

Quick Reference Guide

for ePrescribe

Adding a Patient's Preferred Pharmacy

Preferred Pharmacy

The patient's preferred pharmacy displays in the **Header** area. The entry is also a functional hyperlink that provides the ability to launch the **Preferred Pharmacy** dialog window to add/update the patient's preferred pharmacy information used for electronic prescription transmission.



In order to search for pharmacy, you must click the small circle in front of search pharmacy

0	Sear	ch	Phar	macy
---	------	----	------	------

Search Pharmacy			
Name:	State:	Pharmacy Type:	•
City:	Zip:		
Phone:	Fax:		Search

Narrow your search options by selecting your pharmacy type. Retail for Rx

Pharmacy Type:		~
	Retail	
	MailOrder	45

You can remove a listed pharmacy and add a pharmacy, by highlighting the preferred pharmacy, and clicking the "Remove" button.



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A BAR AND A CONTRACT OF A CONT	,					
¥ =						
emove Edit						
Infection Manager	Disease	Address	Add	Ch.	Chata	7- 0-4-
Jerault, Marrie	FnamacyType	Address I	Addressz	City	Sidle	Zip Code
 A Walgreens Drug Store 11807 	Retail			BROOKLYN		

Medication List Changes

Show More/Show Less Details Button

The **Show More Details / Show Less Details** button provides the ability to see a quick overview of information with minimal scrolling.



Renew Date Column

The **Renew Date** column provides the ability to quickly see the prescriptions displaying renew dates.

	Sta	atus	Start I	Date	End	Date	Renew Date	T R
		Click c	olumn he	eader t	o sort			
N	Active		24-Aug-201	12	22-Sep-2	012	26-Sep-2012	₽ x

Prescription and Home Med History Icons

Prescription and **Historical Home Medication** icons display to the right of the **Rx End Date** column to quickly identify entries that are prescriptions and which are home medications.

		Prescrip	tion icon	
8	Active	24-Aug-2012	22-Sep-2012	26-Sep-2012 🖹
8	Active	29-Aug-2011	02-Sep-2011	R
8	Active	Home Me	dication	\$
8	Active	ico	n	

Font Color Change for Un-submitted Prescriptions Un-

submitted prescriptions will display in blue text.

	Medication Summary		-	Status	Start Date	End Date	Renew Date 🕓
8	By Prescription Only (6 items)						
	C Aceta 80 mg/0.8 mL oral liquid orally	& و	e	Active			۵,
	Duragesic-12 transdermal film, extended release 1 *	۵.	2	Unsubmitted	06-May-2013	06-May-2013	R
	F furosemide 40 mg oral tablet 1 orally x 5 days	9 B.		Active	29-Aug-2011	02-Sep-2011	R 🛷
ς.							

Quick Reference Guide

Font Color Change for Discontinued Medications

To easier differentiate active and discontinued (inactive) medications, items with a status of **Discontinued**, **No Longer Taking** or **Completed** will display in *italicized* text.

	Medication Su	immary					Status	Start Date
E	By Prescription Only (12 items)		1					
	aspirin 81 mg oral enteric coated	tablet	1 tab(s)	*	8	۲	Active	/
	Caduet 2.5 mg-20 mg oral tablet	1 tab(s)	orally	*0	8.	8	Discontinued	30-Jan-2013
	Caduet 2.5 mg-20 mg oral tablet	1 tab(s)	orally	*9	8.	8	Discontinued	30-Jan-2013
	Caduet 2.5 mg-20 mg oral tablet	2 tab(s)	orally	*	8.	۲	Active	30-Jan-2013

Free-Text Script Display

To better differentiate medications that were added as **free text** entries, these items will display with a **pink** color background. In addition, a **free text** icon will display to the left of the item name.

raloxifene 60 mg oral tablet 1 tab(s) orally once a	* 🗞	8	Active
Free Tele (non-Multum) (1 item)			
T white pill tab(s) orally once a day	*) 🗞	۲	Active

Medication Search Changes

Search Options

The following changes have been incorporated to better manage the medication search when adding new prescriptions:

Better filter search results

Drug Search	⊖ Full catalog ⊙ Quick list ⊖ Favorites	
Jylenol		
Tylenol Tylenol 8 Hour C Tylenol 8 Hour E	Caplet Extended Relief	[

Separate **Search Term** from results – The **bottom half** of the window is the entire list while the **top half** is filtered to match the search item entered.

Drug Search	 Full catalog 	 Quick list 	⊖ Favorites				
				Gene	ric Name: ace	etaminophen	
Tylenol							ð
Tylenol 325 m	g tablet						1
Tylenol Arthriti	s Caplet 650 mg	tablet, extende	ed release				•
Acephen 120 r	ng suppository						-
Acephen 325 r	ng suppository						
Acephen 650 r	ng suppository						

Ability to **expand the filter area** – You can enlarge the search filter area by dragging the horizontal splitter.

Drug Search	 Full catalog 	 Quick list 	 Favorites 	

	Generic Name, acciantitophen
q-p	
Q-Pap 325 mg tablet	
Q-Pap 160 mg/5 mL suspension	
Q-Pap 160 mg/5 mL liquid	
Q-Pap Extra Strength 500 mg capsule	
Q-Pap Extra Strength 500 mg tablet	
Acephen 120 mg suppository	
Acephen 325 mg suppository	
Acephen 650 mg suppository	
acetaminophen 120 mg suppository	
acetaminophen 325 mg suppository	

Ability to **refine search filtering** – You can alter the search item without losing the full list from the previous search item.

Drug Search O Full catalog O Quick list O Favorites

	Generic Name: acetaminophen
۹Ð	
Q-Pap 160 mg/5 mL liquid	<u> </u>
Q-Pap 325 mg tablet	•
Acephen 120 mg suppository	-
Acephen 325 mg suppository	-
Acephen 650 mg suppository	
acetaminophen 120 mg suppository	
acetaminophen 325 mg suppository	
acetaminophen 650 mg suppository	
acetaminophen 120 mg/5 mL liquid	
acetaminophen 325 mg tablet	
acetaminophen 160 mg/5 mL liquid	
acetaminophen 500 mg/15 mL liquid	

Back Button

Using the **Back** button in the search field will take you back to the first search screen while retaining your last entered search item.

rag o caran	. I all catalog	C galok list	Generic	Name: aceta	aminophen	
·p						
Q-Pap 80 mg/0	.8 mL oral liquid					
Q-Pap 160 mg/	5 mL oral liquid					
2-Pap 160 mg/	5 mL oral suspensio	n				
2-Pap 325 mg	oral tablet					
Q-Pap Extra Str	ength 500 mg oral ta	blet				
cephen 120 m	ng rectal suppository					
cephen 325 m	ıg rectal suppository					
Acephen 650 m	ıg rectal suppository					
cetaminopher	n compounding pow	rder				
cetaminopher	n 10 mg/mL intraven	ous solution				
dd Prescription - 1	EST, NUMBER 11					L
ig Search ④ Fu	II catalog 🔘 Quick list	Favorites Generic Name	e: topiramate		Requested By	Instruct
amax 100 mg orai table				_	Other	ctions /
					Instructions: Auto Edir	t <u>Clear</u>
Verify that entered f	at the correct or your prese	information riptions, do	n has beer ose, dosin	n g	l table) orally 2 times a day	< Comment
quantity.	ne, days nur		is, and the	,		s Sigs, Me
Click to F	Review and S	ubmit butto	on.			no Dose
						Range
						Pharm
e Do 1 📰 tal	sage Units Route	Frequency 2 times a day	Days	Refills	Common Instructions: as needed for abdominal cramping	PRN 5
Date <u>Original</u> <u>To</u>	day Quantity	Dispensed Units	Dispense as	Written	as needed for agitation as needed for allergy symptoms	
16-2016 •	60	•	Show Days i	n SIG	as needed for anxiety as needed for chestpain	V
				Multu	um Version: 3/2016	
Processing	Selected (1/1)		1			

TEST. EDDIEMURPHY Bayridge Clinic Area Allergies: Allergy Status Unknown	Unreviewed Allergies	1066118 / 7319836 Kassotis, John	5y (03-	15-2011)	Male
atient Address : TEST 4 BROOKLYN NY 11203					
Medication Summary		Submit Method			
cetaminophen 650 mg oral tablet, extended release 1 tabig) oraly every 8 hours x3 days 2 untrih: 18 tabig) Refits None Substitutions Allowed Written Date: 03-17-2016 Prescriber: Osho, Joseph(MD Attending)		eSubmit	Preview	Edit	Delete
rekčilim V potaskum 500 mg oral tablet tab(i) orally entry 6 hours x 5 days Junnify: 20 tab(i) Refilis: None slubstitutiona Allowed Winten Date: 63-17-2016 Prescriber: Osho, Joseph(MD Attending)		eSubmit	Preview	Edit	Delete
	Ļ				
pply this point method to all Prescriptions above: Pharmacy:	Walgreens Drug Store 11808				
Print C eSubmit C Fay C Save Only	Walgreens Drug Store 11808				
C Print C eSubmit Fax C Save Only	Walgreens Drug Store 11808				



- 1. Choose a pharmacy from the drop-down list or search for a new pharmacy.
- 2. Verify the Provider Location (Example: 445 Lenox Road)
- 3. Click the "eSubmit" radio button. (Notice that the medication default now reads eSubmit.)
- 4. Click the "Submit" button.

P		🖗 🗣 🎯 🧮. 🔞. 🔦. 🚹 🌒 🎌 🛸 🖍 🖏 🖏.	
Γ		Med Status: A Preferred Pharmacy: Embler	Incomplete Medication Histor nHealth Pharmacy Lindenwood
	Son Disp	s patient medication may not be shown. Showing: Active, Unsubmitted (Prescription, OTC, FreeText) only. sy Format: Active and Medications to be Reviewed (Modified) Group/Sort by: Therapeutic Class and Drug	0 of 27 selecter
	Г	Medication Summary A Status Start Date V Renew Date	Rx End Date 🖹 🕄 🕫
		acctaminophen 325 mg oral tablet 2 tabl(s) orally: * & & & Constantiance (Constantiance) (Cons	
		amiodarone 200 mg oral tablet 1 tab(s) orally 10 Ko 03-16-2016 1 table) orally one a day Entered By Sense, Namy(M) Refills None City: 0 Hearbit Nouse: Different Name] Schedule: 0 Trasent Status: None Entry Tipe: Hr. 4648: 104380	*
		amiLODIPine 5 mg and tablet 1 tab(s) analiy ance. 🏘 🗞 🛐 Active 03-16-2016 1 table) andly ance a day Entrande Dy Seman, Manay (M)	*

On the Prescription Writer home screen:

- 1. You can see the Patient's Preferred Pharmacy in the upper right hand area.
- 2. View the entered medication(s) section to see the method of transmission and the transmission status.

Note:

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If you get an error message while submitting an electronic	
prescription, please try resubmitting your request again:	

Print	eSubmit	C	Fax	C Save Only	
Leave	Unsubmittee	d			

"One or more prescriptions are not eligible for the selected Submit Method and have been defaulted to Print.

Print

HelpDesk Assistance

If you continue to get an error, or you have any additional questions or comments, please call the help desk 718-270-4357 option 8

Be sure to provide the patient's:

- a. Name
- b. MRN (Medical Record Number)
- c. Medication Type (Brand or generic, narcotic, routine medication)
- d. Preferred Pharmacy
- 1. Verify the Pharmacy's name.
- 2. Verify the correct address for SUNY DMC (445 Lenox Road)

Provider Location:

Additional eSubmit Prescription Information

- 1. Online access to Rx Writer Training Manual can be accessed from the SUNY DMC home page under the HealthBridge.
- 2. Online Computer Based Tutorial can also be accessed from the SUNY DMC home page under the HealthBridge.
- 3. Online access to FAQ's via the PRIME training. (You must have a PRIME account. (downstate.edu)

	Find A Physician Home Library myDownstate Newsroom
	PRIME » Access your online course materials
	Username ernest.provo
er	Password
l of	LOGIN
	Can't login to Prime?
nt.	
<u> </u>	

FREQUENTLY ASKED QUESTIONS FOR ELECTRONIC PRESCRIBING

Revised: January 2016

For the complete document of FAQs please visit:

http://www.health.ny.gov/professionals/narcotic/ electronic_prescribing/docs/epcs_faqs.pdf

Q140. How does a practitioner notify the Bureau that an ONYSRx* or oral prescription was issued?

A140. Practitioners should email the use of an exception to the following email address **erx@health.ny.gov**

Q142. What information needs to be included in the email?

A142. The practitioner's e-mail notification to the Department should include the following:

- That it is a notification to the Department pursuant to Public Health Law Section 281(4) or (5);
- Practitioner's name;
- Practitioner's license number;
- Practitioner's telephone number;
- Practitioner's preferred work e-mail address;
- Practitioner's work address;
- Patient initials only (the Department does not want patient confidential information to be sent); and
- The reason(s) for the exception(s), including the citation(s) to PHL Section(s) 281(3) (b), (d), and (e).

Q150. When is a practitioner required to notify the Bureau of Narcotic Enforcement of a temporary technological failure with the electronic prescribing software and an ONYSRx or oral prescription was issued?

A150. A practitioner is required to file information about the issuance of such prescription with the department as soon as practicable, but in no instance more than 72 hours following the end of the technological failure that prevented the issuance of an electronic prescription.

Q152. When is a practitioner required to notify the Bureau of Narcotic Enforcement that an ONYSRx or oral prescription was issued to prevent patient harm because it was impractical to issue the prescription electronically in a timely manner?

A152. A practitioner who issues a prescription that could cause patient harm because it was impractical to issue the prescription electronically in a timely manner, shall file information about the issuance of such prescription with the department within 48 hours of the date of issue.

***ONYSRX:** Official New York State Rx

NEW YORK STATE DEPARTMENT OF HEALTH