008
(8)    Days Supply: 30              (9) QTY (TAB): 60
+      Enter ?? for more actions
BY Bypass          DC Discontinue          FL Flag/Unflag
ED Edit            FN Finish
Select Item(s): Next Screen// FL Flag/Unflag
```

To unflag an order, enter **FL** at the “Select Item(s)” prompt, and then enter your “COMMENTS”. When you press <Enter>, the order is no longer flagged.

### Example: Unflagging an Order

```
FLAGGED: 03/13 23:14 by OPPHARM,TWO
      DOUBLE CHECK WITH PATIENT FOR HEART CONDITION BEFORE DISPENSING.
COMMENTS: CHECKED WITH PATIENT. NO HEART CONDITION.
... order unflagged.
```

At that point, the flag from the Medication Profile is removed, but the flagged/unflagged reason remains on the Pending OP Orders screen unless you reflag the order.

### Example: An Unflagged Order

```
Pending OP Orders (ROUTINE)  March 14, 2008 09:16:33      Page:    1 of    2
OPPATIENT16,ONE                                           <NO ALLERGY ASSESSMENT>
  PID: 000-24-6802                                         Ht(cm): 177.80 (02/08/2007)
  DOB: APR 3,1941 (66)                                    Wt(kg): 90.45 (02/08/2007)

Flagged by OPPHARM,TWO on 03/13/08@23:14:  DOUBLE CHECK WITH PATIENT FOR HEART CONDITION
BEFORE DISPENSING.
Unflagged by OPPHARM,TWO on 03/14/08@09:26:  CHECKED WITH PATIENT. NO HEART CONDITION.

*(1) Orderable Item: ACETAMINOPHEN TAB                    * Editing starred fields will
(2)    CMOP Drug: ACETAMINOPHEN 500MG TAB                 create a new order
      Drug Message: NATL FORM
(3)    *Dosage: 500 (MG)
          Verb: TAKE
      Dispense Units: 1
          *Route: ORAL
          *Schedule: BID
(4)    Pat Instruct:
      Provider Comments: ProvComments
          SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
(5) Patient Status: SERVICE CONNECTED
(6)    Issue Date: MAR 13,2008      (7) Fill Date: MAR 13,2008
(8)    Days Supply: 30              (9) QTY (TAB): 60
```

```

+          Enter ?? for more actions
BY Bypass          DC Discontinue      FL Flag/Unflag
ED Edit            FN Finish
Select Item(s): Next Screen//

```

After pending orders have been unflagged, they can be processed.



If you attempt to process a flagged order, you are prompted “Unflag Order? NO//”. If you respond **YES**, enter comments to unflag the order and continue with processing. If you respond **NO**, you cannot process the order because it is still flagged.

## Changes to Finishing Pending Orders Process - Digitally Signed Orders Only

Digitally signed orders will be identifiable by the “Digitally Signed Order” message in reverse video on the message bar.



If the terminal in use is set up as a VT-100, there may be problems with this message display and the “Processing Digitally Signed Order” message. Updating the VistA terminal session to use VT-320 will avoid this problem.

The provider’s PKI certificate is revalidated when accessing a digitally signed order. If the validation check is unsuccessful, an error code is sent to the pharmacist and an entry is made in the Rx Activity Log. The error code type results in either the order being automatically rejected/discontinued or the pharmacist being given the choice to finish, bypass, or discontinue the order. Digitally signed prescriptions that have been discontinued cannot be reinstated. The Speed Discontinuation functionality no longer deletes unverified prescriptions.

## Finishing an Order from OERR with Multiple Institutions

Multiple Institution entries can be added using the *Site Parameter Enter/Edit* option. If a site has multiple entries in the CPRS ORDERING INSTITUTION field, the user is prompted for an Institution when entering the *Complete Orders from OERR* option. After an Institution is selected, the Pending Orders shown for completion will be those Pending Orders from clinics that are associated with the Institution selected.

### Example: Finishing an Order from OERR with Multiple Institutions

```

Select Outpatient Pharmacy Manager Option: RX (Prescriptions)

      Orders to be completed for all divisions: 21

Do you want an Order Summary:? No// <Enter> NO

Select Rx (Prescriptions) Option: COmplete Orders from OERR

There are multiple Institutions associated with this Outpatient Site for finishing orders
entered through CPRS. Select the Institution from which to finish orders. Enter '?' to
see all choices.

Select CPRS ORDERING INSTITUTION: BIRMINGHAM, AL.// <Enter> BIRMINGHAM, AL.521

You have selected BIRMINGHAM, AL..
After completing these orders, you may re-enter this option and select again.

```



Select By: (PA/RT/PR/CL/FL/E): PATIENT// **PA**

[See the previous example for completion of this option.]

## Finishing an ePharmacy Order

After the user reviews the ePharmacy order and chooses to accept the order, the billing data is sent to ECME, which sends a message back to Outpatient Pharmacy displaying the status of the claim. The ECME section of the Activity Log is also updated.

```
Prescription 100003840 successfully submitted to ECME for claim generation.
```

```
Claim Status:  
IN PROGRESS-Waiting to start  
IN PROGRESS-Gathering claim info  
IN PROGRESS-Packet being built  
IN PROGRESS-Waiting for transmit  
IN PROGRESS-Transmitting  
E PAYABLE
```

```
Another New Order for OPPATIENT,FOUR? YES//
```

## Activity Log

Multiple Activity Logs exist for a completed or finished order. Any single activity log or all activity logs can be viewed.

Use the hidden action (AL) to view the activity log once a completed or finished order is selected.

### Example: Activity Log

```
OP Medications (ACTIVE)      Jun 08, 2006 11:01:29      Page: 1 of 3
OPPATIENT29,ONE
  PID: 000-87-6543              Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)        Wt(kg): 79.09 (06/07/2000)

                                Rx #: 503915
(1) *Orderable Item: AMPICILLIN CAP,ORAL *** (N/F)***
(2)      Drug: AMPICILLIN 250MG CAP *** (N/F)***
(3)      *Dosage: 750 (MG)
          Verb: TAKE
          Dispense Units: 3
          Noun: CAPSULE(S)
          *Route: ORAL
          *Schedule: QID
          *Duration: 10D (DAYS)
(4)Pat Instructions: WITH FOOD AVOIDING DAIRY FOODS
          SIG: TAKE THREE CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS
          WITH FOOD AVOIDING DAIRY FOODS
(5) Patient Status: SERVICE CONNECTED
+      Enter ?? for more actions
DC  Discontinue      PR  Partial      RL  Release
ED  Edit              RF  (Refill)     RN  Renew
Select Action: Next Screen// AL
Select Activity Log by number
1. Refill      2. Partial      3. Activity      4. Labels
5. Copay      6. ECME          7. All Logs: (1-7): 7// <Enter>
```

The prompt for the selection of the Activity Log depends on what type of prescription is selected. For example, if the prescription is an ePharmacy prescription, ECME displays as item #6. If the prescription is a CMOP prescription, CMOP displays as item #6.

### Example: Activity Log (continued)

```
Rx Activity Log          Jun 08, 2006 11:02:51          Page:    1 of    2
OPPATIENT29,ONE
  PID: 000-87-6543                      Ht(cm): 175.26 (06/07/2000)
  DOB: SEP 12,1919 (81)                  Wt(kg): 79.09 (06/07/2000)

Rx #: 503904   Original Fill Released: 5/25/01
Routing: Window   Finished by: OPPROVIDER,ONE

Refill Log:
#   Log Date   Refill Date   Qty           Routing   Lot #           Pharmacist
=====
There are NO Refills For this Prescription

Partial Fills:
#   Log Date   Date           Qty           Routing   Lot #           Pharmacist
=====
There are NO Partial for this Prescription

Activity Log:
#   Date           Reason           Rx Ref           Initiator Of Activity
=====
1   05/25/01                ORIGINAL
Comments: Patient Instructions Not Sent By Provider.
2   05/25/01   PROCESSED       ORIGINAL       OPPROVIDER,ONE
Comments: Label never queued to print by User

Label Log:
#   Date           Rx Ref           Printed By
=====
1   09/25/06   ORIGINAL                OPPROVIDER,ONE
Comments: ScripTalk label printed
2   09/25/06   ORIGINAL                OPPROVIDER,ONE
Comments: ROUTING=WINDOW (BAD ADDRESS)

Copay Activity Log:
#   Date           Reason           Rx Ref           Initiator Of Activity
=====
There's NO Copay activity to report

ECME Log:
#   Date/Time           Rx Ref           Initiator Of Activity
=====
1   11/30/05@18:38:29   ORIGINAL       OPPHARMACIST,ONE
Comments: No claim submission made. Billing Determination was: DRUG NOT BILLABLE.

[This shows an extended view of what is seen on the screen.]

Enter ?? for more actions

Select Action:Quit// <Enter>
```

The Activity Logs will appear the same as the OP logs with the exception of the addition of a CMOP Event Log. Here is an example of a sample CMOP Event Log:

### Example: Activity Log (continued)

```
Rx Activity Log          Jul 06, 1996 09:54:24          Page:    2 of    2
OPPATIENT2,ONE
  PID: 000-23-4567                      Ht(cm): 188.40 (12/02/00)
  DOB: DEC 14,1960 (34)                  Wt(kg): 109.10 (12/02/00)

CMOP Event Log:
Date/Time           Rx Ref   TRN-Order   Stat           Comments
=====
09/17/00@1526       Ref 1    267-4       DISP           NDC: 1234TEST5678

CMOP Lot#/Expiration Date Log:
Rx Ref           Lot #           Expiration Date
```

```

=====
Ref 1          1234TST          07/07/00

          Enter ?? for more actions

Select Action:Quit// <Enter>

```

If this were an ePharmacy prescription, the prompt would display as follows:

```

Select Activity Log by number
1. Refill      2. Partial      3. Activity      4. Labels
5. Copay      6. ECME          7. All Logs: (1-7): 7/// 6

```

For an ePharmacy prescription, the ECME Event Log displays before the CMOP Event Log.

#### Example: ECME Event Log of an ePharmacy prescription

```

Rx Activity Log          Nov 07, 2005@12:23:37          Page: 1 of 1
OPPATIENT,FOUR
  PID: 000-01-1322P          Ht(cm): _____ (_____)
  DOB: NOV 12,1975 (29)      Wt(kg): _____ (_____)

Rx #: 100003861    Original Fill Released:
Routing: Window    Finished by: OPPHARMACIST4,THREE

ECME Log:
#   Date          Rx Ref          Initiator Of Activity
=====
1   11/07/05      ORIGINAL          OPPHARMACIST4,THREE
Comments: ECME:REJECT WORKLIST-DUR OVERRIDE CODES(DD/M0/1B)-E
          PAYABLE-pOPP INSURANCE

ECME REJECT Log:
#   Date/Time Rcvd    Rx Ref    Reject Type    STATUS    Date/Time Resolved
=====
          Enter ?? for more actions

Select Action:Quit// <Enter>

```

The Domain Name Server (DNS) information of the automated dispensing device is appended to the Comment field of the activity log. This is usually an IP address or the DNS name.

The activity log has an entry indicating that the Rx has been sent to the external interface. With patch PSO\*7\*354, this activity entry is enhanced to indicate the routing automated dispensing device. The Domain Name Server (DNS) information of the automated dispensing device is appended to the Comment field of the activity log. This is usually an IP address or the DNS name.

The activity log was also updated to display the mail tracking information available in the RXD-13 segment of the HL7 message received by VistA from the external dispensing interface.

#### Example: Activity Log with multiple dispensing devices

```

Rx Activity Log          May 23, 2011@12:30:12          Page: 2 of 3
OUTPATIENT,SIX          <A>
  PID: 355-43-4343          Ht(cm): _____ (_____)
  DOB: OCT 29,1932 (78)      Wt(kg): _____ (_____)
+
1   05/04/11      REPRINT          ORIGINAL          OPPHARMACIST4,FOUR
Comments: TESTING MULTIDEVICES (1 COPIES)
2   05/04/11      X-INTERFACE      ORIGINAL          OPPHARMACIST4,FOUR
Comments: Prescription (Reprint) sent to external interface.
3   05/04/11      X-INTERFACE      ORIGINAL          POSTMASTER
Comments: HL7 ID - 50073974 MESSAGE TRANSMITTED TO 10.4.131.13
4   05/04/11      X-INTERFACE      ORIGINAL          POSTMASTER

```

```

Comments: HL7 ID - 50073975 MESSAGE TRANSMITTED TO 10.4.142.22
Comments: External Interface Dispensing is Complete. Filled By: OPTECH,ONE
Checking Pharmacist: OPPHARMACIST4,FOUR
Mail Tracking Info.: USPS #123456789 received at 05/04/11@15:32:23

Label Log:
# Date Rx Ref Printed By
=====
1 05/02/11 ORIGINAL OPPHARMACIST4,FIVE
Comments: From RX number 100002987
2 05/04/11 ORIGINAL OPPHARMACIST4,FOUR
Comments: From RX number 100002987 (Reprint)
+ Enter ?? for more actions
Select Action:Next Screen//

```

For HOLD/UNHOLD of prescriptions, the activity log entries include HOLD COMMENTS and the HOLD REASON when a prescription is placed on HOLD and UNHOLD COMMENTS when the prescription is removed from HOLD.

#### Example: Activity Log with HOLD/UNHOLD Comments

```

Activity Log:
# Date Reason Rx Ref Initiator Of Activity
...
8 05/10/12 HOLD REFILL 1 USER,PHARMACY
Comments: Rx placed on HOLD (Reason: BAD ADDRESS) and removed from
SUSPENSE - HOLD COMMENTS ENTERED BY THE USER MANUALLY.
...
9 05/10/12 UNHOLD REFILL 1 USER,PHARMACY
Comments: Rx Removed from HOLD - UNHOLD COMMENTS ENTERED BY THE USER
WHEN REMOVING THE RX FROM HOLD.

```

The activity logs for both Titration and Maintenance Rx's will record the corresponding Titration and Maintenance Rx # if they exist.

#### Example: Activity Log with activity logs for both Titration and Maintenance Rx's

```

Titration Rx:
-----
# Date Reason Rx Ref Initiator of Activity
=====
1 09/29/08 EDIT ORIGINAL OPUSER,ONE
Comments: Maintenance Dose Rx: 100005130

Maintenance Rx:
-----
# Date Reason Rx Ref Initiator of Activity
=====
1 09/29/08 EDIT ORIGINAL OPUSER,TWO
Comments: Titration Dose Rx: 100005392

```

## Discontinue Prescription(s) [PSO C]

The *Discontinue Prescription(s)* option is used to either discontinue a prescription without deleting its record from the files, or reinstate a prescription discontinued by pharmacy.

#### Example: Discontinuing a prescription

```

Select Rx (Prescriptions) Option: DISCONTINUE Prescription(s)

Discontinue/Reinstate by Rx# or patient name: (R/P): PATIENT NAME

```

```

Are you entering the patient name or barcode: (P/B): Patient Name

Select PATIENT NAME: OPPATIENT16,ONE  OPPATIENT16,ONE      9-7-52      000246802
YES      SC VETERAN

      RX #      DRUG      QTY ST      ISSUE DATE      LAST REF DAY
-----
1 100003218      AMPICILLIN 500MG CAP      10 A      05-11 05-11      5 30
2 100003238      PREDNISONE 5MG TAB      30 A      05-30 05-30      3 10
3 100003205$      TRIPROLIDINE & PSEUDOEPHEDRINE      10 A      05-01 05-01      5 31
-----
4 100003216$      AMPICILLIN 10GM INJ. M.D.V.      30 DC      05-07 05-07      5 30
5 100003214      PREDNISONE 1MG TAB      30 DE      05-07 05-07      3 10
Press RETURN to continue: <Enter>

Discontinue all or specific Rx#'s?: (A/S): SPECIFIC Rx's

ENTER THE LINE #: (1-5): 2

Comments: RESTRICTED/NF MED
Nature of Order: SERVICE CORRECTION// ??

      Nature of Order Activity      Require E.Signature      Print Chart Copy      Print on Summary
-----
WRITTEN                                x                                x                                x
VERBAL                                x                                x                                x
TELEPHONED                            x                                x                                x
SERVICE CORRECTION                                x                                x                                x
POLICY                                x                                x                                x
DUPLICATE                                x                                x                                x
SERVICE REJECT                                x                                x                                x

Nature of Order: SERVICE CORRECTION// SERVICE REJECT      R

Requesting PROVIDER: OPPROVIDER30,TWO // <Enter>      TO
100003238      PREDNISONE 5MG TAB      OPPATIENT16,ONE
Rx to be Discontinued

Press Return to Continue: <Enter>

OK to Discontinue? N// YES

```

When a prescription is discontinued, the software checks for any unresolved ECME rejections for that prescription. If a DUR REJECT, REJECT RESOLUTION REQUIRED, or REFILL TOO SOON REJECT is found, it will be marked resolved with the reason PRESCRIPTION DISCONTINUED.

When an ePharmacy prescription is discontinued, the software checks for any unreleased fills with a PAYABLE claim. If found, a reversal request is sent to ECME, which forwards it on to the third party payer.

When a pending renewal order is discontinued, Outpatient Pharmacy verifies if there is an active prescription for the same drug. If an active prescription is found, you are prompted with "There is an active Rx for this pending order, Discontinue both (Y/N)?" If you respond **YES**, both the pending order and the active order are discontinued. If you respond **NO**, only the pending order is discontinued and the active order is not discontinued.

## Edit Prescriptions

## [PSO RXEDIT]

This option allows changes to be made to entered orders. Newly entered orders can be edited before release by typing in the corresponding field number. Previously entered orders can be edited by entering the prescription number, then specifying the field to be edited. An asterisk or star (\*) is shown in front of each field that will create a new order if it is changed. See the section “Editing an Order” for an example.

When editing fields preceded by an asterisk (\*) in an ePharmacy order (or electronically third party billable prescription), upon acceptance of the edited order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription. See “Editing an ePharmacy Order” for an example of editing ePharmacy orders.

## ePharmacy Menu

### [PSO EPHARMACY MENU]



The following menu items are locked with the PSORPH key: ePharmacy Medication Profile Division Preferences, Third Party Payer Rejects – View/Process and Third Party Payer Rejects – Worklist. The following menu item is locked with the [PSO TRICARE/CHAMPVA MGR key](#): TRICARE CHAMPVA Bypass/Override Report. The following menu item is locked with the PSO EPHARMACY SITE MANAGER key: ePharmacy Site Parameters.

The following menu items allow the user to perform ePharmacy specific functions:

- *Ignored Rejects Report*
- *ePharmacy Medication Profile (View Only)*
- *NDC Validation*
- *ePharmacy Medication Profile Division Preferences*
- *ePharmacy Site Parameters*
- *Third Party Payer Rejects – View/Process*
- *Third Party Payer Rejects – Worklist*
- *TRICARE CHAMPVA Bypass/Override Report*
- *View ePharmacy Rx*

DURs can occur when a third party determines there are safety issues involved with an Rx claim submission, and they can be due to high dose, drug interaction, and excessive utilization. The third party payer returns an NCPDP rejection code of 88 to indicate a DUR.

Refill Too Soon rejections happen when a third party payer determines that a prescription is being processed too early compared to the last time the prescription was filled. This can occur for several reasons, including third party payer’s policy differs from VA policy, patient receiving medication at another pharmacy, or the provider may have increased the dosage or frequency of the medication. The third party payer returns an NCPDP rejection code of 79 to indicate a Refill Too Soon.

Prescriptions rejected as DUR and Refill Too Soon are moved to the REFILL TOO SOON/DUR REJECTS (Third Party) section of the Medication Profile. Prescriptions rejected as Reject Resolution Required, TRICARE, and CHAMPVA are displayed in the OTHER REJECTS PENDING RESOLUTION section of the Medication Profile. The user must resolve a rejected prescription before

other actions such as release, label print, renew, and refill, among others, can be performed on it. Actions may still be taken on these prescriptions through CPRS.

## Ignored Rejects Report

### [PSO IGNORED REJECTS REPORT]

This option gives the user the ability to run a report for third-party rejects that have been ignored and consequently closed by the pharmacy users.

The user can select one of the following parameters to filter the data in the report:

- **DIVISION:** Allows the user to select one, some or all divisions.
- **DATE RANGE:** Allows the user to select a date range.
- **SORT BY:** Allows the user to choose different fields to sort the report by. Any combination can be selected:
  - **PATIENT:** Allows the user to select a single, multiple or all patients
  - **DRUG:** Allows the user to select a single, multiple or all drugs.
  - **USER:** Allows the user to select a single, multiple or all users that have ignored third party rejects.

#### Example: Ignored Rejects Report

```
Select ePharmacy Menu Option: IR Ignored Rejects Report

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ^ALL

BEGIN REJECT DATE: 030606 (MAR 06, 2006)

END REJECT DATE: 061407 (JUN 14, 2007)

Enter the SORT field(s) for this Report:

1 - PATIENT
2 - DRUG
3 - USER

Or any combination of the above, separated by comma,
as in these examples:

2,1 - BY PATIENT, THEN DRUG
3,1,2 - BY USER, THEN BY PATIENT, THEN BY DRUG

SORT BY: PATIENT// 1,2

SORT BY PATIENT
THEN BY DRUG

You may select a single or multiple PATIENTS,
or enter ^ALL to select all PATIENTS.

PATIENT: ^ALL

You may select a single or multiple DRUGS,
or enter ^ALL to select all DRUGS.

DRUG: ^ALL

DEVICE: HOME// [Select Printer Device]
```

Ignored Rejects Report				Page: 1
Sorted by PATIENT, DRUG				Division: ALBANY
Date Range: 03/06/2007 - 06/14/2007				Run Date: Jun 15, 2007@15:26:35
Rx#	DRUG	PATIENT	IGNORE DT	IGNORED BY
1192029A	SODIUM CHLORIDE 0.9% OPPATIENT,ONE(9999)	04/18/07	OPUSER,ONE	
Comments: PATIENT WAS RUNNING OUT OF DRUG.				
Payer Message: NEXT RFL 041907,DAYS TO RFL 1,LAST FILL 112706 VIA MAIL,REFILL TOO SOON.				
2990211	ALENDRONATE 70MG/75M OPPATIENT,TWO(0000)	05/20/07	OPUSER,ONE	
Comments: NEXT POSSIBLE FILL WAS TOO FAR OUT.				
Payer Message: PLAN LIMIT EXCEEDED. NEXT POSSIBLE FILL: 05/29/2007				
TOTAL: 2 Patients.				

Ignored Rejects Report				Page: 1
Sorted by PATIENT, DRUG				Division: ALBANY
Date Range: 03/06/2007 - 06/14/2007				Run Date: Jun 15, 2007@15:26:35
Rx#	DRUG	PATIENT	IGNORE DT	IGNORED BY
1192029A	SODIUM CHLORIDE 0.9% OPPATIENT,ONE(9999)	04/18/07	OPUSER,ONE	
Comments: PATIENT WAS RUNNING OUT OF DRUG.				
Payer Message: NEXT RFL 041907,DAYS TO RFL 1,LAST FILL 112706 VIA MAIL,REFILL TOO SOON.				
2990211	ALENDRONATE 70MG/75M OPPATIENT,TWO(0000)	05/20/07	OPUSER,ONE	
Comments: NEXT POSSIBLE FILL WAS TOO FAR OUT.				
Payer Message: PLAN LIMIT EXCEEDED. NEXT POSSIBLE FILL: 05/29/2007				
TOTAL: 2 Patients.				

## ePharmacy Medication Profile (View Only)

### [PSO PMP]

Although the name indicates “ePharmacy Medication Profile”, this option can be used to list the medication profile for any patient on file. It will be used mostly by ePharmacy users for claims research purposes. This functionality is also available from the Reject Worklist through the Medication Profile (MP) action.

#### Example 1: Medication Profile with default view

Patient Medication Profile		Jun 04, 2007@19:22:16	Page: 1 of 1		
OPPATIENT,ONE			<A>		
PID: 000-12-5678	HEIGHT(cm):	175.26	(11/21/2006)		
DOB: NOV 28,1946 (60)	WEIGHT(kg):	108.18	(08/09/2007)		
SEX: MALE	EXP/CANCEL CUTOFF:	120 DAY			
CrCL: <Not Found>	BSA (m2):	2.23			
		ISSUE	LAST	REF	DAY
# Rx#	DRUG [^]	QTY ST	DATE	FILL	REM SUP
1 100004112e	ALBUTEROL INHALER	1 A	04-21-07	04-21-07	11 7
2 300483e	ALPRAZOLAM 0.25MG TABS	30 DC	06-14-07	06-14-07	11 30
3 100004113e	AMITRIPTYLINE 10MG TAB	60 A	04-21-07	04-21-07	11 30
4 100004075e	CABERGOLINE 0.5MG TAB	7 E	05-18-05	05-18-05	6 7
5 100004155	DESIPRAMINE 25MG	90 S	02-23-07	02-11-07	11 90
6 100004022\$e	DIGOXIN 0.05MG/ML ELIX (60CC)	30 A	02-01-07	02-20-07	10 90
7 100004081	METAPROTERENOL 5% SOLUTION 10ML	15 DC	06-02-07	06-03-07	11 15
8 100004082	METAPROTERENOL 5% SOLUTION 10ML	10 DC	06-02-07	06-03-07	11 10
9 100004083e	METAPROTERENOL 5% SOLUTION 10ML	15 A>	06-02-07	06-23-07	11 15
10 100004079e	NICOTINE 10MG/ML SOLN NASAL SPRAY	1 A>	06-02-07	06-23-07	11 15
11 100003298	SIMVASTATIN 20MG TAB	5 DC	05-28-05	04-27-07	3 30
12 100003298A	SODIUM CHLORIDE 0.9% NASAL SOLN(O	1 A	05-10-07	05-10-07	11 30
13 100004070e	VALSARTAN 80MG TAB	5 S	06-28-07	05-31-07	11 30
PENDING (2 order)					
14 ALBUTEROL INHALER		RF	06-03-07		2 30
15 AMITRIPTYLINE 10MG TAB		RN	06-02-07		3 10
Non-VA MEDS (Not dispensed by VA) (1 order)					



```

16 TAMOXIFEN CITRATE 10MG TABS                               Date Documented: 06/04/07

Enter ?? for more actions
CV Change View          PI Patient Information  SIG Show/Hide SIG
GS Group by Status      PU Patient Record Update
Select: Quit//

```

The following options are available as Hidden Menu actions on this screen.

```

DR - Sort by Drug          LF - Sort by Last Fill
RX - Sort by Prescription  ID - Sort by Issue Date
RDD - Switch between LAST FILL and LAST RELD (release date)

```

After selecting a prescription on this screen, the *REJ* option is available on the “RX View” screen’s hidden menu. This action displays third party reject information for the prescriptions with third party rejects.

The *CV* (*Change View*) option allows the user to change some characteristics of the screen above. The user can also save and/or delete preferences, which will be used every time the user runs the *Medication Profile* option or invokes it from the Reject Worklist. The users can have one set of preferences for each Division defined.

### Example 2: Change View action

Enter CV at the “Select:” prompt to change the view preferences.

```

OPPROVIDER,ONE's current default view (ALBANY):
-----
EXP/CANCEL CUTOFF : 120 DAYS
SORT BY           : DRUG NAME
SORT ORDER        : ASCENDING
DISPLAY SIG       : NO
GROUP BY STATUS   : YES
DISPLAY ORDER COUNT: YES

Delete this default view? NO// <Enter>

EXP/CANCEL CUTOFF: 120// 120 DAYS
SORT BY: DR// DRUG NAME
SORT ORDER: ASCENDING// ASCENDING
DISPLAY SIG: OFF// OFF
GROUP BY STATUS: OFF// ON
DISPLAY ORDER COUNT: ON// OFF

Save as your default View? NO// YES

Saving...OK!

```

### Example 3: Display SIG action

Enter SIG at the “Select:” prompt to toggle the Sig display on or off.

```

Patient Medication Profile   Jun 04, 2007@19:22:16           Page: 1 of 1
PID: 000-12-5678             HEIGHT(cm): 175.26 (11/21/2006)
DOB: NOV 28,1946 (60)        WEIGHT(kg): 108.18 (08/09/2007)
SEX: MALE                   EXP/CANCEL CUTOFF: 120 DAY
CrCL: <Not Found>           BSA (m2): 2.23

# Rx#      DRUG [^]          QTY ST DATE      ISSUE  LAST  DAY
1 100004112e  ALBUTEROL INHALER      1 A  04-21-07  04-21-07  7
  SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
2 300483e    ALPRAZOLAM 0.25MG TABS   30 DC 06-14-07  06-14-07  30
  SIG: TAKE 2 CAPSULES BY MOUTH TAKE
3 100004113e  AMITRIPTYLINE 10MG TAB    60 A  04-21-07  04-21-07  30

```

```

      SIG: TAKE TWO BY MOUTH EVERY DAY
4 100004075e      CEFOPERAZONE              7 E  05-18-05 05-18-05  7
      SIG: TAKE 1 TABLESPOONFUL BY MOUTH Q4-6H AS NEEDED
5 100004155      DESIPRAMINE 25MG          90 S  02-23-07 02-11-07  90
      SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
6 100004022$e      DIGOXIN 0.05MG/ML ELIX (60CC)  30 A  02-01-07 02-20-07  90
      SIG: 300 LB BY MOUTH EVERY FOUR HOURS
7 100004081      METAPROTERENOL 5% SOLUTION 10ML  15 DC 06-02-07 06-03-07  15
      SIG: TAKE 1 TABLESPOONFUL BY MOUTH Q4-6H AS NEEDED
8 100004082      METAPROTERENOL 5% SOLUTION 10ML  10 DC 06-02-07 06-03-07  10
      SIG: TAKE 2 TABLESPOONFUL BY MOUTH Q4-6H AS NEEDED
9 100004083e      METAPROTERENOL 5% SOLUTION 10ML  15 A  06-02-07 06-23-07  15
      SIG: TAKE 3 TABLESPOONFUL BY MOUTH Q4-6H AS NEEDED
      Enter ?? for more actions
CV  Change View      PI  Patient Information  SIG Show/Hide SIG
GS  Group by Status  PU  Patient Record Update
Select: Quit//

```

## NDC Validation

The initial validation of the NDC can be performed by a pharmacy technician. This functionality only applies to local fills that are not sent to OPAL. This function provides a pharmacy technician the ability to manually enter the prescription number or scan the bar code of the existing prescription label. Then the user may manually enter or scan the NDC of the stock bottle used to fill the prescription. When the system matches the NDC, confirmation is provided to the pharmacy tech and allows the technician to continue processing. However, if the system detects a mismatch and the NDC of the stock bottle has an associated entry in the synonym file, the NDC will be updated in Prescription file (#52) for the fill. The system will then prompt the technician to press enter to continue, a new label will be printed, the original electronic claim reversed, and a new claim submission will be transmitted with the new NDC. In the event that the revised NDC prompts a RTS/DUR rejection or a Reject Resolution Required rejection, the system will immediately send the item to the Reject Worklist.

In a case where the NDC entered is not defined for the drug in the Drug File, the system prompts the technician that a mismatch has occurred and the prescription needs to be validated by a pharmacist. The system notes that the NDC had not been validated and allows the pharmacy tech to move to the next prescription. In the event of a change of NDC prompted a rejection, the system immediately sends the item to the Reject Worklist.

The releasing pharmacist will receive a notation that NDC has been validated by technician when processing. If the NDC change has prompted a claim reversal and produced a RTS/DUR rejection or a Reject Resolution Required rejection, which gives screens for reject processing, the pharmacist will be presented with a Reject Processing screen at release.

### Example: Matched NDC:

```

Select ePharmacy Menu Option: NV  NDC Validation

Prescription: 101310      DIPYRIDAMOLE 25MG TAB
Rx: 101310      Fill: 0      Patient: OPPATIENT,ONE
Drug: DIPYRIDAMOLE 25MG TAB      NDC: 00597-0017-10
Prescription label NDC: 00597-0017-10
Stock NDC: 00597001710

NDC match confirmed

Prescription:

```

### Example: Non-matched NDC:

```

Prescription: 101341      BIPERIDEN 2MG TAB

```

```

Rx: 101341          Fill: 0          Patient: OPPATIENT,ONE
Drug: BIPERIDEN 2MG TAB          NDC: 00044-0120-05
Prescription label NDC: 00044-0120-05
Stock NDC: 00044012006
Due to a change in NDC, a claims reversal and resubmission will be performed.

Prescription 101341 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE

Prescription:

```

## ePharmacy Medication Profile Division Preferences [PSO PMP SITE PREFERENCES]

This option allows the user to specify certain settings that will control how the *ePharmacy Medication Profile* option works for that user. Below is the list of settings that can be specified through this option:

- **EXP/CANCEL CUTOFF:** Indicates the maximum number of days for an expired and/or discontinued prescription to be cut from the profile.
- **SORT BY:** Indicates the default sorting column. The options are: Rx#, Drug Name, Issue Date or Last Fill Date.
- **SORT ORDER:** Indicates the order in which the column above will be sorted: Ascending or Descending.
- **DISPLAY SIG:** Indicates whether the SIG should be displayed under each prescription or if it should be hidden.
- **GROUP BY STATUS:** Indicates whether the list should be grouped by status (Active, Discontinued, Hold, etc...) or not.
- **DISPLAY ORDER COUNT:** Indicates whether the number of orders under each group should be displayed beside the group name. Example \_\_\_\_\_ACTIVE (3 orders)\_\_\_\_\_

```

Select ePharmacy Menu Option: PF ePharmacy Medication Profile Division Preferences

ALBANY ISC's current default view:
-----
EXP/CANCEL CUTOFF : 200 DAYS
SORT BY           : Rx#
SORT ORDER        : ASCENDING
DISPLAY SIG       : ON
GROUP BY STATUS   : OFF
DISPLAY ORDER COUNT: OFF

Delete this default view? NO// <Enter>

EXP/CANCEL CUTOFF: 200// <Enter> DAYS
SORT BY: RX// <Enter> Rx#
SORT ORDER: ASCENDING// ^EXP
EXP/CANCEL CUTOFF: 200// 120 DAYS
SORT BY: RX// <Enter> Rx#
SORT ORDER: ASCENDING// <Enter>
DISPLAY SIG: ON// <Enter>
GROUP BY STATUS: OFF// <Enter>
DISPLAY ORDER COUNT: OFF//<Enter>

Saving...OK!

```



If there is a set of preferences already on file for the division the user is logged under, the option to delete such preferences is presented to the user as seen above.

## ePharmacy Site Parameters

The ePharmacy Site Parameters file (#52.86) stores the ePharmacy Site parameters by division. The EPHARMACY SITE PARAMETERS [PSO ePHARM SITE PARAMETERS] option can be accessed from the ePharmacy Menu [PSO EPHARMACY MENU].



This option requires the PSO EPHARMACY SITE MANAGER security key.

The following site parameters are definable in the General Parameters section:

- **REJECT WORKLIST DAYS:** This is the number of days an unresolved reject can remain on the Third Party Payer Rejects – Worklist without being included in the nightly reject worklist alert mail message.

In the Transfer Reject Parameters section, the user may enter as many reject codes as they desire along with the manner in which each will be allowed to be placed on the Third Party Payer Rejects – Worklist. This is what appears in the Transfer Reject Parameters section:

- **REJECT CODE:** A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks (??) are entered for this prompt. Valid codes are contained within the BPS NCPDP REJECT CODES file (#9002313.93). Also, a value defined in this field triggers definition of USER field (#2) and DATE OF LAST UPDATE field (#3).
- **AUTO SEND:** This prompt is a companion to the REJECT CODE prompt. Enter YES to allow the entered REJECT CODE to be automatically placed on the Pharmacy Reject Worklist or NO to require Outpatient Pharmacy Electronic Claims Coordinator (OPECC) intervention to do so. A null value will be treated the same as entering NO in this field.

In the Reject Resolution Required Parameters section, the user may enter as many reject codes as they desire along with the manner in which each will be allowed to be placed on the Third Party Payer Rejects – Worklist. This is what appears in the Reject Resolution Required Parameters section:

- **REJECT RESOLUTION REQUIRED CODE:** A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks (??) are entered for this prompt. Valid codes are contained within the BPS NCPDP REJECT CODES file (#9002313.93).
- **THRESHOLD AMOUNT:** This prompt is a companion to the Reject Resolution Required Code prompt. The threshold amount is compared to the gross amount due for the prescription. If the gross amount due is equal to or greater than the threshold amount, then the gross amount due has met the threshold.

If a reject code is specified as a reject resolution required code, and that reject code is received from a third party payer, the system will evaluate the prescription for Reject Resolution Required processing. The prescription will not be filled if these criteria are met: original fill, Veteran eligibility, not released, the reject is on the Reject Resolution Required list for the current division, and the total gross amount of the prescription is at or above the specified threshold.

The short format displays the status in an abbreviated form. The following is an explanation of the Site Parameter actions:

Action	Description
Edit All Parameters [EA]	Edit all parameters on the screen. This action is a compilation of Edit General Parameters [EG], Edit Transfer Reject Code [ET], and Edit Rej. Resolution Required Code [ER].
Edit General Parameters [EG]	Edit the General Parameters section of the screen. Add, edit, or delete data.
Edit Transfer Reject Code [ET]	Edit the Transfer Reject Code section of the screen. Add, edit or delete reject codes and the associated auto-send parameter.
Edit Rej. Resolution Required Code [ER]	Edit the Edit Rej. Resolution Required Code section of the screen. Add, edit or delete reject codes and the associated threshold parameter.
Copy Parameters [CP]	The parameters for the division displayed on the screen will be copied to one or more selected divisions. All parameters for the destination divisions are overwritten when the copy action is used.
Display Site Parameters [DP]	Select multiple divisions to display parameters
Change Division [CD]	Select a division to display on the screen
Exit [EX]	Exit the ePharmacy Site Parameters option

The following is an example of definitions for ePharmacy Site Parameters:

Bingo Board Display: WAITING ROOM//		
<p>All transfer rejects will automatically be placed on the Third Party Payer Rejects - Worklist if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to yes. The OPECC must manually transfer the reject if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to no. (To be used when Pharmacy can possibly correct a locally filled Rx.)</p> <p>All Reject Resolution Required reject codes will automatically be placed on the Third Party Payer Rejects - Worklist. This parameter applies to rejects for original unreleased fills only. Prescriptions will not be filled until the rejects are resolved.</p>		
<b>ePharmacy Site Parameters</b>	Jun 11, 2013@12:26:38	Page: 1 of 2
Pharmacy Division: DAYTON		
Pharmacy Division: DAYTON General Parameters Reject Worklist Days: 5		
Transfer Reject Codes		
Code	Description	Auto-Send
----	-----	-----
22	M/I Dispense As Written (DAW)/Product Selection Code	YES
70	Product/Service Not Covered - Plan/Benefit Exclusion	NO
Reject Resolution Required Codes		
Code	Description	Threshold

```

-----
19  M/I Days Supply                                     $50
21  M/I Product/Service ID                             $0
+      Enter ?? for more actions
EA  Edit All Parameters                                CP  Copy Parameters
EG  Edit General Parameters                            DP  Display Site Parameters
ET  Edit Transfer Reject Code                          CD  Change Division
ER  Edit Resolution Required Rej. Code                  EX  Exit
Select Action: Next Screen//

Select Action: Next Screen// ET  Edit Transfer Reject Code

All transfer rejects will automatically be placed on the Third Party Payer
Rejects - Worklist if the reject code is defined in the site parameter file
and the AUTO SEND parameter is set to yes. The OPECC must manually transfer
the reject if the reject code is defined in the site parameter file
and the AUTO SEND parameter is set to no. (To be used when Pharmacy can
possibly correct a locally filled Rx.)

TRANSFER REJECT CODE: 22          M/I Dispense As Written (DAW)/Product Selection C
ode

  You are editing an existing transfer reject code - 22.
TRANSFER REJECT CODE: 22//
AUTO SEND: YES//

ANOTHER TRANSFER REJECT CODE:

Select Action: Next Screen// ER  Edit Resolution Required Rej. Code

All Reject Resolution Required reject codes will automatically be placed
on the Third Party Payer Rejects - Worklist. This parameter applies to
rejects for original unreleased fills only. Prescriptions will not be filled
until the rejects identified by the Reject Resolution parameter are resolved.

RESOLUTION REQUIRED REJECT CODE: 19          M/I Days Supply

  You are editing an existing resolution required reject code - 19.
RESOLUTION REQUIRED REJ CODE: 19//
DOLLAR THRESHOLD: 50//

ANOTHER RESOLUTION REQUIRED REJECT CODE:

```

## Third Party Payer Rejects – View/Process [PSO REJECTS VIEW/PROCESS]

This option provides information about rejects that have been on the Third Party Payer Rejects – Worklist. This option allows the user to find, display and reopen rejects previously resolved from the Third Party Payer Rejects – Worklist in order to take action on them again.

The user can choose to view rejects for one, multiple, or all Outpatient Pharmacy Divisions.

### Example: Viewing and Resolving Open Rejects

```

Select ePharmacy Menu Option: VP Third Party Payer Rejects - View/Process

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ^ALL

```

The user can select one of the following selections to filter the data displayed:

```

DATE RANGE: Selects a date range (Default: Last 90 days).

```

```

BEGIN REJECT DATE: T-90// <Enter> (MAR 09, 2007)

END REJECT DATE: T// <Enter> (JUN 07, 2007)

(P)ATIENT: Selects a single patient, multiple patients, or all patients.
(D)RUG: Selects a single drug, multiple drugs, or all drugs.
(R)x: Selects a single prescription number, or multiple prescription numbers.
(I)NSURANCE: Selects a single insurance, multiple insurances, or all insurances.

      Select one of the following:

      P          PATIENT
      D          DRUG
      R          Rx
      I          INSURANCE

By (P)atient, (D)rug, (R)x or (I)nsurance: P// INSURANCE

Enter the whole or part of the Insurance Company
name for which you want to view/process REJECTS.

      INSURANCE: TEST INS
      ANOTHER ONE: <Enter>

```

Next, the user can choose to display either Unresolved, Resolved, or Both types of rejects.

#### Example: Viewing and Resolving Open Rejects (continued)

```

      Select one of the following:

      U          UNRESOLVED
      R          RESOLVED
      B          BOTH

(U)NRESOLVED, (R)RESOLVED or (B)OTH REJECT statuses: B// <Enter> BOTH
Please wait...

Rejects Processing Screen      Nov 21, 2005@08:27:37      Page: 1 of 1
Divisions: ALL
Selection: ALL REJECTS FOR TEST INS
# Rx#      PATIENT(ID)[^]      DRUG      REASON
1 100003872  OPPATIENT,FOUR(1322P    A AND Z OINTMENT    DUR:
Payer Message:
2 100003873  OPPATIENT,FOUR(1322P    PHYTONADIONE 5MG TAB 79 :REFILL TOO SO
Payer Message:
3 100003873  OPPATIENT,FOUR(1322P    PHYTONADIONE 5MG TAB DUR:
Payer Message:
4 100003785  OPPATIENT,TEN(3222)      ALBUMIN 5% 250ML    DUR:
Payer Message:
5 100003882  OPPATIENT,TEN(3222)      ALBUTEROL INHALER    DUR:
Payer Message:
6 100003884  OPPATIENT,TEN(3222)      TEMAZEPAM 15MG CAP    DUR:
Payer Message:

      Select the entry # to view or ?? for more actions
DR  Sort by Drug      RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient    RF  Screen Refresh      GI  Group by Insurance
Select: Quit//

```

The following options are available on the screen above:

- DR – Sorts the list by the drug name.
- PA – Sorts the list by the patient's last name.

- RE – Sorts the list by the reject reason.
- RF – Refreshes the screen. (This selection retrieves DUR/ REFILL TOO SOON rejects that happened after the screen was originally populated.)
- RX – Sorts the list by Prescription number.
- GI – Groups the rejects by Insurance Company name.



The following two sets of characters denote the order by which the list is being sorted: [^] for ascending and [v] for descending. The order inverts every time the user selects the same column by which the list is already ordered. Thus, if the list is currently ordered by Patient in an ascending order ([^]) and the user types “PA”, the list will be re-sorted in descending order and the order indicator will change to ([v]).

The user selects a specific record to display all relevant information about the prescription and the claim submitted to the payer.

#### Example: Viewing and Resolving Open Rejects (continued)

```

Reject Information(UNRESOLVED)Nov 21, 2005@08:29:30          Page: 1 of 2
Division : ALBANY                                           NPI#: 1234567890    NCPDP: 4150001P
Patient : OPPATIENT,FOUR (000-01-1322P) Sex: M             DOB: JAN 13,1922(83)
Rx#      : 100003873/0      ECME#: 000000504455 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA                          NDC Code: 54629-0600-01
                                                         REJECT
Information
Reject Type      : 79 - REFILL TOO SOON received on NOV 15, 2005@14:13:51
Reject Status    : OPEN/UNRESOLVED
Next Avail Fill: NOV 20,2005
Payer Addl Msg  : NEXT RFL 111805,DAYS TO RFL 3, LAST FILL 101805 AT YOUR PHARM, REFILL TOO SOON
Reason Code     : ER (OVERUSE PRECAUTION )
DUR Text        : RETAIL
OTHER REJECTS
29 - M/I Number Refills Authorized
39 - M/I Diagnosis Code
INSURANCE Information
Insurance       : TEST INS
Contact        : 1-800-555-5050
BIN            : RXINS
+              Enter ?? for more actions
VW View Rx      IGN Ignore Reject      OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
Select: Next Screen// IGN Ignore Reject

  9 101130      OPPATIENT,ONE(4589)      CHLORAMBUCIL 2MG TAB NN :Transaction R
    Payer Message:
+      Select the entry # to view or ?? for more actions
DR Sort by Drug      RE Sort by Reason    RX Sort by Prescription
PA Sort by Patient    RF Screen Refresh    GI Group by Insurance
Select: Next Screen//
      Select the entry # to view or ?? for more actions
DR Sort by Drug      RE Sort by Reason    RX Sort by Prescription
PA Sort by Patient    RF Screen Refresh    GI Group by Insurance
Select: Quit// 3

```

These options are available on the screen above:

- VW (View Rx) – Takes the user to the *View Prescription* option to review details for that prescription.



- MP (Medication Profile) – Invokes the patient’s list of medication.
- IGN (Ignore Reject) – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject or the Reject Resolution Required Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- RES (Resubmit Claim) – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- OVR (Submit Override Codes) – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- CSD (Change Suspense Date) – Allows the user to change the fill date for suspended prescriptions. The user will not be allowed to enter a suspense date that is greater than the fill date plus 90 days. Dates where the fill date plus 90 days is greater than the expiration date will not be allowed entry, and dates prior to issue date will not be allowed.

### **Hidden Actions:**

- COM (Add Comments) – Allows the user to add reject-specific comments. These comments are local to the Reject Worklist and View/Process options and are not transmitted to ECME.
- CLA (Submit Clarif. Code) – Allows the user to re-submit a claim with Clarification Codes.
- ED (Edit Rx) – Allows the user to edit the prescription.
- PA (Submit Prior Auth.) – Allows the user to re-submit a claim with Prior Authorization information.
- ARI (View Addtnl Rej Info) – Allows the user to display additional reject information from the payer, if available.
- SMA (Submit Multiple Actions) – Allows the user to resubmit a claim with multiple actions, including the following information: Prior Authorization, Submission Clarification Code, Reason for Service Code, Professional Service Code, and Result of Service Code.
- SDC (Suspense Date Calculation) – Allows the user to calculate a new suspense date based on Last Date of Service and Last Days Supply.

### **Example: Viewing and Resolving Open Rejects (continued)**

```

Enter your Current Signature Code:      SIGNATURE VERIFIED

Comments: Changed quantity

      When you confirm this REJECT will be marked RESOLVED.

Confirm? ? NO// Y YES                  [Closing...OK]

```

The following is a sample of the ECME Activity Log update that occurs when a reject is resolved:

### **Example: ECME Activity Log entry: Reject Resolved**

```

Rx Activity Log          Nov 21, 2005@09:43:33          Page:    3 of    3
OPPATIENT,FOUR
  PID: 000-01-1322P          Ht (cm): _____ (_____)
  DOB: JAN 13,1922 (83)      Wt (kg): _____ (_____)
+
1  11/15/05@14:13:52  ORIGINAL          OPHPHARMACIST4,THREE
Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES(DD/MO/1B)-E

```

```

PAYABLE

ECME REJECT Log:
#   Date/Time Rcvd       Rx Ref   Reject Type   STATUS   Date/Time Resolved
=====
1   12/11/05@19:03:31    ORIGINAL   DUR           RESOLVED   12/12/05@16:45:21
Comments: CLAIM RE-SUBMITTED
2   5/30/06@19:13:57    REFILL 2   DUR           RESOLVED   5/31/06@15:58:32
Comments: CLAIM RE-SUBMITTED

Enter ?? for more actions

Select Action:Quit//

```

## Third Party Payer Rejects – Worklist [PSO REJECTS WORKLIST]

This option gives the user the ability to process Third Party Payer Rejects, CHAMPVA Non-billable rejects and TRICARE Non-billable rejects for one, multiple, or all Outpatient Pharmacy Divisions. Only OPEN/UNRESOLVED rejects that have clinical significance, such as DUR, Reject Resolution Required, and Refill Too Soon, and rejects transferred from the ECME User Screen, are added to the Worklist. Once the reject is marked CLOSED/RESOLVED, it is automatically removed from the Worklist.

### Example: Resolving Open Rejects

```

Select Rx (Prescriptions) Option: EPHARMACY Menu

IR      Ignored Rejects Report
MP      ePharmacy Medication Profile (View Only)
NV      NDC Validation
PF      ePharmacy Medication Profile Division Preferences
SP      ePharmacy Site Parameters
VP      Third Party Payer Rejects - View/Process
WL      Third Party Payer Rejects - Worklist
TC      TRICARE CHAMPVA Bypass/Override Report
VER     View ePharmacy Rx

Select ePharmacy Menu Option: WL  Third Party Payer Rejects - Worklist

You may select a single or multiple DIVISIONS,
or enter ^ALL to select all DIVISIONS.

DIVISION: ^ALL

Insurance Rejects - Worklist   Nov 09, 2010@11:24:10           Page:    1 of    1
Divisions: ALL
Selection: ALL UNRESOLVED REJECTS
# Rx#      PATIENT(ID)[^]      DRUG      REASON
1 100003521  OPPATIENT,TWELVE(5444)    ACETYLCYSTEINE 20% 3 79 :REFILL TOO SO
Payer Message: PLAN = 8906   NEXT FILL: 20050429
2 100003521  OPPATIENT,TWELVE(5444)    ACETYLCYSTEINE 20% 3 79 :REFILL TOO SO
Payer Message: RTS - Rx: 9306343 DT: 31-MAR-2005 DS: 30 RD: 23-APRIL 2005
REJECT RESOLUTION REQUIRED
3 100003872  OPPATIENT,FOUR(1322P)    A AND Z OINTMENT    07 :M/I Cardholde
Payer Message:
CHAMPVA - Non-DUR/RTS
4 101358     OPCVACARE,ONE(7895)      BACLOFEN 10MG TABS  07 :M/I Cardholde
Payer Message:
5 100923     OPCVACARE,TWO(4933)      LORAZEPAM 1MG TAB   07 :M/I Cardholde
Payer Message:
TRICARE - Non-DUR/RTS
6 101359     OPTRICARE,ONE(7894)      BACLOFEN 10MG TABS  07 :M/I Cardholde
Payer Message:
7 100924     OPTRICARE,TRI(4932)      LORAZEPAM 1MG TAB   07 :M/I Cardholde

```

```

Payer Message:
                        OTHER REJECTS
8 101173      OPPATIENT,THREE(9877)      FENOPROFEN 300MG CAP 08 :M/I Person Co
Payer Message:

```

These options are available on the following screen:

- **VW (View Rx)** – Takes the user to the *View Prescription* option to review details for that prescription.
- **MP (Medication Profile)** – Invokes the patient’s list of medication.
- **IGN (Ignore Reject)** – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject or the Reject Resolution Required Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- **RES (Resubmit Claim)** – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- **OVR (Submit Override Codes)** – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- **CSD (Change Suspense Date)** – Allows the user to change the fill date for suspended prescriptions.

#### Example: Resolving Open Rejects (continued)

```

Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15      Page: 1 of 1
Division : ALBANY      NPI#: 1234567890      NCPDP: 4150001
Patient : OPPATIENT,FOUR(000-01-1322P) Sex: M      DOB: JAN 13,1922(83)
Rx# : 100003872/0      ECME#: 000000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA      NDC Code: 54629-0600-01

REJECT Information BACK-BILL
Reject Type : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status : OPEN/UNRESOLVED
Next Avail Fill: NOV 18, 2005
Payer Addl Msg : DUR Reject Error
Reason Code : UNNECESSARY DRUG
DUR Text : RETAIL

INSURANCE Information
Insurance : TEST INS
Contact :
BIN : 741852
Group Number : 12454
Cardholder ID : 000011322P

Enter ?? for more actions
VW View Rx      IGN Ignore Reject      OVR Submit Override Codes
MP Medication Profile      RES Resubmit Claim      CSD Change Suspense Date
Select: Quit// OVR Submit Override Codes
-----example continues-----

```

When a claim is rejected, typically the Payer returns a “Reason for Service Code”, which becomes the default for the “Reason for Service Code” prompt. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”.

Available codes for “Professional Service Code” include:

Code	Description
00	NO INTERVENTION
AS	PATIENT ASSESSMENT
CC	COORDINATION OF CARE
DE	DOSING EVALUATION/DETERMINATION
DP	DOSAGE EVALUATED
FE	FORMULARY ENFORCEMENT
GP	GENERIC PRODUCT SELECTION
M0	PRESCRIBER CONSULTED
MA	MEDICATION ADMINISTRATION
MB	OVERRIDING BENEFIT
MP	PATIENT WILL BE MONITORED
MR	MEDICATION REVIEW
P0	PATIENT CONSULTED
PA	PREVIOUS PATIENT TOLERANCE
PE	PATIENT EDUCATION/INSTRUCTION
PH	PATIENT MEDICATION HISTORY
PM	PATIENT MONITORING
PT	PERFORM LABORATORY REQUEST
R0	PHARMACIST CONSULTED OTHER SOURCE
RT	RECOMMENDED LABORATORY TEST
SC	SELF-CARE CONSULTATION
SW	LITERATURE SEARCH/REVIEW
TC	PAYER/PROCESSOR CONSULTED
TH	THERAPEUTIC PRODUCT INTERCHANGE
ZZ	OTHER ACKNOWLEDGEMENT

Available codes for “Result of Service Code” include:

Code	Description
00	NOT SPECIFIED
1A	FILLED AS IS, FALSE POSITIVE
1B	FILLED PRESCRIPTION AS IS
1C	FILLED, WITH DIFFERENT DOSE
1D	FILLED, WITH DIFFERENT DIRECTIONS
1E	FILLED, WITH DIFFERENT DRUG
1F	FILLED, WITH DIFFERENT QUANTITY
1G	FILLED, WITH PRESCRIBER APPROVAL
1H	BRAND-TO-GENERIC CHANGE
1J	RX-TO-OTC CHANGE
1K	FILLED, WITH DIFFERENT DOSAGE FORM

Code	Description
2A	PRESCRIPTION NOT FILLED
2B	NOT FILLED, DIRECTIONS CLARIFIED
3A	RECOMMENDATION ACCEPTED
3B	RECOMMENDATION NOT ACCEPTED
3C	DISCONTINUED DRUG
3D	REGIMEN CHANGED
3E	THERAPY CHANGED
3F	THERAPY CHANGED – COST INCREASE ACKNOWLEDGED
3G	DRUG THERAPY UNCHANGED
3H	FOLLOW-UP REPORT
3J	PATIENT REFERRAL
3K	INSTRUCTIONS UNDERSTOOD
3M	COMPLIANCE AID PROVIDED
3N	MEDICATION ADMINISTERED
4A	PRESCRIBED WITH ACKNOWLEDGEMENTS

Available codes for “Reason for Service Code” include:

Code	Description
AD	ADDITIONAL DRUG NEEDED
AN	PRESCRIPTION AUTHENTICATION
AR	ADVERSE DRUG REACTION
AT	ADDITIVE TOXICITY
CD	CHRONIC DISEASE MANAGEMENT
CH	CALL HELP DESK
CS	PATIENT COMPLAINT/SYMPTOM
DA	DRUG-ALLERGY
DC	DRUG-DISEASE (INFERRED)
DD	DRUG-DRUG INTERACTION
DF	DRUG-FOOD INTERACTION
DI	DRUG INCOMPATIBILITY
DL	DRUG-LAB CONFLICT
DM	APPARENT DRUG MISUSE
DR	DOSE RANGE CONFLICT
DS	TOBACCO USE
ED	PATIENT EDUCATION/INSTRUCTION
ER	OVERUSE
EX	EXCESSIVE QUANTITY
HD	HIGH DOSE
IC	IATROGENIC CONDITION

Code	Description
ID	INGREDIENT DUPLICATION
LD	LOW DOSE
LK	LOCK IN RECIPIENT
LR	UNDERUSE
MC	DRUG-DISEASE (REPORTED)
MN	INSUFFICIENT DURATION
MS	MISSING INFORMATION/CLARIFICATION
MX	EXCESSIVE DURATION
NA	DRUG NOT AVAILABLE
NC	NON-COVERED DRUG PURCHASE
ND	NEW DISEASE/DIAGNOSIS
NF	NON-FORMULARY DRUG
NN	UNNECESSARY DRUG
NP	NEW PATIENT PROCESSING
NR	LACTATION/NURSING INTERACTION
NS	INSUFFICIENT QUANTITY
OH	ALCOHOL CONFLICT
PA	DRUG-AGE
PC	PATIENT QUESTION/CONCERN
PG	DRUG-PREGNANCY
PH	PREVENTIVE HEALTH CARE
PN	PRESCRIBER CONSULTATION
PP	PLAN PROTOCOL
PR	PRIOR ADVERSE REACTION
PS	PRODUCT SELECTION OPPORTUNITY
RE	SUSPECTED ENVIRONMENTAL RISK
RF	HEALTH PROVIDER REFERRAL
SC	SUBOPTIMAL COMPLIANCE
SD	SUBOPTIMAL DRUG/INDICATION
SE	SIDE EFFECT
SF	SUBOPTIMAL DOSAGE FORM
SR	SUBOPTIMAL REGIMEN
SX	DRUG-GENDER
TD	THERAPEUTIC
TN	LABORATORY TEST NEEDED
TP	PAYER/PROCESSOR QUESTION
UD	DUPLICATE DRUG

### Example: Resolving Open Rejects (continued)

```
Professional Service Code: MR          MEDICATION REVIEW
Result of Service Code   : 1D          FILLED, WITH DIFFERENT DIRECTIONS

Reason for Service Code  : NN - UNNECESSARY DRUG
Professional Service Code: MR - MEDICATION REVIEW
Result of Service Code   : 1D - FILLED, WITH DIFFERENT DIRECTIONS

When you confirm, a new claim will be submitted for
the prescription and this REJECT will be marked
resolved.

Confirm? ? YES// <Enter>

Prescription 100003872 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
IN PROGRESS-Waiting to process response
E PAYABLE
```

The following is a sample of the ECME Activity Log update that occurs when a reject is resolved.

### Example: ECME Activity Log entry: Reject Resolved

```
Rx Activity Log                      Nov 21, 2005@11:11:53          Page:    3 of    3
OPPATIENT,FOUR
  PID: 000-01-1322P                      Ht(cm): _____ (_____)
  DOB: JAN 13,1922 (83)                  Wt(kg): _____ (_____)
+
#   Date/Time      Rx Ref      Initiator Of Activity
=====
ECME Log:
1   11/15/05@14:08:35  ORIGINAL  OPPHARMACIST4,THREE
Comments: ECME: WINDOW FILL(NDC: 00085-0096-04)-pOPP INSURANCE
2   11/21/05@11:01:37  ORIGINAL  OPPHARMACIST4,THREE
Comments: ECME: DUR OVERRIDE CODES(MR/NN/1D)-pOPP INSURANCE

ECME REJECT Log:
#   Date/Time Rcvd      Rx Ref      Reject Type      STATUS      Date/Time Resolved
=====
1   12/11/05@19:03:31  ORIGINAL  DUR              RESOLVED     12/12/05@16:45:21
Comments: CLAIM RE-SUBMITTED
2   5/30/06@19:13:57  REFILL 2  DUR              RESOLVED     5/31/06@15:58:32
Comments: CLAIM RE-SUBMITTED

Enter ?? for more actions

Select Action:Quit//
```

The following is an example of a prescription being resolved for prior authorization submission.

### Example: Prior Authorization Submission

```
Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15          Page:    1 of    1
Division : ALBANY                      NPI#: 1234567890      NCPDP: 4150001
Patient : OPPATIENT,FOUR(000-01-1322P) Sex: M              DOB: JAN 13,1922(83)
Rx#      : 100003872/0      ECME#: 000000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA              NDC Code: 54629-0600-01

REJECT Information
Reject Type      : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status    : OPEN/UNRESOLVED
Payer Addl Msg   : DUR Reject Error
```

Reason Code : UNNECESSARY DRUG  
DUR Text : RETAIL

INSURANCE Information  
Insurance : TEST INS  
Contact :  
BIN : 741852  
Group Number : 12454  
Cardholder ID : 000011322P

Enter ?? for more actions  
VW View Rx                      IGN Ignore Reject                      OVR Submit Override Codes  
MP Medication Profile        RES Resubmit Claim                      CSD Change Suspense  
Select: Quit// ??

The following actions are also available:  
COM Add Comments        DN Down a Line                      PS Print Screen  
CLA Submit Clarif. Code    UP Up a Line                      PT Print List  
ED Edit Rx                FS First Screen                      SL Search List  
PA Submit Prior Auth.    LS Last Screen                      ADPL Auto Display(On/Off)  
+ Next Screen              GO Go to Page                      QU Quit  
- Previous Screen        RD Re Display Screen                      ARI View Addtnl Rej Info

Select: Quit// **PA**        Send Prior Auth.

Prior Authorization Type: 0// ?

Choose from:  
0 NOT SPECIFIED  
1 PRIOR AUTHORIZATION #  
2 ML-MEDICAL CERTIFIED  
3 EPSDT  
4 EXEMPT FROM COPAY  
5 EXEMPT FROM RX LIMITS  
6 FAMILY PLANNING  
7 AFDC  
8 PAYER DEFINED EXEMPTION

### Example: Prior Authorization Submission (continued)

Prior Authorization Type: 0// **1** PRIOR AUTHORIZATION #  
Prior Authorization Number: **12345678901**

When you confirm, a new claim will be submitted for  
the prescription and this REJECT will be marked  
resolved.

Confirm? ? YES// **<Enter>**

Prescription 787480 successfully submitted to ECME for claim generation.

Claim Status:  
IN PROGRESS-Waiting to start  
IN PROGRESS-Waiting for packet build  
IN PROGRESS-Waiting for transmit  
IN PROGRESS-Transmitting

### Example: Clarification Code Submission

The following is an example of a prescription being resolved for clarification code submission.

Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15                      Page: 1 of 1  
Division : ALBANY                      NPI#: 1234567890                      NCPDP: 4150001  
Patient : OPPATIENT,FOUR(000-01-1322P) Sex: M                      DOB: JAN 13,1922(83)  
Rx# : 100003872/0                      ECME#: 000000504454 Date of Service: Nov 15, 2005  
CMOP Drug: DOCUSATE NA 100MG CA                      NDC Code: 54629-0600-01

REJECT Information  
Reject Type : 88 - DUR REJECT received on NOV 15, 2005@14:11:51



Reject Status : OPEN/UNRESOLVED  
Payer Addl Msg : DUR Reject Error  
Reason Code : UNNECESSARY DRUG  
DUR Text : RETAIL

INSURANCE Information  
Insurance : TEST INS  
Contact :  
BIN : 741852  
Group Number : 12454  
Cardholder ID : 000011322P

Enter ?? for more actions

VW View Rx                      IGN Ignore Reject            OVR Submit Override Codes  
MP Medication Profile        RES Resubmit Claim        CSD Change Suspense  
Select: Quit// ??

The following actions are also available:

COM	Add Comments	DN	Down a Line	PS	Print Screen
CLA	Submit Clarif. Code	UP	Up a Line	PT	Print List
ED	Edit Rx	FS	First Screen	SL	Search List
PA	Submit Prior Auth.	LS	Last Screen	ADPL	Auto Display(On/Off)
+	Next Screen	GO	Go to Page	QU	Quit
-	Previous Screen	RD	Re Display Screen	ARI	View Addtnl Rej Info

### Example: Viewing Additional Reject Information

The following is an example of the Additional Reject Information display for a prescription.

Select: Quit// ??

The following actions are also available:

COM	Add Comments	DN	Down a Line	PS	Print Screen
CLA	Submit Clarif. Code	UP	Up a Line	PT	Print List
ED	Edit Rx	FS	First Screen	SL	Search List
PA	Submit Prior Auth.	LS	Last Screen	ADPL	Auto Display(On/Off)
+	Next Screen	GO	Go to Page	QU	Quit
-	Previous Screen	RD	Re Display Screen	ARI	View Addtnl Rej Info

Select: Quit// **ARI**            View Addtnl Rej Info

Additional Reject Info	Aug 02, 2011@12:24:51	Page: 1 of 8
Division : CHEYENNE VAM&ROC		NPI#: 4020000012
Patient : ECMETEST,JCH(5454) Sex: M		DOB: JAN 2,1968(43)
Rx# : 2054809/1 ECME#: 000001614676	Date of Service: Jun 08, 2011	
CMOP Drug: DOCUSATE NA 100MG CA		NDC Code: 54629-0600-01

Payer Msg: THIS PRESCRIPTION CANNOT BE FILLED BECAUSE IT IS A DISCONTINUED DRUG.  
RECOMMEND GENERIC VERSION.

Payer Addl Msg: POSSIBLE REPLACEMENTS ARE THE FOLLOWING:

DRUG A  
DRUG B

DUR Response: 1  
Reason Code: TD (THERAPEUTIC )  
Clinical Significance Code: MINOR  
Other Pharmacy Indicator: OTHER PHARMACY SAME CHAIN  
+            Enter ?? for more actions

Select Action:Next Screen//

Additional Reject Info	Aug 02, 2011@12:26:32	Page: 2 of 8
Division : CHEYENNE VAM&ROC		NPI#: 4020000012
Patient : ECMETEST,JCH(5454) Sex: M		DOB: JAN 2,1968(43)
Rx# : 2054809/1 ECME#: 000001614676	Date of Service: Jun 08, 2011	
CMOP Drug: DOCUSATE NA 100MG CA		NDC Code: 54629-0600-01

+

```

Previous Date of Fill:
Quantity of Previous Fill: 9999999987
Database Indicator: OTHER
Other Prescriber Indicator: OTHER PRESCRIBER
DUR Text: POSSIBLE DRUG INTERACTION
DUR Add Text: CHECK MEDICATION HISTORY

DUR Response: 2
Reason Code: TD (THERAPEUTIC )
Clinical Significance Code: MINOR
Other Pharmacy Indicator: OTHER PHARMACY SAME CHAIN
Previous Date of Fill: July 15, 2011
Quantity of Previous Fill: 0000090000
Database Indicator: OTHER
+      Enter ?? for more actions

Select Action:Next Screen//

```

One important advantage of having the additional DUR information is the inclusion of the PPS Response information. The information in red above can be used to calculate the next fill date when resolving DUR rejects where the next date of fill is not returned by the payer. The use of this information eliminates a call to the third party in these cases.

#### Example: Clarification Code Submission (continued)

```

Select: Quit// CLA      Submit Clarif. Code

Submission Clarification Code 1: ?

Choose from:
0      NOT SPECIFIED
1      NO OVERRIDE
2      OTHER OVERRIDE
3      VACATION SUPPLY
4      LOST PRESCRIPTION
5      THERAPY CHANGE
6      STARTER DOSE
7      MEDICALLY NECESSARY
8      PROCESS COMPOUND
9      ENCOUNTERS
99     OTHER

Submission Clarification Code 1: 3  VACATION SUPPLY

Submission Clarification Code 2: 5  THERAPY CHANGE

Submission Clarification Code 3: 4  LOST PRESCRIPTION

      When you confirm, a new claim will be submitted for
      the prescription and this REJECT will be marked
      resolved.

      Confirm? ? YES//  <Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting

```

#### Example: Rejected Prescription –Adding Comments

The following is an example of comments added to a rejected prescription.

```

Select: Quit// ??

```

```

The following actions are also available:
COM Add Comments          DN Down a Line          PS Print Screen
CLA Submit Clarif. Code  UP Up a Line            PT Print List
ED Edit Rx               FS First Screen          SL Search List
PA Submit Prior Auth.    LS Last Screen          ADPL Auto Display(On/Off)
+ Next Screen           GO Go to Page           QU Quit
- Previous Screen       RD Re Display Screen    ARI View Addtnl Rej Info
Select: Quit// COM      Add Comments

Comment: ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET
BACK TO ME ON MONDAY.

Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15      Page: 1 of 1
Division : ALBANY                                     NPI#: 1234567890   NCPDP: 4150001
Patient : OPPATIENT,FOUR(000-01-1322P) Sex: M          DOB: JAN 13,1922(83)
Rx# : 100003872/0 ECME#: 000000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA                      NDC Code: 54629-0600-01

REJECT Information
Reject Type : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg : DUR Reject Error
Reason : UNNECESSARY DRUG
DUR Text : RETAIL

COMMENTS
- JUN 2, 2007@2:30:10 - ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET
BACK TO ME ON MONDAY (OPUSER,ONE)

INSURANCE Information
Insurance : TEST INS
Contact :
Group Name : RXINS
Group Number : 12454
Cardholder ID : 000011322P

Enter ?? for more actions
VW View Rx          IGN Ignore Reject          OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim      CSD Change Suspense
Select: Quit//

```

## TRICARE CHAMPVA Bypass/Override Report [PSO BYPASS/OVERRIDE REPORT]

This option provides information in a detail or summary report format that will list prescriptions where the Bypass or Override was performed to enable processing of these TRICARE and CHAMPVA prescriptions. The user has the ability to list (I)npatient; (N)on-Billable Product; (R)eject Override; (P)artial Fill; or (A)ll. Besides allowing the selection of all types, the report allows the selection of one or two types. For example, the user can select Non-billable and Reject for the same report.



This menu option is locked with the [PSO TRICARE/CHAMPVA MGR security key](#).

### Example: Accessing the TRICARE CHAMPVA Bypass/Override Report

```

Select Rx (Prescriptions) Option: ePharmacy Menu

IR Ignored Rejects Report
MP ePharmacy Medication Profile (View Only)
NV NDC Validation
PF ePharmacy Medication Profile Division Preferences
SP ePharmacy Site Parameters
VP Third Party Payer Rejects - View/Process
WL Third Party Payer Rejects - Worklist
TC TRICARE CHAMPVA Bypass/Override Report

```

You've got PRIORITY mail!

Select ePharmacy Menu Option: TC TRICARE CHAMPVA Bypass/Override Report

Select one of the following:

D	DIVISION
A	ALL

Select Certain Pharmacy (D)ivisions or (A)LL:

### Example: TRICARE CHAMPVA Bypass/Override Report Filters and Data Elements

Select one of the following:

D	DIVISION
A	ALL

Select Certain Pharmacy (D)ivisions or (A)LL: DIVISION

Select ECME Pharmacy Division(s): BATTLE CREEK

Selected:

BATTLE CREEK

Select ECME Pharmacy Division(s): GRAND RAPIDS MI CBOC 515BY VA GRAND RAPIDS OPC  
515BY VA GRAND RAPIDS OPC

Selected:

BATTLE CREEK
VA GRAND RAPIDS OPC

Select ECME Pharmacy Division(s):

Select one of the following:

T	TRICARE
C	CHAMPVA
A	ALL

Display (T)RICARE, (C)HAMPVA or (A)LL Entries: ALL// ALL

Select one of the following:

S	Summary
D	Detail

Display (S)ummary or (D)etail Format: Detail//

START WITH TRANSACTION DATE: T-1// T-10 (APR 30, 2010)

GO TO TRANSACTION DATE: T// T-9 (MAY 01, 2010)

Select one of the following:

I	INPATIENT
N	NON-BILLABLE PRODUCT
R	REJECT OVERRIDE
P	PARTIAL FILL
A	ALL

Select one of the following: \*\*Can select multiples - limit of 2\*\* : <no default> ALL

Select one of the following:

S	SPECIFIC PHARMACIST(S)
A	ALL PHARMACISTS

Select Specific Pharmacist(s) or ALL Pharmacists: ALL//

Select one of the following:

S	SPECIFIC PROVIDER(S)
A	ALL PROVIDERS

Select Specific Provider(s) or include ALL Providers: ALL//

```
Select one of the following:

      R      Pharmacist
      P      Provider/Prescriber Name

Group/Subtotal Report by Pharmacy (R)Pharmacist or (P)rovider: <no default> Pharmacist

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// 0:132;99  INCOMING TELNET

Please wait...
```

\*\* When selecting from above, Specific Pharmacist(s), the user will be able to continue selecting Pharmacist(s) as necessary. This filter will have the same functionality as the Division/Insurance Company selection filters.

\*\* When selecting from above, Specific Provider(s), the user will be able to continue selecting Provider(s) as necessary. This filter will have the same functionality as the Division/Insurance Company selection filters.



# Example of TRICARE CHAMPVA Bypass/Override Report Summary

```

TRICARE CHAMPVA BYPASS/OVERRIDE AUDIT REPORT - SUMMARY Print Date: NOV 10, 2010@10:05:26
DIVISION(S): ALL
ELIGIBILITY: ALL
TC TYPES: INPATIENT, NON-BILLABLE PRODUCT, PARTIAL FILL, REJECT OVERRIDE
ALL PRESCRIPTIONS BY AUDIT DATE: From 10/31/10 through 11/10/10
=====
-----
DIVISION: DIVISION ONE

***** CHAMPVA INPATIENT *****

      PHARMACIST: PHARMACIST, ONE      -----
      SUB-TOTALS                        45.00
      RX COUNT                          1
      MEAN                             10.00

      PHARMACIST: PHARMACIST, TWO      -----
      SUB-TOTALS                        30.00
      RX COUNT                          1
      MEAN                             30.00
      -----

CHAMPVA INPATIENT
SUBTOTALS                        75.00
RX COUNT                        2
MEAN                           37.50

***** CHAMPVA NON-BILLABLE PRODUCT *****

      PHARMACIST: PHARMACIST, THREE      -----
      SUB-TOTALS                        20.00
      RX COUNT                          1
      MEAN                             20.00

CHAMPVA NON-BILLABLE PRODUCT
SUBTOTALS                        20.00
RX COUNT                        1
MEAN                           20.00

***** CHAMPVA PARTIAL FILL *****

      PHARMACIST: PHARMACIST, FOUR      -----
      SUB-TOTALS                        16.20
      RX COUNT                          2
      MEAN                             8.10

```

PHARMACIST: PHARMACIST,FIVE	-----	
SUB-TOTALS		8.00
RX COUNT		1
MEAN		8.00
PHARMACIST: PHARMACIST,SIX	-----	
SUB-TOTALS		23.58
RX COUNT		1
MEAN		23.58
CHAMPVA PARTIAL FILL		
SUBTOTALS		47.78
RX COUNT		4
MEAN		11.95
***** CHAMPVA REJECT OVERRIDE *****		
CHAMPVA REJECT OVERRIDE		
SUBTOTALS		0.00
RX COUNT		0
MEAN		0.00
***** TRICARE INPATIENT *****		
TRICARE INPATIENT		
SUBTOTALS		11.93
RX COUNT		1
MEAN		11.93
***** TRICARE NON-BILLABLE PRODUCT *****		
PHARMACIST: OPPHARM,ONE	-----	
SUB-TOTALS		8.03
RX COUNT		1
MEAN		8.03
TRICARE NON-BILLABLE PRODUCT		
SUBTOTALS		8.03
RX COUNT		1
MEAN		8.03
***** TRICARE PARTIAL FILL *****		
PHARMACIST: OPPHARM,FOUR	-----	
SUB-TOTALS		8.54
RX COUNT		1
MEAN		8.54



PHARMACIST: OPPHARM,FIVE	-----
SUB-TOTALS	16.20
RX COUNT	2
MEAN	8.10
TRICARE PARTIAL FILL	
SUBTOTALS	24.74
RX COUNT	3
MEAN	8.25
***** TRICARE REJECT OVERRIDE *****	
PHARMACIST: OPPHARM,TWO	-----
SUB-TOTALS	29.17
RX COUNT	3
MEAN	9.72
PHARMACIST: OPPHARM,THREE	-----
SUB-TOTALS	10.38
RX COUNT	1
MEAN	10.38
TRICARE REJECT OVERRIDE	
SUBTOTALS	39.55
RX COUNT	4
MEAN	9.89
DIVISION DIVISION ONE	-----
SUBTOTALS	154.51
RX COUNT	9
MEAN	17.17
GRAND TOTALS	-----
RX COUNT	154.51
MEAN	9
	17.17
	-----
REPORT HAS FINISHED	
Press Return to continue, '^' to exit:	

# Example of TRICARE CHAMPVA Bypass/Override Report Detail

TRICARE CHAMPVA BYPASS/OVERRIDE AUDIT REPORT -			DETAIL Print Date: OCT 31, 2010@11:59:22			Page: 1	
DIVISION(S): DIVISION ONE, DIVISION TWO							
ELIGIBILITY: ALL							
TC TYPES: INPATIENT, NON-BILLABLE PRODUCT, PARTIAL FILL, REJECT OVERRIDE							
ALL PRESCRIPTIONS BY AUDIT DATE: From 09/01/10 through 09/30/10							
=====							
BENEFICIARY NAME/ID		RX#	REF/ECME#	RX DATE	RX INFO		
ACTION DATE	USER NAME		\$BILLED	QTY	NDC#	DRUG	
=====							
-----							
DIVISION: DIVISION ONE							
***** CHAMPVA INPATIENT *****							
CVAPATIENT,TWO/xxxx		10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10	POSTMASTER		45.00	180	06524328809	METFORMIN HCL 500MG TAB	
CHAMPVA INPATIENT/DISCHARGE							
CVAPATIENT,THREE/xxxx		10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10	POSTMASTER		30.00	180	06524328809	METFORMIN HCL 500MG TAB	
CHAMPVA INPATIENT/DISCHARGE							
CHAMPVA INPATIENT							
SUBTOTALS			75.00				
RX COUNT			2				
MEAN			37.50				
***** CHAMPVA NON-BILLABLE PRODUCT*****							
CVAPATIENT,ONE/xxxx		10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10	POSTMASTER		20.00	180	06524328809	DOCUSATE NA 100MG CA	
ec CHAMPVA DRUG NOT BILLABLE							
Fill Per Provider							
PSOUSER,ONE							
SUB-TOTALS			20.00				
RX COUNT			1				
MEAN			20.00				
CHAMPVA NON-BILLABLE PRODUCT							
SUBTOTALS			20.00				
RX COUNT			1				
MEAN			20.00				

```

***** CHAMPVA PARTIAL FILL *****
OPCVA,TWO/272P          2719140          0/N/A          07/27/11          W ** AC/N
07/27/11          PSOUSER,THREE          8.18          60          51111048893          ACETAMINOPHEN 325MG TAB
eC:CHAMPVA-DRUG NON BILLABLE
CHAMPVA Partial Fill

OPCVA,TWO/272P          2719141          0/000004315966      07/27/11          W ** AC/N
07/27/11          PSOUSER,THREE          8.02          1          58177032404          NITROGLYCERIN 0.4MG SL T
79:Refill Too Soon
CHAMPVA Partial Fill

          PSOUSER,ONE
          SUBTOTALS          16.20
          RX COUNT          2
          MEAN          8.10

TCOUSER,TWO/265P          2719348          0/N/A          09/08/11          W ** AC/N
09/08/11          PSOUSER,FOUR          8.00          1          51111048893          ACETAMINOPHEN 325MG TAB
CHAMPVA Partial Fill

          PSOUSER,TWO
          SUBTOTALS          8.00
          RX COUNT          1
          MEAN          8.00

TCOUSER,TWO/265P          2719354          0/000004316183      09/08/11          W ** AC/N
09/08/11          PSOUSER,FOUR          23.58          30          00052047260          CALCIFEDIOL 20MCG CAPS
79:Refill Too Soon
22:M/I Dispense As Written (DAW)/Product Selection Code
23:M/I Ingredient Cost Submitted
24:M/I SALES TAX
25:M/I Prescriber ID
26:M/I Unit Of Measure
CHAMPVA Partial Fill

          PSOUSER,FIVE
          SUBTOTALS          23.58
          RX COUNT          1
          MEAN          23.58

          CHAMPVA PARTIAL FILL
          SUBTOTALS          47.78
          RX COUNT          4
          MEAN          11.95

```

```

***** CHAMPVA REJECT OVERRIDE *****
CHAMPVA REJECT OVERRIDE
SUBTOTALS                                0.00
RX COUNT                                0
MEAN                                    0.00

***** TRICARE INPATIENT *****
OPPATIENT,TRIONE/XXXX      10750XXXX$      0/000009300XXX      09/10/10      C RT AC/N
09/10/10      POSTMASTER      45.00      180      06XXX3XXXXX      METFORMIN HCL 500MG TAB
TRICARE Inpatient/Discharge

TRICARE INPATIENT
SUBTOTALS                                45.00
RX COUNT                                1
MEAN                                    45.00

***** TRICARE NON-BILLABLE PRODUCT*****
OPPATIENT,TRITWO/XXXX      1075XXXXX$      0/00000930XXXX      09/10/10      C RT AC/N
09/10/10      OPPhARM,ONE      20.00      180      06XXX3XXXXX      DOCUSATE NA 100MG CA
eT TRICARE DRUG NOT BILLABLE
Fill Per Provider

OPPhARM,ONE
SUB-TOTALS                                20.00
RX COUNT                                1
MEAN                                    20.00

TRICARE NON-BILLABLE PRODUCT
SUBTOTALS                                20.00
RX COUNT                                1
MEAN                                    20.00

***** TRICARE REJECT OVERRIDE *****
OPPATIENT,TRIFOUR/XXXX      107XXXX0B$      0/00000930XXXX      09/10/10      C RT AC/N
09/10/10      OPPhARM,ONE      20.00      180      06524328809      DOCUSATE NA 100MG CA
50:Non-Matched Pharmacy Number
25:M/I Prescriber ID

OPPhARM,ONE
SUB-TOTALS                                20.00
RX COUNT                                1
MEAN                                    20.00

TRICARE REJECT
SUBTOTALS                                20.00

```

RX COUNT	1					
MEAN	20.00					
DIVISION: DIVISION ONE						
SUBTOTALS	180.00					
RX COUNT	6					
MEAN	30.00					
DIVISION: DIVISION TWO						
***** CHAMPVA INPATIENT *****						
CVAPATIENT,TWO/xxxx	10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10 POSTMASTER		10.00	180	06524328809		METFORMIN HCL 500MG TAB
CHAMPVA INPATIENT/DISCHARGE						
SUB-TOTALS	10.00					
RX COUNT	1					
MEAN	10.00					
CVAPATIENT,THREE/xxxx	10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10 POSTMASTER		40.00	180	06524328809		METFORMIN HCL 500MG TAB
CHAMPVA INPATIENT/DISCHARGE						
SUB-TOTALS	40.00					
RX COUNT	1					
MEAN	40.00					
CHAMPVA INPATIENT						
SUBTOTALS	50.00					
RX COUNT	2					
MEAN	25.00					
***** CHAMPVA NON-BILLABLE PRODUCT*****						
CVAPATIENT,ONE/xxxx	10750570B\$	0/000009300476	02/13/10	C RT	AC/N	
02/13/10 POSTMASTER		60.00	180	06524328809		DOCUSATE NA 100MG CA
ec CHAMPVA DRUG NOT BILLABLE						
Fill Per Provider						
OPUSER,SIX						
SUB-TOTALS	60.00					
RX COUNT	1					
MEAN	60.00					
CHAMPVA NON-BILLABLE PRODUCT						
SUBTOTALS	60.00					
RX COUNT	1					
MEAN	60.00					

```

***** CHAMPVA PARTIAL FILL *****
OPCVA,TWO/272P          2719140          0/N/A          07/27/11          W ** AC/N
07/27/11          OPUSER,THREE          8.18          60          51111048893          ACETAMINOPHEN 325MG TAB
eC:CHAMPVA-DRUG NON BILLABLE

      CHAMPVA Partial Fill

OPCVA,TWO/272P          2719141          0/000004315966          07/27/11          W ** AC/N
07/27/11          OPUSER,THREE          8.02          1          58177032404          NITROGLYCERIN 0.4MG SL T
79:Refill Too Soon
CHAMPVA Partial Fill

      OPUSER,TWO
      SUBTOTALS          16.20
      RX COUNT          2
      MEAN          8.10

      CHAMPVA PARTIAL FILL
      SUBTOTALS          16.20
      RX COUNT          2
      MEAN          8.10

***** CHAMPVA REJECT OVERRIDE *****

      CHAMPVA REJECT OVERRIDE
      SUBTOTALS          0.00
      RX COUNT          0
      MEAN          0.00

***** TRICARE INPATIENT *****

OPPATIENT,TRISIX/XXXX          107XXXXXX$          0/00000930XXXX          09/10/10          C RT AC/N
09/10/10          POSTMASTER          10.00          180          06XXXXXXXXXX          METFORMIN HCL 500MG TAB
      PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.

OPPATIENT,TRISEVEN/XXXX          107XXXXXB$          0/0000093XXXXX          09/10/10          C RT AC/N
09/10/10          POSTMASTER          40.00          180          06XXXXXXXXXX          METFORMIN HCL 500MG TAB
      PATIENT IS CURRENTLY ON A WEEKEND PASS AND WILL RETURN ON MONDAY 09/13/2010.

      TRICARE INPATIENT
      SUB-TOTALS          50.00
      RX COUNT          2
      MEAN          50.00

***** TRICARE NON-BILLABLE PRODUCT *****

OPPATIENT,TRIEIGHT/XXXX          107XXXXXX$          0/000009300XXX          09/10/10          C RT AC/N
09/10/10          OPPHARM,THREE          60.00          180          06XXX3XXXXX          DOCUSATE NA 100MG CA
eT TRICARE DRUG NOT BILLABLE

```

```

Fill Per Provider

      OPHRAM,THREE
      SUBTOTALS                60.00
      RX COUNT                  1
      MEAN                      60.00

      TRICARE NON-BILLABLE PRODUCT
      SUBTOTALS                60.00
      RX COUNT                  1
      MEAN                      60.00

***** TRICARE REJECT OVERRIDE *****

OPPATIENT,TRININE/XXXX      107XXXXXX$      0/00000930XXXX      09/10/10      C RT AC/N
09/10/10 OPHARM,TWO                20.00      180      06XXXXXXXXXX      METFORMIN HCL 500MG TAB
Claim ID: VA2005-056XXXX-XXXXXX-0007XXX
50:Non-Matched Pharmacy Number
25:M/I Prescriber ID

      OPPHARM,TWO
      SUBTOTALS                20.00
      RX COUNT                  1
      MEAN                      20.00

      TRICARE REJECT
      SUBTOTALS                20.00
      RX COUNT                  1
      MEAN                      20.00

DIVISION: DIVISION TWO
SUBTOTALS                200.00
RX COUNT                  7
MEAN                      28.57

GRAND TOTALS                380.00
RX COUNT                  13
MEAN                      29.23

REPORT HAS FINISHED

Press RETURN to continue, '^' to exit:

```

*(This page included for two-sided copying.)*



## **TRICARE/CHAMPVA Reject Processing**

The Third Party Payer Rejects – Worklist [PSO REJECTS WORKLIST] and Third Party Payer Rejects – View/Process [PSO REJECTS VIEW/PROCESS] options have been modified in the following manner:

### **Display of non-DUR/RTS rejects**

- Non-DUR/RTS TRICARE and CHAMPVA rejections each will be segregated into distinct sections. They will be denoted with a "TRICARE – Non-DUR/RTS" or "CHAMPVA – Non-DUR/RTS" header. This header remains regardless of whether the GI – Group by Insurance action is toggled on or off. The TRICARE and CHAMPVA sections sort in the same manner as the main sort for non-TRICARE/CHAMPVA prescriptions (by Rx, drug, patient).

```
Insurance Rejects-Worklist      Aug 13, 2008@16:04:05          Page:    1 of    1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS

# Rx#      PATIENT(ID) [^]      DRUG      REASON
1 101238    ECMEIBTEST,ONE(5566)      MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
Payer Message:
2 100739    ECMEPAT,TWO(8887)          BENZTROPINE 2MG TAB 79 :REFILL TOO SO
Payer Message:
3 101960    OPTRICARE,ONE(4789)        ACETAZOLAMIDE 250MG 79 :REFILL TOO SO
Payer Message:
                                CHAMPVA - Non-DUR/RTS
4 101358    OPCVACARE,ONE(7895)        BACLOFEN 10MG TABS 07 :M/I Cardholde
Payer Message:
5 100923    OPCVACARE,TWO(4933)        LORAZEPAM 1MG TAB 07 :M/I Cardholde
Payer Message:
                                TRICARE - Non-DUR/RTS
6 101980    OPTRICARE,ONE(4789)        DANTROLENE 25MG CAP 14 :M/I Eligibili
Payer Message:
Select the entry # to view or ?? for more actions
DR Sort by Drug      RE Sort by Reason      RX Sort by Prescription
PA Sort by Patient    RF Screen Refresh      GI Group by Insurance
Select: Quit//
```

- TRICARE and CHAMPVA DUR/RTS rejects display with all other DUR/RTS rejects. See the boxed text in the example below. Sequences 5 and 9 are rejects for the same prescription. Also note that in the following example GI – Group by Insurance action is toggled OFF.

```
Insurance Rejects-Worklist      Aug 13, 2008@16:10:22          Page:    1 of    1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS

# Rx#      PATIENT(ID) [^]      DRUG      REASON
1 101238    ECMEIBTEST,ONE(5566)      MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
Payer Message:
2 100739    ECMEPAT,TWO(8887)          BENZTROPINE 2MG TAB 79 :REFILL TOO SO
Payer Message:
3 101358    OPCVACARE,ONE(7895)        BACLOFEN 10MG TABS 07 :REFILL TOO SO
Payer Message:
4 101960    OPTRICARE,ONE(4789)        ACETAZOLAMIDE 250MG 79 :REFILL TOO SO
Payer Message:
5 101981    OPTRICARE,ONE(4789)        ATENOLOL 100MG TAB 79 :REFILL TOO SO
Payer Message:
                                CHAMPVA - Non-DUR/RTS
6 101358    OPCVACARE,ONE(7895)        BACLOFEN 10MG TABS 07 :M/I Cardholde
Payer Message:
7 100923    OPCVACARE,TWO(4933)        LORAZEPAM 1MG TAB 07 :M/I Cardholde
Payer Message:
                                TRICARE - Non-DUR/RTS
8 101980    OPTRICARE,ONE(4789)        DANTROLENE 25MG CAP 14 :M/I Eligibili
Payer Message:
```

```

9 101981      OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB    14 :M/I Eligibili
Payer Message:

      Select the entry # to view or ?? for more actions
DR  Sort by Drug      RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient    RF  Screen Refresh      GI  Group by Insurance
Select: Quit//

```

When GI – Group by Insurance action is toggled ON, the headers "TRICARE" and "CHAMPVA" display, and these "TRICARE" and "CHAMPVA" sections sort alphabetically within RTS/DUR insurances. These TRICARE/CHAMPVA sections are separate from the Non-DUR/RTS section.

#### Example with GI action toggled on:

```

Insurance Rejects-Worklist    Aug 13, 2008@16:12:46    Page:    1 of    1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS GROUPED BY INSURANCE
# Rx#      PATIENT(ID) [^]      DRUG      REASON
      BLUE CROSS BLUE SHIELD
1 100739    ECMEPAT,TWO(8887)      BENZTROPINE 2MG TAB    79 :REFILL TOO SO
Payer Message:
      CHAMPVA
2 101358    OPCVACARE,ONE(7895)      BACLOFEN 10MG TABS    07 :REFILL TOO SO
Payer Message:
      TRICARE
3 101960    OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG    79 :REFILL TOO SO
Payer Message:
      ZENITH ADMINISTRATORS
4 101238    ECMEIBTEST,ONE(5566)      MEDROXYPROGESTRONE 1  79 :REFILL TOO SO
Payer Message:
5 101981    OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB    79 :REFILL TOO SO
Payer Message:
      CHAMPVA - Non-DUR/RTS
6 101358    OPCVACARE,ONE(7895)      BACLOFEN 10MG TABS    07 :M/I Cardholde
Payer Message:
7 100923    OPCVACARE,TWO(4933)      LORAZEPAM 1MG TAB     07 :M/I Cardholde
Payer Message:
      TRICARE - Non-DUR/RTS
8 101980    OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP    14 :M/I Eligibili
Payer Message:
9 101981    OPTRICARE,ONE(4789)      ATENOLOL 100MG TAB    14 :M/I Eligibili
Payer Message:
      Select the entry # to view or ?? for more actions
DR  Sort by Drug      RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient    RF  Screen Refresh      GI  Group by Insurance
Select: Quit//

```

The TRI – Show/Hide TRICARE and CVA – Show/Hide CHAMPVA toggle actions can be found on the hidden menu on the Insurance Rejects screen. When the TRI action is toggled to Show, TRICARE Non-DUR/RTS rejects will automatically display in the listing. Toggling the TRI action to Hide will remove them from the screen. The CVA action behaves likewise for CHAMPVA Non-DUR/RTS rejects.

#### Example with TRICARE and CHAMPVA rejects displayed:

```

Insurance Rejects-Worklist    Aug 13, 2008@16:04:05    Page:    1 of    1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
# Rx#      PATIENT(ID) [^]      DRUG      REASON
1 101238    ECMEIBTEST,ONE(5566)      MEDROXYPROGESTRONE 1  79 :REFILL TOO SO
Payer Message:
2 100739    ECMEPAT,TWO(8887)      BENZTROPINE 2MG TAB    79 :REFILL TOO SO
Payer Message:

```

```

3 101960      OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
Payer Message:
                                CHAMPVA - Non-DUR/RTS
4 101358      OPCVCARE,ONE(7895)      BACLOFEN 10MG TABS   07 :M/I Cardholde
Payer Message:
                                TRICARE - Non-DUR/RTS
5 101980      OPTRICARE,ONE(4789)      DANTROLENE 25MG CAP  14 :M/I Eligibili
Payer Message:

Select the entry # to view or ?? for more actions
DR  Sort by Drug      RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient   RF  Screen Refresh      GI  Group by Insurance
Select: Quit// ??
The following actions are also available:
TRI Show/Hide TRICARE  CVA Show/Hide CHAMPVA  FS  First Screen
+   Next Screen        LS  Last Screen        SL  Search List
-   Previous Screen    GO  Go to Page        ADPL Auto Display(On/Off)
UP  Up a Line          RD  Re Display Screen  PT  Print List
DN  Down a Line        PS  Print Screen      QU  Quit

Enter RETURN to continue or '^' to exit:

```

#### Example of TRICARE and CHAMPVA rejects removed from display:

```

Insurance Rejects-Worklist      Aug 13, 2008@16:04:05      Page:      1 of      1
Division : ALBANY ISC
Selection : ALL UNRESOLVED REJECTS
# Rx#      PATIENT(ID) [^]      DRUG      REASON
1 101238    ECMEIBTEST,ONE(5566)  MEDROXYPROGESTRONE 1 79 :REFILL TOO SO
Payer Message:
2 100739    ECMEPAT,TWO(8887)      BENZTROPINE 2MG TAB  79 :REFILL TOO SO
Payer Message:
3 101960    OPTRICARE,ONE(4789)      ACETAZOLAMIDE 250MG  79 :REFILL TOO SO
Payer Message:

Select the entry # to view or ?? for more actions
DR  Sort by Drug      RE  Sort by Reason      RX  Sort by Prescription
PA  Sort by Patient   RF  Screen Refresh      GI  Group by Insurance
Select: Quit// ??
The following actions are also available:
TRI Show/Hide TRICARE  CVA Show/Hide CHAMPVA  FS  First Screen
+   Next Screen        LS  Last Screen        SL  Search List
-   Previous Screen    GO  Go to Page        ADPL Auto Display(On/Off)
UP  Up a Line          RD  Re Display Screen  PT  Print List
DN  Down a Line        PS  Print Screen      QU  Quit

Enter RETURN to continue or '^' to exit:

```

### Processing of TRICARE and CHAMPVA Rejections – TRICARE/CHAMPVA Eligible Bypass/Override Functions

- A bypass function is provided to allow continued processing of prescriptions for TRICARE and CHAMPVA eligible inpatients whose Patient status = Inpatient at the time the prescription is issued.

In the following example a patient who has been admitted into a VA hospital (Patient status = Inpatient) is allowed to go on a weekend “pass” and issued outpatient medications such as OTC drugs or supplies for the weekend. The system displays the Non-Billable Reason “TRICARE INPATIENT/DISCHARGE”

on the screen. The display of this Non-Billable Reason is due to the patient having Patient status = Inpatient, the patient is a TRICARE patient with TRICARE Insurance and an outpatient medication, OTC or Supply was issued.

```

ISSUE DATE: OCT 31,2010// (OCT 31, 2010)
FILL DATE: (10/31/2010 - 11/01/2011): OCT 31,2010// (OCT 31, 2010)
Nature of Order: WRITTEN// W
WAS THE PATIENT COUNSELED: NO// NO

Do you want to enter a Progress Note? No// NO

Rx # XXXX885 10/31/10
TRICARE,ONE(XXX-XX-XXXX) #3
TAKE 1 BY MOUTH 9

ACETAMINOPHEN 160MG/5ML ELIXIR (OZ)
VHAPROVIDER,ONE JOHN,DOE
# of Refills: 5

Is this correct? YES//

TRICARE INPATIENT/DISCHARGE

Another New Order for TRICARE,ONE? YES//

```

The following is a sample of the View Prescription ECME Log update. The Non-Billable Reason “TRICARE INPATIENT/DISCHARGE” is now displayed on the View Prescription ECME Log. The TRICARE INPATIENT/DISCHARGE status allows the system to record why a TRICARE prescription was allowed to be bypassed.

#### Example: View Prescription ECME Log entry: TRICARE INPATIENT/DISCHARGE

```

Rx View (Active) Oct 26, 2010@17:07:34 Page: 4 of 4
TRICARE,ONE <NO ALLERGY ASSESSMENT>
PID: XXX-XX-XXXX Ht (cm): ( )
DOB: MAR 16,19xx (xx) Wt (kg): ( )
+_____

Label Log:
# Date Rx Ref Printed By
=====
There are NO Labels printed.

ECME Log:
# Date/Time Rx Ref Initiator Of Activity
=====
1 10/26/10@16:04:50 ORIGINAL JOHN,DOE
Comments: TRICARE-Not ECME Billable: TRICARE INPATIENT/DISCHARGE

Enter ?? for more actions

Select Action:Quit//

```

In a similar situation where a prescription is issued to a CHAMPVA patient with Patient status = Inpatient, the Non-Billable Reason “CHAMPVA INPATIENT/DISCHARGE” would be displayed on the reject processing screen and in the View Prescription ECME Log.

## TRICARE/CHAMPVA Eligible Outpatient Override Function

- An override function is provided to allow continued processing of prescriptions for TRICARE or CHAMPVA eligible outpatients when a rejected response is received from the TRICARE or CHAMPVA payer/PBM.
- The Reject Action prompt will default to “Quit”. If the Q (Quit) action is selected, the rejected claim will go to the TRICARE or CHAMPVA section, as appropriate, of the Pharmacy Third Party Payer Rejects – Worklist. If the D (Discontinue) action is selected, the next prompt “Nature of Order” will default to “Service Reject”. The I (Ignore) action is available if the user holds the [“PSO TRICARE/CHAMPVA” security key](#) and if selected, continued processing will occur.

### Example of Reject Notification Screen Non-DUR/RTS with the action of D (Discontinue)

```
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response
E REJECTED
  21 - M/I Product/Service ID

*** TRICARE - REJECT RECEIVED FROM THIRD PARTY PAYER ***

-----
Division : XXXX DIVISION                      NPI#: XXXXXXXXXX
Patient  : TRICARE,ONE(XXX-XX-XXXX) Sex: M      DOB: OCT 1,19XX(XX)
Rx/Drug  : XXX5341/0 - AMOXICILLIN 250MG CA    ECME#: 000002345678
Reject(s): M/I Product/Service ID (21) Received on NOV 01, 2010@09:30:03.

Insurance : EXPRESS SCRIPT                      Contact:
Group Name : TRICARE                          Group Number: DODA
-----

Select one of the following:

I      (I)gnore - FILL Rx WITHOUT CLAIM SUBMISSION
D      (D)iscontinue - DO NOT FILL PRESCRIPTION
Q      (Q)uit - SEND TO WORKLIST (REQUIRES INTERVENTION)

(I)gnore,(D)iscontinue,(Q)uit: Q//D 
Nature of Order: 

Requesting PROVIDER: VHAPROVIDER,ONE          111      PHYSICIAN
```

In the following example a prescription is rejected from the Third Party Payer with a reject code of (88) DUR REJECT. The pharmacist has the option to Discontinue, Ignore, Override or Quit.



The Ignore action is only displayed for holders of the [PSO TRICARE/CHAMPVA security key](#).

### Example of Reject Notification Screen DUR/RTS

```
88 - DUR Reject Error

*** TRICARE - REJECT RECEIVED FROM THIRD PARTY PAYER ***

-----
Division : XXXXXX                      NPI#: XXXXXXXXXX
Patient  : OPPATIENT,TRICARE (765-XX-XXXX) Sex: F DOB: OCT 17,19XX(XX)
Rx/Drug  : 2718XXX/0 - BALNETAR 7.5 OZ      ECME#: 00000431XXXX
Reject(s): DUR REJECT (88). Received on NOV 01, 2010@07:08:44.

Insurance : EXPRESS SCRIPTS                      Contact:
Group Name : TRICARE                          Group Number: DODA
-----
```

```

Select one of the following:

O      (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
I      (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
D      (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
Q      (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)VERRIDE,(I)GNORE,(D)ISCONTINUE,(Q)UIT: Q// i (I)GNORE - FILL Rx WITHOUT CLAIM
SUBMISSION
You are bypassing claims processing. Do you wish to continue? NO// y YES

```

- For Non-Billable TRICARE or CHAMPVA rejects, a Non-Billable Notification Screen is provided to allow continued processing of prescriptions. The Reject Action prompt will default to “Discontinue”. If the action D (Discontinue) is selected, the prompt “Nature of Order” will default to “Service Reject”. The I (Ignore) action is available if the user holds the [“PSO TRICARE/CHAMPVA” security key](#) and if it is selected, continued processing will occur. If the action Q (Quit) is selected, the Non-Billable TRICARE or CHAMPVA eligible prescription will go to the **Pharmacy Third Party Payer Rejects – Worklist** utilizing either Reject Code “eT” with reject description “TRICARE-DRUG NON BILLABLE” or Reject Code “eC” with reject description “CHAMPVA-DRUG NON BILLABLE (The reject codes “eT” and “eC” are for use internal to the VistA system only and have no relation to any NCPDP reject code listing.) The new entry will be displayed in the TRICARE or CHAMPVA section of the **Pharmacy Third Party Payer Rejects – Worklist**, as applicable.

In the following example a TRICARE Active Duty patient with Outpatient status submits an OTC, Non-Billable drug or supplies prescription for dispensing. The pharmacist will have the option of Discontinuing the Rx, Ignoring the Rx or Quitting. Discontinue is the option displayed below.

#### Example of Non-Billable Notification Screen

```

Is this correct? YES//

DRUG NOT BILLABLE

*** TRICARE - NON-BILLABLE ***

-----
Division : XXXX DIVISION                      NPI#: 9999999999
Patient  : TRICARE,ONE(XXXX) Sex: M           DOB: JAN 1,19XX(XX)
Rx/Drug  : XXX5339/0 - DOCUSATE NA 100MG CA
Date/Time: OCT 31, 2010@12:22:10
Reason   : Drug not billable
-----

This is a non-billable TRICARE prescription.
Select one of the following:
  D      (D)ISCONTINUE - DO NOT FILL PRESCRIPTION
  Q      (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)
  I      (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION

(D)ISCONTINUE,(Q)UIT, (I)GNORE: D// Discontinue

Nature of Order: SERVICE REJECT//

Requesting PROVIDER: VHAPROVIDER,ONE          111      PHYSICIAN

```

In the following example a TRICARE Active Duty patient with Outpatient status submitted an OTC, Non-Billable drug or Supplies prescription for dispensing. The pharmacist selected the Quit option to send the prescription to the worklist for further review. The Non-Billable drug is displayed on the Pharmacy Third Party Payer Rejects – Worklist with a reason code “eT”.

### Example of Pharmacy Third Party Payer Rejects – Worklist

Insurance Rejects-Worklist		Oct 31, 2010@09:15:58	Page: 2 of 5	
Division : ALBANY ISC				
Selection : ALL UNRESOLVED REJECTS				
# Rx#	PATIENT(ID) [^]	DRUG	REASON	
Payer Message:				
TRICARE - Non-DUR/RTS				
13 102xxx	OPTRICARE,ONE(4789)	DIAZOXIDE 300MG INJ	eT	TRICARE-DRUG NON
Payer Message:				
14 102xxx	OPTRICARE,ONE(4789)	MANNITOL 15% S.S. LV 22	:M/I Dispense	
Payer Message:				
15 1028xxx	OPTRICARE,ONE(4789)	METHOCARBAMOL 750MG	34	:M/I Submissio
Payer Message:				
16 103xxx	OPTRICARE,ONE(4789)	BENZTROPINE 2MG TAB	07	:M/I Cardholde
Payer Message:				
17 103xxx	OPTRICARE,ONE(4789)	DEXAMETHASONE 0.5MG	07	:M/I Cardholde
Payer Message:				
18 102xxx	TRICARE,ONLYTRICAR(3939)	NEODECADRON OPHTMALI	07	:M/I Cardholde
Payer Message:				
19 102xxx	TRICARE,ONLYTRICAR(3939)	GENTAMICIN OPHTHALMI	07	:M/I Cardholde
Payer Message:				
+ Select the entry # to view or ?? for more actions				
DR	Sort by Drug	RE	Sort by Reason	RX Sort by Prescription
PA	Sort by Patient	RF	Screen Refresh	GI Group by Insurance
Select: Next Screen//				

- The Non-Billable TRICARE prescriptions will appear on the Reject Information screen shown in the example below once the TRICARE Non-Billable claim has been selected from the Pharmacy Third Party Payer Rejects – Worklist. The screen will display:
  - ECME# field – will be blank
  - Insurance Information – will be blank
  - Reject code section will have the reject code eT and status will state “NO CLAIM SUBMITTED”
  - Available Actions will be DC – Discontinue Rx, VW -View Rx, MP – Medication Profile, FIL – Fill Rx and IGN Ignore Reject (FIL and IGN will require [PSO TRICARE/CHAMPVA security key](#))
  - Available Hidden Actions will be COM – Add Comments, ED – Edit Rx and all other standard List Manager hidden actions
  - If the action DC is chosen, the system will discontinue the prescription and the prompt “Nature of Order” will default to “SERVICE REJECT”
  - The following actions will **not** be selectable when processing a TRICARE or CHAMPVA eligible Non-Billable reject: Resubmit Claim (RES)/Change Suspense Date (CSD)/Submit Override Codes (OVR)/Submit Clarif Code (CLA)/Submit Prior Auth (PA)/Suspense Date Calculation (SDC)/Submit Mult Actions (SMA). If selected for a TRICARE reject, an error message will appear: “[action] not allowed for TRICARE Non-Billable claim”. If selected for a CHAMPVA reject, an error message will appear: “[action] not allowed for CHAMPVA Non-Billable claim”. The only actions available are to Discontinue, Fill the prescription, View prescription or Medication Profile.

### Example of Non-Billable Product Reject Information Screen

Reject Information (TRICARE)		Oct 30, 2010@10:15:01	Page: 1 of 1	
Division : DAYTON		NPI: 4050000015	NCPDP: 4150001	
Patient : TRICARE,TWO(XXX-XX-XXXX)		Sex: M	DOB: JUL 1,19XX(XX)	

```

Rx#       : ###4928/0          ECME# :          Date of Service: Mar 16, 2009
CMOP Drug: DOCUSATE NA 100MG CAP          NDC Code: 54629-0600-01

REJECT Information (TRICARE)
Reject Type   : TRICARE DRUG NOT BILLABLE(eT) received on OCT 17, 2010@13:19:22
Reject Status  : NO CLAIM SUBMITTED
Payer Addl Msg : Not ECME Billable: DRUG NOT BILLABLE
Reason Code   :

COMMENTS
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)

INSURANCE Information
Insurance      :
Contact       :
BIN           :
Group Number  :
Cardholder ID :

Enter ?? for more actions
VW View Rx          FIL Fill Rx          CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx    IGN Ignore Reject
RES Resubmit Claim  OVR Submit Override Codes
Select Item(s): Next Screen//

```

### Example of Non-Billable Product Reject Information Screen displaying the action RES (Resubmit Claim) error message

```

Reject Information (TRICARE) Nov 11, 2010@12:37:30          Page: 1 of 2
Division : DAYTON          NPI: 4050000015          NCPDP: 4150001
Patient  : OPPATIENT,TRICARE(XXX-XX-XXXX) Sex: F          DOB: OCT 7,19XX(XX)
Rx#      : 27XXXXXX/0      ECME# :          Date of Service: Sep 16, 2010
Drug     : ALUMINUM HYDROXIDE GEL 320MG/5ML SUSP          NDC Code: 00054-3035-63

REJECT Information (TRICARE)

Reject Type   : TRICARE DRUG NOT BILLABLE(eT) received on SEP 16, 2010@13:07:12
Reject Status  : NO CLAIM SUBMITTED
Payer Addl Msg : Not ECME Billable: DRUG NOT BILLABLE

Reason Code   :
DUR Text      : _____

COMMENTS
- SEP 16, 2010@13:07:12 - Transferred by (XXXXXXXXXX,XXXX)

INSURANCE Information
Insurance      :
Contact       :
BIN           :
Group Number  :
+ RES not allowed for TRICARE Non-Billable claim.
VW View Rx          FIL Fill Rx          CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx    IGN Ignore Reject
RES Resubmit Claim  OVR Submit Override Codes
Select Item(s): Next Screen//

```

### Reject Information Screen – Electronic Signature and TRICARE/CHAMPVA Justification



This action requires the security key [PSO TRICARE/CHAMPVA](#).

- A user must hold the [“PSO TRICARE/CHAMPVA” security key](#) to perform the Fill Rx (FIL) and Ignore Reject (IGN) actions on the Third Party Payer Rejects – Worklist and the “Ignore” action on the TRICARE or CHAMPVA Reject Notification screen. If the user holds the security key “PSO TRICARE/CHAMPVA”, the prompt will display: “You are bypassing claims



processing. Do you wish to continue?” If the user enters (No=Default), the user will return to the reject notification screen. If the user selects Yes to continue, the system will mimic the current Ignore action/functionality and allow processing of the prescription. The user will be prompted to enter their electronic signature code and asked to enter data into the TRICARE Justification or CHAMPVA Justification field, which is required. The user will be allowed to “^” out of the process. If the user opts to “^” out of the process, they will be taken back to the Reject Information screen prompt.

In the following example a TRICARE patient with Outpatient status submits a prescription for processing and a rejected response is received from the TRICARE payer/PBM. The pharmacist initially sends the prescription to the Third Party Payer Rejects – Worklist then later decides to finish processing the prescription and chooses the FIL action.

#### Example of Reject Information Screen – Electronic Signature and TRICARE Justification

```

Reject Information (TRICARE) Sep 30, 2010@10:25:13 Page: 1 of 1
Division : DAYTON NPI: 4050000015 NCPDP: 4150001
Patient : TRICARE,TWO(XXX-XX-XXXX) Sex: M DOB: JAN 1,19XX(XX)
Rx# : XXX4928/0 ECME#: 000001231234 Date of Service: Feb 08, 2009
CMOP Drug: ACARBOSE 25MG TAB NDC Code: 00026-2863-52

REJECT Information (TRICARE)
Reject Type : M/I Cardholder ID (07)
Reject Status : OPEN/UNRESOLVED - E REJECTED
Payer Addl Msg :
Reason Code :
DUR Text :

COMMENTS
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)

INSURANCE Information
Insurance : EXPRESS SCRIPTS
Contact :
BIN : 741852
Group Number : DODA
Cardholder ID : XXXXXXXX

Enter ?? for more actions
VW View Rx FIL Fill Rx CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx IGN Ignore Reject
RES Resubmit Claim OVR Submit Override Codes
Select Item(s): Quit/FIL

You are bypassing claims processing. Do you wish to continue (Y/N)? No/Yes

Enter your Current Signature Code: SIGNATURE VERIFIED

TRICARE Justification: Patient required medication

```

- If the user does not hold the security key [“PSO TRICARE/CHAMPVA”](#), an on-screen alert to the user will display “Action Requires <PSO TRICARE/CHAMPVA> security key” as displayed in the example below. The user will need to press any key to return to the Reject Information screen.

#### Example of Reject Information Screen – Security Key – ALERT

```

Reject Information (TRICARE) May 15, 2010@11:45:23 Page: 1 of 1
Division : DAYTON NPI: 4050000015 NCPDP: 4150001
Patient : TRICARE,TWO(XXX-XX-XXXX) Sex: M DOB: JAN 1,19XX(XX)
Rx# : XXX4928/0 ECME#: 000001231234 Date of Service: Mar 10, 2009
CMOP Drug: ACARBOSE 25MG TAB NDC Code: 00026-2863-52

```

```

REJECT Information (TRICARE)
Reject Type      : M/I Cardholder ID (07)
Reject Status    : OPEN/UNRESOLVED - E REJECTED
Payer Addl Msg   :
Reason Code      :
DUR Text         :

INSURANCE Information
Insurance        : EXPRESS SCRIPTS
Contact          :
BIN              : 741852
Group Number     : DODA
Cardholder ID    : XXXXXXXX

Action Requires <PSO TRICARE/CHAMPVA> Security Key
VW View Rx       FIL Fill Rx       CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx   IGN Ignore Reject
RES Resubmit Claim   OVR Submit Override Codes
Select Item(s): Quit//

```

- The person that resolves TRICARE and CHAMPVA non-DUR/RTS rejects is dependent upon the type of reject. Dispense As Written (DAW) reject code 22 can be resolved by the pharmacy staff by editing the prescription and entering the appropriate DAW code that results in a claims resubmission. Other insurance-related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action, which will prompt for label print.

```

Reject Information (TRICARE) Aug 27, 2008@17:16:27      Page: 1 of 1
Division : DAYTON      NPI: 4050000015      NCPDP: 4150001
Patient  : OPTRICARE,ONE(666-55-4789) Sex: M      DOB: OCT 18,1963(44)
Rx#       : 102059/0      ECME#: 000000113288 Date of Service: Aug 27, 2008
Drug      : IMIPRAMINE 25MG TAB      NDC Code: 00779-0588-30

REJECT Information (TRICARE)
Reject Type      : M/I Cardholder ID Number (07)
Reject Status    : OPEN/UNRESOLVED - E PAYABLE
Payer Addl Msg   :
Reason Code      :
DUR Text         :

INSURANCE Information
Insurance        : EXPRESS SCRIPTS
Contact          :
BIN              : 741852
Group Number     : DODA
Cardholder ID    : XXXXXXXX

Enter ?? for more actions
VW View Rx       FIL Fill Rx       OVR Submit Override Codes
MP Medication Profile DC Discontinue Rx   CSD Change Suspense Date
Select Item(s): Quit// FIL Fill Rx
                  [Closing all rejections for prescription 102059:
                   07 - ...OK]

Print Label? ? YES//

Select LABEL PRINTER: HOME// UCX/TELNET      Right Margin: 80//

```

For rejects that remain in suspense, the user will be allowed to process the rejection as indicated above, however no labels will be printed until the prescription is pulled early or printed from suspense. Upon resolving the reject, the user will be notified of this information. CMOP prescriptions will function in the same manner.

## **Other Rejects**

### **[PSO REJECTS WORKLIST]**

Rejects under the OTHER REJECTS section of the screen are resolved in the same manner as DUR/RTS rejects. The comments section will denote whether the reject was transferred automatically as is the case in the example below or “Transferred by OPECC” would denote those rejects where the OPECC manually transferred them to pharmacy for resolution.

The following example shows the user selecting to resolve sequence 16 from the Third Party Payer Rejects – Worklist option shown above. The user selects ED to edit the DAW code for the prescription, then resubmits the claim afterward. Since the claim was payable, both the RTS reject in sequence 13 and the DAW reject in sequence 16 were marked resolved. Also both are removed from the worklist after submission. The user then proceeds to Patient Prescription Processing option to view the ECME logs which show that claim resubmission was payable and that both rejects have been resolved.

#### **Example: Resolving Other Rejects**

```

Reject Information(UNRESOLVED)Jul 30, 2008@14:54:51      Page: 1 of 2
Division : CHEYENNE VAM&ROC                          NPI#: 1164471991
Patient : OPPATIENT,FOUR(XXXX) Sex: M                 DOB: OCT 20,1965(42)
Rx# : 2055203/1 ECME#: 000001615102 Date of Service: Jul 15, 2008
CMOP Drug: DANAZOL 50MG CAP                            NDC Code: 00024-0304-06

REJECT Information
Reject Type : 22 - M/I Dispense As Written- received on JUL 30, 2008@14:32:16
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg :
Reason Code :
DUR Text :

OTHER REJECTS
79 - Refill Too Soon

COMMENTS
- JUL 30, 2008@14:32:16 - Automatically transferred due to override for reject
  code. (OPHARM,ONE)

+ Enter ?? for more actions
VW View Rx          IGN Ignore Reject          OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim       CSD Change Suspense Date
Select: Next Screen// ed ED

Jul 30, 2008@14:54:53

```

#### **Example: Resolving Other Rejects (continued)**

```

Rx #: 2055203$e
(1) *Orderable Item: DANAZOL CAP,ORAL
(2) CMOP Drug: DANAZOL 50MG CAP
(3) *Dosage: 50 (MG)
    Verb: TAKE
    Dispense Units: 1
    Noun: CAPSULE
    *Route: ORAL (BY MOUTH)
    *Schedule: BID

```

```

(4)Pat Instructions:
      SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
(5) Patient Status: OUTPT NON-SC
(6) Issue Date: 07/11/08 (7) Fill Date: 07/11/08
      Last Fill Date: 07/15/08 (Window)
Select Action: Next Screen// NEXT SCREEN

      Last Release Date: (8) Lot #:
      Expires: 07/12/09 MFG:
(9) Days Supply: 3 (10) QTY (CAP): 6
(11) # of Refills: 11 Remaining: 10
(12) Provider: OPPROVIDER,ONE
(13) Routing: MAIL (14) Copies: 1
(15) Clinic: Not on File
(16) Division: CHEYENNE VAM&ROC (442)
(17) Pharmacist:
(18) Remarks: New Order Created by copying Rx # 2055182.
(19) Counseling: NO
(20) Refill Data
(21) DAW Code: 0 - NO PRODUCT SELECTION INDICATED
      Finished By: OPHARM,ONE
+ Enter ?? for more actions
DC (Discontinue) PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)
Select Action: Next Screen// 21
DAW CODE: 0// ?

OP Medications (SUSPENDED) Jul 30, 2008@14:54:55 Page: 2 of 3
OPPATIENT,FOUR
PID: 666-55-9987 Ht(cm): _____ (_____)
DOB: OCT 20,1965 (42) Wt(kg): _____ (_____)
+
      Answer with BPS NCPDP DAW CODE
      Choose from:
0 NO PRODUCT SELECTION INDICATED
1 SUBSTITUTION NOT ALLOWED BY PRESCRIBER
2 SUBSTITUTION ALLOWED-PATIENT REQUESTED PRODUCT DISPENSED
3 SUBSTITUTION ALLOWED-PHARMACIST SELECTED PRODUCT DISPENSED
4 SUBSTITUTION ALLOWED-GENERIC DRUG NOT IN STOCK
5 SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC
6 OVERRIDE
7 SUBSTITUTION NOT ALLOWED-BRAND DRUG MANDATED BY LAW
8 SUBSTITUTION ALLOWED-GENERIC DRUG NOT AVAILABLE IN MARKETPLACE
9 OTHER

DAW CODE: 0// 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER
Are You Sure You Want to Update Rx 2055203? Yes// YES

OP Medications (SUSPENDED) Jul 30, 2008@14:55:21 Page: 2 of 3
OPPATIENT,FOUR
PID: 666-55-9987 Ht(cm): _____ (_____)
DOB: OCT 20,1965 (42) Wt(kg): _____ (_____)
+
      Last Release Date: (8) Lot #:
      Expires: 07/12/09 MFG:
(9) Days Supply: 3 (10) QTY (CAP): 6
(11) # of Refills: 11 Remaining: 10
(12) Provider: OPPROVIDER,ONE
(13) Routing: MAIL (14) Copies: 1
(15) Clinic: Not on File
(16) Division: CHEYENNE VAM&ROC (442)
(17) Pharmacist:
(18) Remarks: New Order Created by copying Rx # 2055182.
(19) Counseling: NO
(20) Refill Data
(21) DAW Code: 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER
      Finished By: OPHARM,ONE
+ Enter ?? for more actions
DC (Discontinue) PR (Partial) RL (Release)
ED Edit RF (Refill) RN (Renew)

```

Select Action: Next Screen// ^

Reject Information(UNRESOLVED)Jul 30, 2008@14:55:28 Page: 1 of 2  
Division : CHEYENNE VAM&ROC NPI#: 1164471991  
Patient : OPPATIENT,FOUR(666-55-9987) Sex: M DOB: OCT 20,1965(42)  
Rx# : 2055203/1 ECME#: 000001615102 Date of Service: Jul 15, 2008  
CMOP Drug: DANAZOL 50MG CAP NDC Code: 00024-0304-06

REJECT Information

Reject Type : 22 - M/I Dispense As Written- received on JUL 30, 2008@14:32:16  
Reject Status : OPEN/UNRESOLVED  
Payer Addl Msg :  
Reason Code :  
DUR Text :

OTHER REJECTS

79 - Refill Too Soon

COMMENTS

- JUL 30, 2008@14:32:16 - Automatically transferred due to override for reject code. (OPHARM,ONE)

+ Enter ?? for more actions

VW View Rx	IGN Ignore Reject	OVR Submit Override Codes
MP Medication Profile	RES Resubmit Claim	CSD Change Suspense Date
Select: Next Screen// RES Resubmit Claim		

When you confirm, a new claim will be submitted for the prescription and this REJECT will be marked resolved.

Confirm? YES//

### Example: Resolving Other Rejects (continued)

Prescription 2055203 successfully submitted to ECME for claim generation.

Claim Status:

IN PROGRESS-Waiting to start  
IN PROGRESS-Transmitting  
E PAYABLE

Please wait...

Insurance Rejects-Worklist Jul 30, 2008@14:38:38 Page: 2 of 3  
Division : CHEYENNE VAM&ROC  
Selection : ALL UNRESOLVED REJECTS

#	Rx#	PATIENT(ID) [v]	DRUG	REASON
Payer Message:				
13	2055202	OPPATIENT,FOUR(9987)	BACLOFEN 10MG TAB	79 :REFILL TOO SO
Payer Message:				
14	2055155	OPPATIENT,FOUR(9987)	BENAZEPRIL HCL 40MG	79 :REFILL TOO SO
Payer Message:				
OTHER REJECTS				
15	2055134A	OPPATIENT,FOUR(9987)	CALCIUM GLUCONATE 65	22 :M/I Dispense
Payer Message:				

+ Select the entry # to view or ?? for more actions

DR Sort by Drug	RE Sort by Reason	RX Sort by Prescription
PA Sort by Patient	RF Screen Refresh	GI Group by Insurance
Select: Next Screen//^		

Below is taken from Patient Prescription Processing option for the Rx in this example:

```

Medication Profile          Jul 30, 2008@15:03:25          Page:    1 of    2
OPPATIENT,FOUR
  PID: 666-55-9987          Ht(cm): _____ (_____)
  DOB: OCT 20,1965 (42)     Wt(kg): _____ (_____)
  SEX: MALE
  CrCL: <Not Found>         BSA (m2): _____
                                ISSUE   LAST REF DAY
#  RX #          DRUG          QTY ST  DATE   FILL REM SUP
-----REFILL TOO SOON/DUR REJECTS (Third Party)-----
1 2055202$e      BACLOFEN 10MG TAB          14 S> 07-08 12-12 11  3
2 2055155$e      BENAZEPRIL HCL 40MG TAB      1 S> 06-24 06-26 10  1
3 2055134A$e     CALCIUM GLUCONATE 650MG TAB      4 A> 06-16 07-30 10  2
-----ACTIVE-----
4 2055174$e      ACEBUTOLOL HCL 200MG CAP      1 S> 06-26 06-27 11  1
5 2055123$e      BACITRACIN 500 UNT/GM OPTHALMIC OINT  1 AT 06-13 06-14 10 30
6 2055203$e      DANAZOL 50MG CAP          6 S> 07-11 07-15 10  3
7 2055183$e      FAMCICLOVIR 125MG TAB      2 AT 06-26 06-26 11  2
8 2055215$e      GABAPENTIN 100MG CAP      6 S> 07-30 07-30 11  3
9 2055186$e      HALOPERIDOL 0.5MG TAB      2 AT 06-26 06-26 11  4
+      Enter ?? for more actions
DC  Discontinue      PR  Partial          RL  Release
ED  Edit            RF  (Refill)        RN  RenewSelect Action: Next

Select Action: Next Screen// AL  AL

OP Medications (SUSPENDED)  Jul 30, 2008@15:03:25          Page:    1 of    3
OPPATIENT,FOUR
  PID: 666-55-9987          Ht(cm): _____ (_____)
  DOB: OCT 20,1965 (42)     Wt(kg): _____ (_____)

      Rx #: 2055203$e
(1) *Orderable Item: DANAZOL CAP,ORAL
(2)      CMOP Drug: DANAZOL 50MG CAP
(3)      *Dosage: 50 (MG)
      Verb: TAKE
      Dispense Units: 1
      Noun: CAPSULE
      *Route: ORAL (BY MOUTH)
      *Schedule: BID
(4)Pat Instructions:
      SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
(5) Patient Status: OUTPT NON-SC
(6)      Issue Date: 07/11/08          (7) Fill Date: 07/11/08
      Last Fill Date: 07/15/08 (Window)
+      Enter ?? for more actions
DC  Discontinue      PR  Partial          RL  Release
ED  Edit            RF  (Refill)        RN  Renew
Select Action: Next Screen// AL  AL

Select Activity Log by number
1. Refill      2. Partial      3. Activity      4. Labels
5. Copay      6. ECME          7. CMOP Events  8. All Logs: (1-8): 8// 6

Rx #: 2055203      Original Fill Released:
Routing: Mail      Finished by: OPPHARM,ONE

ECME Log:
#  Date/Time          Rx Ref          Initiator Of Activity
=====
1  7/11/08@10:13:11  ORIGINAL      OPPHARM,ONE
Comments: ECME:PULLED FROM SUSPENSE(NDC:00024-0303-06)-E PAYABLE-pOPP INSURANCE
2  7/30/08@14:32:17  REFILL 1      OPPHARM,TWO
Comments: ECME:PULLED FROM SUSPENSE(NDC:00024-0303-06)-E REJECTED-pOPP INSURANCE
3  7/30/08@14:55:56  REFILL 1      OPPHARM,TWO
Comments: ECME:REJECT WORKLIST-E PAYABLE-pOPP INSURANCE

```

```

ECME REJECT Log:
# Date/Time Rcvd Rx Ref Reject Type STATUS Date/Time Resolved
=====
1 7/30/08@14:32:16 REFILL 1 M/I Dispense As RESOLVED 7/30/08@14:55:40
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)
2 7/30/08@14:32:16 REFILL 1 REFILL TOO SOON RESOLVED 7/30/08@14:55:40
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

Enter ?? for more actions

Select Action:Quit//

```

## View ePharmacy Rx [BPS RPT VIEW ECME RX]

The *View ePharmacy Rx* option allows you to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME. More information on this report is available in the *Electronic Claims Management Engine (ECME) User Manual*.

## **REJECT RESOLUTION REQUIRED Rejects** **[PSO REJECTS WORKLIST]**

Rejects under the REJECT RESOLUTION REQUIRED section of the screen are resolved in the same manner as DUR/RTS rejects. The comments section will denote that the reject was transferred automatically to the Third Party Payer Rejects – Worklist for resolution.

The following is an example of the Reject Information Screen for Reject Resolution Required rejects.

```

Reject Information(UNRESOLVED)Jun 05, 2013@07:46:18 Page: 1 of 1
Division : DAYTON NPI: 4050000015 NCPDP: 4150001
Patient : OPORVET,J-CNF(061P) Sex: M DOB: NOV 20,1961(51)
Rx# : 2720321/0 ECME#: 000004317186 Date of Service: May 28, 2013
Drug : AMPICILLIN 1GM INJ NDC Code: 00015-7404-99

REJECT Information BACK-BILL
Reject Type : 76 - Plan Limitations Exceeded - received on MAY 28, 2013@08:59
Reject Status : OPEN/UNRESOLVED - E PAYABLE
Payer Addl Msg : EMD 1000: CLAIM PAID RX:000004317186FILL:2013-05-28 BIN:610144
PCN:TEST
Reason Code :
+DUR Text :

INSURANCE Information
Insurance : EPOR7 Coord. Of Benefits: PRIMARY
Contact : 333-444-5555
BIN : 610144
Group Number : 777
Cardholder ID : 152364859
Enter ?? for more actions
Cardholder ID : 152364859
Enter ?? for more actions
VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
(I)gnore,(Q)uit: Q//

```

#### COMMENTS

- JUN 11, 2013@11:181 - Automatically transferred due to Reject Resolution Required reject Code. (POSTMASTER)

## MailMan Message for Open/Unresolved Rejects

When prescriptions remain on the Third Party Payer Reject – Worklist over the specified number of days, the system will send a Mailman Message. This message will be sent to the PSO REJECTS BACKGROUND MESSAGE mail group. Those users needing access to this information will need to be added manually to this mail group.

The specified number of days referred to above is the number of days an uncommented reject can remain on the reject worklist without being included in the nightly reject worklist alert mail message. The number of days are defined in the EPHARMACY SITE PARAMETERS file (#52.86) as described in the EPHARMACY SITE PARAMETERS FILE section of this document.

The following are the criteria for generating a Mailman message regarding a rejected claim:

- Prescription is active
- Prescription is unreleased
- Claim is on the Reject Worklist for specified number of days or greater
- Claim has no comments added within date range.

Adding a comment to the reject will automatically reset the clock for the alert. The specified number of days will be site configurable and stored in EPHARMACY SITE PARAMETERS file (#52.86). The initial patch default setting will be five (5) days; however, the site will be able to reset the parameter between one (1) and thirty (30) to generate the alert message. MailMan message will be sent as a Priority message, and there will be a separate MailMan message for each division. The following is an example of the message:

```
Subj: ePharmacy - OPEN/UNRESOLVED REJECTS LIST for ALBANY ISC  [#2680833]
07/25/08@11:52  53 lines
From: OUTPATIENT PHARMACY PACKAGE  In 'IN' basket.  Page 1  *New*
-----
The prescriptions listed below are third party electronically billable and can
not be filled until the rejection is resolved.  No action to resolve the
rejection has taken place within the past 1 days.

Please use the THIRD PARTY PAYER REJECTS WORKLIST option to resolve the
rejection or add a comment to the rejection.

Unresolved rejects will not be sent to CMOP or the local print queue for
filling.  They will continue to show on the rejects list until acted upon.

# RX/FILL      PATIENT(ID)      DRUG                      FILL      REJECT
#              PATIENT(ID)      DRUG                      DATE      DATE
-----
1 100805/1      IBSCDC,TWO(2828)  SIMETHICONE 40MG TAB      6/5/08     6/5/08
Reason: 79 :Refill Too Soon

2 101149/0      OPPATIENT,TH(7789) DIAZEPAM 10MG S.T.      6/9/08     6/9/08
Reason: 75 :Prior Authorization Required
COMMENT: JUN 09, 2008@18:04:35 - Automatically transferred due to
Override for reject code. (PHARM,ONE)

3 100928/0      IBPATIENT,QFO(567) ETHACRYNIC ACID 50MG S.  5/7/08     6/23/08
Reason: 31 :Submission Clarification Code
COMMENT: JUN 23, 2008@15:02:11 - Transferred by OPECC. (OPECC,ONE)

Enter RETURN to continue or '^' to exit:
```



## Alerts for Discontinued CMOP Prescription

### Discontinued by a Background Process

When a CMOP prescription with a status of Transmitted or Retransmitted is discontinued by a background process to the Outpatient Pharmacy options, e.g., CPRS or Registration V. 5.3 packages, an email will be sent to the PSX EXTERNAL DISPENSE ALERTS mail group. If no recipients are defined in the new mail group, the message will be sent to PSXCMOPMGR key holders stating that a prescription was just discontinued and that the CMOP status for the discontinued prescription was either Transmitted or Retransmitted.

```
Subj: TROY - DC Alert on CMOP Rx 123456789 TRANSMITTED  [#90494]
03/03/09@17:37 8 lines
From: POSTMASTER  In 'IN' basket.    Page 1  *New*
-----
Rx #: 123456789    Fill: 0
Patient: OUTPATIENT,DCONE (6660)
Drug: TAMOXIFEN CITRATE 10MG TABS
Rx Status: DISCONTINUED BY PROVIDER
Processing Status: TRANSMITTED to CMOP on 02/27/09
Provider: OPPROVIDER, PROV

*****      Please contact CMOP or take appropriate action      *****

Enter message action (in IN basket): Ignore//
-----
```

### Discontinued by a Foreground Pharmacy Process

When a CMOP prescription with a status of Transmitted or Retransmitted is discontinued by a foreground Pharmacy process due to a duplicate drug scenario that would trigger the duplicate to be discontinued, then the Processing Status field of the duplicate drug message is highlighted to alert the user.

```
-----
Duplicate Drug A AND Z OINTMENT in Prescription: 123456789

Status: Active                               Issued: 11/27/09
Processing Status: Transmitted to CMOP on 11/27/09
SIG: APPLY 1 TUBE TO AFFECTED AREA TWICE A DAY
QTY: 1                                     # of refills: 5
Provider: OPPROVIDER, PROV                 Refills remaining: 5
                                           Last filled on: 11/27/09
                                           Days Supply: 5
-----

Discontinue RX # 123456789?

In the above example, the line "Processing Status: Transmitted to CMOP on 11/27/09" is
bold.
```

### List One Patient's Archived Rx's [PSO ARCHIVE LIST RX'S]

This option shows the basic patient demographics and the prescription numbers and dates of archiving for archived prescriptions for this patient.

## Manual Print of Multi-Rx Forms

### [PSO LM MULTI-RX PRINT]

This option allows the user to reprint the Multi-Rx Refill Request form on laser label stock without having to reprint the entire prescription labels. The user will receive a system confirmation that this form has been queued to print.

#### Example: Manually Printing Multi-Rx Forms

```
Select Rx (Prescriptions) Option: MANual Print of Multi-Rx Forms  
Enter patient to reprint Multi-Rx refill form for: OPPATIENT2,ONE  
Select LABEL DEVICE: LEX2 LEX2$PRT Bay Pines  
  
Multi-Rx form queued to print
```

## Reprint an Outpatient Rx Label

### [PSO RXRPT]

The label reprint function allows a single label or many copies of the same label to be reproduced. When the patient is enrolled in ScripTalk®, a message is displayed to the user indicating this and prompting the user to use the ScripTalk® label for the prescription bottle.

#### Example: Reprinting an Outpatient Rx Label

```
Select Rx (Prescriptions) Option: REPRINT AN OUTPATIENT RX LABEL  
  
Reprint Prescription Label: 400693 ADHESIVE TAPE WATERPROOF 1IN ROLL  
Patient is a ScripTalk patient. Use ScripTalk label for prescription bottle.  
  
Number of Copies? : (1-99): 1// <Enter>  
Print adhesive portion of label only? N// <Enter> O  
Do you want to send to External Interface Device? No// ?  
  
Enter either 'Y' or 'N'.  
  
Do you want to send to External Interface Device? No// NO  
Comments:  
  
Rx # 400693 06/27/03  
OPPATIENT16,ONE #1  
  
AS DIR ON AFFECTED AREA  
  
ADHESIVE TAPE WATERPROOF 1IN ROLL  
OPPROVIDER30,TWO OPPHARMACIST4,THREE  
# of Refills: 2
```

When reprinting, you can choose whether or not you want to resend to a dispensing device using an external interface. If you do choose to resend, then the prescription will be sent to the dispensing system, and an entry will be made in the label log. This documents that this was a reprint and also resent to the dispensing system device. If you do not resend the prescription to the dispensing device, then only one entry is made in the label log.

#### Example: Reprinting an Outpatient Rx Label – Multiple Dispensing Device

```
Select Rx (Prescriptions) Option: REPRINT AN OUTPATIENT RX LABEL  
Reprint Prescription Label: 100002987 BACLOFEN 10MG TABS
```

```

Number of Copies? : (1-99): 1//
Print adhesive portion of label only? ? No// NO
Do you want to resend to Dispensing System Device? No// y YES
Comments: Multiple dispensing devices

Rx # 100002987          05/02/11
OPPATIENT,TEN          #7

TAKE ONE TABLET BY BY MOUTH EVERY DAY FOR 7 DAYS

BACLOFEN 10MG TABS
OPPHARMACIST,FOUR      OPPHARMACIST,NINE
# of Refills: 7

Select LABEL DEVICE: LEXMARK5$PRT

LABEL(S) QUEUED TO PRINT

PRESCRIPTIONS SENT TO:
SCRIPTPRO1
100002987      BACLOFEN 10MG TABS

STORAGE DEVICES
SCRIPTCENTER
100002987      BACLOFEN 10MG TABS

```

## Signature Log Reprint [PSO SIGLOG REPRINT]

This option allows the user to reprint the Signature Log for a prescription. The system will prompt for a prescription number and printer device. The user will receive a system confirmation that this log has been queued to print.

### Example: Reprinting a Signature Log

```

Select Rx (Prescriptions) Option: Signature Log Reprint

Reprint Signature Log for Prescription: 100002277A      PREDNISONE 20MG S.T.

Select LABEL DEVICE: LEX2 LEX2$PRT Bay Pines

Signature Log Reprint queued

```

## View Prescriptions [PSO VIEW]

View the most complete information available for a specific prescription. The activity log lists the date, reason, prescription reference (Rx Ref), the initiator of the activity, and comments. The label log lists the date, prescription (Rx Ref), the person who printed it, and comments. Prescriptions with a deleted status cannot be viewed.

## Restrictions to Providers on Controlled Substances Orders

As part of patch PSO\*7\*391, the Kernel patch XU\*8\*580 introduced new fields to the NEW PERSON file (#200). Apart from the DEA/VA requirement, DEA further classifies what CS schedule a provider is authorized to write. These new fields are:

```
55.1      SCHEDULE II NARCOTIC (S), [PS3;1]
5.2       SCHEDULE II NON-NARCOTIC (S), [PS3;2]
55.3      SCHEDULE III NARCOTIC (S), [PS3;3]
55.4      SCHEDULE III NON-NARCOTIC (S), [PS3;4]
55.5      SCHEDULE IV (S), [PS3;5]
55.6      SCHEDULE V (S), [PS3;6]
```

If one of the above fields is populated for a provider, then when placing a new order in backdoor pharmacy, the software will now check for the drug schedule with the provider privileges. If the provider does not have schedule II privileges, the software will display the following message:

```
"Provider not authorized to write Federal Schedule 2 prescriptions."
```

When placing an order for a CS Detoxification drug, the software will now check for a valid Detoxification number for the provider. If the provider does not have a Detoxification number, the software will display the following message:

```
"Provider must have a DETOX# to order this drug."
```

Prior to PSO\*7\*391, the default days supply for all drugs was based on Patient Rx Status. PSO\*7\*391 changes the default for CS schedule II drugs to be set to 30 (or to the current Patient Rx Status if lower than 30). The Integration Control Registration #3278 that returns day supply (DSUP^PSOSIGDS) is modified to return 30 for CS schedule II drugs.

## Chapter 26: ScripTalk® ‘Talking’ Prescription Labels

ScripTalk® is a registered trademark of En-Vision America.

The ScripTalk software generates prescription labels with speech synthesized patient information. This project helps to increase a patient’s (individuals with visual impairments, dyslexia, and reading problems) ability to comply with their doctor’s orders. Audible prescription information also reduces prescription errors thereby reducing hospital/emergency room visits.

Using the ScripTalk Talking Prescriptions involves the installation of a specialty printer that prints to microchip-embedded label stock. The label will have printed text on it, along with the microchip containing the contents of the label. Pharmacy or other designated staff will enroll patients to receive these labels and issue those patients a special reader. When the patient holds a ScripTalk® label near the reader and presses a button, the content of the label is read aloud.

If a patient is enrolled for ScripTalk and a prescription is ordered under a division that has a ScripTalk printer set-up for auto-print, then whenever a prescription is finished for that patient, a ScripTalk bottle label is automatically queued to print at the same time as the VistA label. The VistA label (either the old format or the new laser label format) will have the drug name on the bottle label voided out with the text "XXXXXX SCRIPTALK RX XXXXXX" to alert the pharmacist to use the actual bottle label from the ScripTalk® printer.



The pharmacy should check each ScripTalk® label for accuracy by using the ScripTalk reader to read the label aloud. The printer encodes the chip while printing the label, but nothing in or attached to VistA can see or tell if the label is valid.

### ScripTalk Main Menu

#### [PSO SCRIPTALK MAIN MENU]

The options on this menu are used for the implementation as well as the maintenance of the various files for the ScripTalk ‘talking’ software. These options allow the set up and testing of the ScripTalk equipment, enter new patients or edit existing patients as receivers of the ‘talking’ prescription labels, and run various reports.

PT	ScripTalk Patient Enter/Edit
QBAR	Queue ScripTalk Label by Barcode
QRX	Queue ScripTalk Label by Rx#
RPT	ScripTalk Reports...
	Reprint a non-voided Outpatient Rx Label
PARM	Set Up and Test ScripTalk Device...

### ScripTalk Patient Enter/Edit

#### [PSO SCRIPTALK PATIENT ENROLL]

This option allows the user to define a patient to receive ScripTalk ‘talking’ prescription labels or to change a patient to not receive the labels.

### Example: Enrolling a ScripTalk Patient

```
Select ScripTalk Main Menu Option: PT  ScripTalk Patient Enter/Edit

Select PATIENT: OP
  1  OPPATIENT16,ONE 04-03-41      000246802      SC VETERAN
  2  OPPATIENT17,ONE 08-30-48      000123456      NON-VETERAN (OTHER)
CHOOSE 1-2: 1  OPPATIENT16,ONE 04-03-41      000246802      SC VETERAN
SCRIPTALK PATIENT? N// YES

REMINDER: CMOP does not fill ScripTalk prescriptions. Please select mail
status:  2 (DO NOT MAIL), 3 (LOCAL REGULAR MAIL) or 4 (LOCAL CERTIFIED MAIL).
MAIL: 2  DO NOT MAIL

      Select one of the following:

          B          BLIND VETERAN
          L          LOW VISION

INDICATION: // BLIND VETERAN
```



The “MAIL:” prompt above is only displayed when the patient is set to a Consolidated Mail Outpatient Pharmacy (CMOP) status or does not have a mail status defined.

A progress note can be automatically placed in the ScripTalk patient’s chart to be signed when that patient is enrolled. To invoke this feature, ask the Text Integration Utility/Computerized Patient Record System (TIU/CPRS) coordinator at the site to create a note entitled “SCRIPTALK ENROLLMENT”. The note contents will be “*Patient Name* was enrolled in ScripTalk today, and is now eligible to receive prescriptions with encoded speech-capable labels”.

### Queue ScripTalk Label by Barcode [PSO SCRIPTALK MANUAL INTERNAL]

This option is used to queue a ScripTalk label to print using the barcode number to identify the label.

#### Example: Queuing a ScripTalk Label to Print by Barcode

```
Select ScripTalk Main Menu Option: QBAR  Queue ScripTalk Label by Barcode
Enter Barcode Rx#:
```

### Queue ScripTalk Label by Rx# [PSO SCRIPTALK MANUAL EXTERNAL]

This option is used to queue a ScripTalk label to print using the prescription number to identify the label.

#### Example: Queuing a ScripTalk Label to Print by Rx#

```
Select ScripTalk Main Menu Option: QRX  Queue ScripTalk Label by Rx#
Select PRESCRIPTION RX #: 400675B      ADHESIVE TAPE WATERPROOF 1IN ROLL

      Queuing ScripTalk label

Select PRESCRIPTION RX #: 12345
  1  12345      NIACIN 250MG SR CAP
  2  1234567A   DIGOXIN 0.05MG CAP
CHOOSE 1-2: 2  1234567A   DIGOXIN 0.05MG CAP
```

```
Patient not enrolled in ScripTalk program.
```

```
Select PRESCRIPTION RX #:
```

## ScripTalk Reports

### [PSO SCRIPTALK REPORTS]

This menu option contains two reports containing ScripTalk® patient information.

- *AUD*    *ScripTalk Audit History Report*
- *WHO*    *Report of ScripTalk Enrollees*

## ScripTalk Audit History Report

### [PSO SCRIPTALK AUDIT HISTORY]

The *ScripTalk Audit History Report* option prints a report that contains all ScripTalk® enrollment activity for a patient.

#### Example: ScripTalk Audit History Report

```
Select ScripTalk Reports Option: AUD  ScripTalk Audit History Report
Select PATIENT: OPPATIENT29,ONE      09-12-19      000876543      SC VETERAN

You may queue the report to print, if you wish.

DEVICE: HOME// <Enter>  GENERIC INCOMING TELNET
```

## Report of ScripTalk Enrollees

### [PSO SCRIPTALK ENROLLEES]

The *Report of ScripTalk Enrollees* option provides a report of patients who are defined to receive ScripTalk® ‘talking’ prescription labels for their outpatient medications. Patients who have a “**No**” answer to the ScripTalk® patient prompt can be excluded from the report.

#### Example: Report of ScripTalk Enrollees

```
Select ScripTalk Reports Option: WHO  Report of ScripTalk Enrollees

Do you want to report only active enrollees? Y// <Enter> ES

You may queue the report to print, if you wish.

DEVICE: HOME// <Enter>  GENERIC INCOMING TELNET

Report of ScripTalk Enrollment          Date printed: Jun 24, 2003      Page: 1

Patient name          SSN
  Indication
-----
OPPATIENT11,ONE      000-46-8024
  BLIND VETERAN
OPPATIENT9,ONE       000-76-5432
  LOW VISION
OPPATIENT6,ONE       000-13-5790
  LOW VISION

Enrollment last updated
-----
Jun 16, 2003@11:57:39
Jun 15, 2003@18:17:30
Jun 18, 2003@03:52:18
```

## Reprint a non-voided Outpatient Rx Label [PSO SCRIPTALK REPRINT VISTA LB]

This option allows the user to reprint an Outpatient Rx label for a ScripTalk® patient without voiding out the drug name.

When reprinting, you can choose whether or not you want to resend to a dispensing device, using an external interface. If you do choose to resend, then the prescription will be sent to the dispensing system, and an entry will be made in the label log. This documents that this was a reprint and also resent to the dispensing system device. If you do not resend the prescription to the dispensing device, then only one entry is made in the label log.

### Example: Reprinting a non-voided Outpatient Rx Label

```
Select ScripTalk Main Menu Option: REprint a non-voided Outpatient Rx Label

Reprint Prescription Label: 400675B          ADHESIVE TAPE WATERPROOF 1IN ROLL
Patient is a ScripTalk patient. Use ScripTalk label for prescription bottle.

Number of Copies? : (1-99): 1// <Enter>
Print adhesive portion of label only? N// <Enter> O
Do you want to send to External Interface Device? No// ?

Enter either 'Y' or 'N'.

Do you want to send to External Interface Device? No// NO
Comments:

Rx # 400675B          06/17/03
OPPATIENT29,ONE      #1

    ON AFFECTED AREA AS DIR

ADHESIVE TAPE WATERPROOF 1IN ROLL
OPPROVIDER16,TWO          OPPHARMACIST24,THREE
# of Refills: 2

Select LABEL DEVICE: PRINTER #3

LABEL(S) QUEUED TO PRINT
```

## Set Up and Test ScripTalk Device [PSO SCRIPTALK SET-UP]

This menu option contains the options necessary to define, set up and test the ScripTalk® device, print a sample ScripTalk® prescription label, and reinitialize the printer.

- *ScripTalk Device Definition Enter/Edit*
- *Print Sample ScripTalk Label*
- *Test ScripTalk Device*
- *Reinitialize ScripTalk Printer*



## ScripTalk Device Definition Enter/Edit [PSO SCRIPTALK DEVICE DEF'N]

The *ScripTalk Device Definition Enter/Edit* option allows the user to define the ScripTalk® device for the division where it will be used and whether the labels should be automatically printed or will be queued for manual print. The printer must be installed and connected to the network server before using this option.

You may now tie a ScripTalk printer to a regular Pharmacy label printer(s) to control where the ScripTalk labels print for multi-divisions. A divisional ScripTalk device must be defined in order for the printer mapping functionality to work correctly. If there aren't any mapped printers, then the system defaults to the divisional printer.

### Example: Defining the ScripTalk® Device

```
Select Set Up and Test ScripTalk Device Option: ScripTalk Device Definition Enter/Edit

Define ScripTalk Printer by (D)ivision or (P)rinter mapping?: (D/P): Division

Division: TROY      514
SCRIPTALK DEVICE: L8150$PRT// <Enter>
SCRIPTALK AUTO-PRINT SETTINGS: ?
    Enter 'A' if ScripTalk label printing should be automatic, "M" if label
    will be queued manually.
    Choose from:
        A      AUTO PRINT
        M      MANUAL PRINT
SCRIPTALK AUTO-PRINT SETTINGS: A AUTO PRINT

Define ScripTalk Printer by (D)ivision or (P)rinter mapping?: (D/P): Printer
Select LABEL PRINTER TO BE MAPPED: LBL$PRT1      Birmingham      PQ$: LBL$PRT1.TXT
    SCRIPTALK DEVICE: L8150$PRT      CIOFO Birmingham      PQ$: L8150$PRT.TXT
Select LABEL PRINTER TO BE MAPPED: LBL$PRT2      Tuscaloosa      PQ$: LBL$PRT2.TXT
    SCRIPTALK DEVICE: L8150$PRT      CIOFO Birmingham      PQ$: L8150$PRT.TXT
Select LABEL PRINTER TO BE MAPPED:

Define ScripTalk Printer by (D)ivision or (P)rinter mapping?: (D/P):
```

If the device is defined for auto-print, and some patients are defined as ScripTalk® patients, then whenever a VistA label is queued, if the prescription belongs to a ScripTalk® patient, a ScripTalk® label should print at the same time.

## Print Sample ScripTalk Label [PSO SCRIPTALK SAMPLE LABEL]

After the printer is defined, a sample ScripTalk® label can be generated. The *Print Sample ScripTalk Label* option allows the user to print a test ScripTalk® label.

### Example: Printing a sample ScripTalk® Label

```
Select Set Up and Test ScripTalk Device Option: Print Sample ScripTalk Label
The following test data will be sent to the ScripTalk printer:

^XA
^FO250,700^XGE:RX.GRF^FS
^FO250,700^XGE:RX.GRF^FS
^AFR,20,10^FO531,50^FR^CI0^FD7305 N. MILITARY TRL Exp: January 01,2002^FS
^AFR,20,10^FO503,50^FR^CI0^FDRX#82382787 January 01,2006 Fill 01 OF 01^FS
^AFR,20,10^FO475,50^FR^CI0^FDONE OPPATIENT23^FS
^AFR,20,10^FO447,50^FR^CI0^FDTAKE 1 CAPSULE THREE TIMES DAILY^FS
^AFR,20,10^FO419,50^FR^CI0^FD^FS
```

```

^AFR,20,10^FO391,50^FR^CI0^FD^FS
^AFR,20,10^FO363,50^FR^CI0^FD^FS
^AFR,20,10^FO335,50^FR^CI0^FDDr. TWO OPPROVIDER30 MD^FS
^AFR,20,10^FO279,50^FR^CI0^FDQTY: 24 TABS^FS
^AFR,20,10^FO251,50^FR^CI0^FDAMOXICILLIN 500MG CAP^FS
^RX01,ONE OPPATIENT23^FS
^RX02,AMOXICILLIN 500MG CAP^FS
^RX03,TAKE 1 CAPSULE THREE TIMES DAILY ^FS
^RX04,010101^FS
^RX05,00^FS
^RX06,020000^FS
^RX07,TWO OPPROVIDER30^FS
^RX08,2928993888^FS
^RX09,82382787^FS
^RX10, ^FS
^PQ1,0,1,Y
^XZ

Task Queued !

Select Set Up and Test ScripTalk Device Option:

```

If the printer did not print the label, check to make sure that the printer is closed very tightly. It may not have been closed completely after loading the labels.

If the printer printed a blank label or one that is extremely faint, use the *Reinitialize ScripTalk printer* option to reinitialize the printer. Then try printing the sample label again.

Once the sample label has printed, it is ready to be read by the reader. To read the label, place it near the face of the reader and hit the round power button on the reader. A series of ticks will be heard as the reader finds and retrieves the information on the label. Then the reader will begin speaking.

## Test ScripTalk Device [PSO SCRIPTALK TEST DEVICE]

The *Test ScripTalk Device* option can be used to send one Zebra Print Language (ZPL) test string to the ScripTalk® printer.

### Example: Testing the ScripTalk® Device

```

Select Set Up and Test ScripTalk Device Option: Test ScripTalk Device
Enter ZPL test string: ^AFR,20,10^FO475,50^FR^CI0^FDONE OPPATIENT23^FS

Task Queued!

```

## Reinitialize ScripTalk Printer [PSO SCRIPTALK REINITIALIZE]

The *Reinitialize ScripTalk Printer* option is used when the printer printed a blank label or one that is extremely faint. The user can reinitialize the printer and then try printing the label again.

### Example: Reinitializing the Printer

```

Select Set Up and Test ScripTalk Device Option: ?

ScripTalk Device Definition Enter/Edit
Print Sample ScripTalk Label
Test ScripTalk Device
Reinitialize ScripTalk Printer

```

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Set Up and Test ScripTalk Device Option: **RE**initialize ScripTalk Printer

Task Queued !

*(This page included for two-sided copying.)*

# Chapter 27: Using the Supervisor Functions Menu

---

This chapter describes the *Supervisor Functions* menu options.

## Supervisor Functions

### [PSO SUPERVISOR]

The options on this menu are used for the implementation as well as the maintenance of the various files for the basic running of the Outpatient Pharmacy software. The following options are available on the Supervisor Menu:

- *Add New Providers*
- *Daily Rx Cost*
- *Delete a Prescription*
- *Edit Provider*
- *Initialize Rx Cost Statistics*
- *Inter-Divisional Processing*
- *Inventory*
- *Lookup Clerk by Code*
- *Lookup National Clean-up Utility Data*
- *Monthly Rx Cost Compilation*
- *Patient Address Changes Report*
- *Pharmacist Enter/Edit*
- *Purge Drug Cost Data*
- *Recompile AMIS Data*
- *Site Parameter Enter/Edit*
- *State Prescription Monitoring Program (SPMP) Menu*
- *View Provider*

## Add New Providers

### [PSO PROVIDER ADD]

This option allows new providers to be entered. If at the "Enter NEW PERSON's name" prompt the name entered is repeated and the display returns to the menu, the provider name entered is already in the file. The *Edit Provider* option must then be used to change existing provider entries.

## Daily Rx Cost

### [PSO COSTDAY]

This option is used to compile pharmacy daily costs.

## Delete a Prescription

### [PSO RXDL]

Using this option, a prescription status can be changed to deleted. Deleted prescriptions do not appear on any profiles.



A released prescription can only be deleted after it has been returned to stock.

## **Edit Provider**

### **[PSO PROVIDER EDIT]**

Edit existing provider entries with this option in the NEW PERSON file.



If the inactive date given for the provider passes, the provider can no longer be used when entering a new prescription. However, the provider will still be available for refills beyond the inactivation date.

## **Initialize Rx Cost Statistics**

### **[PSO COSTINIT]**

This option allows the manager to initialize the system to automatically compile cost data for one day or a range of days.



The default date is today plus 1 at 1:00 a.m. (**T+1@1:00**). The date on the screen represents either a default date/time if the option has never been queued, or the current date/time this option has already been queued to run.

## **Inter-Divisional Processing**

### **[PSO INTERDIV]**

The user can permit or prevent processing between divisions with this option.

## **Inventory**

### **[PSO INVENTORY]**

Use to update the current inventory or set up a starting count of inventory for the pharmacy.



The ORDER UNIT file does not come with data. You must populate this file with your own data.

## **Look-up Clerk by Code**

### **[PSO CLERK]**

Identify the clerk by entering the identifying number. Clerk code-filing uses the internal identifying number of the clerk, which is determined at sign-on time and does not change.

## **Lookup National Clean-Up Utility Data**

### **[PSO NATIONAL CLEAN UP UTIL]**

Outpatient Pharmacy patch PSO\*7\*433 and Computerized Patient Record System (CPRS) Patch OR\*3\*378 address reported problems where the Drug Name and/or the date in VA FileMan format can mistakenly appear in the Dosage and Sig fields of an entry in PRESCRIPTION File (#52). If a correction is made or attempted by the utility, the original and modified dosage and SIG information will be stored in the NATIONAL DATA UTILITY CLEANUP multiple (#725) of the PRESCRIPTION file (#52). For those prescriptions where a correction was unsuccessful, an error or comment will be stored in COMMENTS field (#5) of the multiple.

This option allows the user to see modifications made for individual prescriptions.

## **Monthly Rx Cost Compilation**

### **[PSO COSTMONTH]**

Use this option to gather information for reports of monthly pharmacy costs.

## **Patient Address Changes Report**

### **[PSO ADDRESS CHANGE REPORT]**

This option provides a report that displays changes made to permanent and temporary mailing address information in the PATIENT file. Also, changes to the MAIL field and the MAIL STATUS EXPIRATION DATE field in the PHARMACY PATIENT file will be displayed. Changes can only be displayed if the edits were made using VA FileMan, and the Audit function was turned on for the field(s) at the time of the edit.

- For the PATIENT file, turn on auditing for:
  - STREET ADDRESS [LINE 1] field
  - ZIP+4 field
  - STREET ADDRESS [LINE 2] field
  - STREET ADDRESS [LINE 3] field
  - CITY field
  - STATE field
  - ZIP CODE field
  - BAD ADDRESS INDICATOR field
  - TEMPORARY ADDRESS ACTIVE? field
  - TEMPORARY STREET [LINE 1] field
  - TEMPORARY ZIP+4 field
  - TEMPORARY STREET [LINE 2] field
  - TEMPORARY STREET [LINE 3] field
  - TEMPORARY CITY field
  - TEMPORARY STATE field
  - TEMPORARY ZIP CODE field
  - TEMPORARY ADDRESS START DATE field
  - TEMPORARY ADDRESS END DATE field

- For the PHARMACY PATIENT file, turn on auditing for:
  - MAIL field
  - MAIL STATUS EXPIRATION DATE field

### Example: Patient Address Changes Report

```
Select Maintenance (Outpatient Pharmacy) Option: Patient Address Changes Report

This option provides a report that displays changes made to permanent and
temporary mailing address information in the PATIENT file (#2). Also changes
to the MAIL field (#.03) and the MAIL STATUS EXPIRATION DATE field (#.05)
in the PHARMACY PATIENT file (#55) will be displayed.
Changes can only be displayed if the edits were made using VA FileMan, and the
Audit function was turned on for the field(s) at the time of the edit.

Print report for a Single patient, or All patients: (S/A): Single// <Enter>

Select PATIENT:      OPPATIENT24,ONE          12-2-16          000345678      NSC VETERAN

This report will be sorted by Date/time of edit.
A beginning and ending date must now be entered for the search.

Beginning Date: T-100 (JUL 23, 2002)

Ending Date: T (OCT 31, 2002)
DEVICE: HOME// <Enter>      GENERIC INCOMING TELNET <Enter>

Address changes for OPPATIENT24,ONE (34-5678)                                PAGE: 1
made between JUL 23, 2002 and OCT 31, 2002
-----

Date/time of edit: OCT 31, 2002@11:10:18
Field edited: STREET ADDRESS [LINE 1]
Edited by: OPPHARMACY4,THREE
Option/Protocol: PSO LM BACKDOOR ORDERS/PSO PATIENT RECORD UPDATE
Old Value: <no previous value>
New Value: TEST ADDRESS LINE 1

Date/time of edit: OCT 31, 2002@11:10:21
Field edited: STREET ADDRESS [LINE 2]
Edited by: OPPHARMACY4,THREE
Option/Protocol: PSO LM BACKDOOR ORDERS/PSO PATIENT RECORD UPDATE
Old Value: <no previous value>
New Value: TEST ADDRESS LINE 2

Date/time of edit: OCT 31, 2002@11:10:25
Field edited: STREET ADDRESS [LINE 3]

Press Return to continue, '^' to exit:
```

## Pharmacist Enter/Edit [PSO RPH]

This option allows pharmacists to be identified to the system. Enter the name of the new pharmacist at the "Select Pharmacist" prompt. When the PSORPH key is shown as a default, press Return. This enters the pharmacist into the file and gives him/her the PSORPH security key. To delete a pharmacist, enter the name, then enter an @ symbol at the "KEY" prompt and press Return.



## Purge Drug Cost Data

### [PSO PURGE DRUG COST]

To purge drug cost data from the DRUG COST file enter a starting and ending date. Then choose to run this job immediately or queue it.

#### Example: Purge Drug Cost Data

```
Select Maintenance (Outpatient Pharmacy) Option: PURGE Drug Cost Data

Purge Cost Data Starting: FEB 1997// <Enter> (FEB 1997)
Purge Cost Data Ending: 3/97 (MAR 1997)

Are you sure you want to purge cost data
from 02/00/97 to 03/00/97? NO// Y YES

Do you want this option to run IMMEDIATELY or QUEUED? Q// <Enter> QUEUED
Requested Start Time: NOW// <Enter> (MAY 06, 1997@10:31:23)
Task #223079 QUEUED.
```

## Recompile AMIS Data

### [PSO AMIS RECOMPILE]

Gather AMIS data from various sources with this option. It is recommended that this job should be queued to run during off-peak hours or at a time that is convenient for the site.



**Note:** Month/day/year may be specified for a current month report, but only month and year can be specified for reports of past months.

## Site Parameter Enter/Edit

### [PSO SITE PARAMETERS]

This option is used to establish and edit parameters for the Outpatient Pharmacy software application. The following table lists each parameter and its corresponding description.

Site Parameter	Description
NAME	This field contains the name of the site.
MAILING FRANK STREET ADDRESS	This field is used for the address of the outpatient site.
AREA CODE	This field is used for the area code of the outpatient site.
PHONE NUMBER	This field is used for the telephone number of the outpatient site.
MAILING FRANK ZIP+4 CODE	This field is used for the zip code of the outpatient site. This field will allow zip+4 format (excluding the "-")
SITE NUMBER	This field is used to show the site/station number.
MAILING FRANK CITY	This field is used for the city in which the outpatient site is located.
MAILING FRANK STATE	This field is used to show the state in which the outpatient site resides.

The MAILING COMMENTS field is available for a site to enter any information that will show on the Mail Address label. For example, this free text entry might be “Forwarding service requested” or “Address service requested”. The comments will show after the MAIL field in the Mail Address Section of the label.

Site Parameter	Description
MAILING COMMENTS	This field will be printed on the laser labels mailing address label. It can contain anything the site deems appropriate (i.e., whether mailing is "Forwarding service requested" or "Address service requested", etc.)
HOLD FUNCTION?	This site parameter is used to determine if the 'Hold' function will be used at the medical facility.
SUSPENSE FUNCTION?	This site parameter will be used to determine if the 'Suspense' feature will be used at the medical facility.
CANCEL DRUG IN SAME CLASS	Prescriptions with duplicate classes can only be discontinued if this site parameter is set to 'Yes' and if the Rx has not been put on hold through CPRS.
REFILL INACTIVE DRUG RXS	This will be used to determine if inactive drugs will be used to refill active prescriptions.
ASK METHOD OF PICKUP	This field will be used to determine if method of pickup will be asked for window prescriptions.
PASS MEDS ON PROFILE	This field is used to determine if pass medication within specified date range will be listed on profiles.
PROFILE `SORT BY' DEFAULT	This field will be used to determine the sort order of medications on profiles.
COPIES ON NEW	This field will be used to determine the number of copies for labels to print.
DRUG CHECK FOR CLERK	This field is used to determine if the duplicate drug warnings should be shown for non-pharmacist.
FEE BASIS SUPPORT	This field is used to determine if fee basis prescriptions are processed.
MULTI RX REQUEST FORM	This field is used to determine if the multiple prescription request forms are printed with medication labels.
BARCODES ON REQUEST FORMS	This field is used to determine if barcodes are printed on profiles, labels, and multi request forms.
BARCODES ON ACTION PROFILES	This field is used to indicate if barcodes are to print with the action profiles. The printer used must be setup or have barcode capabilities for the barcodes to print. Contact IRM to help determine which printers have barcode capabilities.
DISPLAY GROUP	This field is used to determine which bingo board display screen will be shown on the waiting room monitor.
SCREEN PROFILES	This field is used to determine if profiles are displayed when refilling and renewing medications.
EDIT PATIENT DATA	This field is used to determine if editing of patient data will be allowed.
EDIT DRUG	This field will be used to determine if drugs can be changed during prescription edit.

Site Parameter	Description
RENEWING RX'S ALLOWED	This field will be used to determine if renewing of medications will be allowed.
PASS MEDS CANCEL	This field is used to determine if pass medications are to be cancelled.
AUTO SUSPEND	This field is used to determine if medication that is refilled or renewed before the next possible fill date is to be placed in suspense automatically.
SHALL COMPUTER ASSIGN RX #S	This field is used to determine if the computer will auto generate prescription numbers.
PROFILE WITH NEW PRESCRIPTIONS	This field is used to determine if medication profiles are printed when new medication is ordered.
SLAVED LABEL PRINTING	This field will be used to allow printing of RX labels without being able to queue to a printer. This parameter is primarily for slaved printing of RX labels. If 'yes' is the answer the prompt or action to be taken on the label will include the '/PRINT' action.
METHADONE PROGRAM	This field will be used to determine if the site has a methadone program and if a particular drug should be prompted for.
METHADONE DRUG	This field will be used to show what drug is being used if the site has a methadone program.
DAYS TO PULL FROM SUSPENSE	This field will be used to pull a patient's medication from suspense for a specified number of days. The day range is from 0 to 10.
DAYS TO PULL SUSPENDED CS CMOP	This field will be used to pull a patient's controlled substances from suspense for CMOP medications for a specified number of days. The range is between 0 and 10.
NEW LABEL STOCK	This field will be used to determine which medication label stock will be used.
EXTERNAL INTERFACE	This field allows sites to alter the characteristics of the external interface. The Set of Codes field have the following values:  0 – the external interface is off 1 – send all drugs to the external interface; print labels locally 2 – send all drugs to the external interface; don't print labels locally 3 – send only marked drugs to the external interface; don't print labels locally 4 – send only marked drugs to external interface and print labels through VistA.
BLANK LABEL BETWEEN PATIENTS	This field will determine if a blank label should print between patients on the label printers.
VERIFYING PHARMACIST ON LABELS	This site parameter will determine if the name of the verifying pharmacist or the name of the person who made the order request will print on the Rx label. If the parameter is set to Yes the verifying pharmacist name will print.


The CPRS ORDERING INSTITUTION field in the OUTPATIENT SITE file allows multiple Institutions to be entered for the local site. If more than one Institution is entered for a site, the user can select the

appropriate Institution when using the *Complete Orders from OERR* option and complete Pending Orders from clinics that are associated with the specific Institution selected.

Site Parameter	Description
CPRS ORDERING INSTITUTION	This field is used when completing orders from CPRS. If there is only one Institution entry, then when completing orders from CPRS under this Outpatient site, only those orders from that Institution will be shown. If there is more than one entry, then the Institution will be prompted for when completing orders from CPRS, and only those orders associated with that Institution selected will be shown.
RELATED INSTITUTION	Institution associated with the site.
LOGICAL LINK	This is a pointer to the Logical Link file (#870). This link is used to transmit messages to an external (client) application. This field is not filled in when messages are exchanged between DHCP applications on the same system. This field will be used as the Logical Link for the prescription if there is a Clinic associated with the prescription, and the Institution derived from that Clinic has an entry in this CPRS ORDERING INSTITUTION multiple with an associated Logical Link.
NPI INSTITUTION	This is the institution or division that has the National Provider Identifier (NPI) value for this Outpatient Site. No two Outpatient Site entries in this file should point to the same INSTITUTION file entry. (Note that the RELATED INSTITUTION field differs from this field and is the parent institution , which may be the same for any or all of the Outpatient Site entries.)
AUTOMATED DISPENSE	This field will determine what version of the automated dispense machine this site is running. If the machine is older than HL7 V.2.4, enter letter O, if HL7 V.2.4 has been installed, enter 2.4.
FILE RELEASE DATE/TIME	This field is used to indicate if the release date/time is to be filed for the prescription dispensed by an external interface.
ENABLE MASTER FILE UPDATE	This field will determine if the automated dispense machines are ready to receive HL7 V.2.4 messages.
SCRIPTALK DEVICE	This field contains a pointer to the ScripTalk printer device in the device file.
SCRIPTALK AUTO-PRINT SETTINGS	Set this to 'A' to have a ScripTalk label automatically print for ScripTalk-enrolled patients whenever their regular medication label prints. Set to 'M' if ScripTalk labels will be printed manually.
LABEL/PROFILE MONITOR MAX 0	Maximum number of label/profiles to be stored in the Label/Profile Monitor list for each printer device. The default and minimum value for this number is 1000. Each time the printer is used an entry is made in the Label/Profile monitor and if the monitor holds more entries than specified by this parameter, the oldest entry is deleted.
NARCOTICS NUMBERED DIFFERENTLY	This field is used to determine if narcotics will be numbered differently from other medications/supplies.

Site Parameter	Description
NARCOTIC LOWER BOUND	This field is used to determine what prescription numbers narcotics are to start with if narcotics are numbered differently from other prescriptions/supplies.
NARCOTIC UPPER BOUND	This field is used to determine the highest prescription number used for narcotics if this type of medication is numbered differently from other medications/supplies.
LAST NARCOTIC NUMBER ISSUED	This field is used to indicate last number issued for narcotic medications.
IB SERVICE/SECTION	Select the appropriate entry in the Service/Section file (#49) that is to be used for the Pharmacy Copayment/Integrated Billing procedures.
NARRATIVE FOR COPAY DOCUMENT	This field contains information from the site regarding the copayment procedures for the patient to follow upon receipt of the copay document. For example, information may include a telephone number to call regarding billing inquiries, a payment mailing address, etc.
NARRATIVE REFILLABLE RX	This field contains information from the site regarding procedures for the patient to obtain a refill of his refillable medication. May include the address, phone number, etc. that will assist the patient.
NARRATIVE NON-REFILLABLE RX	This field contains information from the site regarding procedures for the patient to obtain a new prescription for his non-refillable medication. This field may contain address, phone number, etc., that will assist the patient.
CHARGE LOCATION	This field is a pointer to the Hospital Location File (#44). Multi-division sites should populate this field for each division. This data could be obtained from the Business Office of the Medical Center.

The CHARGE LOCATION field is used to group charges in the COTS billing system according to the type of service.

<b>***Important***</b>	
	<p>Entering and defining the Charge Locations is crucial to the success of this function. Initially, however, a unique Outpatient Pharmacy Location must be entered in the HOSPITAL LOCATION file by Registration or Scheduling. It is recommended that the Location be coordinated with the Medical Center's business office. A Charge Location should be defined for every division currently in the OUTPATIENT SITE file, which means that there could be multiple hospital locations or one location for all divisions</p>

If a Charge Location is not defined for a particular division, Outpatient Pharmacy will search all active divisions in the OUTPATIENT SITE file for a Charge Location entry and use the first one it finds. If the PFSS switch is ON and no Charge Locations are defined in any divisions, the information will not be passed on to IB or the COTS billing system and no charge takes place.

Information in the CHARGE LOCATION field cannot be deleted, but it can be replaced with entry of another Charge Location.

Site Parameter	Description
NCPDP NUMBER	This field is the site-specific National Council for Prescription Drug Programs number (NCPDP), formerly referred to as the National Association of Boards of Pharmacy Number (NABP).
PRESCRIPTION # LOWER BOUND	This field is used to enter the lowest prescription number for this site.
PRESCRIPTION # UPPER BOUND	This field is used to enter the highest prescription number for this site.
LAST PRESCRIPTION # ISSUED	This field is used to store the last RX number used.
INACTIVE DATE	This date will indicate that the Outpatient Site is no longer active, and cannot be selected through the Outpatient Pharmacy options.
LOGICAL LINK	This is a pointer to the Logical Link file (#870). This link is used to transmit messages to an external (client) application. This field is not filled in when messages are exchanged between DHCP applications on the same system. This field will be used as the Logical Link for the prescription if there is no Clinic associated with the prescription, or if there is a Clinic associated with the prescription, but the Institution derived from that Clinic does not have an entry in the CPRS ORDERING INSTITUTION multiple with an associated Logical Link for that Outpatient Site entry.
DISPENSE DNS NAME	This is the DNS computer name of the automated dispensing machine that is used for this outpatient site division.
DISPENSE DNS PORT	Enter the DNS port number associated with the automated dispense machine for this outpatient pharmacy site division.
DISPENSING SYSTEM PRINTER	This field identifies the name of the dispensing system printer device. When the user selects this printer device and the external interface is in use, an HL7 message will be generated.
OPAI	This multiple field identifies the Automated Dispensing Device (ADD) associated with the DISPENSING SYSTEM PRINTER (#59.0200801) field. When the user selects a label printer during Patient Prescription Processing, and the external interface is in use, an HL7 messages will be generated and routed to the appropriate automated dispensing devices defined in this multiple.

The following example displays all of the prompts that are possible with the Site Parameter Enter/Edit option. The prompts displayed at each site will depend upon that site's settings.

#### Example: Site Parameter Enter/Edit – all fields

```
Select Maintenance (Outpatient Pharmacy) Option: SITE Parameter Enter/Edit

Select SITE NAME: ALBANY      500
Would you like to see all site parameters for this division? Y// NO

NAME: ALBANY// <Enter>
MAILING FRANK STREET ADDRESS: 114 ANYSTREET AVE// <Enter>
AREA CODE: 555// <Enter>
PHONE NUMBER: 555-1234// <Enter>
MAILING FRANK ZIP+4 CODE: 55555// <Enter>
SITE NUMBER: 123// <Enter>
NCPDP NUMBER: <Enter>
```

```

MAILING FRANK CITY: ANY CITY// <Enter>
MAILING FRANK STATE: ANY STATE// <Enter>
MAILING COMMENTS: <Enter>
INACTIVE DATE: <Enter>
HOLD FUNCTION?: NO// <Enter>
SUSPENSE FUNCTION?: YES// <Enter>
CANCEL DRUG IN SAME CLASS: YES// <Enter>
REFILL INACTIVE DRUG RXS: YES// <Enter>
ASK METHOD OF PICKUP: YES// <Enter>
PASS MEDS ON PROFILE: YES// <Enter>
PROFILE `SORT BY' DEFAULT: DATE// <Enter>
COPIES ON NEW: YES// <Enter>
DRUG CHECK FOR CLERK: YES// <Enter>
FEE BASIS SUPPORT: YES// <Enter>
MULTI RX REQUEST FORM: YES// <Enter>
BARCODES ON REQUEST FORMS: BOTH// <Enter>
BARCODES ON ACTION PROFILES: YES// <Enter>
VERIFICATION: YES// <Enter>
DISPLAY GROUP: OUTPATIENT// <Enter>
SCREEN PROFILES: YES// <Enter>
EDIT PATIENT DATA: YES// <Enter>
EDIT DRUG: YES// <Enter>
RENEWING RX'S ALLOWED: YES// <Enter>
PASS MEDS CANCEL: NO// <Enter>

```

#### Example: Site Parameter Enter/Edit – all fields (continued)

```

AUTO SUSPEND: YES// <Enter>
SHALL COMPUTER ASSIGN RX #S: YES// <Enter>
PROFILE WITH NEW PRESCRIPTIONS: NO// <Enter>
SLAVED LABEL PRINTING: YES// <Enter>
METHADONE PROGRAM: NO// <Enter>
METHADONE DRUG: METHADONE SOLUTION (METHADOSE)// <Enter>
DAYS TO PULL FROM SUSPENSE: 2// <Enter>
DAYS TO PULL SUSPENDED CS CMOP: <Enter>
NEW LABEL STOCK: YES// <Enter>
EXTERNAL INTERFACE: SEND ALL ORDERS AND PRINT LABEL
// <Enter>
Select DISPENSING SYSTEM PRINTER: PLANO5$PRT// <Enter>
  DISPENSING SYSTEM PRINTER: PLANO5$PRT// <Enter>
    DNS Name: OPTIFILL// <Enter>
    CATEGORY: ANY// <Enter>
  SELECT DNS NAME: <Enter>
  Select DISPENSING SYSTEM PRINTER: <Enter>
  BLANK LABEL BETWEEN PATIENTS: <Enter>
  VERIFYING PHARMACIST ON LABELS: YES// <Enter>
  AUTOMATED DISPENSE: HL7 V.2.4// <Enter>
  FILE RELEASE DATE/TIME: YES// <Enter>
  ENABLE MASTER FILE UPDATE: <Enter>
  DISPENSE DNS NAME: <Enter>
  DISPENSE DNS PORT: <Enter>
  Select CPRS ORDERING INSTITUTION: TROY// <Enter>
    CPRS ORDERING INSTITUTION: TROY// <Enter>
    LOGICAL LINK: <Enter>
  Select CPRS ORDERING INSTITUTION: <Enter>
  RELATED INSTITUTION: ALBANY// <Enter>
  NPI INSTITUTION: <Enter>
  LABEL/PROFILE MONITOR MAX: 1000// <Enter>
  NARCOTICS NUMBERED DIFFERENTLY: YES// <Enter>
  NARCOTIC LOWER BOUND: 10000// <Enter>
  NARCOTIC UPPER BOUND: 99999// <Enter>
  PRESCRIPTION # LOWER BOUND: 100000999// <Enter>
  PRESCRIPTION # UPPER BOUND: 500000000// <Enter>
  IB SERVICE/SECTION: PHARMACY// <Enter>
  NARRATIVE FOR COPAY DOCUMENT: <Enter>

```

*The copay narrative displays here.*

```
Edit? NO//
```

```

NARRATIVE REFILLABLE RX:
*****
The narrative for refillable RXs displays here.
*****

Edit? NO// <Enter>
NARRATIVE NON-REFILLABLE RX:. . .
. . .

The narrative for non-refillable RXs displays here.
=====

Edit? NO// <Enter>
LOGICAL LINK: <Enter>
1.

```

The following example is illustrated for sites who want to utilize the multiple automated dispensing functionality. It displays the prompts answered when setting up multiple automated dispensing devices with the Site Parameter Enter/Edit [PSO SITE PARAMETERS] option.

#### Example: Site Parameter Enter/Edit – Multiple Automated Dispensing Devices

```

Select OPTION NAME: PSO SITE PARAMETERS      Site Parameter Enter/Edit
Site Parameter Enter/Edit
Outpatient Pharmacy software - Version 7.0

Division:      ALBANY      500

      You are logged on under the ALBANY division.

Select PROFILE PRINTER: HOME//      GENERIC INCOMING TELNET
Select LABEL PRINTER: HOME//      GENERIC INCOMING TELNET

OK to assume label alignment is correct? YES//

Bingo Board Display: OUTPATIENT//

Select SITE NAME: ALBANY      500
Would you like to see all site parameters for this division? Y// NO

NAME: ALBANY// ^DISPENS
1  DISPENSE DNS NAME
2  DISPENSE DNS PORT
3  DISPENSING SYSTEM PRINTER
CHOOSE 1-3: 3  DISPENSING SYSTEM PRINTER
Select DISPENSING SYSTEM PRINTER: DEVINFO$PRT
DISPENSING SYSTEM PRINTER: DEVINFO$PRT //
Select DNS NAME: OPTIFILL1      14.4.146.1      9021
DNS NAME: OPTIFILL1//
CATEGORY: ANY//
Select DNS NAME: SCRIPTCENTER      14.4.239.2      9086
DNS NAME: SCRIPTCENTER //
CATEGORY: STORAGE//
Select DNS NAME:
Select DISPENSING SYSTEM PRINTER:

```

- Before adding a “DNS NAME”, the entry must first be added to the PHARMACY AUTOMATED DISPENSING DEVICES file (#52.53) using the Enter/Edit Automated Dispensing Devices [PSO AUTO DISPENSING DEVICE] option.
- The CATEGORY field is a set of codes and is a required field. Categories provide the flexibility of routing RXs to different automated dispensing devices. The following are the valid codes:



Code	Description
MCS	MAIL – CONTROLLED SUBSTANCE
MNCS	MAIL – NONCONTROLLED SUBSTANCE
MAIL	MAIL
WCS	WINDOW – CONTROLLED SUBSTANCE
WNCS	WINDOW – NONCONTROLLED SUBSTANCE
WIND	WINDOW
CS	CONTROLLED SUBSTANCE
NCS	NONCONTROLLED SUBSTANCE
A	ANY
S	STORAGE



**Note:** The “ANY” category is only allowed (with the exception of S-storage) if no other categories are selected for the automated dispensing device and vice versa (i.e., if any other category is selected for the automated dispensing device, then the “ANY” category shall not be selectable). The “ANY” category will not work with any other category except “STORAGE”.



**Note:** “STORAGE” denotes a 24/7 prescription pickup kiosk that stores prescriptions filled electronically by pharmacy and enables pharmacy customers to pick up their prescriptions without waiting in line. It enhances patient satisfaction, ensures the right prescription is delivered to the right patient thus enhancing patient safety, saving pharmacy time, and giving inventory control over the medications dispensed.

The “S” category is allowed in combination with other categories and as standalone.

#### Example: Allowable Category Combinations

Allowable Category combinations when associating multiple automated dispensing devices to one dispensing printer:

```
MCS, MNCS, WCS, WNCS, S*
MCS, MNCS, WIND, S*
WCS, WNCS, MAIL, S*
CS, MNCS, WNCS, S*
NCS, WCS, MCS, S*
MAIL, WIND, S*
CS, NCS, S*
ANY, S*
S*
```

\*Multiple storage devices can be associated with one dispensing printer.

To avoid conflict, only certain category permutations shall be allowed. For example, users shall not be able to define categories of MCS to one automated dispensing device and MAIL for a different automated dispensing device linked to the same dispensing printer. Otherwise, a controlled substance Rx with a route of Mail would have the potential of being routed to two different automated dispensing devices, which presents a conflict.

Within each set identified above, there can be any combination within each category (for example in #1, categories MCS and WNCS can both be defined for a dispensing printer).

Again, the “ANY” category will not work with any other category except “STORAGE”.

The software will not allow the same category to be defined for different automated dispensing devices associated with a printer.



**Note:** In order to exit the CATEGORY field, you must either enter ^ DNS NAME or select the “S” category.

## State Prescription Monitoring Program (SPMP) Menu [PSO SPMP MENU]

The State Prescription Monitoring Program (SPMP) uses a state electronic database that collects designated data on dispensed controlled substances. States distribute data from the database to individuals authorized under state law to receive the information for purposes of their profession. The information must be reported using the American Society for Automation in Pharmacy (ASAP) data format, which was developed by the Alliance of States with Prescription Monitoring Programs and the National Association of State Controlled Substances Authorities.

Safety Updates for Medication/Prescription Management (SUMPM) patch PSO\*7\*408 adds a new module to the Outpatient Pharmacy V. 7.0 application, which enables Veterans Health Administration (VHA) pharmacies to comply with mandatory reporting to State Controlled Substance Rx Databases as required by the Consolidated Appropriations Act, 2012, PL 112-74.

```
Select Supervisor Functions <TEST ACCOUNT> Option: State Prescription Monitoring
Program (SPMP) Menu

  ASAP   View ASAP Definitions
  SP      View/Edit SPMP State Parameters
  RX      View/Export Single Prescription
  BAT     View/Export Batch
  BP      Export Batch Processing
  RP      Accounting Of Disclosures Report
  UN      Unmark Rx Fill as Administered In Clinic
```

### View ASAP Definitions [PSO SPMP VIEW ASAP DEFINITIONS]

This option is used for viewing the ASAP data format and the data elements reported to the states. It provides detailed information about each segment and field for the ASAP format versions 1995, 3.0, 4.0, 4.1, and 4.2.

```
Select State Prescription Monitoring Program (SPMP) Menu Option:
ASAP
  View ASAP Definitions

    Select one of the following:
    1995      Version 1995
    3.0       Version 3.0
    4.0       Version 4.0
    4.1       Version 4.1
    4.2       Version 4.2
```

Refer to [Appendix A – ASAP Definitions](#) for examples of what parameters are provided in each version.



**Note:** TRANSMIT RETURN TO STOCK parameter is visible only if ASAP version is 1995, and in all versions the SFTP PRIVATE KEY TEXT and SFTP PUBLIC KEY TEXT parameters are visible only if the SFTP TRANSMISSION MODE field is set to A – AUTOMATIC.

## **View/Edit SPMP State Parameters** **[PSO SPMP STATE PARAMETERS]**

This option is used for viewing or editing the SPMP parameters for a specific state. The following fields can be updated using this option:

### **ASAP VERSION**

This is the American Society for Automation in Pharmacy (ASAP) format version required for the State Prescription Monitoring Program (SPMP) data transmission.

- 1995 ASAP 1995
- 3.0 ASAP 3.0
- 4.0 ASAP 4.0
- 4.1 ASAP 4.1
- 4.2 ASAP 4.2

### **TRANSMIT RETURN TO STOCK**

If the ASAP Version is 1995, then this field will be prompted and will indicate whether Return To Stock fills should automatically be transmitted to the state (in a separate file), or if reporting of such records will be handled manually. This field will not be shown if the ASAP Version is other than 1995.

### **INCLUDE NON-VETERAN PATIENTS**

This field indicates whether controlled substances prescriptions dispensed to non-veteran patients should be included in the export file transmitted to the state.

- 1 YES
- 0 NO

### **REPORTING FREQUENCY IN DAYS**

This is the frequency the state requires pharmacies to report data. The value represents the number of days between transmissions of data to the state.

### **OPEN VMS LOCAL DIRECTORY**

This is the name of the local secure directory where the State Prescription Monitoring Program (SPMP) export file will be created before it can be transmitted to the state (e.g., USER\$:[SPMP]).



**Note:** If your site does not run the primary VistA database on an Open VMS operating system, this field can be left blank.



**Note:** The directory name chosen must have the appropriate READ, WRITE, EXECUTE, and DELETE privileges. Further details can be found in the SPMP Installation Guide.

#### UNIX/LINUX LOCAL DIRECTORY

This is the name of the local Unix/Linux secure directory where the State Prescription Monitoring Program (SPMP) export file will be created before it can be transmitted to the state (e.g., /usr/spmp/).



**Note:** If your site does not run the primary VistA database on a Unix/Linux operating system, this field can be left blank.

#### WINDOWS/NT LOCAL DIRECTORY

This is the name of the local Windows/NT secure directory where the State Prescription Monitoring Program (SPMP) export file will be created before it can be transmitted to the state (e.g., D:\SPMP\).



**Note:** If your site does not run the primary VistA database on a Windows/NT operating system, this field can be left blank.

#### FILE NAME PREFIX

This is the prefix that will be appended to the name of the export file transmitted to the state (e.g., for New Jersey “NJ\_561”).

#### FILE EXTENSION

This is the extension of the export file transmitted to the state.

- .TXT .TXT
- .DAT .DAT

#### STATE SFTP SERVER IP ADDRESS

This is the secure FTP IP address of the State Prescription Monitoring Program (SPMP) server where the export file will be transmitted to.



**Note:** This should be obtained from the State reporting authority.

#### STATE SFTP SERVER USERNAME

This is the secure FTP username at the State Prescription Monitoring Program (SPMP) server where the export file will be transmitted to.



**Note:** This should be obtained from the State reporting authority.

#### STATE SFTP SERVER PORT #

This is the secure FTP port number used by the State Prescription Monitoring Program (SPMP) server to receive the export file. If left blank, the default secure FTP port 22 will be used.

#### STATE SFTP SERVER DIRECTORY

This is the name of the remote secure directory at the State Prescription Monitoring Program (SPMP) server where the export file will be saved.

## SFTP TRANSMISSION MODE

This field indicates whether the sFTP transmissions will happen automatically by a scheduled background job using RSA encryption keys, or if it will be performed manually by a user.

**A** AUTOMATIC [RSA KEYS]

**M** MANUAL [PASSWORD]

## SFTP PRIVATE KEY TEXT\*\*

This is the Secure File Transfer Protocol (sFTP) private key text content.  
(Refer to the SPMP Installation Guide for the private/public key details.)

## SFTP PUBLIC KEY TEXT\*\*

This is the Secure File Transfer Protocol (sFTP) public key text content.  
(Refer to the SPMP Installation Guide for the private/public key details.)

As noted before:

\*\* Visible only if SFTP TRANSMISSION MODE is set to A - AUTOMATIC

The following example displays all of the prompts that are possible with the View/Edit SPMP State Parameters option. The prompts displayed at each site will depend upon that site's settings.

### Example: View/Edit SPMP State Parameters – ASAP VERSION

```
Select State Prescription Monitoring Program (SPMP) Menu <TEST ACCOUNT> Option:
SP
  View/Edit SPMP State Parameters

Select STATE: Oklahoma//

  ASAP VERSION                : 4.2
  INCLUDE NON-VETERAN PATIENTS: YES
  REPORTING FREQUENCY IN DAYS : 1
  OPEN VMS LOCAL DIRECTORY    : USER$:[SPMP]
  UNIX/LINUX LOCAL DIRECTORY  :
  WINDOWS/NT LOCAL DIRECTORY  :
  FILE NAME PREFIX            : TESTIK_
  FILE EXTENSION              : .DAT
  STATE SFTP SERVER IP ADDRESS: portal.obn.ok.gov
  STATE SFTP SERVER USERNAME  : VATEST
  STATE SFTP SERVER PORT #    :
  STATE SFTP SERVER DIRECTORY :
  SFTP TRANSMISSION MODE      : AUTOMATIC [RSA KEYS]
  SFTP PRIVATE KEY TEXT       : <hidden>
  SFTP PUBLIC KEY TEXT        : <hidden>

ASAP VERSION: 4.2// 4.2  ASAP 4.2
```

## View/Export Single Prescription [PSO SPMP SINGLE RX VIEW/EXPORT]

This option is used for viewing a specific prescription and the data related to a specific fill that is transmitted to the state in the ASAP format.

The View/Export Single Prescription option contains the following actions:

VW	View Rx	AS	View ASAP Definition
MP	Medication Profile	EXP	Export Rx Fill

The following examples display what is presented in the actions.

### Example: View/Export Single Prescription

```
View/Export Single Prescription

PRESCRIPTION:      100002329      BUPRENORPHINE 2MG/NALOXONE 0.5MG SL TAB

      Select one of the following:

              0              Original  (1/9/14)  MAIL

View/Export Prescription      Jul 22, 2014@16:27:10      Page:      1 of      6
Rx: 100002329 - BUPRENORPHINE 2MG/NALOXONE 0.5MG SL TAB      (Fill: Original)
Patient: PSOPATIENT,ONE      ASAP Version: 4.2
-----
TH Transaction Header
TH*4.2*500-0*01**20140722*162710*T**~~
4.2                                TH01 Version / Release Number
500-0                             TH02 Transaction Control Number
01                                TH03 Transaction Type
*                                TH04 NOT USED
20140722                         TH05 Creation Date
162710                          TH06 Creation Time
T                                TH07 File Type
*                                TH08 NOT USED
~                                TH09 Data Segment Terminator Character
IS Information Source
IS*VA500*~
VA500
*                                IS01 Unique Information Source ID
                                IS02 Information Source Entity Name

+-----Enter ?? for more actions-----
VW  View Rx                      AS  View ASAP Definition
MP  Medication Profile           EXP  Export Rx Fill

Select Item(s): Next Screen//VW

Rx Activity Log      Jul 22, 2014@16:27:21      Page:      1 of      5
PSOPATIENT,ONE
  PID: 666-00-0434      Ht(cm): _____ (_____)
  DOB: SEP 7,1952 (61)  Wt(kg): _____ (_____)

      Rx #: 100002329
      Orderable Item: BUPRENORPHINE/NALOXONE TAB,SUBLINGUAL
      Drug: BUPRENORPHINE 2MG/NALOXONE 0.5MG SL TAB
      Verb: DISSOLVE
      *Dosage: ONE TABLET
      *Route: ORAL (BY MOUTH)
      *Schedule: Q24H
Patient Instructions:
      SIG: DISSOLVE ONE TABLET UNDER TONGUE BY BY MOUTH EVERY 24
      HOURS
      Patient Status: SC
      Issue Date: 01/09/14      Fill Date: 01/09/14
      Last Fill Date: 01/09/14 (Mail)
      Last Release Date:      Lot #:
      Expires: 07/12/14      MFG:
      Days Supply: 5      QTY (TAB): 5
+      Digitally Signed Order
```

### Example: View/Export Single Prescription (continued) – Medication Profile Action

```
Select Item(s): Quit// MP      Medication Profile

Patient Medication Profile      Jul 22, 2014@16:27:52      Page:      1 of      2
PSOPATIENT,ONE
  PID: 666-00-0434      HEIGHT(cm): NOT AVAILABLE
  DOB: SEP 7,1952 (61)  WEIGHT(kg): NOT AVAILABLE
  SEX: MALE      EXP/CANCEL CUTOFF: 120 DAYS
```

```

1 100002393      ACETAMINOPHEN AND CODEINE 3      10 A      07-21-14 07-21-14      0 30
2 100002336      BUPRENORPHINE 2MG/NALOXONE      7 E      01-16-14 01-16-14      2 30
3 100002394      CLONOPIN 1 MG TAB      20 A      07-21-14 07-21-14      3 30
4 10091          COCAINE 135MG TABS      20 A      07-22-14 07-22-14      0 10
5 10088          CODEINE SULFATE 30MG C.T.      30 A      07-21-14 07-21-14      0 30
6 10090          HYDROMORPHONE 2MG C.T.      30 A      07-22-14 07-22-14      0 30
7 10089          MORPHINE ORAL 10MG/5ML      CC      35 A      07-21-14 07-21-14      0 7
8 100002395      TAMOXIFEN CITRATE 10MG TABS      31 A      07-21-14 07-21-14      2 31
                                PENDING (4 orders)
9 BUPRENORPHINE 2MG/NALOXONE 0.5MG PATCH      1 NW      01-10-14      0 1
10 CAPTOPRIL 100MG TABS      62 NW      09-21-11      0 31
11 CORTISONE CREAM, TOP      1 NW      09-17-12      0 10
+      Select the entry # to view or ?? for more actions
11 CORTISONE CREAM, TOP      1 NW      09-17-12      0 10
+      Select the entry # to view or ?? for more actions
CV Change View      PI Patient Information      SIG Show/Hide SIG
GS Group by Status      PU Patient Record Update

Select: Quit//

```

### Example: View/Export Single Prescription (continued) – Export Rx Fill Action

```

Select Item(s): Quit// E      Export Rx Fill

Enter the type of record to be sent for this prescription fill:

V      VOID RECORD

Record Type: V// ?

Enter a code from the list.

Enter the type of record to be sent for this prescription fill:

V      VOID RECORD

Record Type: V// ??

Enter a code from the list.

Enter the type of record to be sent for this prescription fill:

V      VOID RECORD

Record Type: V// OID

The Prescription Fill will be transmitted to the State

Confirm? N// ?

Enter either 'Y' or 'N'.

The Prescription Fill will be transmitted to the State

Confirm? N// ??

Enter either 'Y' or 'N'.

The Prescription Fill will be transmitted to the State

Confirm? N// YES

Creating Batch #9 for NEW YORK...Done.

Exporting Batch #9:

Writing to file USER$:[SPMP]TESTIK_20140722162808.up...Done.
Transmitting file to the State (portal.obn.ok.gov)...
Warning: Need basic cursor movement capability, using vt100
Warning: Converting file spmp_ftp_20140722162808.dat to Stream_LF.

```

```
Warning: File spmp_ftp_20140722162808.dat converted successfully to Stream_LF.
sftp> put TESTIK_20140722162808.up
TESTIK_20140722162808.up | 334B | 0.3 kB/s | TOC: 00:00:01 | 100%
sftp> rename TESTIK_20140722162808.up TESTIK_20140722162808.DAT
sftp> exit

File Successfully Transmitted.
```

## View/Export Batch

### [PSO SPMP BATCH VIEW/EXPORT]

The information reported to the states is compiled into a batch, which can be for a single prescription or a collection of prescriptions, for a determined date range. This option is used for viewing information contained in a single batch as well as the list of prescriptions in the batch. This option is also used to export the batch to the state.

```
Select State Prescription Monitoring Program (SPMP) Menu <TEST ACCOUNT> Option:
BAT
  View/Export Batch

Export Batch #: ?
  Answer with SPMP EXPORT BATCH BATCH NUMBER
  Choose from:
1      SINGLE RX      Jul 22,2014@11:40:19
2      MANUAL         Jul 22,2014@13:51:40
3      MANUAL         Jul 22,2014@13:57:33
4      MANUAL         Jul 22,2014@14:51:52
5      VOID ONLY      Jul 22,2014@14:58:13
6      VOID ONLY      Jul 22,2014@14:59:01
7      MANUAL         Jul 22,2014@14:59:52
8      SINGLE RX      Jul 22,2014@16:23:13
9      SINGLE RX      Jul 22,2014@16:28:08

View/Export Batch      Jul 22, 2014@16:28:29      Page: 1 of 1
Batch #: 2      State: OKLAHOMA      Type: MANUAL      Exported? YES
Created on: JUL 22, 2014@13:51:40      Exported on: JUL 22, 2014@13:51:44
File: TESTIK_20140722135140.DAT

1 10090      0 HYDROMORPHONE 2MG C.T.      2 REVISE

Enter ?? for more actions
RAW View Raw Data      EXP Export Batch
Select Item(s): Quit//
```

## Export Batch Processing

### [PSO SPMP BATCH PROCESSING]

This option is used for monitoring all batches of data transmitted to the states. When users select a date range, a list of batches is presented from which they can select different actions to perform on a specific batch.

```
Select State Prescription Monitoring Program (SPMP) Menu <TEST ACCOUNT> Option:
BP
  Export Batch Processing

STATE: OKLAHOMA//

BATCH CREATED BEGIN DATE: T-1 (JUL 21, 2014)

Export Batch Processing      Jul 22, 2014@16:29:37      Page: 1 of 1
State: OKLAHOMA      Date Range: 7/21/14 - 7/22/14
```



1	1	07/22/14@11:40:19	SINGLE RX	SINGLE RX	1	YES
2	2	07/22/14@13:51:40	07/22/14-07/22/14	MANUAL	1	YES
3	3	07/22/14@13:57:33	07/22/14-07/22/14	MANUAL	1	YES
4	4	07/22/14@14:51:52	07/22/14-07/22/14	MANUAL	1	YES
5	5	07/22/14@14:58:13	07/22/14-07/22/14	VOID ONLY	1	YES
6	6	07/22/14@14:59:01	07/22/14-07/22/14	VOID ONLY	1	YES
7	7	07/22/14@14:59:52	07/22/14-07/22/14	MANUAL	1	YES
8	8	07/22/14@16:23:13	SINGLE RX	SINGLE RX	1	YES
9	9	07/22/14@16:28:08	SINGLE RX	SINGLE RX	1	YES

Enter ?? for more actions

SP State Parameters      MA Manual Export

The Export Batch Processing option contains the following actions:

SP State Parameters      MA Manual Export

The following examples display what is presented in the actions.

#### Example: Export Batch Processing - Manual Export Action

```
Select Item(s): Quit// MA    Manual Export

STATE: OKLAHOMA//

EXPORT BEGIN DATE: T-1  (JUL 21, 2014)

EXPORT END DATE: TODAY//  (JUL 22, 2014)

Enter the type of record to be sent for released prescription fills:

  N      NEW
  R      REVISE

Record Type: N// EW

Gathering CS prescription fills...(this may take a few minutes)

6 prescription fill(s) found for the date range.

These prescription fills will be transmitted to the state of OKLAHOMA.

Confirm? N// YES

Creating Batch #10 for OKLAHOMA...Done.

Exporting Batch #10:

Writing to file USER$:[SPMP]TESTIK_20140722162957.up...Done.
Transmitting file to the State (portal.obn.ok.gov)...
Warning: Need basic cursor movement capability, using vt100
Warning: Converting file spmp_ftp_20140722162957.dat to Stream_LF.
Warning: File spmp_ftp_20140722162957.dat converted successfully to Stream_LF.
sftp> put TESTIK_20140722162957.up
TESTIK_20140722162957.up      | 951B | 0.9 kB/s | TOC: 00:00:01 | 100%
sftp> rename TESTIK_20140722162957.up TESTIK_20140722162957.DAT
sftp> exit

File Successfully Transmitted.
```

## Accounting Of Disclosures Report [PSO SPMP DISCLOSURE REPORT]

This option is used for generating a list of prescriptions transmitted to states. This option allows for a date range selection as well as one, multiple or all states and one, multiple or all patients. The list is sorted by state and then by patient.

```
Select State Prescription Monitoring Program (SPMP) Menu <TEST ACCOUNT> Option:
RP
```

### Accounting Of Disclosures Report

BEGIN DATE: T-1 (JUL 21, 2014)

END DATE: TODAY// (JUL 22, 2014)

You may select a single or multiple STATES,  
or enter ^ALL to select all STATES.

Select STATE: OKLAHOMA//  
Another STATE:

You may select a single or multiple PATIENTS,  
or enter ^ALL to select all PATIENTS.

Select PATIENT: ^ALL

Accounting Of Disclosures Rpt Jul 22, 2014@16:30:33

Page: 1 of 2

Date Range: 7/21/14 - 7/22/14

State(s): OKLAHOMA

Patient(s): ALL

#	DT	DISC	PATIENT	Rx#	DRUG
---	----	------	---------	-----	------

Disclosed to: NEW YORK

Info Disclosed: Name, DOB, SSN, Prescription Data, Home Address, Phone Number

1	7/22/14	PSOPATIENT,ONE(0434)	100002329	BUPRENORPHINE 2MG/NALOXON
2	7/22/14	PSOPATIENT,ONE(0434)	100002329	BUPRENORPHINE 2MG/NALOXON
3	7/22/14	PSOPATIENT,ONE(0434)	100002393	ACETAMINOPHEN AND CODEINE
4	7/22/14	PSOPATIENT,ONE(0434)	100002394	CLONOPIN 1 MG TAB
5	7/22/14	PSOPATIENT,ONE(0434)	10088	CODEINE SULFATE 30MG C.T.
6	7/22/14	PSOPATIENT,ONE(0434)	10089	MORPHINE ORAL 10MG/5ML
7	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
8	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
9	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
10	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
11	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
12	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
13	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.
+	Enter ?? for more actions			
13	7/22/14	PSOPATIENT,ONE(0434)	10090	HYDROMORPHONE 2MG C.T.

The Accounting Of Disclosures Report option contains the following action:

PR Print Report

### Example: Accounting Of Disclosures Report – Print Report Action

```
Select Item(s): Next Screen// PR Print Report
```

DEVICE: HOME// ;:9999 SSH VIRTUAL TERMINAL

Accounting Of Disclosures Rpt Jul 22, 2014@16:30:42

Page: 1 of 1

Date Range: 7/21/14 - 7/22/14

State(s): OKLAHOMA

Patient(s): ALL

#	DT	DISC	PATIENT	Rx#	DRUG
---	----	------	---------	-----	------

Disclosed to: OKLAHOMA

Info Disclosed: Name, DOB, SSN, Prescription Data, Home Address, Phone Number

1	7/22/14	PSOPATIENT,ONE (0434)	100002329	BUPRENORPHINE 2MG/NALOXON
---	---------	-----------------------	-----------	---------------------------

2	7/22/14	PSOPATIENT,ONE (0434)	100002329	BUPRENORPHINE 2MG/NALOXON
3	7/22/14	PSOPATIENT,ONE (0434)	100002393	ACETAMINOPHEN AND CODEINE
4	7/22/14	PSOPATIENT,ONE (0434)	100002394	CLONOPIN 1 MG TAB

## Unmark Rx Fill as Administered In Clinic [PSO SPMP UNMARK ADMIN CLINIC]

This option is used to unmark prescriptions as 'Administered In Clinic'. Administered in clinic prescription fills are not transmitted to the states. This option enables the user to unmark fills that have been mistakenly marked as 'Administered In Clinic' and subsequently transmit them to the state.

```
Select State Prescription Monitoring Program (SPMP) Menu <TEST ACCOUNT> Option:
UN
  Unmark Rx Fill as Administered In Clinic

PRESCRIPTION:      100002329      BUPRENORPHINE 2MG/NALOXONE 0.5MG SL TAB

  Select one of the following:

          0          Original (1/9/14) MAIL

Fill: 0//  Original (1/9/14) MAIL

Prescription Fill not marked as 'Administered in Clinic'.
```

## View Provider [PSO PROVIDER INQUIRE]

This option provides a way to quickly look up basic data for a single provider.

```
Select Supervisor Functions Option: VIEW Provider

Select Provider: OPPROVIDER,THREE  OPPROVIDER,THREE          TO          PROVIDER

Name: OPPROVIDER,THREE
Initials: TO
NON-VA Prescriber: No          Tax ID:
Exclusionary Check Performed:  Date Exclusionary List Checked:
On Exclusionary List:
Exclusionary Checked By:
Authorized to Write Orders: Yes
Requires Cosigner: No          DEA#
Class:                          VA#
Type: Unknown                  NPI#
Remarks:
Synonym(s):  TO
Service/Section: PHARMACY

Select Provider:
```

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## Chapter 28: Using the Suspense Functions

---

This chapter describes the *Suspense Functions* menu options used for handling suspended prescriptions.

### Suspense Functions

[PSOPND]

The *Suspense Functions* menu allows the user to print or delete various entries and print out statistics about entries in the RX SUSPENSE file. This file contains prescription labels that have been suspended for printing at a later time. Each prescription label has with it an associated suspense date which is the same as the fill or refill date.

There are eight *Suspense Functions* options that allow the user to manipulate the data in the RX SUSPENSE file:

- *Auto-delete from Suspense*
- *Change Suspense Date*
- *Count of Suspended Rx's by Day*
- *Delete Printed Rx's from Suspense*
- *Log of Suspended Rx's by Day (this Division)*
- *Print from Suspense File*
- *Pull Early from Suspense*
- *Reprint Batches from Suspense*

### Auto-delete from Suspense

[PSO PNDEL]

The *Auto-delete from Suspense* option is the same as the V. 6.0 option *Delete from Suspense File*. This option allows deletion of the records of all the prescriptions that have already been printed prior to the user specified number of days. This specified number of days must be set from 7 to 90 days at the "DAYS PRINTED RX STAYS IN 52.5" prompt in the *Site Parameter Enter/Edit* option. The task is set to run every 7 days at the user specified time. The user may also re-queue or de-queue this task using this option. Once a prescription is deleted from suspense, it cannot be reset for reprinting. This option will delete based on the date the prescription was printed from suspense, not the date that it was originally suspended for. The reason for this is that one batch may print on a certain day with prescriptions with different original suspense dates. This job will therefore never delete only part of a printed batch.

#### Example: Auto-delete from Suspense

```
Select Suspense Functions Option: Auto-delete from Suspense

                                Edit Option Schedule
Option Name: PSO PNDEL1
Menu Text: Auto-delete from Suspense                TASK ID: 1091148

-----
QUEUED TO RUN AT WHAT TIME: JUL 13,1997@01:00
DEVICE FOR QUEUED JOB OUTPUT:
QUEUED TO RUN ON VOLUME SET:
RESCHEDULING FREQUENCY: 8D
```

TASK PARAMETERS:	
SPECIAL QUEUEING:	
<hr/>	
COMMAND:	Press <PF1>H for help    Insert

## Change Suspense Date

### [PSO PNDCHG]

This option allows the suspense date for a specific prescription or all prescriptions for a patient to be changed. The new suspense date will become the fill/refill date automatically. The user is also given the opportunity to delete a specific prescription, or all prescriptions for a patient, from suspense while in this option. If a refill is deleted from suspense that has not yet been printed, the refill information will be deleted from the prescription, and the various fill dates will be adjusted accordingly. This option does not produce a label.

## Count of Suspended Rx's by Day

### [PSO PNDCNT]

This option allows printing of a list showing the total number of prescriptions in the RX SUSPENSE file for every day in the specified time period.

This option can help the pharmacy anticipate the workload for particular days.

## Delete Printed Rx's from Suspense

### [PSO PNDPRI]

With this option printed prescriptions can be deleted from suspense manually. Basically, it does the same thing as the *Auto-delete from Suspense* option, but it prompts the user to delete a single prescription, all prescriptions for one patient, all prescriptions for a given date range, or all prescriptions that have printed in a batch.

A batch is the group of labels that printed for a particular Print from Suspense File job. For example, if for one day, the *Print from Suspense File* option is queued 3 times, three batches will be printed for that day. (See the *Print from Suspense File* option.)

If it is necessary to reset and reprint the suspense labels and only selected labels are wanted, those not wanted can be deleted from the batch. The deleted labels will not be reprinted as part of the batch.

## Log of Suspended Rx's by Day (this Division)

### [PSO PNDLOG]

Using this option, the manager can print a report by division of all suspended prescriptions sorted either by patient or identification number. The log contains the prescription number, patient name, drug name, type, and print status.

The *Log of Suspended Rx's by Day (this Division)* [PSO PNDLOG] option is updated to add a new column showing the B/D/F (Bad Address Indicator/ Do Not Mail/ Foreign Address) status of the prescription.

## Print from Suspense File

### [PSO PNDLBL]

This option allows the user to print labels from the RX SUSPENSE file. First, enter the “Print Through” date. Any prescriptions with a suspense date on or before the date entered will print. Additionally, if a patient has at least one prescription on or before the date entered, any other prescriptions for that patient that are in suspense will be printed for the site parameter specified number of days to be pulled from suspense.

For example, if today’s date is entered and Patient A has a prescription to be printed through the date entered, all of Patient A's prescriptions between the date entered plus the number of days set in the local site parameter will be printed. If there are no prescriptions for Patient A through the date entered, no labels will print.

Labels can be sorted by the patient name, the SSN, or the DEA Special Handling code. If sorted by DEA, the labels must then sort by patient name or SSN. Sorting by DEA will send the labels to the printer in three groups:

- **First group** – will contain all the prescriptions with drugs that contain an “A” (narcotics and alcoholics) or a “C” (controlled substances-non narcotic) in the DEA Special Handling field.
- **Second group** – will contain all the prescriptions with drugs containing an “S” (supply) in the DEA Special Handling field.
- **Third group** – will contain all others. If a patient has prescriptions in suspense that fall in all three categories, that patient's labels will be printed three times, once in each group.

Only one job is tasked for all of the prescriptions in the batch; therefore, if the job is queued by mistake, only one tasked job must be undone. Any prescription that is put in suspense for the "Print Through Date" between the times the job was queued until the time it actually runs will be included in the job.

Labels for each job printed from suspense will be part of a batch. Each batch is identified by the Division, the user who queued the batch, and the date/time that the job was queued to begin.



Prescriptions pulled early from suspense will not be part of a batch, so they will not be able to be reprinted through the *Reprint Batches from Suspense* option.

A short profile for every patient for whom a label for a new prescription is being printed will also be printed if the local Profile with New Prescriptions site parameter is set to Yes.



If a patient has partial prescriptions with regular fills, only one set of trailing documents will print for that patient. (In V. 6.0 trailer documents were printed after each partial.)

If the patient has remote prescriptions, then the text “THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES” will appear on the report as shown in the following example.

PRESCRIPTION PROFILE AS OF 12/30/2008

NAME: PSOPATIENT,ONE

THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES

PHARMACIST: \_\_\_\_\_ DATE: \_\_\_\_\_

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by ECME to the third party payer. TRICARE and CHAMPVA prescriptions are exceptions, as noted in the TRICARE and CHAMPVA section. The communication events between Outpatient Pharmacy and ECME are recorded in the ECME Log section of each prescription. The ECME log can be viewed in the patient Medication Profile screen (Activity Log option – AL) and also from the View Prescriptions option. If the claim submission returns a Refill Too Soon (79) reject, a Reject Resolution Required reject, or a Drug Utilization Review (88) reject, the label is not printed for the prescription and it is moved to the Refill Too Soon/DUR or the Reject Resolution Required section of the patient Medication Profile screen until the user resolves the reject. The prescription will also display on the Third Party Payer Reject – Worklist.

### **¾ Days Supply Hold**

Because of the great number of refill-too-soon third party claim rejections that can occur due to prescriptions being filled too early, the system verifies that ¾ of the days supply has elapsed on the previous fill before the ePharmacy prescription may be refilled. The following list describes this functionality.

- ePharmacy prescriptions are delayed from being sent to CMOP and printed for local mail until ¾ of the days supply has elapsed. For CMOP suspense, a partial day will be rounded up (ex.: ¾ of 30 days will be 23 days). With the release of PSO\*7\*367, this rounding functionality will also be available for local mail suspense.
- An activity log entry states the date/time that the prescription will be allowed to be removed from suspense. The activity log is defined on the initial evaluation. The following is an example of the log entry:

4	06/18/08	SUSPENSE	REFILL 2	OPHARM,ONE
Comments: 3/4 of Days Supply SUSPENSE HOLD until 6/20/08.				

- To fill the prescription earlier, users may pull these types of prescriptions early from suspense.

### **Host Errors**

Prescriptions (ePharmacy only) will be prevented from being filled/sent to CMOP when a host processing error occurs as a claim is submitted through ECME. Host processing errors are identified by reject codes M6, M8, NN, and 99, which are returned by the third party payer. The following conditions apply when this scenario occurs.

- The transmission of the prescription fill will be delayed 1 day in hopes that the host processing issues will be resolved by the third party payer.
- An activity log entry will state the date/time along with a comment stating that the Rx/fill was left in suspense hold due to a host processing error. The following is an example of the log entry:

2	06/25/08	SUSPENSE	ORIGINAL	OPPHARM,TWO
Comments: SUSPENSE HOLD until 6/26/08 due to host reject error.				



- The Pull Early from Suspense function is not impacted by this added functionality. Users may pull these type prescriptions early from suspense.

There is no user interaction for this function. It initiates when the Print from Suspense [PSO PNDLBL] option is initiated for CMOP prescriptions.

## TRICARE and CHAMPVA

If there is an override or bypass for a TRICARE or CHAMPVA prescription and there are no open claim rejections for that prescription, then an electronic claim is not generated from suspense, and the label will be printed when the prescription is processed from suspense.

This exception applies to TRICARE and CHAMPVA ePharmacy billable prescriptions and non-billable prescriptions.

If a claim is submitted from suspense for a TRICARE or CHAMPVA prescription, the prescription will be displayed on the Third Party Payer Reject worklist if the claim submission returns any type of reject. Also, non-billable TRICARE and CHAMPVA prescriptions will be displayed on the Third Party Payer Reject Worklist. A user must resolve the reject or submit an override before the prescription can be processed through suspense.

## Pull Early from Suspense [PSO PNDRX]

This option is used to pull a specific prescription or all prescriptions for a patient early. If a prescription is pulled early using this option, it will not be associated with any printed batch, and the user will not be able to reprint a label with the *Reprint Batches from Suspense* option. Since prescriptions that are pulled early from suspense do not belong to any printed batch and cannot be reprinted from suspense, there is no reason to leave them in suspense.

The user may also edit the “Method of Pickup”. For the prompt “Pull Rx(s) and delete from Suspense”, the user should answer **YES** to pull the prescriptions, and they will always be deleted from suspense.



If the routing is changed to “Window” when pulling from suspense early and the bingo board is being used, those prescriptions will be sent to the bingo board.

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by ECME to the third party payer. The communication events between Outpatient Pharmacy and ECME are recorded in the ECME Log section of each prescription. The ECME log can be viewed in the patient Medication Profile screen (Activity Log option – AL) and also from the *View Prescriptions* option. If the claim submission returns a Refill Too Soon (79), Reject Resolution Required, or Drug Utilization Review (88) reject, the label is not printed for the prescription and it is moved to the Refill Too Soon/DUR or the Reject Resolution Required section of the patient Medication Profile screen until the user resolves the reject. The prescription will also display on the Third Party Payer Reject worklist.

## Queue CMOP Prescription

### [PSO RX QUEUE CMOP]

The *Queue CMOP Prescription* option allows the users (including pharmacy technicians) to put mail-routed prescription(s) for CMOP drugs on suspense for CMOP.

#### Example: Queue CMOP Prescription

```
Select Suspense Functions Option: QUEUE CMOP Prescription
Enter the Rx # to queue to CMOP: 300486
```

If the prescription does not have a routing of Mail, has already been released, or is not for a CMOP drug, and does not pass all the other normal checks for CMOP, it will not be put on suspense for CMOP.

## Reprint Batches from Suspense

### [PSO PNDRPT]

This option enables the user to reset the RX SUSPENSE file so that labels in a batch that have already been printed once can be printed again. This option is useful if certain portions of the previously printed labels are unusable.

A prompt is shown for a date range, and within the date range entered all of the batches that have printed from suspense and all the labels associated with each batch are shown. Next, the user can choose to reprint any number of batches. Whichever batch or batches is chosen to reprint, only the labels printed with that batch will be reprinted in the same order they were printed originally. If a prescription or prescriptions have been deleted using the *Delete Printed Rx's from Suspense* option, it will be excluded from the batch to be reset and reprinted.



Prescriptions pulled early from suspense will not be part of a batch, so they will not be able to be reprinted through the Reprint Batches from Suspense option.

## Chapter 29: Updating a Patient's Record

This chapter describes the option used for updating a patient's record.

### Update Patient Record [PSO PAT]

Use this option to update the patient information currently in the computer and to update patient records being viewed by using the *Patient Record Update* screen action. If implementing Other Language Modifications, use either to set a patient's other language preference.

In support of Registration patch DG\*5.3\*522, the Outpatient Pharmacy software provides for the automatic population of city, state, and county based on entry of a zip code.

#### Example: Updating a patient record

```
Select Outpatient Pharmacy Manager Option: UPDATE Patient Record

Select Patient:      OPPATIENT,ONE      12-4-53      000007890      YES      SC VETERAN

OPPATIENT, ONE                      ID#:      000-00-7890
4500 S MAIN ST                      DOB:      DEC 4,1953
ADDRESS LINE2
LINE 3 OF ADDRESS
MADISON                             PHONE: 555-555-1653
WISCONSIN 53705                     ELIG:      SC LESS THAN 50%
                                      SC%:      10

WEIGHT(Kg):                         HEIGHT(cm):
DISABILITIES: ARTHRITIS-10% (SC), FOREARM CONDITION-5% (NSC),
               FOREARM CONDITION-4% (NSC), BENIGN EYE GROWTH-0% (NSC),
               LOSS OF FIELD OF VISION-20% (SC),

ALLERGIES:

ADVERSE REACTIONS:
```

If the PSO site parameter is set to allow editing of patient data, this prompt, "Do you want to update the Permanent address/phone? //N", is displayed. If the user enters "NO", then the software will not allow the user to update the permanent address and Bad Address Indicator fields.

```
Do you want to update the address/phone? N// Y YES
Update (P)ermanent address, (T)emporary, or (B)oth: BOTH// <Enter>
STREET ADDRESS [LINE 1]: 4500 S MAIN ST// 4800 S MAIN ST
STREET ADDRESS [LINE 2]: ADDRESS LINE2// <Enter> ADDRESS LINE2
STREET ADDRESS [LINE 3]: LINE 3 OF ADDRESS// <Enter> LINE 3 OF ADDRESS
ZIP+4: 53705// <Enter> 53705

Select one of the following:

1          MADISON*

CITY: MADISON// <Enter> *
STATE: WISCONSIN
COUNTY: DANE
PHONE NUMBER [RESIDENCE]: 555-555-1653// <Enter> 555-555-1653
PHONE NUMBER [WORK]:
BAD ADDRESS INDICATOR: ? <Enter>

Please enter 1 if the address is 'UNDELIVERABLE', 2 if the patient
is 'HOMELESS', or 3 for 'OTHER' bad address reasons.
```

```
Choose from:
1      UNDELIVERABLE
2      HOMELESS
3      OTHER
Are you sure that you want to save the above changes? YES
Change saved.
```

Changes to the permanent address/Bad Address Indicator will not be saved until the prompt “Are you sure that you want to save the above changes?” is answered YES.

```
Press ENTER to continue: <Enter>

Temporary Address:

TEMPORARY ADDRESS ACTIVE?: NO// <Enter> NO

Press Return to continue: <Enter>
PHONE NUMBER [CELLULAR]: <Enter>
CNH CURRENT: <Enter>
FEE HOSPITAL I.D.: <Enter>
REMARKS: <Enter>

>>PHARMACY PATIENT DATA<<

CAP: <Enter>
MAIL: <Enter>
MAIL STATUS EXPIRATION DATE: <Enter>
DIALYSIS PATIENT: <Enter>
NARRATIVE: <Enter>
Eligibility: COLLATERAL OF VET. <Enter>
Disabilities: <Enter>
PATIENT STATUS: SERVICE CONNECTED// <Enter>
COMMUNITY NURSING HOME: <Enter>
NURSING HOME CONTRACT: <Enter>
LAST DATE OF CONTRACT: <Enter>
RESPITE PATIENT START DATE: <Enter>
RESPITE PATIENT END DATE: <Enter>
OTHER LANGUAGE PREFERENCE: <Enter>
PMI LANGUAGE PREFERENCE: <Enter>
```

# Chapter 30: Verifying Prescriptions

---

This chapter describes the option and methods used for verifying prescriptions.

## Verification

### [PSO VER]

Pharmacists use the *Verification* menu to verify prescriptions with a non-verified status; obtain a listing of those remaining non-verified prescriptions; or calculate the number of non-verified prescriptions by entering the patient or the clerk.

The following options are available on the *Verification* menu:

- *List Non-Verified Scripts*
- *Non-Verified Counts*
- *Rx Verification by Clerk*

If the verification site parameter is set to “YES”, new prescriptions entered by a non-pharmacist (i.e., someone who does not hold the PSORPH key) will be put in a non-verified status, entered into the non-verified orders file, and will not be made active (nor will labels be printed) until they are reviewed and verified by a pharmacist. When new and renewed prescriptions for a patient are verified, all labels for that patient will be printed together. If a patient has refills only, these labels will be printed as they are entered.

A pharmacist may choose to verify all entries made by a particular technician rather than all the prescriptions for an individual patient.



Prescriptions in a non-verified status cannot be canceled, edited, or deleted through the usual options. If a non-verified prescription is auto canceled on admission, it can be reinstated, but it returns to the non-verified status.

Verifying an ePharmacy order is similar to finishing an order. For an example, see “[Verifying ePharmacy Orders](#)” at the end of the “Verification through Patient Prescription Processing” section.

## List Non-Verified Scripts

### [PSO VRPT]

This option allows the user to obtain a list of all scripts remaining in a status of 'Non-Verified' by either patient or entering clerk.

#### Example: Non-verified prescriptions (sorted by patient)

```
Select Outpatient Pharmacy Manager Option: Verification

Select Verification Option: List Non-Verified Scripts
Sort By Patient or Clerk: P// <Enter> ATIENT
DEVICE: HOME// [Select Print Device]

NON-VERIFIED PRESCRIPTIONS
AS OF JUL 16,2007@14:49:54
SORTED BY PATIENT
```

```

                                (# indicates Order Check)
Patient name                                Page: 1
Rx #      Issued      Drug                                Entry By
-----
OPPATIENT,FIVE
100001860A   04/01/04  ACETAMINOPHEN 1000MG TABLET          10000000028

OPPATIENT,FOUR
100001591A   07/27/98  ASPIRIN BUFFERED 325MG TAB              11733

OPPATIENT,ONE
100001853    10/23/02  ERYTHRITYL TETRANIT. 10MG TAB          10000000022

OPPATIENT,TWELVE
100001854    11/25/02  ACETAMINOPHEN 1000MG TABLET          10000000022
100001798A   04/19/99  INSULIN NPH U-100 INJ (PORK)          100

Select Verification Option:

```

## Non-Verified Counts [PSO NVCNT]

This option allows the user to obtain a count of the number of prescriptions remaining in a status of non-verified.

### Example: Total of Non-verified prescriptions

```

Select Verification Option:  NON-Verified Counts
DEVICE: HOME//  [Select Print Device]

                                NON-VERIFIED PRESCRIPTION COUNTS
                                JUL 16,2007@14:57:34

TOTAL NUMBER OF NON-VERIFIED PRESCRIPTIONS : 12

NUMBER OF PATIENTS WITH ONE OR MORE NON-VERIFIED PRESCRIPTIONS : 9

(NOTE: Total number of patients listed here may not always equal the number at
the bottom, since some patients at the bottom may be counted more than once,
possibly having non-verified Rx's entered on different days.)

      Date      # of      # of
      ----      Non-verified Rx's      Different Patients
      -----
07-27-98          1          1
05-18-99          2          1
06-22-00          2          2
TOTAL              5          4

Enter RETURN to continue or '^' to exit:

```

## Rx Verification by Clerk [PSO VR]

This option verifies prescriptions in the non-verified status by entering the clerk.

## Verification through Patient Prescription Processing

Prescriptions can be verified through the *Patient Prescription Processing* option. The following screen shows that the patient has already been chosen and the Patient Information screen is displayed. Sequence **92** in the Non-Verified section is being chosen to be verified.

```
Medication Profile      Oct 26, 2004@15:54:11      Page: 9 of 9
OPPATIENT,ONE          <A>
  PID: 000-33-9521      Ht(cm): 175.26 (08/10/2004)
  DOB: OCT 10, 1970 (34) Wt(kg): 75.45 (08/10/2004)
  SEX: MALE
  CrCL: <Not Found>      BSA (m2): 1.91

                                ISSUE  LAST REF DAY
+
84 100476      PHENYTOIN 30MG CAP      180 DC 04-02 04-02 0 90
85 101064A$    POVIDONE IODINE SCRUB (OZ) 12 DC 07-09 08-03 0 15
86 101427      PREDNISONE 1MG TAB      180 DC 10-25 10-25 3 90
87 101152      PROBENECID 500MG TAB    180 DC 07-26 08-03 3 90
88 100307      QUININE SULFATE 200MG CAP 180 DC>02-22 02-22 3 90
89 100308      RIFAMPIN 300MG CAP      180 DC 02-22 02-22 3 90
90 100561      SYRINGE 5CC            90 DC 04-07 04-07 0 90
91 100626      VITAMIN A 25000 UNT CAP 180 DC>04-23 04-23 3 90
-----NON-VERIFIED-----
92 101435      CALCITRIOL 0.25MCG CAP    180 N> 10-26 10-26 3 90

+      Enter ?? for more actions
PU Patient Record Update      NO New Order
PI Patient Information        SO Select Order
Select Action: Quit// 92
```

The prescription information displays, and **VF** for Verification is entered to begin the verification process.

```
OP Medications (NON-VERIFIED) Oct 26, 2004@18:01:44      Page: 1 of 2
OPPATIENT,ONE          <A>
  PID: 000-33-9521      Ht(cm): 175.26 (08/10/2004)
  DOB: OCT 10, 1970 (34) Wt(kg): 75.45 (08/10/2004)

      Rx #: 101435
(1) *Orderable Item: CALCITRIOL CAP,ORAL
(2)      CMOP Drug: CALCITRIOL 0.25MCG CAP
(3)      *Dosage: 0.25 (MCG)
      Verb: TAKE
      Dispense Units: 1
      Noun:
      *Route: ORAL
      *Schedule: BID
(4)Pat Instructions:
      SIG: TAKE ONE CAPSULE BY MOUTHTWICE A DAY
(5) Patient Status: SC LESS THAN 50%
(6)      Issue Date: 10/26/04      (7) Fill Date: 10/26/04
      Last Fill Date: 10/26/04 (Window)
+      Enter ?? for more actions
DC (Discontinue)      PR (Partial)      RL (Release)
ED (Edit)      RF (Refill)      RN (Renew)
Select Action: Next Screen// VF
```

The system displays the verification screen. The user can respond Y to edit, N not to edit or P to display a profile. In this example, **Y** is entered to edit the prescription.

```
RX: 101435      PATIENT: OPPATIENT,ONE (000-33-9521)
STATUS: Non-Verified
      DRUG: CALCITRIOL 0.25MCG CAP
      QTY: 180      90 DAY SUPPLY
      SIG: TAKE ONE CAPSULE BY MOUTHTWICE A DAY
```

```

LATEST: 10/26/2004          # OF REFILLS: 3  REMAINING: 3
ISSUED: 10/26/04           PROVIDER:
LOGGED: 10/26/04           CLINIC: NOT ON FILE
EXPIRES: 10/27/05          DIVISION: ALBANY ISC (500)
CAP: NON-SAFETY            ROUTING: WINDOW
ENTRY BY: OPPROVIDER,ONE    VERIFIED BY:

PATIENT STATUS : SC LESS THAN 50%      COPIES : 1
EDIT: (Y/N/P): N// Y

```

The prescription displays in edit mode.

```

OP Medications (NON-VERIFIED) Oct 26, 2004@18:04:46      Page: 1 of 2
OPPATIENT,ONE                                           <A>
PID: 000-33-9521                      Ht(cm): 175.26 (08/10/2004)
DOB: OCT 10, 1970 (34)                  Wt(kg): 75.45 (08/10/2004)

Rx #: 101435
(1) *Orderable Item: CALCITRIOL CAP,ORAL
(2) CMOP Drug: CALCITRIOL 0.25MCG CAP
(3) *Dosage: 0.25 (MCG)
    Verb: TAKE
    Dispense Units: 1
    Noun:
    *Route: ORAL
    *Schedule: BID
(4) Pat Instructions:
    SIG: TAKE ONE CAPSULE BY MOUTHTWICE A DAY
(5) Patient Status: SC LESS THAN 50%
(6) Issue Date: 10/26/04                (7) Fill Date: 10/26/04
    Last Fill Date: 10/26/04 (Window)
+ Enter ?? for more actions
DC Discontinue      PR (Partial)          RL (Release)
ED Edit             RF (Refill)           RN (Renew)
Select Action: Next Screen// 1

```

By selecting the orderable item or drug, the user can edit and/or enter the ICD Diagnosis Codes that apply to the prescription. The following shows **1** for orderable item was selected for editing, and the orderable item was not changed. The ICD codes are entered and accepted.

```

OP Medications (NON-VERIFIED) Oct 26, 2004@18:04:46      Page: 1 of 2
OPPATIENT,ONE                                           <A>
PID: 000-33-9521                      Ht(cm): 175.26 (08/10/2004)
DOB: OCT 10, 1970 (34)                  Wt(kg): 75.45 (08/10/2004)

Current Orderable Item: CALCITRIOL CAP,ORAL
Select PHARMACY ORDERABLE ITEM NAME: CALCITRIOL//      CALCITRIOL CAP, ORAL

Previously entered ICD diagnosis codes:
    Primary:

Select Primary ICD Code: 121.1 121.1      CLONORCHIASIS
    ...OK? Yes// <Enter> (Yes)

Select Secondary ICD Code: 121.2 121.2      PARAGONIMIASIS
    ...OK? Yes// <Enter> (Yes)

Select Secondary ICD Code: 121.3 121.3      FASCIOLIASIS
    ...OK? Yes// <Enter> (Yes)

Select Secondary ICD Code: <Enter>
Are You Sure You Want to Update Rx 101435? Yes// <Enter> YES

```

Once the information is accepted, the prescription appears in Edit mode, and the verification process may begin again by entering VF.



OP Medications (NON-VERIFIED) Oct 26, 2004@18:06:05 Page: 1 of 2  
 OPPATIENT,ONE <A>  
 PID: 000-33-9521 Ht(cm): 175.26 (08/10/2004)  
 DOB: OCT 10, 1970 (34) Wt(kg): 75.45 (08/10/2004)

Rx #: 101435  
 (1) \*Orderable Item: MAGNESIUM CITRATE LIQUID,ORAL  
 (2) CMOP Drug: CALCITRIOL 0.25MCG CAP  
 (3) \*Dosage: 0.25 (MCG)  
 Verb: TAKE  
 Dispense Units: 1  
 Noun:  
 \*Route: INTRAVENOUS SUBCUTANEOUS INTRATHECAL  
 \*Schedule: BID  
 (4)Pat Instructions:  
 SIG: TAKE ONE IV SC INTH TWICE A DAY  
 (5) Patient Status: SC LESS THAN 50%  
 (6) Issue Date: 10/26/04 (7) Fill Date: 10/26/04  
 Last Fill Date: 10/26/04 (Window)  
 + Enter ?? for more actions  
 DC Discontinue PR (Partial) RL (Release)  
 ED Edit RF (Refill) RN (Renew)  
 Select Action: Next Screen// **VF**

The Verification screen appears and “NO” is entered for the edit prompt. By entering “YES” to the Verify prompt, verification is completed and the prescription is moved from the Non-Verified section to the Active section of the Medication Profile.

RX: 101435 PATIENT: OPPATIENT,ONE (000-00-0659)  
 STATUS: Non-Verified  
 DRUG: CALCITRIOL 0.25MCG CAP  
 QTY: 180 90 DAY SUPPLY  
 SIG: TAKE ONE IV SC INTH TWICE A DAY  
 LATEST: 10/26/2004 # OF REFILLS: 3 REMAINING: 3  
 ISSUED: 10/26/04 PROVIDER:  
 LOGGED: 10/26/04 CLINIC: NOT ON FILE  
 EXPIRES: 10/27/05 DIVISION: ALBANY ISC (500)  
 CAP: NON-SAFETY ROUTING: WINDOW  
 ENTRY BY: OPPHARMACIST,ONE VERIFIED BY:

PATIENT STATUS : SC LESS THAN 50% COPIES : 1  
 EDIT: (Y/N/P): N// **NO**

OPPATIENT,ONE ID#:000-00-9807 RX#: 101435

RX #	DRUG	QTY	ST	ISSUE DATE	LAST FILL	REF REM	DAY SUP
-----DISCONTINUED-----							
100476	PHENYTOIN 30MG CAP	180	DC	04-02	04-02	0	90
101064A\$	POVIDONE IODINE SCRUB (OZ)	12	DC	07-09	08-03	0	15
101427	PREDNISONE 1MG TAB	180	DC	10-25	10-25	3	90
101152	PROBENECID 500MG TAB	180	DC	07-26	08-03	3	90
100307	QUININE SULFATE 200MG CAP	180	DC	02-22	02-22	3	90
100308	RIFAMPIN 300MG CAP	180	DC	02-22	02-22	3	90
100561	SYRINGE 5CC	90	DC	04-07	04-07	0	90
100626	VITAMIN A 25000 UNT CAP	180	DC	04-23	04-23	3	90
-----NON-VERIFIED-----							
3240\$	CALCITRIOL 0.25MCG CAP	60	N	01-06	01-06	11	30

Press Return to continue:

Now doing remote order checks. Please wait...

Remote data not available - Only local order checks processed.

```

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Press Return to Continue:

OPPATIENT,ONE                                ID#:000-00-9807  RX#: 101435
CALCITRIOL 0.25MCG CAP

VERIFY FOR OPPATIENT,ONE ? (Y/N/Delete/Quit): Y// <Enter>

```

## Verifying ePharmacy Orders

Verifying an ePharmacy order is similar to finishing an order. After the user reviews the ePharmacy order and chooses to accept the order, the billing data is sent to ECME, which sends a message back to Outpatient Pharmacy displaying the status of the claim. The ECME section of the Activity Log is also updated.

```

RX: 101435  PATIENT: OPPATIENT,FOUR (000-01-1322P)
STATUS: Non-Verified
  DRUG: ENTEX CAP
  QTY: 10      10 DAY SUPPLY
  SIG: TAKE 25MG BY BY MOUTH EVERY DAY FOR 10 DAYS WITH FOOD
  LATEST: 11/05/2005      # OF REFILLS: 0  REMAINING: 0
  ISSUED: 11/05/2005      PROVIDER:
  LOGGED: 11/05/2005      CLINIC: NOT ON FILE
  EXPIRES: 11/15/2005     DIVISION: ALBANY ISC (500)
  CAP: NON-SAFETY         ROUTING: WINDOW
  ENTRY BY: OPPHARMACIST,ONE  VERIFIED BY:

PATIENT STATUS : SC LESS THAN 50%      COPIES : 1
EDIT: (Y/N/P): N// NO

OPPATIENT,FOUR                                ID#:000-01-1322P  RX#: 101435

      RX #          DRUG          QTY ST  ISSUE  LAST REF DAY
      -----
      -----ACTIVE-----
100476      PHENYTOIN 30MG CAP      180 DC  04-02  04-02    0  90
101064A$    POVIDONE IODINE SCRUB (OZ)      12 DC  07-09  08-03    0  15
      -----
      -----NON-VERIFIED-----
101435$      ENTEX CAP              10 N   11-05  11-05    0  10

Press Return to continue:

Now doing remote order checks. Please wait...

Remote data not available - Only local order checks processed.

Now doing allergy checks. Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

Press Return to Continue:

```

OPPATIENT,FOUR  
ENTEX CAP

ID#:000-01-1322P RX#: 101435

VERIFY FOR OPPATIENT,FOUR ? (Y/N/Delete/Quit): Y// <Enter>.

Prescription 100003840 successfully submitted to ECME for claim generation.

Claim Status:

IN PROGRESS-Waiting to start  
IN PROGRESS-Gathering claim info  
IN PROGRESS-Packet being built  
IN PROGRESS-Waiting for transmit  
IN PROGRESS-Transmitting  
E PAYABLE

Another New Order for OPPATIENT,FOUR? YES//

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# Chapter 31: CPRS Order Checks: How They Work

## Introduction

In CPRS, Order Checks occur by evaluating a requested order against existing patient data. Most order checks are processed via the CPRS Expert System. A few are processed within the Pharmacy, Allergy Tracking System, and Order Entry packages. Order Checks are a real-time process that occurs during the ordering session and is driven by responses entered by the ordering provider. Order Check messages are displayed interactively in the ordering session.

Order Checks review existing data and current events to produce a relevant message, which is presented to patient caregivers. Order Checks use the CPRS Expert System (OCX namespace), to define logical expressions for this evaluation and message creation. In addition to the expert system Order Checks have some hard-coded algorithms. For example, the drug-drug interaction order check is made via an entry point in the pharmacy package whereas Renal Functions for Patients 65 and Over is defined as a rule in the CPRS Expert System.

## Order Check Data Caching

Data caching was recently added to improve the speed of order checks. Before data caching, order checks could be slow because each order check retrieved data from the other VistA packages - even if the order checks used the same data. With data caching, the first order check in an ordering session retrieves data from other VistA packages, uses the data to evaluate whether it should display a warning, and then stores the retrieved data in the ^XTMP("OCXCACHE" global for five minutes. The order checks that occur in the next five minutes can use the cached data, if it is the appropriate data, instead of retrieving data from the other packages. After five minutes, the cached data expires, and order checks must retrieve new data from the VistA packages.

For example, before data caching was implemented, if an order check took 3 seconds to retrieve data from other VistA packages, and there were 12 order checks, clinicians might wait 36 seconds to sign orders. With data caching, the first order check might take 3 seconds to retrieve the data, but subsequent order checks could use the cache and might take only .03 seconds each. That would be 3.33 seconds compared to 36 seconds. The numbers in this example are for illustration only and do not reflect real system speed. However, data caching should speed up order checks.

To avoid using all available disk space for storing data from order checks, there are several ways to clear the ^XTMP("OCXCACHE" global. ORMTIME removes data from the global when it runs. The suggested frequency for running ORMTIME is every 30 minutes, but not every site runs it that frequently. Kernel clean up utilities also remove data from the cache when they run, which is usually every 24 hours. If needed, users that have access to the programmer's prompt can manually clear the cache from that prompt by using PURGE^OCXCACHE.

## Hash Counts and DEA Certification

When processing a digitally signed pending order, the integrity of the original order placed in CPRS is now being checked to ensure that the data fields listed below are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy. This is done by passing the data

elements listed below to a Kernel Application Programming Interface (API), Integration Control Registration (ICR) #3539 along with the CPRS hash count provided by ICR #5709. The Kernel API compares these two hash values and returns an "OK" if the pending order is unaltered; otherwise, a "-1^error code^error message" is returned.

**Example: "-1^89802016^Mismatched digital signature hash values."**

The following fields are used in the hash check:

- Date of Issuance
- Full Name and Address of the Patient
- Drug Name
- Quantity Prescribed
- Directions for Use
- Prescriber Name
- Prescriber Address (site address)
- Prescriber DEA/VA Registration Number
- Order Number (CPRS)

The Kernel API will also check for the validity of the DEA certificate. If the certificate is revoked or expired, the API will return the appropriate error code. If the error code is related to hash mismatch, or the DEA certificate is revoked, the following events will be triggered during pending order processing:

- The order will be auto discontinued.
- First line of the pending order screen will have the message "Digital Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked" concatenated with "Order Auto Discontinued", and the message will be highlighted.
- The status bar of the screen will have the message "Signature Failed: Corrupted (Hash mismatch)" or "Certificate revoked".

A mail message will be generated to the holders of the PSDMGR key notifying that the order has been auto-discontinued (similar to the example listed below). If the discontinuation is due to a hash mismatch as a result of altering one of the fields listed above, the mail message will show the altered fields with the discrepancies as shown in the following example.

**Example: Mail Message of Discontinuation Due to Hash Mismatch**

```
Subj: DIGITALLY SIGNED NEW ORDER AUTO DISCONTINUED  [#196353]
      03/20/12@17:1024 lines
From: POSTMASTER  In 'IN' basket.  Page 1  *New*

-----

Following order was auto discontinued when finishing a pending order
due to Corrupted (Hash mismatch) - 89802016

Division      : GREELEY CLINIC
CPRS Order #  : 5587651
Issue Date    : MAR 7,2012
Patient       : TEST,PATIENT (0908)
Address       : P.O. BOX 31
               LAPORTE, CA 95981
Drug          : CODEINE SULFATE 60MG TAB
Dosage Ordered: 120(MG)
Dosage Form   : TABLETS
```

```

Quantity      : 54
Provider      : TEST,PROVIDER
DEA#          : TA1234563
Site Address  : 2360 E PERSHING BLVD
               2360 East Pershing Boulevard
               CHEYENNE

```

Differences in CPRS and Pharmacy Pending File

Data Name	CPRS File	Pharmacy Pending File
-----	-----	-----
QTY PRESCRIBED	15	30

If the error code is related to 'certificate expired', the pending order will be processed (will not be auto-discontinued), and a notification will be sent to the provider with the message, "DEA certificate expired. Renew your certificate."

The following changes have been made for finishing a CS order:

When finishing a pending CS order, if the user does not hold the new PSDRPH security key, the order will be marked as 'Non-Verified'. To verify a 'Non-Verified' CS order, the PSDRPH security key is now required. To discontinue a pending CS order, the PSDRPH security key is now required.

- The pending order screen will now display the provider's DEA/VA #, the DETOX# (if available), and the site address.
- When finishing a new pending CS order, the dosage, provider name, or the number of refills will not be allowed editing; however, the user will be allowed to select other possible dosages for the same drug if available. If the changes to the dispense drug results in creating a new order, the user will be notified by the message " Digitally Signed Order – No such changes allowed". If pharmacy wants to make such changes, then they have to discontinue (DC) the pending order and start a new order. However, the user will be allowed to select other possible dosages for the same drug that does not change the prescribed dosage.
- When finishing a new pending CS order, the day supply or the quantity will not be allowed to increase but can be decreased. If the day supply is decreased, the number of refills will also be adjusted accordingly depending on the drug setup (maximum refills, not refillable, etc.). The quantity may be auto-calculated to a higher quantity by the system only when the dosage remains the same, but the dispense drug strength is changed – i.e., 2mg tablets #30 is changed to 1mg tablets, the Sig is updated, and the system changes the quantity to 60. A manual change to a higher quantity is not allowed.
- When finishing a pending CS order or verifying a CS order by the PSDRPH key holder, any edit to some of the key fields, such as dispense drug, dosage, dispense units, issue date, day's supply, quantity or number of refills, will now be captured and stored in the activity log.



**Note:** In patch PSO\*7\*99, a change was made for pending orders not to recalculate the quantity for CS drugs on selecting a different strength of the same drug and resulting in the same prescribed dosage. This change is removed in patch PSO\*7\*391.



# Chapter 32: Error Messages

## Error Information

The text in the error message and reason column will be displayed to the user. The type of error is displayed in column 1.

## Three Levels of Error Messages

**System** When such an error occurs, no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed. Other order checks that do not use the COTS database (FDB) will still be performed such as allergy/ADRs, duplicate drug (for outpatient only) and new CPRS order checks, etc.

**Drug** The second error level is for the drug and no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed for a specific drug. Drug level errors can occur for the prospective drug (drug being processed) or the profile drug. If a drug level error occurs on the prospective drug, no profile drug errors will be displayed. The only exception to this is when you are processing an IV order with multiple prospective drugs (i.e. multiple IV Additives). Profile drug level errors will only be shown once per patient session.

There are two reasons that a drug level error is generated; the drug is not matched to NDF or the drug is matched to NDF, but the VA Product to which it is matched does not have a GCNSEQNO assigned or the GCNSEQNO assigned does not match up to the GCNSEQNO in the COTS database. The latter (GCNSEQNO mismatch) is rare.

**Order** The third error level is for the order. Order level errors will only occur with dosing order checks. Please see the *Dosing Order Check User Manual* for more information.

Error Level	Error Message	Reason	Why message is being displayed.
System	No Enhanced Order Checks can be performed.	Vendor Database cannot be reached.	The connectivity to the vendor database has gone down. A MailMan message is sent to the G. PSS ORDER CHECKS mail group when the link goes down and when it comes back up.
System	No Enhanced Order Checks can be performed.	The connection to the vendor database has been disabled.	A user has executed the Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK] option and disabled the interface.

Error Level	Error Message	Reason	Why message is being displayed.
System	No Enhanced Order Checks can be performed	Vendor database updates are being processed	The vendor database (custom and standard data) is being updated using the DATUP (Data Update) process.
System	“Signature Failed – Order Auto Discontinued”	Hash Mismatch	Original digitally signed CS order placed in CPRS is checked to ensure data fields are not altered from the time the order is signed in CPRS and later selected for processing in backdoor pharmacy.
System	“DEA certificate expired. Renew your certificate.”	Validity of the DEA certificate.	Kernel API check for the validity of the DEA certificate. If certificate is revoked or expired, the API will return the appropriate error code.
System	No Enhanced Order Checks can be performed	An unexpected error has occurred	There is a system network problem and the vendor database cannot be reached or a software interface issue.
Drug	Enhanced Order Checks cannot be performed for Local or Local Outpatient Drug: <DRUG NAME>	Drug not matched to NDF	The local drug being ordered/ or on profile has not been matched to NDF. Matching the drug to a VA Product will eliminate this message.
Drug	Order Checks could not be done for Remote Drug: <DRUG NAME>, please complete a manual check for Drug Interactions and Duplicate Therapy. Remote order indicator		If this error message is displayed, it means that the VA product that the local or remote drug being ordered/or on the local or remote profile does not have a GCNSEQNO or in rare cases, the GCNSEQNO assigned to the VA Product does not match up with a GCNSEQNO in the vendor database.
Drug	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active Dispense Drug found	Highly unlikely that this error would be seen. At the time the order check was being performed the orderable item did not have an active dispense drug associated.

## Chapter 33: Security Keys

A security key is a unique entry in the Security Key file (^DIC(19.1), which may prevent access to a specific option or action by including the key as part of the option's entry in the Option file (^DIC(19,). Only users entered in the Holder field of the Security Key file may access the option or action.

### Security Keys

#### PSO TRICARE/CHAMPVA

PSO\*7\*385 renamed the PSO TRICARE security key to PSO TRICARE/CHAMPVA. Please see [TRICARE/CHAMPVA Eligible Outpatient Override Function](#) for further information on this security key.

#### PSO TRICARE/CHAMPVA MGR

PSO\*7\*385 renamed the PSO TRICARE MGR security key to PSO TRICARE/CHAMPVA MGR. Please see [TRICARE CHAMPVA Bypass/Override Report](#) for further information on this security key.

#### PSO TECH ADV

PSO\*7\*386 added the PSO TECH ADV security key for use of holding and unholding prescriptions. Please see [Holding and Unholding a Prescription](#) for further information on this security key.

#### PSO EPHARMACY SITE MANAGER

PSO\*7\*421 added the PSO EPHARMACY SITE MANAGER security key for use of changing ePharmacy Site Parameters. Please see [ePharmacy Site Parameters](#) for further information on this security key.

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## Appendix A: ASAP Definitions

Safety Updates for Medication/Prescription Management (SUMPM) adds a new module to the Outpatient Pharmacy V. 7.0 application, which enables Veterans Health Administration (VHA) pharmacies to comply with mandatory reporting to State Controlled Substance Rx Databases as required by the Consolidated Appropriations Act, 2012, PL 112-74.

The information must be reported using the American Society for Automation in Pharmacy (ASAP) data format, which was developed by the Alliance of States with Prescription Monitoring Programs and the National Association of State Controlled Substances Authorities. Depending on what state the VHA facility is located, one of the following ASAP versions will be used:

- 1995
- 3.0
- 4.0
- 4.1
- 4.2

This appendix provides the views a user will see with each of the various ASAP versions.

### ASAP Version 1995

```
ASAP Standard Version 1995    Jul 23, 2014@10:59:14    Page:    1 of    2
POSITION  DESCRIPTION
(001-003) Transmission Type Identifier
(004-009) Bank Identification Number ('VA'_Site#)
(010-011) ASAP Version ('A2': 1995)
(012-013) Transaction Code ('01': Controlled Sub)
(014-025) Pharmacy DEA Number
(026-045) Patient ID (SSN)
(046-048) Patient's Zip Code (first 3 digits)
(049-056) Patient's DOB (Format: YYYYMMDD)
(057-057) Patient's Gender ('1':Male/'2':Female)
(058-065) Date Filled (Release Date) (YYYYMMDD)
(066-072) Prescription Number (last 7 of Rx IEN)
(073-074) Rx Fill Number
(075-079) Rx Quantity
(080-082) Rx Days Supply
(083-083) Compound Flag (Always '1':Not Compound)
(084-094) NDC (Format: 9999999999)
(095-104) Prescriber's DEA #
(105-108) Prescriber's DEA Suffix (Not Used)
(109-116) Date Written (Format: YYYYMMDD)
+      Enter ?? for more actions
(109-116) Date Written (Format: YYYYMMDD)
+      Enter ?? for more actions
DET Show/Hide Details
(109-116) Date Written (Format: YYYYMMDD)
(117-118) Refills Authorized
(119-119) Origin Code(0:Unknown,1:Written,2:Phone)
(120-121) Customer Location ('03':Outpatient)
(122-128) Diagnosis Code (Not Used)
(129-138) Alternate Prescriber's # (VA #)
(139-153) Patient's Last Name
(154-168) Patient's First Name
(169-198) Patient's Address
(199-200) Patient's State
(201-209) Patient's Zip Code
```

### ASAP Version 3.0

```
ASAP Standard Version 3.0    Jul 23, 2014@10:59:23    Page:    1 of    6
TH Transaction Set Header
  TH01 - Version / Release Number
```

```

TH02 - NOT USED
TH03 - Transaction Control Number
TH04 - NOT USED
TH05 - NOT USED
TH06 - NOT USED
TH07 - NOT USED
TH08 - Creation Date
TH09 - Creation Time
TH10 - File Type
TH11 - NOT USED
TH12 - Composite Element Separator
  IR Information Receiver
    IR01 - Unique Information Receiver ID
    IR02 - Information Receiver Entity Name
  IS Information Source
    IS01 - Unique Information Source ID
    IS02 - Information Source Entity Name
  PHA Pharmacy Header
+   Enter ?? for more actions
  PHA Pharmacy Header
+   Enter ?? for more actions
DET Show/Hide Details
  PHA Pharmacy Header
    PHA01 - National Provider Identifier (NPI)
    PHA02 - NCPDP/NABP Provider ID
    PHA03 - DEA Number
    PHA04 - Pharmacy Name
    PHA05 - Address Information - 1
    PHA06 - Address Information - 2
    PHA07 - City Address
    PHA08 - State Address
    PHA09 - ZIP Code Address
    PHA10 - Phone Number
  PAT Patient Information
    PAT01 - Reporting Status
    PAT02 - NOT USED
    PAT03 - NOT USED
    PAT04 - Social Security Number
    PAT05 - NOT USED
    PAT06 - NOT USED
    PAT07 - Last Name
    PAT08 - First Name
    PAT09 - Middle Name
+   Enter ?? for more actions
DET Show/Hide Details
  PAT09 - Middle Name
  PAT10 - Name Prefix
  PAT11 - Name Suffix
  PAT12 - Address Information - 1
  PAT13 - Address Information - 2
  PAT14 - City Address
  PAT15 - State Address
  PAT16 - ZIP Code Address
  PAT17 - Phone Number
  PAT18 - NOT USED
  PAT19 - Date Of Birth
  PAT20 - Gender Code
  PAT21 - Patient Location Code
  RX Prescription Order
    RX01 - Reporting Status
    RX02 - NOT USED
    RX03 - Prescription Number
    RX04 - NOT USED
    RX05 - NOT USED
    RX06 - NOT USED
    RX07 - NOT USED
+   Enter ?? for more actions
DET Show/Hide Details
  RX07 - NOT USED
  RX08 - Date Rx Written
  RX09 - NOT USED

```

```

RX10 - NOT USED
RX11 - NOT USED
RX12 - NOT USED
RX13 - Product ID Qualifier
RX14 - NOT USED
RX14 - Product ID
RX16 - NOT USED
RX17 - Quantity Prescribed
RX18 - Days Supply
RX19 - NOT USED
RX20 - Refills Authorized
DSP Dispensing
  DSP01 - Reporting Status
  DSP02 - NOT USED
  DSP03 - Prescription Number
  DSP04 - Refill Number
  DSP05 - NOT USED
  DSP06 - NOT USED
+      Enter ?? for more actions
DET Show/Hide Details
  DSP06 - NOT USED
  DSP07 - NOT USED
  DSP08 - NOT USED
  DSP09 - Date Filled
  DSP10 - NOT USED
  DSP11 - Product ID Qualifier
  DSP12 - Product ID
  DSP13 - NOT USED
  DSP14 - Quantity Dispensed
  DSP15 - Days Supply
  DSP16 - Basis of Days Supply Determination
PRE Prescriber
  PRE01 - Reporting Status
  PRE02 - NOT USED
  PRE03 - National Provider Identifier (NPI)
  PRE04 - DEA Number
  PRE05 - DEA Number Suffix
  PRE06 - NOT USED
  PRE07 - NOT USED
  PRE08 - Last Name
  PRE09 - First Name
+      Enter ?? for more actions
DET Show/Hide Details
  PRE09 - First Name
  PRE10 - Middle Name
RPH Pharmacist
  RPH01 - Reporting Status
  RPH02 - NOT USED
  RPH03 - National Provider Identifier (NPI)
  RPH04 - NOT USED
  RPH05 - NOT USED
  RPH06 - Last Name
  RPH07 - First Name
  RPH08 - Middle Name
PLN Third-Party Plan
  PLN01 - Reporting Status
TP Pharmacy Trailer
  TP01 - Detail Segment Count
TT Transaction Trailer
  TT01 - Transaction Control Number
  TT02 - Segment Count

```

## ASAP Version 4.0

```

ASAP Standard Version 4.0    Jul 23, 2014@10:59:37    Page:    1 of    4
TH Transaction Set Header
  TH01 - Version / Release Number
  TH02 - Transaction Control Number
  TH03 - Transaction Type
  TH04 - NOT USED

```

```

TH05 - Creation Date
TH06 - Creation Time
TH07 - File Type
TH08 - Composite Element Separator
  IS Information Source
    IS01 - Unique Information Source ID
    IS02 - Information Source Entity Name
    PHA Pharmacy Header
      PHA01 - National Provider Identifier (NPI)
      PHA02 - NCPDP/NABP Provider ID
      PHA03 - DEA Number
      PHA04 - Pharmacy Name
      PHA05 - Address Information - 1
      PHA06 - Address Information - 2
      PHA07 - City Address
+      Enter ?? for more actions
      PHA07 - City Address
+      Enter ?? for more actions
DET Show/Hide Details
  PHA07 - City Address
  PHA08 - State Address
  PHA09 - ZIP Code Address
  PHA10 - Phone Number
  PAT Patient Information
    PAT01 - ID Qualifier of Issuing Jurisdiction
    PAT02 - ID Qualifier
    PAT03 - ID of Patient
    PAT04 - NOT USED
    PAT05 - NOT USED
    PAT06 - NOT USED
    PAT07 - Last Name
    PAT08 - First Name
    PAT09 - Middle Name
    PAT10 - Name Prefix
    PAT11 - Name Suffix
    PAT12 - Address Information - 1
    PAT13 - Address Information - 2
    PAT14 - City Address
    PAT15 - State Address
    PAT16 - ZIP Code Address
+      Enter ?? for more actions
DET Show/Hide Details
  PAT16 - ZIP Code Address
  PAT17 - Phone Number
  PAT18 - Date of Birth
  PAT19 - Gender Code
  PAT20 - Species Code
  PAT21 - Patient Location Code
  DSP Dispensing Record
    DSP01 - Reporting Status
    DSP02 - Prescription Number
    DSP03 - Date Written
    DSP04 - Refills Authorized
    DSP05 - Date Filled
    DSP06 - Refill Number
    DSP07 - Product ID Qualifier
    DSP08 - Product ID
    DSP09 - Quantity Dispensed
    DSP10 - Days Supply
    DSP11 - Drug Dosage Units Code
    DSP12 - Transmission Form of Rx Origin Code
    DSP13 - Partial Fill Indicator
    DSP14 - Pharmacist National Provider Identifier (NPI)
+      Enter ?? for more actions
DET Show/Hide Details
  DSP14 - Pharmacist National Provider Identifier (NPI)
  DSP15 - Pharmacist State License Number
  DSP16 - Classification Code for Payment Type
  PRE Prescriber Information
    PRE01 - National Provider Identifier (NPI)
    PRE02 - DEA Number

```



```

PRE03 - DEA Number Suffix
PRE04 - Prescriber State License Number
PRE05 - Last Name
PRE06 - First Name
PRE07 - Middle Name
TP Pharmacy Trailer
TP01 - Detail Segment Count
TT Transaction Trailer
TT01 - Transaction Control Number
TT02 - Segment Count

```

## ASAP Version 4.1

```

ASAP Standard Version 4.1    Jul 23, 2014@10:59:45    Page:    1 of    4
TH Transaction Header
TH01 - Version / Release Number
TH02 - Transaction Control Number
TH03 - Transaction Type
TH04 - NOT USED
TH05 - Creation Date
TH06 - Creation Time
TH07 - File Type
TH08 - NOT USED
TH09 - Data Segment Terminator Character
IS Information Source
IS01 - Unique Information Source ID
IS02 - Information Source Entity Name
PHA Pharmacy Header
PHA01 - National Provider Identifier (NPI)
PHA02 - NCPDP/NABP Provider ID
PHA03 - DEA Number
PHA04 - Pharmacy Name
PHA05 - Address Information - 1
PHA06 - Address Information - 2
+      Enter ?? for more actions
PHA06 - Address Information - 2
+      Enter ?? for more actions
DET Show/Hide Details
PHA06 - Address Information - 2
PHA07 - City Address
PHA08 - State Address
PHA09 - ZIP Code Address
PHA10 - Phone Number
PAT Patient Information
PAT01 - ID Qualifier of Issuing Jurisdiction
PAT02 - ID Qualifier
PAT03 - ID of Patient
PAT04 - NOT USED
PAT05 - NOT USED
PAT06 - NOT USED
PAT07 - Last Name
PAT08 - First Name
PAT09 - Middle Name
PAT10 - Name Prefix
PAT11 - Name Suffix
PAT12 - Address Information - 1
PAT13 - Address Information - 2
PAT14 - City Address
PAT15 - State Address
+      Enter ?? for more actions
DET Show/Hide Details
PAT15 - State Address
PAT16 - ZIP Code Address
PAT17 - Phone Number
PAT18 - Date of Birth
PAT19 - Gender Code
PAT20 - Species Code
PAT21 - Patient Location Code
PAT22 - Country of Non-U.S. Resident
DSP Dispensing Record

```

```

        DSP01 - Reporting Status
        DSP02 - Prescription Number
        DSP03 - Date Written
        DSP04 - Refills Authorized
        DSP05 - Date Filled
        DSP06 - Refill Number
        DSP07 - Product ID Qualifier
        DSP08 - Product ID
        DSP09 - Quantity Dispensed
        DSP10 - Days Supply
        DSP11 - Drug Dosage Units Code
        DSP12 - Transmission Form of Rx Origin Code
+       Enter ?? for more actions
DET Show/Hide Details
        DSP12 - Transmission Form of Rx Origin Code
        DSP13 - Partial Fill Indicator
        DSP14 - Pharmacist National Provider Identifier (NPI)
        DSP15 - Pharmacist State License Number
        DSP16 - Classification Code for Payment Type
        PRE Prescriber Information
            PRE01 - National Provider Identifier (NPI)
            PRE02 - DEA Number
            PRE03 - DEA Number Suffix
            PRE04 - Prescriber State License Number
            PRE05 - Last Name
            PRE06 - First Name
            PRE07 - Middle Name
        TP Pharmacy Trailer
            TP01 - Detail Segment Count
TT Transaction Trailer
    TT01 - Transaction Control Number
    TT02 - Segment Count

```

## ASAP Version 4.2

```

ASAP Standard Version 4.2    Jul 23, 2014@10:59:53    Page:    1 of    4
TH Transaction Header
    TH01 - Version / Release Number
    TH02 - Transaction Control Number
    TH03 - Transaction Type
    TH04 - NOT USED
    TH05 - Creation Date
    TH06 - Creation Time
    TH07 - File Type
    TH08 - NOT USED
    TH09 - Data Segment Terminator Character
    IS Information Source
        IS01 - Unique Information Source ID
        IS02 - Information Source Entity Name
    PHA Pharmacy Header
        PHA01 - National Provider Identifier (NPI)
        PHA02 - NCPDP/NABP Provider ID
        PHA03 - DEA Number
        PHA04 - Pharmacy Name
        PHA05 - Address Information - 1
        PHA06 - Address Information - 2
+       Enter ?? for more actions
        PHA06 - Address Information - 2
+       Enter ?? for more actions
DET Show/Hide Details
    PHA06 - Address Information - 2
    PHA07 - City Address
    PHA08 - State Address
    PHA09 - ZIP Code Address
    PHA10 - Phone Number
    PAT Patient Information
        PAT01 - ID Qualifier of Issuing Jurisdiction
        PAT02 - ID Qualifier
        PAT03 - ID of Patient
        PAT04 - NOT USED

```

```

PAT05 - NOT USED
PAT06 - NOT USED
PAT07 - Last Name
PAT08 - First Name
PAT09 - Middle Name
PAT10 - Name Prefix
PAT11 - Name Suffix
PAT12 - Address Information - 1
PAT13 - Address Information - 2
PAT14 - City Address
PAT15 - State Address
+      Enter ?? for more actions
DET Show/Hide Details
PAT15 - State Address
PAT16 - ZIP Code Address
PAT17 - Phone Number
PAT18 - Date of Birth
PAT19 - Gender Code
PAT20 - Species Code
PAT21 - Patient Location Code
PAT22 - Country of Non-U.S. Resident
DSP Dispensing Record
DSP01 - Reporting Status
DSP02 - Prescription Number
DSP03 - Date Written
DSP04 - Refills Authorized
DSP05 - Date Filled
DSP06 - Refill Number
DSP07 - Product ID Qualifier
DSP08 - Product ID
DSP09 - Quantity Dispensed
DSP10 - Days Supply
DSP11 - Drug Dosage Units Code
DSP12 - Transmission Form of Rx Origin Code
+      Enter ?? for more actions
DET Show/Hide Details
DSP12 - Transmission Form of Rx Origin Code
DSP13 - Partial Fill Indicator
DSP14 - Pharmacist National Provider Identifier (NPI)
DSP15 - Pharmacist State License Number
DSP16 - Classification Code for Payment Type
PRE Prescriber Information
PRE01 - National Provider Identifier (NPI)
PRE02 - DEA Number
PRE03 - DEA Number Suffix
PRE04 - Prescriber State License Number
PRE05 - Last Name
PRE06 - First Name
PRE07 - Middle Name
PRE08 - Phone Number
TP Pharmacy Trailer
TP01 - Detail Segment Count
TT Transaction Trailer
TT01 - Transaction Control Number
TT02 - Segment Count

```

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# Glossary

The following table provides definitions for common acronyms and terms used in this manual.

Acronym/Term	Definition
<b>Action Profile</b>	A list of all active and recently canceled or expired prescriptions for a patient sorted by classification. This profile also includes a signature line for each prescription to allow the physician to cancel or renew it.
<b>Activity Log</b>	A log, by date, of changes made to or actions taken on a prescription. An entry is made in this log each time the prescription is edited, canceled, reinstated after being canceled, or renewed. An entry will be made into this log each time a label is reprinted. A CMOP activity log will contain information related to CMOP dispensing activities.
<b>ADD</b>	Automated Dispensing Device
<b>Allergy/ADR Information</b>	Includes non-verified and verified allergy and/or adverse reaction information as defined in the Adverse Reaction Tracking (ART) package. The allergy data is sorted by type (DRUG, OTHER, FOOD). If no data is found for a category, the heading for that category is not displayed.
<b>Allergy Order Check</b>	The process that compares the drugs prescribed for a patient against that patient's recorded allergies
<b>AMIS</b>	Automated Management Information System
<b>Answer Sheet</b>	An entry in the DUE ANSWER SHEET file. It contains the questions and answers of a DUE questionnaire. This term is also used to refer to the hard copy representation of a DUE ANSWER SHEET entry.
<b>API</b>	Application Programming Interfaces
<b>APSP</b>	Originally Indian Health Service Pharmacy's name space now owned by the Outpatient Pharmacy software.
<b>ASAP</b>	American Society for Automation in Pharmacy
<b>BSA</b>	<p>Body Surface Area. The Dubois formula is used to calculate the Body Surface Area using the following formula:</p> $BSA \text{ (m}^2\text{)} = 0.20247 \times \text{Height (m)}^{0.725} \times \text{Weight (kg)}^{0.425}$ <p>The equation is performed using the most recent patient height and weight values that are entered into the vitals package.</p> <p>The calculation is not intended to be a replacement for independent clinical judgment.</p>
<b>Bypass</b>	Take no action on a medication order.
<b>CHAMPVA</b>	CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) is a cost-shared health benefits program established for the dependents and survivors of certain severely disabled and/or deceased veterans.
<b>Clinical Reminder Order Checks (CROC)</b>	CPRS Order Checks that use Clinical Reminder functionality, both reminder terms and reminder definitions, to perform checks for groups of orderable items.

<b>Acronym/Term</b>	<b>Definition</b>
<b>CMOP</b>	Consolidated Mail Outpatient Pharmacy.
<b>CPRS</b>	Computerized Patient Record System. CPRS is an entry point in VistA that allows the user to enter all necessary orders for a patient in different packages (e.g., Outpatient Pharmacy, Inpatient Pharmacy, etc.) from a single entry point.
<b>CrCL</b>	<p>Creatinine Clearance. The CrCL displays in the pharmacy header is identical to the CrCL value calculated in CPRS. The formula approved by the CPRS Clinical Workgroup is the following:  Modified Cockcroft-Gault equation using Adjusted Body Weight in kg:  (if ht &gt; 60in)</p> <p>This calculation is not intended to be a replacement for independent clinical judgment.</p>
<b>Critical</b>	Interactions with severe consequences that require some type of action (finding facts, contacting prescribers) to prevent potential serious harm.
<b>DATUP</b>	Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out VA custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the production and pre-production centralized MOCHA databases at Austin and Philadelphia.
<b>DEA</b>	Drug Enforcement Agency
<b>DEA Special Handling</b>	The Drug Enforcement Agency special Handling code used for drugs to designate if they are over-the counter, narcotics, bulk compounds, supply items, etc.
<b>DHCP</b>	See VistA.
<b>DIF</b>	Drug Information Framework
<b>Dispense Drug</b>	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
<b>Dosage Ordered</b>	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
<b>Drug/Drug Interaction</b>	The pharmacological or clinical response to the administration of a drug combination different from that anticipated from the known effects of the two agents when given alone.
<b>DUE</b>	Drug Usage Evaluation
<b>Expiration/Stop</b>	The date on which a prescription is no longer active. Typically, this date is 30 days after the issue date for narcotics, 365 days after the issue date for other medications and 365 days after the issue date for supplies.
<b>FDB</b>	First DataBank
<b>Finish</b>	Term used for completing orders from Order Entry/Results Reporting V. 3.0.
<b>GUI</b>	Acronym for Graphical User Interface.

<b>Acronym/Term</b>	<b>Definition</b>
<b>Issue Date</b>	The date on which the prescription was written. This date is usually, but not always, the same as the first fill date. This date cannot be later than the first fill date.
<b>HFS</b>	Host File Server.
<b>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</b>	A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.
<b>JCAHO</b>	Acronym for Joint Commission on Accreditation of Healthcare Organizations
<b>Label/Profile Monitor</b>	A file for each printer that records, in the order in which they were printed, the last 1000 labels or profiles printed on that printer. This allows a rapid reprint of a series of labels or profiles that were damaged by a printer malfunction or other event.
<b>Local Possible Dosages</b>	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
<b>Medication Instruction File</b>	The MEDICATION INSTRUCTION file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion and intended use.
<b>Medication Order</b>	A prescription.
<b>Medication Profile</b>	A list of all active or recently canceled or expired prescriptions for a patient sorted either by date, drug, or classification. Unlike the action profile, this profile is for information only and does not provide a signature line for a physician to indicate action to be taken on the prescription.
<b>Medication Routes File</b>	The MEDICATION ROUTES file contains medication route names. The user can enter an abbreviation for each route to be used at the local site. The abbreviation will most likely be the Latin abbreviation for the term.
<b>Med Route</b>	The method in which the prescription is to be administered (e.g., oral, injection).
<b>NCCC</b>	Acronym for National Clozapine Coordinating Center.
<b>Non-Formulary Drugs</b>	The medications, which are defined as commercially available drug products not included in the VA National Formulary.
<b>Non-VA Meds</b>	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.

Acronym/Term	Definition
<b>OPAI</b>	Outpatient Pharmacy Automated Interface
<b>Order</b>	Request for medication.
<b>Orderable Item</b>	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense drug name (e.g., Acetaminophen 325mg).
<b>Partial Prescription</b>	A prescription that has been filled for a quantity smaller than requested. A possible reason for a partial fill is that a patient is to return to the clinic in ten days but the prescription calls for a thirty-day supply. Partials do count as workload but do not count against the total number of refills for a prescription.
<b>Payer</b>	In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).
<b>Pending Order</b>	A pending order is one that has been entered by a provider through CPRS without Pharmacy finishing the order. Once Pharmacy has finished the order, it will become active.
<b>Pharmacy Narrative</b>	OUTPATIENT NARRATIVE field that may be used by pharmacy staff to display information specific to the patient.
<b>Polypharmacy</b>	The administration of many drugs together.
<b>POE</b>	Acronym for Pharmacy Ordering Enhancements (POE) project. Patch PSO*7*46 contains all the related changes for Outpatient Pharmacy.
<b>Possible Dosages</b>	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the DRUG file. The DRUG file entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
<b>Prescription</b>	This term is now referred to throughout the software as medication orders.
<b>Prescription Status</b>	<p>A prescription can have one of the following statuses:</p> <p><b>Active</b> – A prescription with this status can be filled or refilled.</p> <p><b>Canceled</b> – This term is now referred to throughout the software as Discontinued. (See Discontinued.)</p> <p><b>Discontinued</b> – This status is used when a prescription was made inactive either by a new prescription or by the request of a physician.</p> <p><b>Discontinued (Edit)</b> – Discontinued (Edit) is the status used when a medication order has been edited and causes a new order to be created due to the editing of certain data elements.</p> <p><b>Deleted</b> – This status is used when a prescription is deleted. Prescriptions are no longer physically deleted from the system, but marked as deleted. Once a prescription is marked deleted no access is allowed other than view.</p> <p><b>Expired</b> – This status indicates the expiration date has passed.</p> <p><b>*Note:</b> A prescription that was canceled or has expired more recently</p>



Acronym/Term	Definition
	<p>than the date specified by the cutoff date, typically 120 days in the past, can still be acted upon.</p> <p><b>Hold</b> – A prescription that was placed on hold due to reasons determined by the pharmacist.</p> <p><b>Non-verified</b> – There are two types of non-verified statuses. Depending on a site parameter, prescriptions entered by a technician do not become active until a pharmacist reviews them. Until such review, they remain non-verified and cannot be printed, canceled or edited except through the <i>Verification</i> menu.</p> <p>The second non-verified status is given to prescriptions when a drug/drug interaction is encountered during the new order entry or editing of a prescription.</p> <p><b>Pending</b> – A prescription that has been entered through OERR.</p> <p><b>Refill</b> – A second or subsequent filling authorized by the provider.</p> <p><b>Suspended</b> – A prescription that will be filled at some future date.</p>
<b>Progress Notes</b>	A component of Text Integration Utilities (TIU) that can function as part of CPRS.
<b>Provider</b>	The person who authorized an order. Only users identified as providers who are authorized to write medication orders may be selected.
<b>Reprinted Label</b>	Unlike a partial prescription, a reprint does not count as workload.
<b>Questionnaire</b>	An entry in the DUE QUESTIONNAIRE file. This file entry contains the set of questions related to a DUE as well as the drugs being evaluated.
<b>Schedule</b>	The frequency by which the doses are to be administered, such as Q8H, BID, NOW, etc.
<b>Sig</b>	The instructions printed on the label.
<b>Significant</b>	The potential for harm is either rare or generally known so that it is reasonable to expect that all prescribers have taken this information into account.
<b>Speed Actions</b>	See Actions
<b>SPMP</b>	State Prescription Monitoring Program
<b>Suspense</b>	A prescription may not be able to be filled on the day it was requested. When the prescription is entered, a label is not printed. Rather, the prescription is put in the RX SUSPENSE file to be printed at a later date.
<b>Third (3<sup>rd</sup>) Party Claims</b>	Health care insurance claims submitted to an entity for reimbursement of health care bills.
<b>Time In</b>	This is the time that the patient's name was entered in the computer.
<b>Time Out</b>	This is the time that the patient's name was entered on the bingo board monitor.
<b>Titration</b>	Titration is the process of gradually adjusting the dose of a medication until optimal results are reached.

Acronym/Term	Definition
<b>TIU</b>	Text Integration Utilities; a package for document handling, that includes Consults, Discharge summary, and Progress Notes, and will later add other document types such as surgical pathology reports. TIU components can be accessed for individual patients through the CPRS, or for multiple patients through the TIU interface.
<b>TRICARE</b>	<p>TRICARE is the uniformed service health care program for:</p> <ul style="list-style-type: none"> <li>• active duty service members and their families</li> <li>• retired service members and their families</li> <li>• members of the National Guard and Reserves and their families</li> <li>• survivors, and others who are eligible</li> </ul> <p>There are differences in how prescriptions for TRICARE beneficiaries are processed versus how prescriptions are processed for Veterans.</p>
<b>Units per Dose</b>	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted for medications that can be split.
<b>VistA</b>	Acronym for Veterans Health Information Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
<b>Wait Time</b>	This is the amount of time it took to fill the prescription. It is the difference between Time In and Time Out. For orders with more than one prescription, the wait time is the same for each.

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