

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

Search Pharmacy	y	
-----------------	---	--

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	2

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



Remove Edit befault Name Market Market Drug Store 11807						
Remove Edit Default Name	PharmacyType	Address1	Address2	City	State	Zip Code

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 Da	ate	End	Date	Renew Date	× R
		Click c	olumn hea	der to :	sort	-		
¥	Active		24-Aug-2012	22	2-Sep-20)12	26-Sep-2012	R

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	
V	Active	24-Aug-2012	22-Sep-2012	26-Sep-2012 🖹
8	Active	29-Aug-2011	02-Sep-2011	R
8	Active	Home Me		1
8	Active	ico	n	

Font Color Change for Un-submitted Prescriptions Un-

submitted prescriptions will display in blue text.

		Medication Summary	10			 Status 	Start Date	End Date	Renew Date 🕑
e	8	By Prescription Only (6 items)							
	ľ	Aceta 80 mg/0.8 mL oral liquid orally	- *	8	Ľ	Active			\$
	0	Duragesic-12 transdermal film, extended release	1 💐	8	8	Unsubmitted	06-May-2013	06-May-2013	R
	ſ	furosemide 40 mg oral tablet 1 orally x 5 days				Active	29-Aug-2011	02-Sep-2011	R 🛷

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	mmary		-	Status	Start Dat
By Prescription Only (12 items)					
aspirin 81 mg oral enteric coated	tablet 1 tab(s)	🍋 🗞	8	Active	/
Caduet 2.5 mg-20 mg oral tablet	1 tab(s) orally	* 9 🗞	8	Discontinued	30-Jan-2013
Caduet 2.5 mg-20 mg oral tablet	1 tab(s) orally	*9 🗞	8	Discontinued	30-Jan-2013
Caduet 2.5 mg-20 mg oral tablet	2 tab(s) orally	*] 🗞	8	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	*0	80	8	Active
Free Tele (non-Multum) (1 item)				
T white pill tab(s) orally once a day	*	80	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 ⊖ Favo	vrites	
Jylenol			
Tylenol Tylenol 8 Hour C Tylenol 8 Hour E	aplet stended 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						
				Ger	neric Name:	acetaminop	ohen		
Tylenol									Э
Tylenol 325 m	g tablet								1
Tylenol Arthritis Caplet 650 mg tablet, extended release								•	
Acephen 120 r	ng suppository								1
Acephen 325 mg 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

	Clehenic Marrie, acetarninophen
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
q-p	ີ 🕈
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.

	 Full catalog 	0.4	 Favorites Generic Nar 	me: acetamin	ophen	
·p			a criticite i rati	no. dootaniin	opriori	
Q-Pap 80 mg/0	.8 mL oral liquid					
)-Pap 160 mg/	5 mL oral liquid					
2-Pap 160 mg/	5 mL oral suspension	1				
)-Pap 325 mg						
	ength 500 mg oral ta	blet				
cephen 120 m	ng rectal suppository					
	ng rectal suppository					
Acephen 650 m	ng rectal suppository					
cetaminopher	n compounding pow	der				
cetaminopher	n 10 mg/mL intraven	ous solution				
dd Prescription - T	EST, NUMBER 11					
Add to avorites Calculate Dose g Search I Ful amax 100 mg oral tablet	Taper Dose Search Ad	Pharmacies Pro	inter Check Rx Clea ealth Eligibility blems copiramate		Requested By	Instru
amax ruu mg orai tablei					Other	ctions /
					structions: • Auto · Edi	instructions / On Behalf OF
entered f	at the correct or your presc ite, days num	riptions, do	ose, dosing	1	(a) (raily 2 times a day	alf Of Comments Sigs, Memo
Click to F	Review and S	ubmit butto	n.			DoseRange Phar
	sage Units Route	Frequency 2 times a day		ivenins	ommon Instructions: needed for abdominal cramping	PRN C
		the second second	30 Dispense as Writte	en as	needed for abdominal pain needed for agitation needed for allergy symptoms	
1 🛨 tat Date <u>Origina</u>) <u>To</u>	day Quantity	Dispensed Units	Auto-Calculate	T as	needed for anxiety needed for chestoain	
1 <u>*</u> ial Date <u>Original</u> <u>To</u> 16-2016 •	day Quantity		Auto-Calculate	(*) <u>as</u>	needed for anxiety needed for chestpain rsion: 3/2016	•

TEST. EDDIEMURPHY Bayridge Clinic Area Allergies: Allergy Status Unknown	Unreviewed Allergies	1066118 / 7319836 Kassotis, John	5y (03-	15-2011)	Male
Vatient Address : TEST 4 BROOKLYN NY 11203					
Medication Summary		Submit Method			
acetaminophen 650 mg oral tablet, extended release 2 tabloj oraliy every 8 hours x 3 dave Quantity, 18 tabloj Refilie: None Subsititutions Allowed Written Date: 03-17-2016 Prescriber: Osho, Joseph(MD Attending)		eSubmit	Preview	Edit	Delete
penicillin V potassium 500 mg oral tablet 1 tab(s) orally every 6 hours x 5 days		0			Delete
Substitutions Allowed		eSubmit	Preview	Edit	<u>benen</u>
Quantity, 20 tably, Reflin: None Substitutions Allowed Written Date: 03-17-2016 Prescriber: Osho, Joseph(MD Attending)		eSubmit	Preview	Edit	<u></u>
Substitutions Allowed	↓		Y Preview	Edit	
Substitutions Allowed Written Dater (0-12-2016 Prescriber: Oxho, Joseph(MD Attending)		Submit	Y Preview	Edit	
Substitutions Allowed Written Dater (0-12-2016 Prescriber: Oxho, Joseph(MD Attending)	Wayneen Drug Store 1108	Subm	Preview	Ldt	



- 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.

E		🕼 🌢 🎯 🗐. 🙆. 👌 🌒 🏌	(n 🚱 🗗	E .	
Γ					-	8: Incomplete Medication Histor emHealth Pharmacy Lindenwoor
	Som	e patient medication may not be shown. Showing: Active, Unsubmitted (Pres	cription,	OTC, FreeText) only,	A Freierred Friannacy.	emmeatin nharmacy Lindenwoo
				Therapeutic Class and Dru	9	0 of 27 selecte
	П	Medication Summary	-	Status Sta	rt Date 👻 Renew Date	Rx End Date 🗟 🛇 🕫
	\square	acetaminophen 325 mg oral tablet 2 tab(s) orally 🍋 🔊	8	Active 09-30-	2015	R
		2 bid/g conity every 5 hours. An encoded. Pain R Preschart Tomano, Constance(PA) Pedita None City: 0 Health Issue: (P) he Hanh Issuel Schedule, 0. Therapedic Class, analogiesis (central nervous system ager Pharmay, Enderstendieth Theramary, indernational Transmit Method. Pinit Transmit Satus: Printed Endry Type: Rev Facility 503164	nts)			
		amiodarone 200 mg oral tablet 1 tab(s) orally Table(s) orally one a day Entered By: Sense, Altexy(PA) Refills: None City: 0 Health Issues: (Bo Health Issue) Schedule: 0 Transmit Status: None Entry: Type: Her. Kell: 10/4800	2	Active 03-16-	2016	4)
		amLODIPine 5 mg oral tablet 1 tab(s) orally once & & & & & & & & & & & & & & & & & &	8	Active 03-16-	2016	*
						1 cm

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:

5

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

Print		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
d of	LOGIN
	Can't login to Prime?
nt.	
— (a	

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