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propel Rx

BRITISH COLUMBIA PROVINCIAL PRESCRIPTION MANAGEMENT (PPM) USER GUIDE

PHARMACY TECHNOLOGY SOLUTIONS
A DIVISION OF McKESSON CANADA

Revision History

To maintain the accuracy of this document, any changes made will be noted in the table below. Please refer to this section before using this document, to ensure no updates were made to the content you may be referencing.

Date	Revision
May 21, 2025	Added a section on Troubleshooting EHR Warnings When Submitting Prescription Authorizations under Creating and Dispensing Prescriptions on the EHR.
May 30, 2025	Expanded the Adapting or Extending Prescription section with more steps on how to initiate an Adaptation or Extension in different scenarios.
June 3, 2025	Updated the Rx Detail Expiry Date section to indicate that the field does not auto-populate and can be entered manually if needed.
August 18, 2025	Added a section on the default Idle Time of 15 minutes in Propel Rx.

Helpful Links

Need more information on how to use Propel Rx? Refer to the [Propel Rx Online Help](#).

Contents

Introduction

Provincial Prescription Management (PPM) is an electronic solution designed to streamline the way Prescriptions are managed in British Columbia. It allows healthcare providers to create, view, and modify Prescriptions digitally. Health information is shared and accessible in real-time, enhancing communication and coordination between pharmacies, prescribers, and patients.

There are several benefits of PPM for community pharmacies, including:

- An expanded range of Allergies and Conditions that can be transmitted to the EHR.
- The ability to download Prescription details directly into Propel Rx. This development allows the pharmacy to easily download electronic Prescriptions and/or Prescriptions which are being transferred from other pharmacies with PPM.
- Access to a new Prescription profile on the EHR. Dispenses will now be linked with Prescription records, making it easier to reference Prescription details and Dispense history.
- Reduced manual entry of paper Prescriptions. Initially, Prescriptions will be entered by pharmacies on behalf of the prescriber, with a gradual decrease in paper and verbal orders as e-prescribing becomes more widespread.
- The introduction of Medication Management Intervention (MMI) and Clinical Service (CS) codes that can be submitted with a Prescription or its Dispense. These codes transmit additional information on how a drug therapy problem was addressed or the rationale behind the provision of a clinical service.
- Visibility into pharmacist Adaptations. Information about who initiated an Adaptation and the rationale behind it will now be accessible from the new Prescription profile.
- The ability to reconcile clinical and Prescription discrepancies between the local Propel Rx Profile and the EHR Profile. This allows users to build accurate and comprehensive local Profiles with minimal manual entry.
- The choice of whether to transmit a Prescription note to the EHR and whether it is attached to the Prescription record or its Dispense.
- The introduction of an EHR Queue where a subset of transactions can be Queued when the EHR Network is down.

This user guide will go over the functionality that's introduced when your pharmacy is upgraded to PPM. For more information on general Propel Rx and existing EHR functionality, please refer to the Propel Rx Online Help.

Glossary of Terms

Terminology	Description
Adapt/Adaptation	Refers to the action by a pharmacist to Adapt an existing Prescription (including transfers) with the intention to optimize therapeutic outcomes (Professional Practice Policy-58). In British Columbia, this can include: • Changing the dose, formulation, or regimen • Renewing the Prescription • Performing a therapeutic drug substitution within the same therapeutic class Adaptations can be performed on the first or subsequent Fills of the Prescription. The original prescriber can be a pharmacist. However, an Adapted Prescription cannot be Adapted further unless the original prescriber was a pharmacist. In British Columbia, Adaptations are considered a dispensing, not prescribing authority. It creates a new Prescription on the EHR, but it does not have authorization on its own; the original Authorization is required. Adaptations cannot be performed on expired Prescriptions, veterinarian Prescriptions, emergency supplies for continuity of care, or if a prescriber indicated "do not renew/Adapt." In Propel Rx, the process of changing a dose, formulation, or regimen or performing a therapeutic drug substitution is referred to as an Adaptation. The renewal of a Prescription is referred to as an Extension.
Adapted Prescription Record	Refers to the Adaptation itself and not the original Prescription. In Propel Rx, an Adaptation or Extension is indicated with a delta icon ⧌ on the Patient Profile. In the Rx Authorizations Profile, both the Adaptation and Adapted (i.e., original) Prescription are indicated with the same icon ⧌. Hover over the icon to identify the type (i.e., Adaptation vs Extension locally or Adaptation vs Adapted on the EHR).
Adverse Drug Reaction (ADR)	Any adverse event associated with the use of a drug, whether considered drug related or not, including the following: • An adverse event that can occur after using a drug

Terminology	Description
	• An adverse event occurring from a drug overdose • An adverse event occurring from a drug withdrawal
Animal	Patient status to indicate the patient is not an active patient, but perhaps a family pet. Prescriptions for an animal should be Filled under the owner's PHN. If the prescriber is a veterinarian, "ANIMAL DISPENSE" will be automatically inserted at the front of a SIG upon Filling the Prescription.
Best Possible Medication History (BPMH)	Refers to the medication history that a pharmacist collects from the patient. This includes Prescription and non-Prescription medications that are regularly used.
Client Registry (CR)	In British Columbia's healthcare system, the Client Registry serves as a database containing demographic details for its clients.
College of Pharmacists of British Columbia (CPBC)	This is regulatory authority in British Columbia responsible for the registration of pharmacists and pharmacy technicians as well as the licensing of pharmacies within the province.
College of Physicians and Surgeons ID (CPSID)	A unique identifier assigned to a physician by a provincial licensing authority.
College of Physicians and Surgeons of British Columbia (CPSBC)	This regulatory body in British Columbia is tasked with the licensing of physicians and the oversight and enforcement of practice standards within the province.
Controlled Prescription Program	A program used to prevent forgeries and inappropriate prescribing of narcotics or controlled substances. Involves writing Prescriptions on a special duplicate Prescription pad (until e-prescribing is made available). The blue copy is attached to the patient record.
Create (Prescription Authorization)	The Prescription Authorization on the EHR. The Create contains the original Prescription information entered by the prescriber. If the Prescription was not electronically prescribed, the dispensing pharmacy may enter the Create

Terminology	Description
	information on behalf of the prescriber. With PPM, Dispenses can now be organized under Prescription Authorization records.
Demographic Information	Personal health information for identifying a patient including name, date of birth, gender, address, phone, and date of death.
Dispense	The Dispense associated with the Prescription record on the EHR. The Dispense is entered by the pharmacy who Fills the Prescription. Prior to PPM, only Dispenses were recorded on the EHR.
Drug Information System (DIS)	The portion of the EHR that monitors drug interactions, maintains medication profiles, and provides clinical support features.
Drug Utilization Evaluation (DUE)	The process of checking for drug interactions and dosages on the EHR.
Electronic Health Record (EHR)	A collective of information systems across the province that store healthcare data about individuals and providers. The EHR checkbox throughout Propel Rx indicates whether the information resides on the EHR.
Electronic Medical Record (EMR)	The electronic medical record systems used by physicians.
Electronic Prescribing (e-Rx or e-prescribing)	The act of creating electronic Prescriptions by a practitioner for dispensing a drug or device to a patient.
First Data Bank (FDB)	Performs drug utilization evaluation using a database of drug and clinical information.
Folio Number	This number is printed on triplicate/duplicate prescriptions for prescribing controlled substances. In Propel Rx, the folio number is a required Prescription field for a controlled substance if the prescriber is not a Propel Rx pharmacist. **NOTE:** The majority but not all narcotic prescriptions require a folio number to be entered. If a folio number was not provided, enter "NA."

Terminology	Description
Keyword (Patient Protective Word)	A password that a patient can request a pharmacist or HIBC to assign to their EHR records. These EHR records are then referred to as protected data. Keywords can be stored temporarily or permanently in the Propel Rx Patient Folder and must be submitted, if they exist, to view information about a patient on the EHR.
Health Insurance British Columbia (HIBC)	The organization responsible for administering the Medical Services Plan and PharmaCare.
Location ID	An ID that uniquely identifies a location using the EHR.
Medical Services Plan (MSP)	A government program that offers universal health care coverage for all residents of British Columbia.
Medication Management Intervention (MMI)	MMI codes can be transmitted to the EHR with the Prescription Authorization (Create) or Dispense to provide additional information on how drug therapy problems or clinical decisions were addressed.
National Association of Pharmacy Regulatory Authorities (NAPRA)	A voluntary association of provincial and territorial pharmacy regulatory bodies, as well as the Canadian Forces Pharmacy Services. NAPRA regulates the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada. Their primary mandate is to protect the public.
Office Use Medications (O-Meds, Bag Use)	Medications, both Prescription and over-the-counter, provided by pharmacies to medical clinics, dentists, veterinarians, and midwives. It does not include medical supplies, non-drug items, or stock transfers to other pharmacies. O-Med Prescriptions are transmitted using the pharmacy's unique O-Med PHN and keyword. For more information, see Processing an Office Use, Ward Stock, or Stock Transfer Prescription.
Other Medication Record	Also referred to as a DUR in Propel Rx, this is a record of a drug the patient is taking that was not Filled as a Prescription by the recording pharmacy. This could be a recommended over the counter (OTC) product, medication sample, or a Dispense that occurred out of province. When a Prescription is synchronized via an EHR Profile Compare, it is entered as a DUR in Propel Rx.

Terminology	Description
Out of Province	A patient status that indicates the patient does not reside in this province. These patients may or may not exist on the EHR.
Rx Authorizations Profile	A view of the patient's EHR Profile that includes: • Adverse Drug Reactions and Conditions • Prescription Authorizations • Dispenses
Patient Session	Refers to the period of time when a Patient is open in Propel Rx. The session ends when the Patient is closed (also referred to as a "break in care"). While a patient session is active, users are not prompted repeatedly to view the EHR Profile when processing Prescriptions or submit a keyword, if one is on file, when performing EHR transactions.
Personal Health Number (PHN)	A unique number that is assigned to a patient who had an interaction with the BC health system. This identifies the patient, but it does not mean the patient is eligible for coverage in BC.
PharmaCare	A program that funds the cost of eligible Prescription drugs and medical supplies. It consists of seven drug plans.
PharmaCare Trial Prescription Program	A program targeted to expensive medications with a high incidence of side effects. With this program, PharmaCare reimburses pharmacies the dispensing fee for trial quantities (10 – 14 days supply).
Pharmacy (Location) ID	An ID issued by HIBC that uniquely identifies a pharmacy. Format: "BC00000" followed by the three-character PharmaCare ID issued by HIBC.
PharmaNet	Network that connects all pharmacists in British Columbia to centralized data systems. In the Propel Rx user interface, PharmaNet is referred to as the EHR.
PharmaNet Participant Message (Fan Out)	Urgent messages such as advisory messages or system disruptions that are transmitted to all PharmaNet users or a targeted list. A maximum of 320 characters can be returned. In Propel Rx, Fan Out messages can be returned in a transaction response and retrieved on demand using the HealthNet/BC Participant Message Report.

Terminology	Description
Practitioner ID Reference Code	A number that uniquely identifies each licensing body.
Practitioner ID Reference Number	ID that uniquely identifies a practitioner. This is assigned by a practitioner licensing body.
Product Identification Number (PIN)	A number that is used to submit products or compounds that do not have a Drug Identification Number (DIN). PINs are assigned by PharmaCare. For a list of PINs, see Product identification numbers (PINs) - Province of British Columbia.
Provider and Location Registry (PLR)	A central repository of information such as licensing and work locations for BC health care providers. In Propel Rx, information about providers can be accessed using MD Match.
Rx ID (EHR Rx ID)	In Propel Rx, this refers to the unique identifier assigned by the EHR for the Prescription. This is not the same as the Propel Rx Prescription number.
Special Service Fee Code (SSC)	A code that uniquely identifies a special service performed by a pharmacist.
Special Services Fee (SSF)	A fee payable to a pharmacy for providing a special service.

Pharmacy Preferences

Idle Time (Min.)

A session timeout of 15 minutes has been established in Propel Rx to conform with privacy and security requirements set out by PharmaNet. If a user has not been active in Propel Rx for 15 minutes, they are automatically logged out and will have to log back in. The CPS (for claim adjudication) and PHS (for Half label prescription printing) applications will remain open. This is controlled by the **Idle Time (Min.)** preference.

- Activity is measured per session. If multiple sessions are open, the user will be logged out of a session after 15 minutes of inactivity even if another session is active.
- Activity within Propel Rx Reports is not counted as activity within Propel Rx. If a user is active in Propel Rx Reports but had no activity in Propel Rx for 15 minutes, they will be logged out of Propel Rx.

Drug and Mixture Folders

In British Columbia, all drugs and mixtures are submitted to the EHR.

However, when performing a stock transfer or dispensing Prescriptions for ward stock, the Prescriptions should be recorded locally only and not transmitted to the EHR. For more information, see Processing an Office Use, Ward Stock, or Stock Transfer Prescription.

EHR Type

In the Drug and Mixture Folders, an **EHR Type** field determines whether the drug or mixture is submitted as a Prescription (Rx) or device to the EHR.

By default, all Drug and Mixture Folders will have the EHR Type set to Rx upon upgrade to PPM and will be accepted by the EHR as Rx with no need to maintain values for specific drugs at this time.

If you would like to set the **EHR Type** for a drug or mixture:

1. Open the **Drug** or **Mixture Folder**.
2. In the Main tab, dropdown the **EHR Type** field and select Rx or Device.
3. Select **Save**.

TP PIN

In some cases, PharmaCare will assign Product Identification Numbers (PIN) to allow claims to be adjudicated in lieu of real DINs. These can be entered in the Drug or Mixture Folder if needed. For a list of accepted PINs, see Product identification numbers (PINs) - Province of British Columbia.

To add a **TP PIN** for a drug:

1. Open the **Drug Folder**.
2. Select the **Main** tab.
3. Select **TP Rules**. The Drug Third Party Rules window opens.
4. Select **Add**.
5. Enter the following information:
   - **Third Party** - Pharmacare
   - **TP Plan** - ALL
   - **Pack Size**
   - **PIN**
6. Select **OK**.
7. Select **Save**.

To add a **TP PIN** for a mixture:

1. Open the **Mixture Folder**.
2. Select the **Alternatives** tab.
3. Select **Add**.
4. Enter the following information:
   - **Third Party** - Pharmacare - ALL
   - **PIN**
   - **Compound Type** – select this checkbox if you want a compound flag to be transmitted with the Prescription
5. Select **OK**.
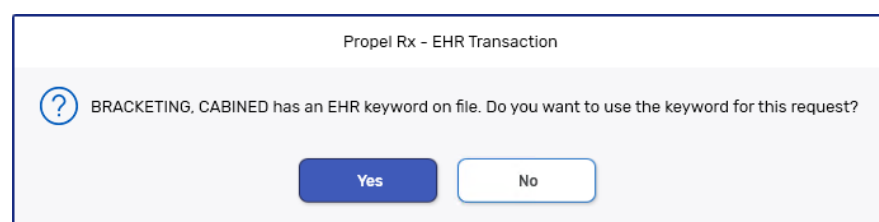6. Select **Save**.

Managing Patient Keywords

A Patient Keyword is a protective word that patients can use to mask their data on the EHR. This keyword ensures that only authorized individuals can access their personal health information. Patient keywords play an important role in ensuring patient data privacy on the EHR.

A Patient Keyword is necessary to conduct certain transactions with the EHR such as:

- Accessing the patient's EHR Profile
- Performing a Patient Compare
- Performing an EHR Profile Compare
- Creating a Prescription
- Dispensing a Prescription
- Adding or updating Patient Keywords or demographic data
- Adding Allergies or Conditions
- Updating the status of a Prescription
- Discontinuing a Dispense
- Adapting a Prescription
- Adding a Dispense note

Prompting for a Patient Keyword

If a patient has a keyword stored in their Patient Folder, on the first transaction submitted for them, the user will be prompted to use the keyword for the request. First transaction refers to the first transaction within a patient session or the duration from which the Patient Folder was opened until it is closed.

Propel Rx – EHR Transaction

(?) BRACKETING, CABINED has an EHR keyword on file. Do you want to use the keyword for this request?

Yes   No

- If **Yes** is selected, the keyword is included in the transaction to the EHR.
- If **No** is selected, the transaction is sent without the keyword. On the next transaction for the same patient, the above prompt will appear again until Yes is selected.

NOTE: When Prescriptions are Batched, the prompt to use the patient's keyword will not appear. Propel Rx will use the keyword on file to ensure the Batch continues to run as expected.

Patient Keyword Indicators on the EHR

If information on the EHR was accessed using a keyword, the phrase, "Keyword Protected" will display in the window.

Role Type Restrictions

Only specific role types are allowed to enter, update, or remove Patient Keywords. These include:

- Pharmacist
- Pharmacy Manager
- Relief Pharmacist
- Pharmacy Student

For all other role types, the Patient Keyword field is disabled.

Entering a Patient Keyword

A Patient Keyword can be entered directly in the Patient Folder Programs tab or copied over to that location from the Patient Search window.

Entering a Patient Keyword in the Patient Search Window

When conducting an **ID** or **Name Search** on the EHR for a patient, a field is available to enter a Patient Keyword before searching. If you locate the appropriate record and choose to create the patient in Propel Rx, a prompt appears upon selecting **OK**.

- If **Accepted** is selected, the keyword is stored in the Patient Folder Programs tab indefinitely.
- If **Declined** is selected, the keyword is stored temporarily in the Patient Folder Programs tab for 24 hours.

Entering a Patient Keyword in the Patient Folder Programs Tab

To enter a Patient Keyword:

1. Open the **Patient Folder**.
2. Select the **Programs** tab.
3. In the section labeled "Do we have consent to store your EHR keyword?", choose one of the following options:
   - **Accepted**: the keyword is stored in the Patient Folder indefinitely.
   - **Declined**: the keyword is stored temporarily for 24 hours.
   - **Not Asked**: no keyword can be entered or stored.

4. If you selected **Accepted** or **Declined**, enter the keyword in the given field.
5. Select **Save**.

A record is added to the Patient Folder History tab to document that a keyword was entered.

NOTE: Upon upgrade to PPM, the **O-Med Keyword** field was removed in **More** (**...**) > **British Columbia** > **O-Med**. Going forward, an O-Med keyword can only be stored in the Patient Folder assigned to that location.

Updating a Patient Keyword

A Patient Keyword can only be updated once a day. An error is returned by the EHR if a user attempts to update the keyword more than once a day.

To update a Patient Keyword:

1. Open the **Patient Folder**.
2. Select the **Programs** tab.
3. Ensure the keyword consent is set to **Accepted** or **Declined**.

4. Select **Update Keyword**. The EHR Keyword Update window opens.
5. Enter information in the following fields:
   - **Current Keyword**: this is pre-populated if a keyword was previously entered.

     📙 **NOTE:** This field can be left blank if the patient didn't have a keyword previously but wants to add one.

   - **New Keyword**: enter the new keyword.
   - **Confirm Keyword**: re-enter the new keyword.

   📙 **NOTE:** The keyword requirements are listed at the bottom of the window. A checkmark will appear beside the applicable criteria once it's met.

6. Select **Save**.

A record is added to the Patient Folder History tab to document that the keyword was updated.

Removing a Patient Keyword

If a patient does not have a keyword and one was entered in error in the Patient Folder, it can be removed. However, Patient Keywords can only be removed locally; the patient must contact Health Insurance BC (HIBC) to remove a keyword from the EHR. For more information, see Set a protective word for your PharmaNet record - Province of British Columbia.
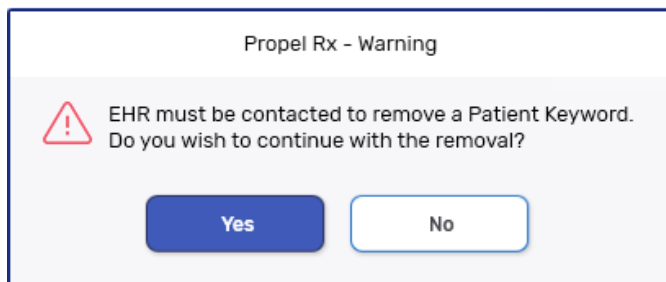
To remove a Patient Keyword:

1. Open the **Patient Folder**.
2. Select the **Programs** tab.
3. Clear the text in the **Patient Keyword** field.

4. A prompt appears to confirm the removal. Select **Yes**.

Propel Rx - Warning

⚠ EHR must be contacted to remove a Patient Keyword.
Do you wish to continue with the removal?

[Yes]   [No]

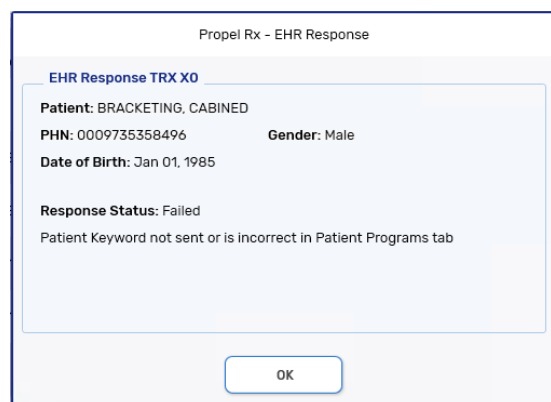5. Select **Save**.

A record is added to the Patient Folder History tab to document that the keyword was removed.

propel Rx ▸ Patient

BRACKETING, CABINED
Jan 01, 1985 (40) M
PHN: 0009735358496 ⊕ English
ID: 12335

Plans: PC/IA/CA   C-PACK
Allergies: PENICILLINS,QUINOLONES,MACROLIDE A…
Conditions: DIABETES MELLITUS,HYPERTENSION,AB…

MPR **6%**
      22/365

BRACKETING,…   THIRD PARTY   CLINICAL   PROFILE   **HISTORY**   PROGRAMS   PREFERENCES   ATTACHMENTS   NOTES

Filtering: *deleted*   [Rx ▾]

Entered	User	Event	Activity	Comments
Jan 17, 2025 12:14	SD	Preference	Deleted	Patient Keyword

Handling Invalid or Missing Keywords

If a keyword is entered incorrectly or a user chooses not to submit it with the transaction, the EHR will return an error.

Propel Rx - EHR Response

EHR Response TRX X0

Patient: BRACKETING, CABINED
PHN: 0009735358496   **Gender:** Male
Date of Birth: Jan 01, 1985

Response Status: Failed
Patient Keyword not sent or is incorrect in Patient Programs tab

[OK]

To resolve this error:

*   Enter the correct keyword by following the steps in the [Entering a Patient Keyword](#) section, or
*   Resubmit the transaction and select to send the keyword.

Submitting Allergies and Conditions to the EHR

Allergies and Conditions can be added from the Patient Folder Clinical tab and transmitted to the EHR so other healthcare professionals can access this information. In Propel Rx, there are different Types of Clinical Information records, but not all can be transmitted to the EHR; unsupported Types are saved locally only.

In Propel Rx, the following Types of records can be transmitted to the EHR:

- Medical Allergy
- Allergy Groups
- Non-Medical Allergy
- Conditions
- Reactions
- Custom types entered in **More** (**...**) > **List Maint** > **Conditions**

NOTE: In Propel Rx, the Type is chosen from the Medical Condition Search window when an Allergy or Condition is added from the Patient Folder Clinical tab.

On the EHR, the above records are categorized as either:

- Clinical Condition – these are Conditions or Allergies that had no drug associated to them.
- Adverse Drug Reaction (ADR) – these are Allergies that had a drug associated to them.

For more information about the data that displays for a Clinical Condition or ADR on the EHR Profile, see Overview of the Rx Authorizations Profile Summary View.

Adding Existing Allergies or Conditions to the EHR

Existing local only Allergies or Conditions can be transmitted to the EHR by selecting the **EHR** checkbox after detailing the record. Any Historical records which were transmitted to the EHR prior to PPM will have the EHR checkbox set appropriately.

To add an existing Allergy or Condition to the EHR:

1. Open the **Patient Folder**.
2. Select the **Clinical** tab.
3. In the **Clinical Information** section, highlight the local record that has not yet been uploaded to the EHR. This is indicated by the **EHR** checkbox in the grid.

4. Select **Detail**. The Details window opens.
5. Select the **EHR** checkbox at the top.

6. If applicable, select the **Chronic** checkbox if the medical record is chronic. By default, this checkbox is selected.

- The Chronic checkbox is available for all Medical Types, excluding Conditions. For Conditions, a sub-type dropdown is available to indicate if it is Acute or Chronic.
- Acute or Chronic information is transmitted to the EHR for all Conditions and any Medical Types whereby no drug is associated to the record.

7. In the **Reaction** field, enter a reaction if applicable.
   - For all Medical Types, excluding Conditions, this field is required.

NOTE: If no notes are entered and flagged as EHR at the time of creation, the Reaction text, if entered, is automatically added as a note and transmitted to the EHR upon Save.

The Reaction text will only be added for Allergies or Conditions on a go forward basis and not for Historical records already transmitted to the EHR.

8. In the **Reported By** field, select the appropriate reporter. If Patient is selected, the Name field is auto-populated.

NOTE: With PPM, the **Reported By** options have expanded to include ER Clinician and Nurse. DPIC has been removed from the dropdown, however, Historical records that were associated with this option will continue to display DPIC.

9. For Allergies, if applicable, enter a **DIN**, **generic name**, or **trade name** of a drug to associate with the record.
   - If no drug is entered, the record is transmitted as a Condition to the EHR.
   - If a drug is entered, the record is transmitted as an ADR to the EHR.

10. To add a note:
    a. Select **Add** in the **Notes** section.
    b. Enter the information for the note in the textbox.
    c. Select the following checkboxes if applicable:

i. **Priority** – if you want the note to pop up as an alert when opening the Patient Folder or processing a Prescription in Rx Detail. If you already viewed the pop up when opening the Patient Folder, it does not display again in Rx Detail.

ii. **Alert** – if you want the note to appear in the Rx Detail Alerts section when processing a Prescription.

iii. **Print** – if you want the note to print under the Notes/Alerts section of the Half label or if Digital Workflow is enabled, appear in the Clinical Review Notes tab.

iv. **EHR** – if you want to transmit the note to the EHR. By default, this checkbox is ON if the overall record has been transmitted to the EHR and there are no other notes flagged as EHR.

NOTE: Only one note can be associated with a Condition or ADR on the EHR. If you attempt to flag more than one note to send to the EHR, the following prompt will appear upon selecting **OK**.

11. Select **OK**. The **EHR** column in the Clinical Information section will display a checkmark.

12. Select **Save** in the Patient Folder.

A processing message displays indicating the information is being transmitted to the EHR.

If an error is returned by the EHR, the record is saved locally only. You can reattempt to transmit it by detailing the record again and selecting the **EHR** checkbox.

NOTE: If an Allergy or Conditions fails to transmit to the EHR and you modify the **Reaction** field before retransmitting the record, a new EHR note will be transmitted for the updated Reaction. This only applies if there are no other non-Reaction notes being transmitted to the EHR for the record.

Adding New Allergies or Conditions to the EHR

New Allergies or Conditions added to the Patient Folder can be transmitted to the EHR if they fall under one of the transmissible Types.

To add a new Allergy or Condition to the EHR:

1. Open the **Patient Folder**.
2. Select the **Clinical** tab.
3. In the **Clinical Information** section, select **Add**.

4. The Medical Condition Search window opens. In the **Description** column, enter your search criteria.
5. Select **Search**.

6. From the returned results, select the desired record and then select **OK**. The Details window opens.
7. Enter the following details:
   - **Type** – select a sub-type for the Allergy or Condition. The sub-type for Conditions is transmitted and used to indicate if the Condition is Acute or Chronic.
   - **EHR** checkbox – the EHR checkbox is selected by default when an EHR transmissible type was chosen in the Medical Condition Search window.
   - **Effective Date** – cannot be in the future.
   - **Reaction** – enter a reaction if applicable.
     - For all Medical Types, excluding Conditions, this field is required.
     - Reactions are only transmitted if no notes are entered and flagged as EHR at the time of creation. In this scenario, the Reaction text, if entered, will be added as a note and transmitted to the EHR.

     TIP: If you have a note you want to transmit to the EHR (in addition to the Reaction text), copy/paste the Reaction text in the note that you create. Otherwise, the reaction won't be visible on the EHR (i.e., it won't be automatically added to the note).

   - If applicable, select the **Chronic** checkbox if the medical record is chronic.
     - The Chronic checkbox is available for all Medical Types, excluding Conditions. For Conditions, a sub-type dropdown is available to indicate if it is Acute or Chronic.
     - Acute or Chronic information is transmitted to the EHR for all Conditions and any Medical Types whereby no drug is associated to the record.
   - **Severity** – select a severity for the Allergy or Condition using the dropdown. The severity will be saved locally only. It will not be transmitted to the EHR.
   - **Reported By** – select the appropriate reporter. If Patient is selected, the Name field is auto-populated.

8. For Allergies, if applicable, enter a **DIN**, **generic name**, or **trade name** of a drug to associate with the record.
   - If no drug is entered, the record is transmitted as a Condition to the EHR.
   - If a drug is entered, the record is transmitted as an ADR to the EHR.
9. To add a note:
   a. Select **Add** in the Notes section.
   b. Enter the information for the note in the textbox.
   c. Select the following checkboxes if applicable:
      i. **Priority** – if you want the note to pop up as an alert when opening the Patient Folder or processing a Prescription in Rx Detail. If you already viewed the pop up when opening the Patient Folder, it does not display again in Rx Detail.
      ii. **Alert** – if you want the note to appear in the Rx Detail Alerts section when processing a Prescription.
      iii. **Print** – if you want the note to print under the Notes/Alerts section of the Half label or if Digital Workflow is enabled, appear in the Clinical Review Notes tab.
      iv. **EHR** – if you want to transmit the note to the EHR. By default, this checkbox is ON if the overall record has been transmitted to the EHR and there are no other notes flagged as EHR.

NOTE: Only one note can be associated with a Condition or ADR on the EHR. If you attempt to flag more than one note to send to the EHR, the following prompt will appear upon selecting **OK**.

Propel Rx - EHR

(i) Only one EHR note is allowed per medical record.

OK

10. Select **OK**.
11. Select **Save** in the Patient Folder. The **EHR** column in the Clinical Information section will display a checkmark.

A processing message displays indicating the information is being transmitted to the EHR.

If an error is returned by the EHR, the record is saved locally. You can reattempt to transmit it by detailing the record again and selecting the **EHR** checkbox.

Removing Allergies or Conditions

Once Allergies or Conditions are sent to the EHR, they cannot be removed from the EHR. You can, however, remove the record locally in Propel Rx. You may choose to do this if these records are no longer applicable, and you want to exclude them from local interaction checking.

If you need to remove a Clinical Condition or Adverse Drug Reactions (ADR) on the EHR, submit a HLTH 5550 Request to Inactivate Adverse Reaction/Clinical Condition in PharmaNet Profile form to the Ministry.

REMOVING ALLERGIES OR CONDITIONS LOCALLY

If an Allergy or Condition was removed locally in error, you can add it back by performing an EHR Profile Compare.

To remove an Allergy or Condition locally:

1. Open the **Patient Folder**.
2. Select the **Clinical** tab.
3. In the **Clinical Information** section, highlight the Allergy or Condition to be removed.
4. Select **Remove**. A prompt will appear to confirm the action.

   NOTE: The prompt will appear differently depending on whether the record was transmitted to the EHR.

   If the record is on the EHR...

   > Propel Rx - Clinical Information
   >
   > (?) Removing MACROLIDE ANTIBIOTICS will not remove from the EHR. Do you want to continue?
   >
   > [Yes]   [No]

   If the record is not on the EHR...

   > Propel Rx - Clinical Information
   >
   > (?) Remove HYPERCHOLESTEROLEMIA and all corresponding notes?
   >
   > [Yes]   [No]

5. Select **Yes**.
6. Select **Save**.

The Allergy or Condition is removed from the **Clinical Information** grid and the action is recorded in the **Patient Folder History** tab.

Updating Allergies or Conditions

Once a Condition has been sent to the EHR, it cannot be edited, except by adding notes locally. No other fields can be modified.

In contrast, an Allergy can be updated on the EHR but only if a drug was associated to the record. The only update permitted is the modification of an existing EHR note. No other fields can be modified. If an Allergy was transmitted without a drug, it can only be updated by adding notes locally, similar to a Condition.

CORRECTING ADVERSE DRUG REACTIONS OR CONDITION RECORDS ON THE EHR

If you need to correct any field for an ADR or Condition, you can remove and re-enter the record in Propel Rx. If you do this for ADRs, it will update the existing record on the EHR (if it has the same DIN) and no further action is required. However, if you do this for Conditions (or Allergies without a DIN), a new (duplicate) record will be created on the EHR. Therefore, it is important to contact the EHR to remove any erroneous records in these cases.

To update an EHR note for an Allergy:

1. Open the **Patient Folder**.
2. Select the **Clinical** tab.
3. In the **Clinical Information** section, highlight the Allergy.

4. Select **Detail**. The Details window opens.
5. In the **Notes** section, edit the note text.

6. Select **OK**.
7. Select **Save**.

A processing message displays indicating the information is being transmitted to the EHR. If transmission fails for the updated note, the changes are reverted.

NOTE: As mentioned in Adding Existing Allergies or Conditions to the EHR, a **Reaction** note is automatically transmitted to the EHR if a Reaction was entered and there were no other EHR notes for the record. To avoid mismatches between the **Reaction** field and **Notes** section, when an existing Reaction note is modified, the text in the Reaction field is updated to "See notes" once the updated note has transmitted successfully.

Rx Authorizations Profile

The Rx Authorizations Profile in Propel Rx offers a consolidated view of patient prescriptions, allowing users to manage and access patient medication records efficiently.

This profile can be used to:

- Download prescriptions that were dispensed at another pharmacy (i.e., prescription transfer)
- Download prescriptions that were prescribed electronically
- Download prescriptions to adapt and dispense, if applicable

The Rx Authorizations Profile is one of several EHR Profiles that can be accessed from within Propel Rx. For information on other EHR Profiles, refer to the Propel Rx Online Help.

Rx Authorizations Profile Summary View

The Rx Authorizations Summary view is divided into several sections, each displaying specific information about the patient and their Prescriptions.

Prescriptions Excluded from the Rx Authorizations Profile

Certain Prescriptions cannot be viewed from the Rx Authorizations Profile. These include:

- Prescriptions that were Revoked with a Reason Code = Entered in Error
- Dispenses that were reversed with a Reason Code = Entered in Error
- Veterinary Prescriptions
- Historical Prescriptions that were Filled prior to the PPM upgrade (these will appear when they are Refilled)

Accessing the Rx Authorizations Profile Summary View

To access the Rx Authorizations Profile Summary view:

1. Open the **Patient Folder**.
2. Select the **Profile** tab.
3. Select **Rx** > **Profile**.
4. Select the **Rx Authorizations** option. The EHR Reason for Access window opens.

Propel Rx – EHR Access Reason	✕
Reason for Accessing EHR	
Checking profile	
Date to Retrieve From: Dec 28, 2022 **# of days:** 730	
Date: Dec 27, 2024	
OK Cancel	

5. Enter your reason for accessing the EHR and the date range or number of days to retrieve data.
   - The default retrieval period is set to 2 years, but you can enter up to 50 years.

   NOTE: Currently, the EHR only supports returning data for up to 4 years and 2 years for Dispenses.

6. Select **OK**. The Rx Authorizations Profile Summary view opens.
   - Messages are transmitted to the EHR to request the profile information. If successful, the Rx Authorizations Profile Summary view appears.
   - A record is added to **Patient History** to document that the Rx Authorizations Profile was accessed. The User, Event (EHR Profile), Activity (Access Reason), and Comments (name of the profile requested and reason entered) are recorded.

- If more than 999 records are found, a "106 Selection criteria chosen resulted in too many matches" error is returned by the EHR. Reduce the date range and resubmit the profile request.

Overview of the Rx Authorizations Profile Summary View

The table below outlines the different components of the Rx Authorizations Profile Summary view and their descriptions.

Component	Description of the Rx Authorizations Profile Summary Component
Patient Information	Displays the patient's name, PHN, gender, age, and date of birth. "(Keyword Protected)" also displays here if the patient's data is masked.
Clinical Condition Information	Displays Clinical Conditions as recorded for the patient on the EHR, including:
	Condition: name of the Clinical Condition.
	Chronic Indicator: indicates if the condition is chronic.
	Date Reported: effective date of the condition.
	Reported By: indicates who reported the patient's condition.

Component	Description of the Rx Authorizations Profile Summary Component
	Comment Date: date that the comment (note) was entered along with information about the healthcare professional who entered it, including the prescriber type and license number.
	Comment: note that was entered for the condition, if any.
Adverse Reaction Information	Shows any Adverse Drug Reactions (ADRs) the patient has experienced, as recorded for the patient on the EHR, including:
	DIN: DIN associated to the ADR.
	Drug Name/Mfr: name of the drug associated to the ADR and its manufacturer.
	Date Reported: effective date of the ADR.
	Reported By: indicates who reported the patient's ADR.
	Comment Date: date that the comment (note) was entered along with information about the healthcare professional who entered it, including the prescriber type and license number.
	Comment: note that was entered for the ADR, if any.
Rx Authorizations Information	Displays Prescriptions in descending order by Written Date and includes details of each Prescription, including: **TIP:** The columns in the Rx Authorizations grid can be resized and moved for better viewing.
	# of Day's Retrieved: indicates the number of days' worth of data that was retrieved based on the selection made in the EHR Reason for Access window.
	Filter: filters records by any field in the Prescription grid (e.g., drug/device name, EHR ID, prescriber license number, and Prescription status).
	Calendar Controls: filters Prescription records by the date selected. The calendar controls can be used alone or in combination with the Filter field.
	Prescription Expander ⬜: expands the Prescription section, increasing the real estate to view Prescription information in the window.

Component	Description of the Rx Authorizations Profile Summary Component
	Active Only: filters the grid to only display the Prescriptions with an Active status on the EHR.
	Display Dropdown: filters the grid to only display the Prescriptions that are found in Propel Rx (Local), only exist on the EHR (Not Local), or exist both locally and on the EHR (Both).
	Local Flag: indicates if the Prescription is currently local.
	EHR ID: unique identifier for the Prescription on the EHR.
	Written Date: date the Prescription was written.
	Prescriber: information about the prescriber type (code that identifies the licensing body) and license number.
	Status: status of the Prescription. This can be: • Active • Revoked – if the Prescription was Revoked. • Completed – if entire QA has been Dispensed. • Obsolete – if the Prescription was Discontinued.
	Type: indicates if the Prescription is for a medication (Rx) or a device. **NOTE:** Currently, devices may appear as Prescriptions as requirements to transmit devices still need to be standardized by the EHR.
	Adaptation Indicator ⚠: indicates if the Prescription is an Adaptation or Adapted (original Prescription). The same icon is used for both types of Prescriptions; however, a user can hover over the icon to identify the type.
	Product Information: Includes drug name, strength, and dosage form. This is dependent on how the prescriber or pharmacy entered the Prescription at the time it was created and may not always follow this format. **NOTE:** The EHR does not require a DIN, and one may not be provided. If a DIN was entered at the time the Prescription was created, it will be displayed in the Detailed view.

Component	Description of the Rx Authorizations Profile Summary Component
	Instructions: these are the instructions and additional instructions entered by the prescriber or pharmacy at the time the Prescription was created.
	Dose: displays the dose and dose unit for the Prescription if the data was entered by the prescriber.
	Frequency: displays the frequency and frequency code for the Prescription.
	QA and QD: indicates the quantity of drug that was authorized (QA) for the Prescription and the quantity that has been Dispensed so far (QD).
	Refills: a fixed value based on the QA and Max Disp Qty, irrespective of how the pharmacy Dispenses it. If QA = Max Disp Qty, the Refills = 0. If QA is greater than the Max Disp Qty, Refills is greater than 0. For narcotics, this value will always be 0 regardless of the QA and Max Disp Qty. For Historical Prescriptions Filled prior to the PPM upgrade, the Refills will be based on the amount remaining on the Prescription, and not the original QA.
Detail Rx	Opens the Prescription in the Rx Authorizations Profile Detailed Prescription view.
Download	Downloads the Prescription from the EHR Profile so a record is available locally for Dispensing in Propel Rx. For more information, see Downloading Prescriptions from the EHR.
OK	Closes the Rx Authorizations Profile window. Unlike other EHR Profiles, not all sections have to be viewed for the OK button to be enabled.

Rx Authorizations Profile Detailed Prescription View

The Rx Authorizations Profile Detailed Prescription view allows users to see additional information about a Prescription, including its Dispense history.


Accessing the Rx Authorizations Profile Detailed Prescription View

To access the Rx Authorizations Profile Detailed Prescription view:

1. Open the **Rx Authorizations Profile Summary** view.
2. From the **Rx Authorizations** section, select a Prescription.
3. Select **Detail Rx**. The Detailed Prescription view opens.

Overview of the Rx Authorizations Profile Detailed Prescription View

The Detailed Prescription view is divided into several sections, each displaying specific information about the Prescription and its Dispenses.

- The **Create Info** section is located at the top left of the window. Additional buttons are located beneath the Prescription Info section.

- The **DIN/GCN** section is located at the top right of the window.
- The **Dispense History** is located at the bottom of the window.

The table below outlines the different components of the Rx Authorizations Profile Detailed Prescription view and their descriptions.

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
Create Info	Displays details of the Prescription record (Create) on the EHR, including:
	EHR Rx ID: unique identifier for the Prescription on the EHR.
	Additional Rx Info: the folder button 🗒 opens the EHR Additional Info window with additional information about the Prescription including: • **Change Reason**: displays the reason that was entered when the Prescription status was changed, if applicable. • **Compliance Packing Indicator**: indicates if the Prescription was included in compliance packaging (Yes[Y] or No[N]). • **Device Indicator**: indicates if this Prescription is for a device (Yes[Y] or No[N]). • **Folio Number**: indicates the number that was printed on the triplicate/duplicate prescription for the controlled substance. • **Last Update Location ID**: displays the ID of the location that last updated the Prescription. • **Last Update Timestamp**: displays the timestamp that the Prescription was last updated. • **Maximum Dispense Qty**: displays the maximum quantity that can be Dispensed at any one time for the Prescription. • **Office Use Indicator**: Indicates if the Prescription was for a prescriber's office (O-Med) (Yes[Y]/No[N]). This indicator is set to Yes if a Prescription was submitted using a PHN that matched the O-Med PHN entered in More (…) > British Columbia > O-Med. • **Previous EHR Rx ID**: displays the Rx ID for the previous Authorization in the same Prescription chain. 🟠 **NOTE:** The Previous EHR Rx ID will always match the current EHR Rx ID unless the Prescription is an Adaptation. • **Rx Start Date**: displays the earliest date at which the Prescription can be Dispensed. If the Prescription was processed in Propel Rx, this is the Rx Effective Date field in the Rx Detail Extended tab. • **Trial Permission**: indicates if the Prescription was a trial (Yes[Y]/No[N]).

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
	• **Veterinary Indicator**: indicates if the Prescription is for an animal (Yes[Y]/No[N]) (i.e., it was prescribed by a BC veterinarian). **NOTE:** Since veterinarian Prescriptions are excluded from the Rx Authorizations Profile, this will always display as No.
	Adaptation Indicator ⬛ : Indicates if the Prescription is an Adaptation or Adapted (original Prescription). The same icon is used for both types of Prescriptions; however, a user can hover over the icon to identify the type.
	Local Flag: indicates if the Prescription is currently local in Propel Rx (e.g., if a Prescription was transferred out, it is no longer considered local).
	Written Date: displays the date the Prescription was written by the prescriber. If the Prescription was processed in Propel Rx, this is the Written Rx Date in the Rx Detail Extended tab.
	Local Rx #: displays the local Prescription number in Propel Rx.
	Effective Date: same as the Rx Start Date.
	Status: displays the current status of the Prescription. One of four statuses can display: • Active • Completed • Obsolete • Revoked
	Prescriber: information about the prescriber type (code that identifies the licensing body) and license number. The folder button 🗓 opens a window with the same information formatted in a chart.
	Entered By: displays the user role type and the location ID where the Prescription was entered. The folder button 🗓 opens the EHR Additional Info window with additional location details. For more information, see Location Details.
	Updated By: displays the location ID where the Prescription was last updated. The folder button 🗓 opens the EHR Additional Info window with additional location details. For more information, see Location Details.

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
DIN/GCN	Provides detailed information about the drug/device/compound prescribed. How the information was entered by the prescriber (or pharmacy if they entered the Prescription on the prescriber's behalf) will determine what information is displayed in this section.
	DIN/GCN: Drug Identification Number (assigned by Health Canada). **NOTE:** The EHR does not require a DIN and one may not be provided. If a DIN was entered at the time the Prescription was created, it will be displayed.
	Drug/Device/Compound Information: generic name, trade name, and information about the drug/device/compound, including strength, form, compound ingredients, etc., if they were entered in the Prescription. This is a required field. **NOTE:** The drug name is entered as free-form text and not standardized. Depending on how the Prescription was entered, you may see different formats for the drug/device/compound name.
	QA: quantity authorized for the Prescription.
	Refills: a fixed value based on the QA and Max Disp Qty, irrespective of how the pharmacy Dispenses it. If QA = Max Disp Qty, the Refills = 0. If QA is greater than the Max Disp Qty, Refills is greater than 0. For narcotics, this value will always be 0 regardless of the QA and Max Disp Qty.
	Total DS: displays the days supply of the Prescription.
	Max Dispense QTY: displays the maximum quantity that can be Dispensed at any one time for the Prescription. For regular drugs, this is often the same as the QA. For narcotics, controlled drugs, and targeted substances, this may be less than the QA.
	Route: route of administration, if entered.
	Indication: indications for use. The folder button ▣ opens an additional window that displays the full indication. You can also hover over the field to view the full indication.

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
	NOTE: If the Indication is Other, select the **Prescriber Note** folder button 🗂 for more information.
	No Sub: indicates if the prescriber allowed substitutions on the Prescription (Yes[Y]/No[N]), if entered.
	QD: quantity that has been Dispensed for the Prescription so far.
	Instructions: Displays the SIG and any additional instructions entered. Users can select the folder button 🗂 to view structured dosing information including dose, frequency, interval (as entered in the Rx Detail Extended tab), and instructions to the patient (entered by the prescriber or pharmacy acting on behalf of the prescriber).
Folder Buttons 🗂	**Prescriber Note**: view read-only notes entered by the prescriber (pharmacy acting on behalf of the prescriber) at the time the Prescription was created. Only one prescriber note can be attached to a Prescription.
	Adaptation: view follow-up or rationale notes entered during an Adaptation. **NOTE:** A maximum of 1000 characters can be displayed per note.
	MMI and CS Code(s): view Medication Management Incidence and Clinical Service Codes. These codes communicate information about medication incidents or actions taken on the Prescription (e.g., Adaptation). **NOTE:** A maximum of 7 Medication Management Incidence (MMI) and Clinical Service (CS) Codes can be submitted to the EHR.
	Intervention Code(s): view intervention codes entered for the Prescription, if entered. **NOTE:** There is no scenario in which these will be populated currently but that may change in the future.
	Update Status: Users can update the status of a Prescription to Aborted (Discontinued) or Revoked. A reason is required for updating the status. MMI and CS codes can also be entered when updating the status. For more information, see Updating Prescription Statuses on the EHR.

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
Dispense History	Displays Dispenses made against the Prescription in descending order by date and includes details of each Dispense. The information displayed here is the same as existing EHR Profiles (e.g., Most Recent Dispenses, All Dispenses, etc.).
	Drug Name: displays the generic name of the drug based on a mapping the EHR uses against the DIN/PIN that was submitted for the Dispense.
	Disp. Date: displays the date the Dispense occurred (i.e., Fill Date).
	Instructions: displays the SIG for the Dispense. **NOTE:** The SIG for Dispenses is limited to 80 characters based on current EHR capabilities.
	DIN: displays the DIN/PIN for the Dispense.
	Comment: displays the most recent note that was submitted for the Dispense, if any.
	Prescriber: displays the prescriber's last name.
	Prescriber Type: displays the prescriber type (code that identifies the licensing body) and license number. The Prescriber Type field to the left corresponds to the Dispense. The Prescriber Type on the right corresponds to the comment (note) if one was entered.
	Mfr.: displays the manufacturer for the drug.
	Date Entered: displays the date the comment (note) was entered for the Dispense. This is blank for Dispenses with no notes.
	Qty: displays the quantity for the Dispense.
	Disc. Date: displays the date the Dispense was Discontinued/Aborted. **NOTE:** Going forward, once a Prescription is created, the Discontinue message will only Discontinue the Prescription Authorization and not each Dispense anymore.
	Strength: displays the strength of the drug.
	Max Dose: displays the maximum dose specified for the Dispense.

Component	Description of the Rx Authorizations Profile Detailed Prescription Component
	Disc. Source: indicates where the Dispense was Discontinued. **NOTE:** Going forward, this field will not be populated anymore as the Discontinue message will Discontinue the Prescription Authorization and not the Dispense.
	Location ID: displays the ID of the location that Dispensed the drug.
	Form: displays the form of the drug (e.g., tablet, capsule).
	Status: displays the status of the Dispense (e.g., Filled).
	EHR Rx ID: unique identifier for the Prescription on the EHR. This will be the same when being Dispensed off of the same Prescription (i.e., Prescription Authorization/Create).
	Same Store: indicates if the Dispense was entered by your pharmacy (Yes[Y]/No[N]).
	Intervention Cd: displays intervention codes that were submitted to the EHR with the Dispense.
	MMI Codes: users can select the folder button 🗃 to open the Medication Management and Clinical Service Codes window with information on the MMI and CS codes entered for the Dispense.
	Adaptation Indicator ⚠: indicates if the Prescription is an Adaptation.
Detail	Opens the Dispense in the [Rx Authorizations Profile Detailed Dispense view](#).
OK	Closes the Rx Authorizations Profile Detailed Prescription view.

Rx Authorizations Profile Detailed Dispense View

The Rx Authorizations Profile Detailed Dispense view allows users to see key information about a particular Dispense in an easily readable format.

Accessing the Rx Authorizations Profile Detailed Dispense View

To access the Rx Authorizations Profile Detailed Prescription view:

1. Open the **Rx Authorizations Profile Summary** view.
2. From the **Rx Authorizations** section, select a Prescription.
3. Select **Detail**. The Detailed Prescription view opens.
4. From the **Dispense History** section, select a Dispense.
5. Select **Detail**.

Overview of the Rx Authorizations Profile Detailed Dispense View

The table below outlines the different components of the Rx Authorizations Profile Detailed Dispense view and their descriptions.

Component	Description of the Rx Authorizations Profile Detailed Dispense Component
Dispense Information	**EHR Rx ID**: unique identifier for the Prescription on the EHR.
	Adaptation Indicator ◢: indicates if the Prescription is an Adaptation.
	Local flag: indicates if the Dispense was entered by your pharmacy at some point in time. This is based on the Same Store indicator.
	Dispense Date: displays the date that the Dispense occurred.

Component	Description of the Rx Authorizations Profile Detailed Dispense Component
	Status: displays the status of the Dispense.
	Prescriber: displays the prescriber type (code that identifies the licensing body), license number, and the first 5 characters of the prescriber's last name. The folder button 🗐 opens the EHR Additional Info window with the same information.
	Entered By: displays the location ID of the pharmacy that Dispensed the drug. The folder button 🗐 opens the EHR Additional Info window with additional location details. For more information, see Location Details.
Folder Buttons 🗐	**Record Note(s)**: view read-only notes entered for the Dispense. The date the note was entered, note text, and author (prescriber type and license number) are displayed. Only one record note can be attached to a Dispense. If a new note is transmitted, the existing note is overridden on the EHR.
	MMI and CS Code(s): view Medication Management Incidence and Clinical Service Codes. These codes communicate information about medication incidents or actions taken on the Prescription (e.g., Adaptation) that were entered for the Dispense. 🟠 **NOTE:** A maximum of 7 Medication Management Incidence (MMI) and Clinical Service (CS) Codes can be submitted to the EHR.
Drug Information	**DIN/GCN**: Drug Identification Number (assigned by Health Canada). This is a required field in the Detailed Dispense view.
	Drug/Device/Compound information – generic name and additional information about the drug/device/compound, including strength, form, compound ingredients, etc. 🟠 **NOTE:** In the Detailed Dispense view, the drug name is based on a mapping that uses the DIN/PIN of the Dispense. In comparison, the drug name in the Detailed Prescription view (Create) is based on the drug name that was transmitted by the prescriber or pharmacy that entered the Prescription. Therefore, you may notice a different display for the drug name between the two views, even if the drug is the same. This is more evident for mixtures, as the drug name in the Detailed Dispense view is only based on the PIN submitted.
	Qty: the quantity for the Dispense.

Component	Description of the Rx Authorizations Profile Detailed Dispense Component
	Instructions: the instructions for the Dispense. **NOTE:** The character limit for instructions in the Detailed Prescription view (1000) is greater than the Detailed Dispense view (80). Therefore, instructions may appear cut off in the Detailed Dispense view if they exceed the character limit. This is an existing EHR limitation.
OK	Closes the Rx Authorizations Profile Detailed Dispense view.

Location Details

The Location Details window allows users to retrieve location information about a prescriber that entered a Prescription on the EHR. This is useful when you need to connect with other healthcare professionals to ensure the best clinical care for patients.

NOTE: Initially, the location will reflect the pharmacy that is creating the Prescription on behalf of the prescriber. As more prescribers are onboarded to PPM, the location will reflect the prescriber's location details.

Accessing Location Details

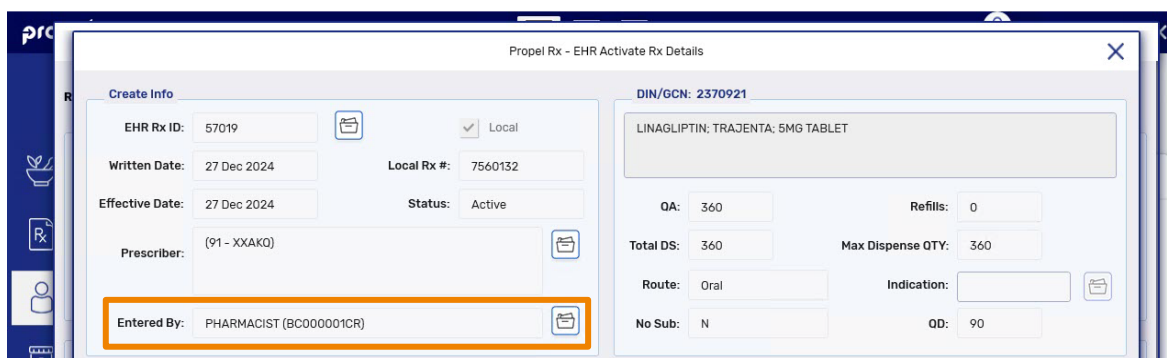1. Open the **Rx Authorizations Profile Summary** view.
2. In the **Prescription Info** section, choose the applicable Prescription.
3. Select **Detail** to access more information about the Prescription. You can open the **Location Details** window either from the **Detailed Prescription view** or the **Detailed Dispense view**.
4. If you are opening the location details for a specific Dispense:
   a. In the **Dispense History** section, highlight the specific Dispense you are interested in.
   b. Click **Detail**.
5. Beside the **Entered By** field, select the folder button 📁.
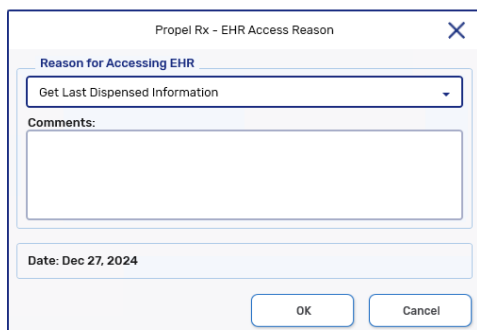
6. The **EHR Access Reason** window will appear. Choose a reason for accessing the information. Comments are optional.

7. Select **OK**. If the EHR provides a successful response, the **EHR Additional Info** window will open.
   - A record is added to the **Patient History** to document that the location details were accessed. The User, Event (EHR Profile), Activity (Access Reason), location ID of the pharmacy being queried, reason, and any comments are recorded.

Overview of Location Details

The table below outlines the different location details and their descriptions.

Component	Description
Name	Displays the name of the prescribing location.
ID	Displays the location ID that uniquely identifies the prescribing location.
Address Line 1 & 2	Displays the street address of the prescribing location.
City	Displays the city where the prescriber is located.
Province	Displays the province where the prescriber is located.
Postal Code	Displays the postal code where the prescriber is located.
Country	Displays the country where the prescriber is located.
Phone	Displays the contact number of the prescriber, including the area code.
Phone Type	Indicates if the phone number is for normal use or fax.
Effective Date	Displays the date when the prescribing location became operational.
Termination Date	Displays the date when the prescribing location ceased operations, if applicable.
Access Reason	Displays the reason selected in the EHR Access Reason window.
Address Type	Specifies if the address is for mailing or other purposes (e.g., Payments, Site).

Rx Detail

The **Rx Detail** window is the main Prescription Filling screen. It displays all the information about a Prescription. Information can be edited and modified in this window prior to submission to the EHR and detailed in this window after adjudication.

Extended Tab

Written Rx Date and Rx Effective Date

Both the **Written Rx Date** and **Rx Effective Date** are sent to the EHR but depending on how the prescriber wrote the Prescription, these dates may be the same or different.

By default, the Rx Effective Date will be the same as the Written Rx Date for:

- New and Reauthorized Prescriptions
- Historical Prescriptions entered prior to the PPM upgrade

Users can update the Written Rx Date and Rx Effective Date for New and Reauthorized Prescriptions; the fields will be disabled for Refills.

The following constraints must be followed when populating these date fields:

- The Rx Effective Date can never be earlier than the Written Rx Date, however, the Rx Effective Date can be future dated in cases where the prescriber post-dated the prescription.
- The Fill Date can never be earlier than the Rx Effective Date, unless the Prescription is placed on Hold.
- Both dates cannot be left blank.

Interval Days

The **Interval Days** field is used to input the number of days in between Prescription Fills, where applicable. This information is sent to the EHR and retained and disabled on Refills.

If Interval Days is 1, a **Frequency of Dispensing** MMI and CS Code must be selected for the Prescription. If a code is not selected upon **Fill**, a validation error appears, and the cursor focus is brought to the **CS Codes** field in the Rx Detail EHR tab. Once a Frequency of Dispensing MMI and CS Code is selected, it will be retained on Refill.

Expiry Date

The **Expiry Date** field is used to manually input the expiry date for a Prescription, if desired. This date is sent to the EHR, if it is entered.

NOTE: On the Rx Authorizations Profile, if no expiry date was entered at the time of creating the Prescription, the Rx Expiry Date will not appear, but the Prescription will only be valid for as long as current regulations dictate based on the written date.

Propel Rx - EHR Additional Info	
Additional Information	
Field	**Data**
Change Reason	
Compliance Packaging Indicator	N
Device Indicator	N
Folio Number	
Last Update Location ID	BC000001CR
Last Update Timestamp	2025/02/13 12:35:53
Maximum Dispense Qty	180
Office Use Indicator	N
Previous EHR Rx ID	59394
Rx Start Date	13 Feb 2025
Trial Permission	N

OK

EHR Tab

The EHR tab in Rx Detail allows users to view and enter details that are transmitted to the EHR for a Prescription (i.e., included in the Create message). Some fields in this tab are optional, while others are mandatory in certain or all circumstances. Certain defaults are applied automatically based on EHR requirements and the information entered in the Rx Detail Main tab. For fields that are mandatory and require user input, validations exist to guide users to populate these values where needed.

All fields described in this section are:

- Editable for New, Reauthorized, or Historical (i.e., existed before the PPM upgrade) Prescriptions.
- Read-only and auto-populated based on information returned from the EHR if the Prescription was Downloaded using the Rx Authorizations Profile.
- Read-only for Refills, unless the Prescription existed prior to PPM, in which case, they will be editable.
- Reset when the Prescription is Reauthorized.

Overview of the Rx Detail EHR Tab

The table below outlines the different components of the Rx Detail EHR tab and their descriptions.

Component	Description of the Rx Detail EHR Tab Component
Rx ID	Displays the EHR ID for the Prescription. The Rx ID is generated by the EHR when a Prescription is Filled or Downloaded. It is carried over on Refills.
Prev. Rx ID	Displays the Rx ID for the previous Authorization in the same Prescription chain. For Downloaded Prescriptions, the Prev. Rx ID will be the same as the Rx ID unless the Downloaded Prescription is an Adaptation. The Prev. Rx ID is blank if there was no previous Prescription in the chain.
Indications	Displays the reason for which the drug was prescribed. The Indication is mandatory for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptations or Extensions. Users can select the expander button ⧉ to search for and select an indication from the list. If an indication cannot be found, "Other Indication" can be selected. There is no default value for this field; it is populated by the user using a list.
	TIP: It is possible to use wildcard characters (%) to facilitate a search. For example, when searching for conditions pertaining to the urinary tract, you can enter "%urinary tract%."
	NOTE: If Other Indication is selected, the user is prompted to add a Create note with those details. For more information, see Notes Tab.
	If a user Adapts or Extends a Prescription that has an indication entered, the indication will be retained.
No Sub	Indicates if a prescriber ordered no substitution for the drug. This is an optional field that is populated by the user using a dropdown (Yes or No). The default value is blank.
Result	Displays whether the transaction was accepted by the EHR or failed. This field will not apply to Downloaded Prescriptions as the Create is not sent for them unless they were Adapted or Extended.
	The expander button ⧉ can open one of two views.
	• If the response had failed, the EHR Response window opens displaying additional details of the response.

Component	Description of the Rx Detail EHR Tab Component
	• If the Prescription was placed on Hold, the TAC/TDU window opens displaying the DUEs if they were returned. If no DUEs were returned, the expander button will be disabled. **NOTE:** If the Prescription was Filled, the TAC/TDU window can be opened from the **Rx Detail** > **Third Party** tab > expander button ⧉.
QA	Displays the quantity authorized value that is sent to the EHR. The QA is mandatory. The QA auto-populates based on the QA entered in the Rx Detail Main tab. If a TP Rule is entered for PharmaCare (PC), the conversion is applied to this value. If there are multiple TP Rules entered for PC, this field is left blank for the user to populate.
Max Disp Qty	Displays the maximum quantity that can be Dispensed at any one time. The Max Dispense Qty defaults to the QA (or QA – QD) for non-narcotics and Qty for narcotics. Users can override the default value if needed. A Validation Error will appear if the Max Disp Qty is greater than the QA. If a TP Rule is entered for PharmaCare (PC), the conversion is applied to this value. If there are multiple TP Rules entered for PC, this field is left blank for the user to populate.
Total DS	Displays the calculated days supply of the Prescription. The following formula is used to calculate the default Total Days Supply. $$Total\ Days\ Supply = (QA - QD)\ X\ (\frac{DS}{Qty})$$ If the QA, Qty, or DS is updated in Rx Detail, the Total DS is recalculated automatically. Users can override the default value if needed. The maximum days supply that can be entered is 999. Decimal places are not supported.
Route Code	Displays the route for the drug. The Route Code is mandatory for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptations and Extensions. This field auto-populates based on the drug in the Prescription.
Folio #	Indicates the number printed on triplicate/duplicate prescriptions for controlled substances. This is a required field, excluding scenarios where the prescriber is a Propel Rx pharmacist, that must be populated by the user.

Component	Description of the Rx Detail EHR Tab Component
	NOTE: The majority but not all narcotic prescriptions require a folio # to be entered by the prescriber. If a folio # was not provided, enter "NA."
Dose	Displays the dose of the Prescription. Dose is mandatory for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptations or Extensions. There is no default value for this field; it is populated by the user. The maximum dose can be 6 digits long. Up to 2 decimal places are supported.
Dose Unit	Displays the unit for the dose. Dose Unit is mandatory if a Dose was entered. There is no default value for this field; it is populated by the user using a dropdown.
Frequency	Together with the Frequency Code, indicates how frequently the drug is administered. By default, the Frequency is set to 99, which is the maximum value that can be entered. Users can override the default value if needed. Decimal places are not supported.
Frequency Code	Together with the Frequency, indicates how frequently the drug is administered. By default, the Frequency Code is set to "OTHERFREQUENCY" or for Refills of Historical Prescriptions entered before PPM, "LEGACY REFILL TRANSITION TO V70." This is a mandatory field if the Frequency field is populated. Users can override the default value if needed.
MMI and CS Codes	The expander button ⬈ opens the Medication Management and Clinical Services Codes window to allow selection of up to 7 Medication Management Intervention (MMI) and Clinical Service (CS) codes. For each MMI code, a subset of CS codes is available for selection. To add MMI and CS Codes, locate the applicable MMI header and select the applicable CS code underneath. Users can double-click on a code or single-click and select the right (>>) arrow button. For Refills of Historical Prescriptions entered before PPM, the MMI code defaults to "Prescription Management" and CS code to "Legacy Prescription Refill." MMI and CS codes are mandatory in certain prescribing or dispensing scenarios (for more information, see Supplementary Table 1).

Third Party Tab

The Third Party tab in Rx Detail allows users to view and enter details that are transmitted to the EHR for a Prescription Fill (i.e., included in the Dispense message).

Overview of the Rx Detail Third Party Tab

The table below outlines the different EHR components of the Rx Detail Third Party tab and their descriptions.

| Component	Description of the Rx Detail Third Party Tab Component
Fill Type	Indicates the type of Dispense that is being submitted. Fill Type defaults as follows: • N – New/ReAuth For Non-narcotic – for New or Reauthorized Prescriptions for non-narcotic drugs.

| Component	Description of the Rx Detail Third Party Tab Component
	- P – Part-Fill First Fill – for New or Reauthorized Prescriptions for narcotic drugs. - Q – Part Fill Refill – for Refills of Prescriptions for narcotic drugs. - R – Refill for Non-narcotic – for Refills of Prescriptions for non-narcotic drugs. Users can override the default value if needed by selecting a new option from the dropdown.
MMI/CS Codes	The expander button ⧉ opens the Medication Management and Clinical Services Codes window to allow selection of up to 7 Medication Management Intervention (MMI) and Clinical Service (CS) Codes. For each MMI code, a subset of CS Codes is available for selection. To add MMI and CS codes, locate the applicable MMI header and select the applicable CS code underneath. Users can double-click on a code or single-click and select the right (»») arrow button. MMI and CS codes are mandatory in certain prescribing or dispensing scenarios (see Supplementary Table 1 for more information).
TAC/TDU Response	The expander button ⧉ opens the TAC/TDU Response window. This button is only enabled after the Prescription has adjudicated to PharmaCare.

Notes Tab

Notes can be attached to the Prescription Authorization (Create) or its Dispense on the EHR.

- Create notes are entered by the prescriber or pharmacy on behalf of the prescriber. They can only be entered at the time of creating a Prescription. A maximum of one Create note up to 1000 characters can be entered.

> Propel Rx - Validation Error
>
> ⚠ EHR 'Create' note cannot exceed 1,000 characters.
>
> **OK**
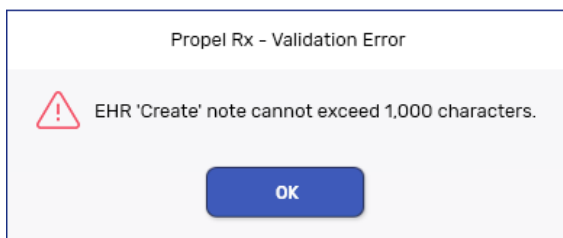
- Dispense notes are entered by the pharmacy that performed the Dispense. They can be entered at any time by the pharmacy who submitted the Dispense. A maximum of one Dispense note up to 80 characters can be entered.

> Propel Rx - Validation Error
>
> ⚠ EHR 'Dispense' note cannot exceed 80 characters.
>
> **OK**
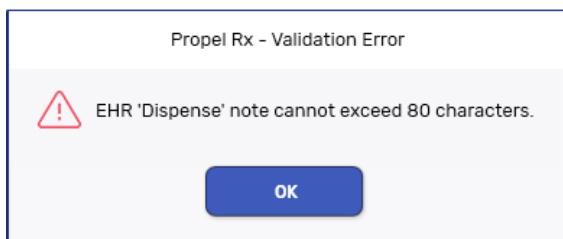
Once a note has been transmitted to the EHR, its text cannot be edited, and it cannot be removed.

📋 **NOTE:** By default, all Historical notes entered in the Rx Detail Notes tab prior to the PPM upgrade will have the **EHR** checkbox and **Dispense** option selected for the note.

Submitting Notes Before Filling a Prescription

To submit a Prescription note prior to Filling a Prescription:

1. Process the New or Reauthorized Prescription until it reaches **Rx Detail**.

   📋 **NOTE:** You cannot enter a Create note for a Refill Prescription, unless it was a Refill of a Historical Prescription that was entered prior to the PPM upgrade.

2. Select the **Notes** tab.
3. Select **Add** to enter a new row and enter the note text.
4. Select the **EHR** checkbox for the note.

5. The dropdown becomes enabled. Select **Create** or **Dispense**.
   - If the Prescription is a Refill, the Create option is not available.
   - If an Indication of "Other" is selected in the **EHR** tab, you will be prompted to enter a Create note upon Fill or Hold if one is not entered.

6. Select **Fill** or **Hold**.

Submitting Notes After Filling a Prescription

To submit a Prescription note after Filling a Prescription:

1. **Detail** the Prescription from the **Patient Profile** or **Workbench**.
2. Select the **Notes** tab.
3. If the note already exists, skip to step 4. To add a note, select **Add** and enter the note text.
4. Select the **EHR** checkbox for the applicable note.
   - If this is a New or Reauthorized Prescription placed on Hold, the **EHR** checkbox is disabled as the Prescription has already been created and there is no Dispense yet to attach the note to.
5. The dropdown becomes enabled. Only the **Dispense** option is available as a **Create** note can only be transmitted at the time of creating a Prescription. Select Dispense from the dropdown.
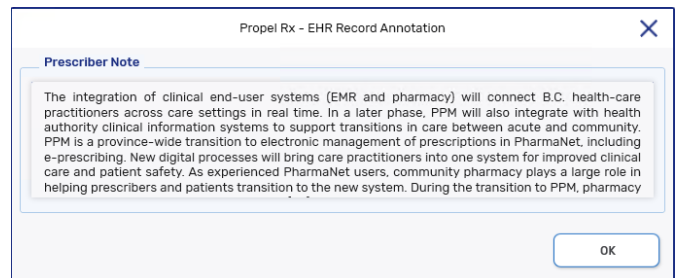
> **NOTE:** Only one Dispense note is supported by the EHR. You can add more than one Dispense note in Propel Rx but only the most recent note will be displayed on the Rx Authorizations Profile.

6. Select **Save**.

Viewing Create Notes on the EHR

To view notes attached to a Prescription record (Create) on the Rx Authorizations Profile:

1. Open the **Rx Authorizations Profile Summary** view.
2. From the **Rx Authorizations** section, select the applicable Prescription.
3. Select **Detail Rx**. The Detailed Prescription view opens.
4. Select the **Prescriber Notes** folder button 🗃. The EHR Record Annotation window opens.
5. Select **OK** once you have finished reviewing the note.

Propel Rx - EHR Record Annotation ✕

Prescriber Note

The integration of clinical end-user systems (EMR and pharmacy) will connect B.C. health-care practitioners across care settings in real time. In a later phase, PPM will also integrate with health authority clinical information systems to support transitions in care between acute and community. PPM is a province-wide transition to electronic management of prescriptions in PharmaNet, including e-prescribing. New digital processes will bring care practitioners into one system for improved clinical care and patient safety. As experienced PharmaNet users, community pharmacy plays a large role in helping prescribers and patients transition to the new system. During the transition to PPM, pharmacy

OK

Viewing Dispense Notes on the EHR

To view notes attached to a Dispense on the Rx Authorizations Profile:

1. Open the **Rx Authorizations Profile Summary** view.
2. From the **Rx Authorizations** section, select the applicable Prescription.
3. Select **Detail Rx**. The Detailed Prescription view opens.
4. The Dispense note can be viewed from two locations:
   a. In the **Comment** field of the **Dispense History** section.

Dispense History: 2 found

Drug Name Disp. Date Instructions DIN Comment	Prescriber Prescriber Type	Mfr. Date Entered	Qty Disc. Date	Strength Max Dose Disc. Source Location ID	Form Status Prescriber Type EHR Rx ID	Same Store Intervention Cd MMI Codes
LINAGLIPTIN 27 Dec 2024 TAKE 1 TABLET DAILY 2370921	ABAFT (91 - XXAKQ)	BOEHRINGER ING 27 Dec 2024	90	5 MG 1	TABLET Filled (P1 - XXBSA)	Y UA
PPM is a forward looking solution for prescription management				BC000001CR	57015	🗃
LINAGLIPTIN 27 Dec 2024 TAKE 1 TABLET DAILY 2370921	ABAFT (91 - XXAKQ)	BOEHRINGER ING	90	5 MG 1	TABLET Filled	Y
				BC000001CR	57015	

Detail   OK

   b. By detailing the Dispense and selecting the **Record Note(s)** button 🗃.
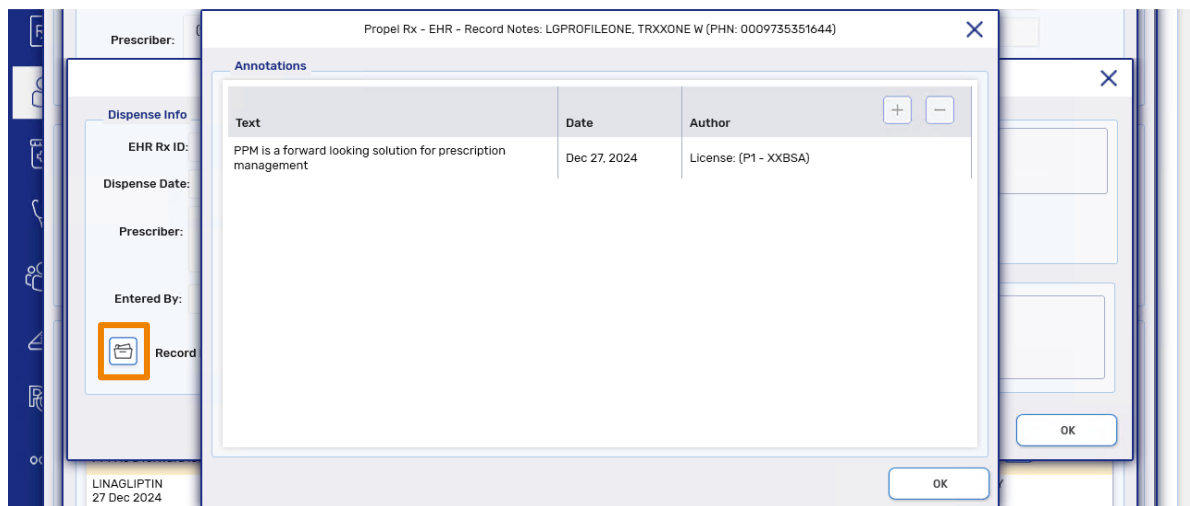
5. Select **OK** once you have finished reviewing the note.

Creating and Dispensing Prescriptions on the EHR

Creating Prescriptions on the EHR

When a New or Reauthorized Prescription is Filled or placed on Hold, a message is transmitted to create the Prescription on the EHR. Any future Dispenses made against the Prescription will then be linked to the Prescription record. Information that's inputted for the Prescription in Propel Rx will become part of the Prescription record on the EHR.

Creating New Prescriptions on the EHR
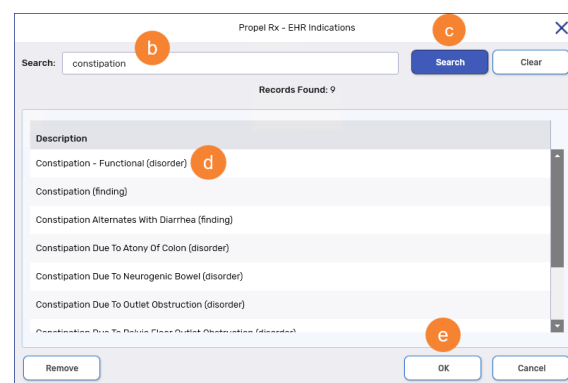
To record a Prescription on the EHR:

1. From the **Workbench** or **Patient Profile**, select **Intake**.
2. Do one of the following:
   - If the Prescription is new, enter the Prescription details.
   - If the Prescription already exists on the Patient Profile, select the **Profile** button > select the Prescription to Reauthorize > select **ReAuth**.
3. Select **Process**. The Prescription opens in Rx Detail.
4. Select the **Extended** tab.
5. In the **Extended** tab, review the **Rx Effective Date** field and update it if needed. For more information, see Rx Detail Extended Tab.
6. Select the **EHR** tab.
7. Enter or update information in the following fields if desired. For fields that are mandatory and require user input, validations exist to guide users to populate these values where needed upon Fill/Hold/Queue. For more information on these fields, see Rx Detail EHR Tab.
   - **Indications** – this is only required for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptations or Extensions.
     To enter an indication:
     a. Select the expander button ⬀.
     b. Enter the indication in the given field. Wildcard (%) or partial searches are accepted.
     c. Select **Search**.
     d. Select the appropriate indication from the search results.
     e. Select **OK**.

> **NOTE:** If an Indication of "Other" is chosen, a prescriber note is required. For more information, see Notes Tab.

- **No Sub** – only if applicable. Otherwise, this is optional.
- **Total DS** – this is automatically calculated based on the QA, Qty, QD, and DS.

> **NOTE:** The maximum days supply value is 999 (3 digits). If a 4-digit value is entered, an error will appear.

- **Max Dispense Qty** – this is automatically calculated based on the QA and QD for non-narcotics and Qty for narcotics.
- **Route Code** – this is automatically populated based on the drug in the Prescription. The Route Code is only required for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptations or Extensions.
- **Folio #** – this is required for controlled substances prescribed by a prescriber (i.e., not a Propel Rx pharmacist). In cases where a narcotic prescription does not have a folio number, enter "NA."
- **Dose** – this is required only for non-PFS Prescriptions where the prescriber is a pharmacist in Propel Rx, excluding Adaptation or Extensions.
- **Dose Unit** – this is required if a dose is entered.
- **Frequency** – by default, this is set to 99 (the maximum allowable value or 2 digits).
- **Frequency Code** – by default, this is set to "OTHERFREQUENCY."
- **MMI and CS Codes** – MMI and CS Code(s) are required in certain prescribing or dispensing situations. For guidance, see Supplementary Table 1.

   a. Select the expander button ⬀.

   b. Dropdown the appropriate MMI header.

   c. Double-click on the appropriate CS code or select the CS code and select the ›› button.

   d. Repeat steps b - c to add additional CS codes, up to a maximum of 7 if needed.

   e. Select **OK**.

8. If the Prescription is being Filled, information about the Dispense can be entered in the Third Party tab. For more information, see Sending Dispenses to the EHR.
9. Select **Fill** or **Hold**.
10. If any warnings are returned by the EHR, the EHR Response window opens. After reviewing the warnings, select **OK**.

11. The **TAC/TDU Response** window opens. Review the claim information and use the vertical scroll bar to review all DUEs, detailing them if necessary. Select **OK**.

> **NOTE:** If the Prescription was placed on Hold, the TAC/TDU Response window still appears if a DUE response was returned by the EHR, however no claim information will display. The Dispense Date field will be populated with the Written Date of the Prescription. You can refer to the Filled/Not Filled status to determine if the Prescription was Dispensed. If no DUE information was returned, the TAC/TDU Response window will not appear, but warnings may still be displayed.

12. The Claim Summary window opens. Review the claim responses and make any necessary waives or adjustments. Select **OK**.

If the Prescription was a reauthorization, the previous Authorization will be marked as Complete on the EHR if its QA has been exhausted. While it is not required to change the status of the previous Authorization, you can do so manually from the Rx Authorizations Profile. For more information, see Updating the Status of Non-Local Prescriptions.

> **NOTE:** With Adaptations and Extensions, the EHR will Discontinue (obsolete) the original Prescription on their end. For more information, see Adapting and Extending Prescriptions on the EHR.

Creating New Prescriptions on the EHR from Historical Prescriptions

When a Historical Prescription that was entered prior to the PPM upgrade is Refilled, a message is transmitted to record the Prescription on the EHR. The process to record a Historical Prescription on the EHR is the same as described above. However, certain fields are defaulted in the **Rx Detail EHR** tab to reflect the Prescription existed prior to the PPM upgrade.

This includes:

- **Total DS** - days supply remaining on the Prescription $= (QA - QD) \, X \, (\frac{DS}{Qty})$
- **MMI Code** - Prescription Management
- **CS Code** - Legacy Prescription Refill
- **Frequency Code** - LEGACY REFILL TRANSITION TO V70
- **Frequency** – 99

> **NOTE:** For Historical Prescriptions, the QA as displayed on the Rx Authorizations Profile is the quantity remaining on the Prescription $(QA - QD)$. The number of repeats on the EHR is based on the quantity remaining on the Prescription $(\frac{QA-QD}{Max\ Disp\ Qty})$–1 and not the original quantity that was authorized.

Troubleshooting EHR Warnings When Creating Prescriptions

"96 – RX EXISTS"

- **Cause**: The Prescription that was submitted is a duplicate of an existing Prescription on the EHR in terms of prescriber, DIN (or drug), and Prescription date (if they are within 3 days of each other).

- **Example**: If a Prescription was submitted for a days supply of 1 and then another Prescription was submitted the next day for the same prescriber and drug, this warning would be returned.

Propel Rx - EHR Response

EHR Response TRX X1
Patient: BRACKETING, CABINED OG
PHN: 0009735358496   **Gender:** Male
Date of Birth: Jan 01, 1985
EHR Rx ID: 64656

Response Status: Successful
0 Operation successful

⚠️ **Warning(s):**
• 96 Rx Exists

OK

- **Resolution**: Assess whether both Prescription Authorizations are valid.
  - ○ If the duplicate record was created in error, you must update the status of the incorrect record to **Revoked**.
    - ▪ If the Prescription was local, Refuse it and select the Revoke option. If the Prescription was placed on top of the previous Prescription (i.e., in the same chain), use the Update Status feature on the Rx Authorizations Profile.
    - ▪ If the Prescription was non-local, use the Update Status feature on the Rx Authorizations Profile.
  - ○ If a new Prescription Authorization was received (i.e., both authorizations are valid), you can update the status of the previous Authorization to **Obsolete** with a reason of "**Alternate Prescription Prescribed**."
    - ▪ If the Prescription was local, deselect its Active checkbox from the Patient Profile. If the new Prescription was placed on top of the previous Prescription (i.e., in the same chain), use the Update Status feature on the Rx Authorizations Profile.
    - ▪ If the Prescription was non-local, use the Update Status feature on the Rx Authorizations Profile.

"95 – RX EXISTS WITH DIFFERENT DATA"

- **Cause**: The Prescription that was submitted is a duplicate of an existing Prescription on the EHR in terms of DIN (or drug) and Prescription date (if they are within 3 days of each other). This warning can appear under the same conditions as the "96 – Rx Exists" warning except the prescribers are different.

- **Example**: If a Prescription was submitted with the wrong prescriber and then a new Prescription was created with the correct prescriber, this warning would be

Propel Rx - EHR Response

EHR Response TRX X1
Patient: BRACKETING, CABINED OG
PHN: 0009735358496   **Gender:** Male
Date of Birth: Jan 01, 1985
EHR Rx ID: 64652

Response Status: Successful
0 Operation successful

⚠️ **Warning(s):**
• 95 Rx Exists With Different Data

OK

returned if the incorrect Prescription was not Revoked. This could also occur if the patient was multi-doctoring.

- **Resolution**: Assess whether both Prescription Authorizations are valid.
  - o If the duplicate record was created in error, update the status of the incorrect record to **Revoked**.
    - ▪ If the Prescription was local, Refuse it and select the Revoke option. If the new Prescription was placed on top of the previous Prescription (i.e., in the same chain), use the Update Status feature on the Rx Authorizations Profile.
    - ▪ If the Prescription was non-local, use the Update Status feature on the Rx Authorizations Profile.
  - o If a new Prescription Authorization was received (i.e., both authorizations are valid), you could update the status of the previous Authorization to **Obsolete** with a reason of "**Alternate Prescription Prescribed**."
    - ▪ If the Prescription was local, deselect its Active checkbox from the Patient Profile. If the new Prescription was placed on top of the previous Prescription (i.e., in the same chain), use the Update Status feature on the Rx Authorizations Profile.
    - ▪ If the Prescription was non-local, use the Update Status feature on the Rx Authorizations Profile.

Using the Additional Instructions Function

If Prescription instructions exceed the maximum character limit of the Rx Detail SIG field, use the Additional Instructions function. Instructions entered in the Additional Instruction Label window are transmitted to the EHR when a Prescription is created and print on a separate vial label from the instructions entered in the Rx Detail SIG field.

NOTE: Additional Instructions will not be transmitted on any Dispenses due to the current EHR limitation of 80 characters for instructions.

To use the Additional Instructions function:

1. Open the incomplete Prescription in Rx Detail.
2. Select **Rx** > **Add'l Instructions**. The Additional Instruction Label window opens.
3. Enter the instructions in the Additional Text section.

4. Select **OK**.
5. Continue to process the Prescription as usual.

Trial Prescriptions

Under the Trial Prescription Program, medications can be Dispensed at a smaller quantity than indicated on the Prescription to gauge whether the patient can tolerate the medication and use the full supply. For a list of drugs that are eligible under the program, see Trial Prescription Program - Province of British Columbia.

To Fill a trial Prescription:

1. From the **Workbench** or **Patient Profile**, select **Intake**.
2. Enter the Prescription details:
    - Patient
    - Prescriber
    - Drug
    - QA and Qty
    - SIG
    - DS
3. Select **Process**. The Prescription opens in Rx Detail.
4. Select the **Third Party** tab.
5. For the PharmaCare plan, select **Add**.
6. From the **Intervention** dropdown, select "MT – Trial Rx Program."

NOTE: You cannot submit a Trial Rx claim if the patient is covered under a federally funded program (i.e., Veteran Affairs, Non-Insured Health Benefits (NIHB), Royal Canadian Mounted Police (RCMP), Canadian Armed Forces). A prompt will appear upon Fill if the MT intervention code is added for any of these plans.

7.   Select **Fill**.

A "Trial Rx" indicator will appear on the hard copy, official receipt, and e-File copy for the Prescription.

Sending Dispenses to the EHR

When a New or Reauthorized Prescription is Filled, a Dispense message is transmitted for the Prescription. Each Dispense is linked to the Prescription record (Create) on the EHR. Information for a Dispense can be entered in the **Third Party** tab of **Rx Detail**.

To send Dispense information to the EHR:

1. Refill or enter a new Prescription for a patient.
2. If the Prescription is New or a Reauthorization, complete steps 2 – 8 of <u>Creating New Prescriptions on the EHR</u>.
3. In **Rx Detail**, select the **Third Party** tab.
4. Enter or update information in the following fields if desired. For more information on these fields, see <u>Rx Detail Third Party Tab</u>.
   - **Fill Type** – displays the Fill Type code being transmitted for the Dispense. This is defaulted for the user as follows:
      - **N – New/ReAuth For Non-narcotic** – for New or Reauthorized Prescriptions for non-narcotic drugs.
      - **P – Part-Fill First Fill** – for New or Reauthorized Prescriptions for narcotic drugs.
      - **Q – Part Fill Refill** – for Refills of Prescriptions for narcotic drugs.
      - **R – Refill for Non-narcotic** – for Refills of Prescriptions for non-narcotic drugs.

   NOTE: Prior to PPM, the Fill Type was sent in the backend. This field is now visible from the frontend.

- **MMI and CS Codes** expander button ⬚ – MMI and CS Code(s) are required in certain prescribing or dispensing situations. For guidance, see Supplementary Table 1.
  a. Select the expander button ⬚.
  b. Dropdown the appropriate MMI header.
  c. Double-click on the appropriate CS code or select the CS code and select the ›› button.
  d. Repeat steps b - c to add additional CS codes, up to a maximum of 7 if needed.
  e. Select **OK**.
5. Select **Fill**.
6. If any warnings are returned by the EHR, the EHR Response window opens. After reviewing the warnings, select **OK**.
7. The TAC/TDU Response window opens. Review the claim information and use the vertical scroll bar to review all DUEs, detailing them if necessary. Select **OK**.
8. The Claim Summary window opens. Review the claim responses and make any necessary waives or adjustments. Select **OK**.

If the Prescription was a reauthorization, the previous Authorization will be marked as Complete on the EHR if its QA has been exhausted. While it is not required to change the status of the previous Authorization, you can do so manually from the Rx Authorizations Profile. For more information, see Updating the Status of Non-Local Prescriptions.

NOTE: With Adaptations and Extensions, the EHR will Discontinue (obsolete) the original Prescription on their end. For more information, see Adapting and Extending Prescriptions on the EHR.

TAC/TDU Response Window

The **TAC/TDU Response** window houses information that's returned from the EHR after a Prescription and/or its Dispense has been submitted to the EHR. It contains two types of information:

- **TAC** - claim information
- **TDU** – drug utilization evaluation (DUE) information which can include:
  - Drug-to-drug interactions
  - Drug and Adverse Drug Reaction (ADR) interactions
  - Minimum or maximum dosage evaluations
  - Duplicate ingredient or therapy
  - Compliance evaluations (i.e., if the Refill occurred late)

The top half of the window includes details of the drug being Dispensed currently. The bottom half of the window includes DUE information for the interacting drug that was Dispensed previously. All DUEs must be viewed using the scroll bar, if applicable, before the **OK** button is enabled. Highlight a DUE and then select **Detail** to view additional information.

Depending on what's returned by the EHR, some or all fields in the TAC/TDU Response window are populated.

When an EHR Rx ID is returned by the EHR, the folder button 🗁 adjacent to the field becomes enabled. Users can select this folder button 🗁 to open the Rx Authorizations Profile – Detailed Prescription view for the Prescription. However, if the EHR does not return an EHR Rx ID, this button will be disabled.

To view detailed Prescription information from the TAC/TDU Response window:

1. **Fill** or place a Prescription on **Hold**. The TAC/TDU Response window will appear if claim and/or DUE information is returned.
2. Select the folder button 🗁 beside the relevant **EHR Rx Id** field. The top EHR Rx Id pertains to the current Prescription, while the bottom one pertains to the interacting Prescription.
3. The **EHR Access Reason** window opens. Choose a reason for accessing the data and provide optional comments.
4. Select **OK**.
   - If the query is successful, the Rx Authorizations Profile – Detailed Prescription view opens.
   - A record is added to **Patient History** to document that the EHR Profile was accessed. The User, Event (EHR Profile), Activity (Access Reason), and any Comments (name of the profile requested and reason entered) are recorded.

Duplicate Therapy DUEs

When a Prescription is created or Dispensed on the EHR, a duplicate therapy drug use evaluation (DUE) can be returned if there is a match between the current Prescription and an existing Prescription for the same PHN, DIN, pharmacy, and transaction date. The management of a duplicate therapy DUE differs depending on whether you're Filling the Prescription or placing it on Hold.

- When a duplicate therapy DUE is returned after Filling a Prescription (i.e., submitting a Dispense), the Prescription will not be accepted by the EHR until the duplication is addressed, such as entering an intervention code.

- When a duplicate therapy DUE is returned after placing a Prescription on Hold (i.e., submitting a Create only), the warning only requires acknowledgement by selecting OK in the TAC/TDU Response window to proceed.

Prescription Submission Scenarios

In Propel Rx, all patient statuses are associated with EHR functionality. In certain scenarios, you may be required to use a certain PHN to transmit a Prescription, or you may need to bypass the EHR because you are dispensing medications for a group or long-term care home.

The table below summarizes how to handle these unique Prescription submission scenarios. For more information on the first three scenarios, see Processing an Office Use, Ward Stock, or Stock Transfer Prescription.

Scenario (Type of Patient)	Prescription Submission Method
Group or long-term care home	Create a Non-Retail Group and use the Facility Patient to submit Prescriptions for the home. These Prescriptions will bypass the EHR.
Pharmacy (stock transfer)	Create a Non-Retail Group and use the Facility Patient to submit Prescriptions for the pharmacy. These Prescriptions will bypass the EHR.
Doctor's Office (O-Med)	Create a Patient Folder for the doctor's office and enter your pharmacy's O-Med PHN in the PHN field. These Prescriptions will be submitted to the EHR with your O-Med PHN.
Animal	Enter the Prescription for the animal under the owner's Patient Folder. If the prescriber is a veterinarian, "ANIMAL DISPENSE" will be automatically inserted at the front of the SIG upon Fill. You may be prompted to shorten the SIG if the auto-insertion of the "ANIMAL DISPENSE" tag exceeds the maximum character limit for the SIG. **NOTE:** Emergency Fills are not permitted for animal Prescriptions; you cannot use the MMI/CS code for emergency medication supply.

Downloading Prescriptions from the EHR

With the introduction of PPM, Prescriptions can be Downloaded from the Rx Authorizations Profile.

To be eligible for Download, a Prescription must be non-local and have one of the following statuses:

- Active
- Complete
- Obsolete/Discontinue

Once a Prescription is Downloaded, it can be Dispensed or Adapted/Extended and then Dispensed at your pharmacy.

NOTE: You can Download an Obsolete Prescription and Adapt or Extend it if it was Adapted before. However, you cannot Dispense it. The following rejection is returned from the EHR if a Dispense is attempted.

Propel Rx - EHR Response

TAC/TDU

Patient: BRACKETING, CABINED
PHN: 0009735358496   **Gender:** Male
Date of Birth: Jan 01, 1985

Response Status: Failed
299 Dispense not allowed for this Rx

OK

Until all pharmacies are on PPM, you may still be required to contact the transferring pharmacy for a Prescription and perform the transfer in/out process in Propel Rx. For more information about the transfer in/out process, see Transferring Prescriptions.

Overview of a Downloaded Prescription

Once a Prescription is Downloaded, a rendered image of it will appear on the left side of the Intake window.

The table below outlines the different components of a Downloaded Prescription in Intake and their descriptions.

Component	Description of the Downloaded Prescription Component
Download Date	Displays the date the Prescription was Downloaded. This appears in **red** if it is different from the current date to serve as an alert that additional updates may have been made since the Prescription was Downloaded, such as a Dispense. The user can

Component	Description of the Downloaded Prescription Component
	re-Download the Prescription if desired and it will automatically replace the existing one on the Workbench.
ID/EHR Rx ID	Unique identifier for the Prescription on the EHR. **NOTE:** The rendered Prescription in Intake displays information about the Prescription. To view information about Dispenses, such as the last quantity Dispensed, select the folder button 🗐 to open the Detailed Prescription view.
Status	Displays the current status of the Prescription on the EHR.
Prior RX ID	The EHR Rx ID for the previous Authorization in the same Prescription chain. This is the same as the ID unless the Downloaded Prescription is an Adaptation.
Patient	Displays the patient's name, gender, PHN, date of birth, PHN, and an indication if the patient's data is protected by a keyword.
Drug	Displays the drug name, compound ingredients and instructions (if applicable), and DIN (if entered by the prescriber). Long drug names can be viewed by hovering over them.
Prescriber	Displays information about the license number, prescriber type (code that identifies the licensing body), and ID of the location that created the Prescription. The location ID can reflect the location of the prescriber or the pharmacy if they entered the Prescription on the prescriber's behalf. Users can select the folder button 🗐 to view additional location information. For more information, see Overview of Location Details.
Prescription Details	**QA**: displays the quantity that was authorized for the Prescription. If the Prescription has already been Dispensed, the QA reflects the original quantity that was authorized, not the quantity remaining.
	QD: displays the quantity that has been Dispensed so far for the Prescription.
	Total DS: displays the days supply of the Prescription.
	Max Disp. Qty: displays the maximum quantity that can be Dispensed at any one time for the Prescription. For regular drugs, this is often the same as the QA. For narcotics, controlled drugs, and targeted substances, this may be less than the QA.

Component	Description of the Downloaded Prescription Component
	Repeats: based on the QA and Max Disp Qty, irrespective of how the pharmacy Dispenses it. If QA = Max Disp Qty, Repeats = 0. If QA is greater than Max Disp Qty, Repeats is greater than 0.
	SIG: displays the SIG for the Prescription.
	Frequency: displays the frequency and frequency code for the Prescription.
	Dose: displays the dose and dose unit for the Prescription if the data was entered by the prescriber.
	Written Date: displays the date the Prescription was written.
	Interval: displays the interval specified for the Prescription.
	Start Date: displays the earliest date that the Prescription can be Dispensed (i.e., Rx Effective Date).
	Expiry Date: displays the expiry date of the Prescription.
	Last Disp. DIN/PIN: the DIN or PIN that was last Dispensed. This field is blank if the Prescription was not Dispensed previously.
	Last Disp. Date: the date the Prescription was last Dispensed.
	Folio Number: indicates the number printed on the triplicate/duplicate prescription for a controlled substance.
	Indication for Use: this checkbox is selected if an indication was entered for the Prescription. To view the indication, open the Rx Authorizations Profile Detailed Prescription view by selecting the folder button 🗂 at the top of the rendered Prescription.
	Do Not Substitute: this checkbox is selected if substitutions are not permitted.
	Do Not Adapt: this checkbox is selected if Adaptations are not permitted.

Component	Description of the Downloaded Prescription Component
	Note: this checkbox is selected if there were Prescriber Notes, Instructions to the Patient, Follow-Up Plans, or Rationale entered for the Prescription. These notes can be viewed: • Under the Notes section on the right side of the Intake window • On the electronic Prescription copy • In the Rx Detail Notes tab as a Create note with the EHR and Alert checkboxes ON and disabled. If multiple notes were entered, they will be combined into a single note in Propel Rx with descriptive headers.
	Trial Eligibility: this checkbox is selected if the Prescription is a trial.
	Compliance Pack: indicates if the Prescription is included in compliance packaging.
	Adaptation: indicates if the Prescription is an Adaptation of another Prescription.
	Adapted: indicates if the Prescription was Adapted.
EHR Electronic Prescription Copy	The electronic Prescription copy is automatically attached to the Downloaded Prescription and cannot be removed. Select the Attachments button 📎 to open it.
Exclude	Removes the current Prescription from the Intake window. If the Prescription was not previously added to the Workbench (via the Add to Workbench button), it is removed from Data Entry and must be re-Downloaded if needed. If it was previously added to the Workbench, it remains in Data Entry.
Cancel	Closes the Intake window. If the Prescriptions were not previously added to the Workbench (via the Add to Workbench button), they are removed from Data Entry. If they were previously added to the Workbench, they remain in Data Entry.

Downloading Prescriptions from the Rx Authorizations Profile

To Download a Prescription from the Rx Authorizations Profile:

1. Open the **Rx Authorizations Profile**. For more information, see <u>Accessing the Rx Authorizations Profile Summary View</u>.
2. Select one or more non-local Prescriptions to Download.

> **TIP:** Use the filter to find Prescriptions by status (i.e., Active, Completed, Obsolete).

3. Select **Download Rx**.

The Intake window opens with the following information pre-populated from the EHR:

- **Patient**
- **Prescriber** – pre-populates if a matching prescriber was found in Propel Rx. If no address was entered by the prescriber, the primary address is chosen by default. Search for and select the correct address if needed.
- **Drug** – pre-populates if the DIN was entered by the prescriber.
- **SIG** – pre-populates if the SIG returned by the EHR is less than 120 characters. If the SIG is over 120 characters, it will not pre-populate.
- **Qty Auth** – this is the full quantity that was authorized for the Prescription. This cannot be changed.

> **TIP:** If the Qty Auth needs to be adjusted, see <u>Adjusting the QA on a Downloaded Prescription</u> for more information.

- **QD** – this is the quantity that has been Dispensed so far for the Prescription. This cannot be changed.

4. If you want to view additional information about the Prescription such as its Dispenses:
   a. Select the folder button 🗂 at the top of the rendered Prescription within the Intake window. The EHR Access Reason window opens.
   b. Enter a reason for accessing the patient's EHR Profile.
   c. Select **OK**. The Rx Authorizations Profile Detailed Prescription view opens.
   d. Review the Prescription information and select **OK** once done.

5. Do one of the following:

- If the Prescription already exists on the Profile:
  i. Select **Profile**.
  ii. Select the applicable Prescription. You can only Reauthorize one Prescription at a time for a Downloaded Prescription.

  > ⚠️ **ALERT:** There is no validation against drug name when a Prescription is Reauthorized using the Profile button. Ensure you are selecting the correct Prescription to Reauthorize.

  iii. Select **ReAuth**.
  iv. Select **OK**. The drug, Qty, SIG, and DS from the last Fill are auto-populated in the Intake window. The Qty Auth and QD values will remain unchanged from what was Downloaded from the EHR and cannot be edited.

  > 💡 **TIP:** If the Qty Auth needs to be adjusted, see Adjusting the QA on a Downloaded Prescription for more information.

  v. Make any necessary adjustments to the Prescription information.
- If the Prescription is new for the patient:
  i. Enter the remaining Prescription information.

  > 💡 **TIP:** The **Copy Rx** button 📄 is unavailable for Downloaded Prescriptions at this time. However, the following fields on the rendered Prescription can be copied (CTRL + C or right-click) and pasted (CTRL + V or right-click) on the right. These include the:
  >   - **PHN**
  >   - **Drug**
  >   - **LN#**
  >   - **QA**
  >   - **QD**
  >   - **Total DS**
  >   - **SIG**
  >   - **Frequency**
  >   - **Dose**

> **NOTE:** If you want to Adapt/Extend the Prescription, Intake the Prescription as if it were an Adaptation/Extension Prescription and then initiate the Adapt/Extend functionality from within Rx Detail to complete the process.

6. Review any information in the **Notes** section.
7. If multiple Prescriptions were Downloaded, use the left ⏮ ◀ and right ▶ ⏭ buttons to navigate between Prescriptions. Repeat steps 4 – 6 for the remaining Prescriptions.
8. Select **Process**. The Prescription opens in Rx Detail with information pre-populated from the EHR and Intake window.
9. *Optional*: Initiate the Adapt/Extend process if desired. For more information, see Adapting and Extending Prescriptions on the EHR.
10. Update Prescription information in Rx Detail if needed. Certain fields cannot be modified and will be disabled. This includes:
    - **QA**

      > **TIP:** If the QA needs to be adjusted, see Adjusting the QA on a Downloaded Prescription for more information.

    - **Interval Days**, **Written Rx Date**, **Rx Effective Date**, and **Rx Expiry Date** in the Extended tab

      > **NOTE:** If the Prescription is backdated using **Rx** > **Set Fill Date**, the Rx Effective Date will not be updated. The Set Fill Date also cannot precede the Rx Effective Date; a validation error will appear if this occurs.
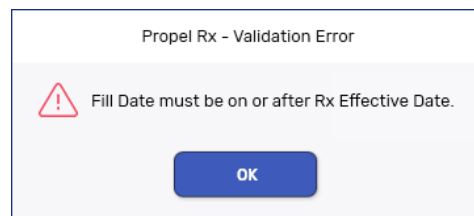
- All fields in the **EHR** tab.

11. Select **Fill** or **Hold**.
12. The EHR Profile for the patient opens if it has not been viewed yet during this encounter. Use the scrollbars if applicable to review all clinical conditions, all adverse drug reactions, and the last 15 Prescription records. Select **OK**.

> **NOTE:** The **OK** button will not be enabled until you have scrolled through the minimum number of records outlined in this step.

13. The TAC/TDU Response window opens. Review any responses returned from the EHR, using the vertical scroll bar to view all DUEs. Select **OK**.
14. The **Claim Summary** window opens. Review the responses from the EHR and any Third Parties if applicable and make any necessary waives. Select **OK**.

Adjusting the QA on a Downloaded Prescription

If you need to adjust the QA on a Downloaded Prescription, such as in the case of unit discrepancies, you must **enter the Prescription manually and Discontinue the existing Prescription from the Rx Authorizations Profile**.

To adjust the QA on a Downloaded Prescription:

1. **Escape** out of the Downloaded Prescription in Rx Detail or select **Cancel** in the Intake window.
2. Reopen the **Intake** window.
3. Use the **Select Image** button to select the e-Prescription that was Downloaded.
4. Enter the Prescription information in Intake.
5. Select **Process**.
6. In Rx Detail, select the **EHR** tab.
7. In the **Medication Management Codes** section, select the expander button ⬈.

8. In the Medication Management and Clinical Services Codes window, dropdown the "Prescription Management" row and add the CS code of "Quantity Adjustment."

9. Select **OK**.
10. Fill the Prescription as per usual process.
11. Open the Rx Authorizations Profile and update the status of the existing Prescription to Obsolete (Discontinue).
    a. Select the existing Prescription on the Rx Authorizations Profile Summary view.
    b. Select **Detail**.
    c. Select **Update Status**.
    d. From the **Reason** dropdown, select Alternate Prescription Prescribed. A MMI and CS code is not required.
    e. Select **OK**.

⚠️ **ALERT:** **Do not forget to Discontinue the existing Prescription on the Rx Authorizations Profile. Otherwise, duplicate authorizations will exist on the EHR!**
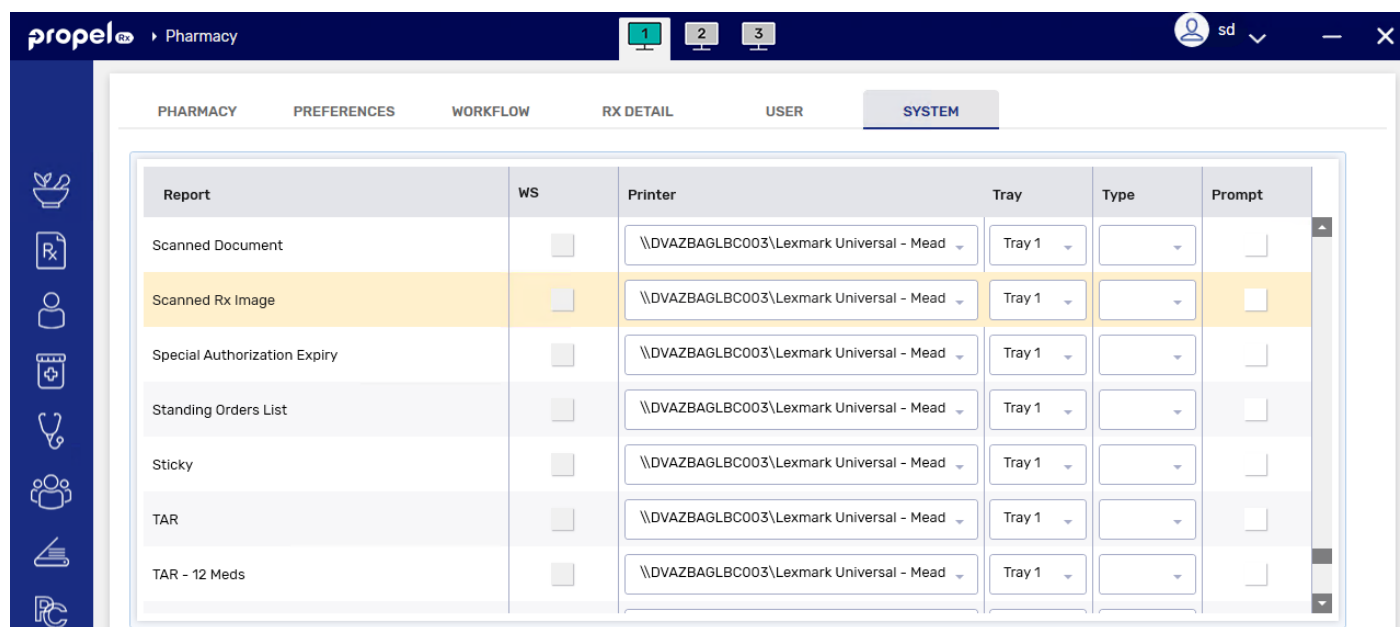
Electronic Prescription Copy

A physical copy of a Downloaded Prescription can be generated if required for Third Party audit or technical/clinical checking purposes. When a Prescription is Downloaded from the EHR, a rendered image of the electronic Prescription is attached to it.

- From the Intake window, the electronic Prescription copy can be viewed from the left and using the **Attachments** button 📎 .
- After the Prescription is processed, the electronic Prescription copy remains accessible in Propel Rx like any regular attachment such as from the Patient Profile, Rx Detail, Packaging, and Technical Validation/Clinical Review.
- On Refill, the electronic Prescription copy will be carried over as an attachment.

If needed, the electronic Prescription copy can be printed from the window it was accessed from using the printer button. The printer used will be based on the **Scanned Rx Image** row in **More (...)** > **Pharmacy** > **System**.

The information contained on the electronic Prescription copy is the same as the rendered Prescription that was displayed in Intake with the following additional data points:

- **Route**
- **Notes**
- **Medication Management Codes**
- **Disclaimer** – "THIS IS A REPRESENTATION OF THE PRESCRIPTION AUTHORIZATION FROM EHR FOR THIRD-PARTY AUDIT."

EHR Electronic Prescription

Download Date: Apr 11 2025 09:56:01

INWOVE, DIVEST

Rx Id: 60993

Patient

INWOVE, DIVEST

Gender: Male   DOB: Jan 04, 1980   PHN: 0009735385099

Presciber

LN#: XXAKQ   Practice Code: 91 - BC Physician & Surgeon   Location ID: BC000001CR

Prescription

Rx ID: 60993   Status: Active   Written Date: Mar 14, 2025

Prior Rx ID: 60993   Start Date: Mar 14, 2025   Expiry Date:

ACEBUTOLOL; APO-ACEBUTOLOL; 400MG TABLET

Compound Ingredients:

Compound Instructions:

DIIN/PIN: 2147629

SIG: TAKE 1 AND 1/2 TABLETS TWICE DAILY

Dose: 0   Frequency: OTHER FREQUENCY X 99

QA:44.6   Max QTY:6.2   Repeats: 6   QD:0   Total DS: 10

Route: Oral   Interval: 0

Last Disp. DIN/PIN: 0   Last Disp. Date:

Indication For Use:

Folio Number:

☐ Do Not Substitute   ☐ Do Not Adapt   ☐ Trial Eligibility   ☐ Compliance Pack   ☐ Adapted   ☐ Adaptation

Prescriber Notes:

Instructions to Patient:

Follow-Up Plan:

Rationale:

Medication Management Codes

THIS IS A REPRESENTATION OF THE PRESCRIPTION AUTHORIZATION FROM EHR FOR THIRD-PARTY AUDIT.   Page 1 of 1

Adapting or Extending Prescriptions on the EHR

Pharmacists can adapt an existing prescription to optimize patient care. This can be done due to a:

- Change in dose, formulation, or regimen
- Renewal
- Therapeutic drug substitution

When a Prescription is adapted, the existing Prescription (i.e., Adapted Prescription) is marked as Obsolete by the EHR and linked to the current Prescription (i.e., Adaptation). In Propel Rx, the process of changing a dose, formulation or regimen, or performing a therapeutic drug substitution is referred to as an Adaptation whereas the renewal of a Prescription is referred to as an Extension. Both an Adaptation and Extension in Propel Rx fall under the umbrella of what is considered an adaptation in British Columbia.

New, Refill, and Reauthorized Prescriptions, regardless of repeats remaining, can be Adapted or Extended. This includes paper Prescriptions, Downloaded Prescriptions, and Prescriptions that existed prior to the PPM upgrade.

Prescriptions that cannot be Adapted or Extended include:

- Transferred Prescriptions
- Downloaded Prescriptions indicated as "Do Not Adapt"
- Veterinarian Prescriptions
- Prescriptions with a Revoked status
- Prescriptions with an Obsolete status (unless it was Obsolete as a result of being Adapted)

Overview of the Adaptation or Extension Window

The Adaptation or Extension window allows users to view details of the original Prescription (i.e., Adapted) and pharmacist Adaptation (i.e., Adaptation), document consent, and enter information about the Adaptation or Extension which will be visible from the Rx Authorizations Profile.

As the processes are performed similarly in Propel Rx, the window appears the same for Adaptations and Extensions, except for differences in the report name, reason, and information that is auto-populated.

Propel Rx - EHR - Adaptation ✕

Report Name: Adaptation   **Reason:** Therapeutic Substitution   **User:** SD

Patient

Name: INWOVE, DIVEST
Phone: (555) 127-0727
PHN: 0009735385099

Prescriber

Name: Dr. LAUREATE ABAFT
Address: 41 SPARKGREEN STREET, DORCHESTER, British Colum ▾
Phone: (999) 999-9999
Fax: (999) 999-9998

Original Prescription

Drug: PRO-AMLODIPINE 5MG   **MPR:** -%
Prescriber: Dr. LAUREATE ABAFT
SIG: TAKE 1 TABLET DAILY
RX: 7560261   **QA:** 180   **Qty:** 90   **DS:** 90
Fill Date: [Audit History]

Adapted Prescription

Drug: AA-DILTIAZ 30MG
Prescriber: Pr. SHARE APPREHENSIBLE
SIG: ADAPTED TAKE 1 TABLET DAILY
RX: 7560262   **QA:** 180   **Qty:** 90   **DS:** 90
Fill Date: Apr 11, 2025

Data and Rationale

Patient was not tolerating amlodipine.

Assessment and Instructions to Patient

Performed a therapeutic substitution to diltiazem.

Follow-Up Plan

Follow-up scheduled with the patient after two weeks time to review tolerance and effectiveness of the new drug.

Patient Consent

The patient and/or their representative was provided sufficient information, including the risks and benefits associated with this service and voluntarily provided their consent.

⦿ Patient   ◯ Representative

[Sign]   [Print]   ☐ Send Fax   [OK]   [Cancel]

The table below outlines the different components of the Adaptation or Extension window and their descriptions.

Component	Description of the Adaptation or Extension Window Component
Report Name	Displays as "Extension" or "Adaptation" depending on which process was initiated.
Reason	Displays the CS code that was chosen for the Prescription in the Rx Detail EHR tab.
User	Displays the pharmacist or associated pharmacist user for logging in the Patient Clinical note record.
Patient	Displays the patient's name, phone number, and PHN.
Prescriber	Displays the prescriber's name, address, phone, and fax number. The expander button ⧉ allows a different prescriber to be chosen for the Notification of Prescription Adaptation or Extension form. A different address for the prescriber can also be selected from the dropdown.
Original Prescription	**Drug**: displays the name of the drug as entered on the EHR or Propel Rx.
	MPR: displays the Medication Possession Ratio for the patient in Propel Rx.
	Prescriber: displays the name of the prescriber who originally prescribed the medication.
	SIG: displays the SIG for the Prescription.
	RX: displays the Rx Number or EHR Rx ID for the Prescription. EHR displays in brackets to indicate the Prescription came from the EHR.
	QA: displays the total quantity authorized for the Prescription.
	Qty: this is populated for Propel Rx Prescriptions but blank for Downloaded ones.
	DS: this populated for Propel Rx Prescriptions but blank for Downloaded ones.
	Fill Date: displays the date the Prescription was last Filled.
	Audit History: this button is enabled for Propel Rx Prescriptions but blank for Downloaded ones.

Component	Description of the Adaptation or Extension Window Component
Extended Prescription	**Drug**: displays the brand name of the drug or device and its strength.
	Prescriber: displays the name of the pharmacist who is Adapting or Extending the Prescription.
	SIG: displays the SIG for the Prescription.
	RX: displays the local Prescription number in Propel Rx.
	QA: displays the total quantity authorized for the Prescription.
	Qty: displays the quantity being dispensed for the Prescription.
	DS: displays the days supply for the Prescription.
	Fill Date: displays the date the Prescription will be Filled.
Data and Rationale	A required field that is populated by the user. Text entered in this field can be viewed from the Rx Authorizations Profile Detailed Prescription view > Adaptation folder button 🗂, Clinical notes, and Notification of Prescription Adaptation or Extension form.
Assessment and Instructions to Patient	Auto-populated with text for Extensions only, however the text can be edited. Text entered in this field can be viewed from the Rx Authorizations Profile Detailed Prescription view > Instructions folder button 🗂, Clinical notes, and Notification of Prescription Adaptation or Extension form.
Follow-Up Plan	Auto-populated with text for Extensions only, however the text can be edited. Text entered in this field can be viewed from the Rx Authorizations Profile Detailed Prescription view > Adaptation folder button 🗂, Clinical notes, and Notification of Prescription Adaptation or Extension form.
Patient Consent	A required field that indicates if the patient or their representative consented to the Adaptation or Extension. There is no default option; the user must select the appropriate radio button. If Representative is selected, search for their Patient Folder using the expander button 🔗.
Print	Prints the Notification of Prescription Adaptation or Extension form for the purposes of manual faxing. The Adaptation or Extension window will remain open until OK or

Component	Description of the Adaptation or Extension Window Component
	Cancel is selected. Users can also reprint the form from the Prescription's attachments if needed later.
Send to Fax	If this checkbox is selected, the Notification of Prescription Adaptation or Extension form is faxed to the prescriber once the Adaptation or Extension is successfully submitted to the EHR. By default, this checkbox is selected if a fax number is entered in the Prescriber Folder. If no fax number is entered, a validation error will appear, and the user will need to update the Prescriber Folder using the expander button ⬀ beside the Prescriber field, before Filling, Queuing, or placing the Prescription on Hold again.
Sign	Opens the Signature window to capture an optional digital signature which will appear on the Notification of Prescription Adaptation or Extension form. The following methods can be used for signing: • Fingerprint (if set up in More (…) > Security for your user account) • Mouse • Signature pad • Credential entry
OK	Closes the Adaptation or Extension window. The Prescription is then submitted to the EHR.
Cancel	Closes the Adaptation or Extension window without submitting the Prescription to the EHR. The user is returned to Rx Detail to make any necessary changes. Upon Fill, Queue, or Hold, the Adaptation or Extension window will open again with information pre-populated from the last attempt.

Initiating the Adaptation Process

To Adapt a Prescription, you may need to create the Prescription Authorization on the EHR first if it does not exist. Once EMRs are on PPM, the Adaptation process will become seamless, eliminating the need for pharmacies to create the Prescription Authorization first.

NOTE: The Adaptation button is available from Rx Detail. It cannot be selected from the Patient Profile.

Initiating the Adaptation Process for a Historical Prescription

When a Historical Prescription is Adapted, two messages are sent in sequence – one to create the Prescription Authorization on the EHR and the other to Adapt it. As a result, you do NOT need to place the Prescription on Hold first before Adapting it.

To Adapt a Historical Prescription entered before the PPM upgrade:

1. Refill the Prescription until it reaches **Rx Detail**.
2. Select **Rx** > **PFS** > **Adaptation**.

3. Proceed to <u>Adapting a Prescription</u>.

Initiating the Adaptation Process for a New Paper Prescription

For new paper prescriptions (i.e., not Downloaded), you must create the Prescription Authorization first on the EHR before Adapting it.

To Adapt a new paper prescription after the PPM upgrade:

1. **Intake** the Prescription from the Workbench or Patient Profile. Enter the details of the original Prescription (not the Adaptation). Use the **New Scan** button to attach a copy of the paper Prescription.

    NOTE: If the drug in the Prescription does not exist in Propel Rx, create a free-form Drug Folder and enter the [PharmaNet PIN as a TP Rule](#). Ensure to include details of the written drug in the SIG or Additional Instructions.

2. **Process** the Prescription until it reaches **Rx Detail**.
3. Select **Hold**. This will trigger a message to create the Prescription on the EHR.

RX	HOLD	ESCAPE	PARK	QUEUE	FILL	CLOSE	REVERT

4. If Digital Workflow is enabled, complete **Technical Validation** and **Clinical Review** for the Prescription.
5. Select **Intake** from the Workbench or Patient Profile.
6. In the Intake window, select the **Profile** button.
    a. Select the Hold Prescription that was entered in steps 1 – 3.
    b. Select **ReAuth**.
    c. Select **OK**.
7. Select the **Select Image** button.
    a. Select the scanned image for the paper Prescription. You can sort the images by their entered timestamp by selecting the **Attached TimeStamp** header.

b. Select **Select**.

8. Enter the Adaptation information for the Prescription.

9. Select **Process**.

10. In Rx Detail, select **Rx** > **PFS** > **Adaptation**.

11. Proceed to Adapting a Prescription.

Initiating the Adaptation Process for a Downloaded Prescription

Downloaded Prescriptions already exist on the EHR. Therefore, you can simply Adapt the Prescription without having to create the Prescription Authorization first on the EHR.

To Adapt a Downloaded Prescription:

1. Download the Prescription until it reaches **Rx Detail**.
2. Select **Rx** > **PFS** > **Adaptation**.
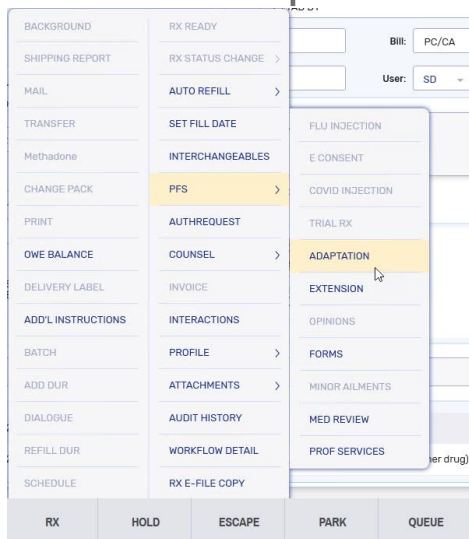
3. Proceed to Adapting a Prescription.

Initiating the Adaptation Process for a Previously Adapted Prescription

When performing multiple Adaptations on the same Prescription, the Adaptation must be performed on the Adapted (original) Prescription and not the most recent Adaptation. Otherwise, the EHR will return the response, "Cannot Adapt an Adaptation" if this is attempted.
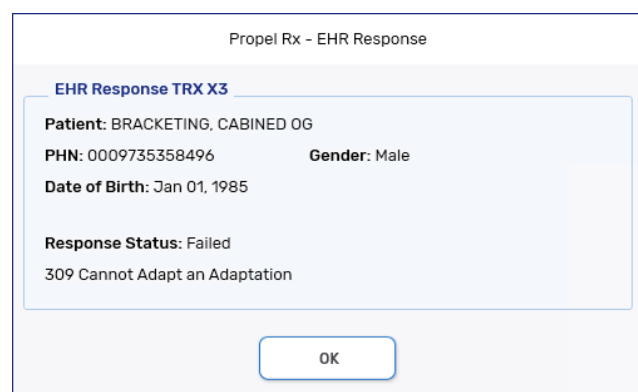
In this scenario, you must create the Prescription Authorization again on the EHR and **Discontinue (Obsolete) the previous Authorization**. In the future, the EHR will be updated to allow Adaptations of previously Adapted Prescriptions, and the process outlined below will be unnecessary.

To Adapt a previously Adapted Prescription:

1. Select **Intake** from the Workbench or Patient Profile.
2. Select the **Profile** button.
   a. Select the original Prescription.
   b. Select **ReAuth**.
   c. Select **OK**.
3. Enter the details of the original Prescription that was previously Adapted, except for the **QA**, which should be the remaining quantity on the Prescription.
   • If the drug is different for the Adaptation, update it after the Adaptation process has been initiated in Rx Detail (step 16).
4. Select the **Select Image** button.
   a. Select the scanned image for the original Prescription.

   b. Select **Select**.
5. Select **Process**.
6. Select the **Extended** tab.
   • In the **Written Date**, **Effective Date**, and **Expiry Date** fields, enter the dates that were associated to the original Prescription.
7. Select the **EHR** tab.
   a. In the **Medication Management Codes** section, select the expander button ⬀.
   b. Dropdown the **Prescription Management** row on the left.
   c. Select **Copy of Previously Adapted Original Prescription.**
   d. Select the **>>** button.

e. Select **OK**.

8. Select the **Notes** tab.

   a. Select the **Add** action button at the bottom.

   b. Enter the following note, "Copy of Original EHR Rx ID#_ _ _ _ _ _ _" and reference the EHR Rx ID of the original Prescription. If there is no EHR Rx ID, enter "Copy of Original prior to PPM."

   > **TIP:** You can locate the EHR Rx ID by selecting the Main tab of Rx Detail > **Rx** > **Audit History** > **Detail** the original Prescription > **EHR** tab > **Rx ID**.

   c. Select the **EHR** checkbox.

   d. Select **Create** from the dropdown.

9. Select **Hold**. This will trigger a message to create the Prescription Authorization on the EHR.

10. If Digital Workflow is enabled, complete **Technical Validation** and **Clinical Review** for the Prescription.

11. Select **Intake** from the Workbench or Patient Profile.
12. In the Intake window, select the **Profile** button.
    a. Select the Hold Prescription that was entered in steps 1 – 9.
    b. Select **ReAuth**.
    c. Select **OK**.
13. Select the **Select Image** button.
    a. Select the scanned image for the original Prescription.

    b. Select **Select**.
14. Enter the Adaptation information for the Prescription. If the drug is different for the Adaptation, update it after initiating the Adaptation process in Rx Detail (step 16).
15. Select **Process**.
16. In Rx Detail, select **Rx** > **PFS** > **Adaptation**.

17. Complete steps 1 - 11 of <u>Adapting a Prescription</u>.
18. After Adapting the Prescription, **update the status of the previous Adaptation to Discontinued/Obsolete from the <u>Rx Authorizations Profile</u>.**
    - **Status – Discontinued (Obsolete)**
    - **Reason – Subsequent Adaptation**

    ⚠️ **ALERT: Ensure to Discontinue the previous Adaptation so duplicate Adaptations do not exist on the EHR.**

Adapting a Prescription

To Adapt a Prescription:

1. After <u>initiating the Adaptation process</u>, a prompt appears to confirm the action. Select **Yes**.

2. The Prescription opens in Rx Detail with the following information:
    - **Prescriber** – updated to the pharmacist that is logged in at the time or is associated to the user logged in. If this is incorrect, the prescriber can be changed. For more information, see <u>Prescriber Change</u>.
    - **QA** – Edit the QA to an appropriate value.
    - **SIG** – pre-pended with "Adapted."
    - **Drug** – can be changed to any drug, including a non-interchangeable.
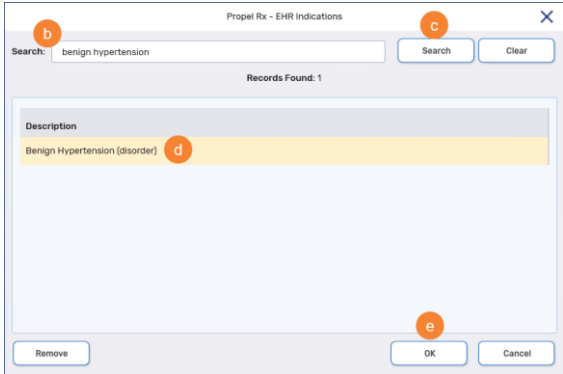
3. Review and update all other information in the Rx Detail Main tab as needed.
4. Select the **EHR** tab.
5. *Optional* - Enter the following information:
   - **Indications**

     To enter an indication:
       a. Select the expander button ⬀.
       b. Enter the indication in the given field. Wildcard (%) or partial searches are accepted.
       c. Select **Search**.
       d. Select the appropriate indication from the search results.
       e. Select **OK**.
   - **Route Code**
   - **Folio #** - if the Prescription is for a controlled substance.
   - **Dose**
   - **Dose Unit**
   - **Frequency**
   - **Frequency Code**
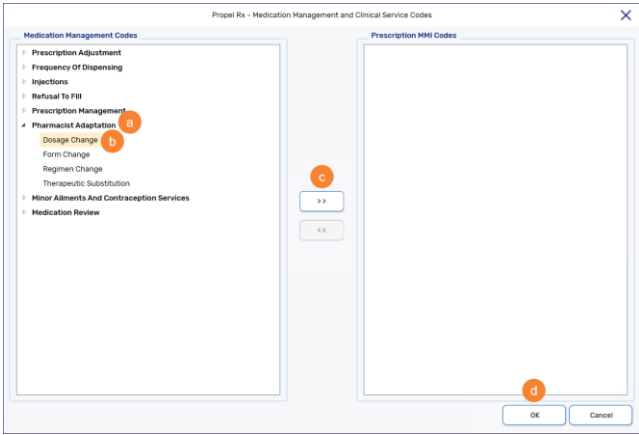
   NOTE: When refiling a Prescription with repeats remaining that was previously Adapted prior to PPM, the above fields in step 5 must be entered, as if the pharmacist was prescribing. For future Adaptations, these fields will be optional.

6. Next to the **MMI/CS Codes** field, select the expander button ⬀.
   a. Dropdown the Pharmacist Adaptation MMI header and select the applicable CS code. If you performed multiple actions on the Prescription, choose the core reason for Adapting it. Only one Adaptation CS code can be submitted with an Adaptation.
   b. Double-click on the CS code or single-click and select the right (**»**) arrow button.
   c. Repeat steps a – b to submit additional non-Adaptation CS codes. Up to 7 CS codes can be submitted.
   d. Select **OK**.

   NOTE: Depending on the CS code chosen, the applicable intervention code will be auto-inserted in the **Rx Detail Third Party** tab for PharmaCare. If the Prescription was placed on Hold, the intervention code is retained for the first Fill.

For Claim		For Reversal		Modify Reversal	
Intervention		Intervention			Add
NL - Renewal of Prescription	▼				Remove

7. Select **Fill**, **Queue**, or **Hold**.
8. The Adaptation window opens with the user, patient information, prescription information, and reason (based on the CS code selected) pre-populated.
   Enter the following information:
   - **Data and Rationale**
   - **Assessment and Instructions to Patient**
   - **Follow-Up Plan**
   - **Patient Consent** –indicate if the patient or their representative provided consent for the Adaptation. If Representative is chosen, enter their name and select the expander button to search for and select their Patient Folder.
9. *Optional*: If you wish to enter a digital signature which will appear on the Notification of Prescription Adaptation form:
   a. Select the **Sign** button. The Signature window opens.
   b. Enter your signature using one of the following methods:
      - Fingerprint (if set up in **More** (**...**) > **Security** for your user account)
      - Mouse
      - Signature pad
      - Credential entry
10. Select the **Print** button and/or **Send Fax** checkbox.
    - **Print** - prints the Notification of Prescription Adaptation form that must be manually faxed to the prescriber.
    - **Send Fax** – automatically faxes the Notification of Prescription Adaptation form to the prescriber after the Adaptation successfully transmits to the EHR. By default, this checkbox is selected if a fax number is present in the Prescriber Folder. Fax integration is required for this feature to work.
11. Select **OK**.

The Adaptation is transmitted to the EHR. If the transmission fails, the EHR Response window returns the rejection message. Upon selecting OK, you are returned to Rx Detail to make any necessary adjustments. Upon Fill, Queue, or Hold, the Adaptation window will open again with your previously entered information pre-populated.

Once the Prescription transmits successfully to the EHR:

- The Prescription is adjudicated to the applicable Third Parties.
- A **Rx ID** is assigned to the Adaptation. The Rx ID of the Adapted Prescription (i.e., original prescriber's Prescription) will appear in the **Prev EHR Rx ID** field of the Rx Detail EHR tab.

- The **Notification of Prescription Adaptation form** is automatically attached to the Adaptation Prescription. If the Prescription was Downloaded, the electronic Prescription copy is also attached. Both the form and electronic Prescription copy can be viewed from the Technical Validation/Clinical Review window to verify the Prescription.

- In the **Patient Folder Clinical** tab, a **Clinical History** note is created based on the information added in the Adaptation window. Details of the Adaptation can be reviewed from the Prescription's attachment or by detailing the Clinical History note. Any text entered in the Adaptation window appears in the Comments field of the applicable section.

- An Adaptation icon ◢ appears on the local **Profile** and **Rx Authorizations Profile** for the Prescription.

  TIP: The same icon is used to indicate a Prescription Extension. Hover over the icon to distinguish between the two types of Prescriptions.

Initiating the Extension Process

To Extend a Prescription, you may need to create the Prescription Authorization on the EHR first if it does not exist. Once EMRs are on PPM, the Extension process will become seamless, eliminating the need for pharmacies to create the Prescription Authorization first.

> **NOTE:** The Extension button is available from Rx Detail. It cannot be selected from the Patient Profile.

Initiating the Extension Process for a Historical Prescription

When a Historical Prescription is Extended, two messages are sent in sequence – one to create the Prescription Authorization on the EHR and the other to Extend it. As a result, you do NOT need to place the Prescription on Hold first before Extending it.

To Extend a Historical Prescription entered before the PPM upgrade:

1. Refill the Prescription until it reaches **Rx Detail**.
2. Select **Rx** > **PFS** > **Extension**.
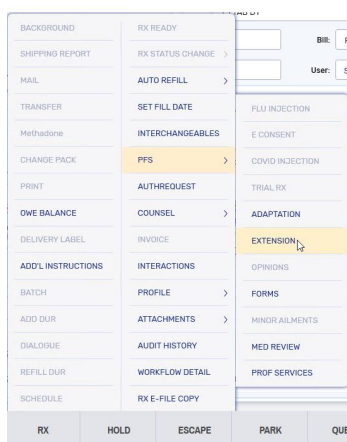
3. Proceed to Extending a Prescription.

Initiating the Extension Process for a Downloaded Prescription

Downloaded Prescriptions already exist on the EHR. Therefore, you can simply Extend the Prescription without having to create the Prescription Authorization first on the EHR.
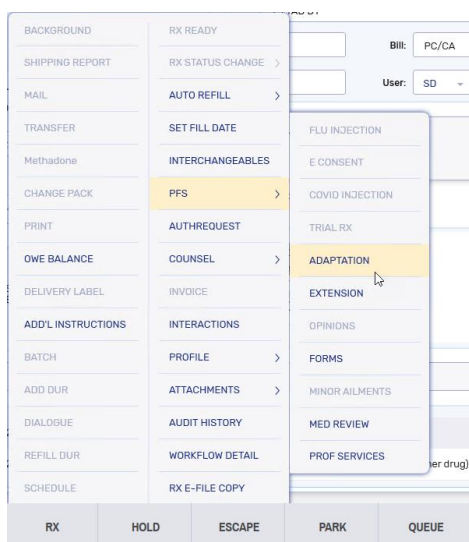
To Extend a Downloaded Prescription:

1. Download the Prescription until it reaches **Rx Detail**.
2. Select **Rx** > **PFS** > **Extension**.

3. Proceed to Extending a Prescription.

Initiating the Extension Process for a Previously Extended Prescription

When performing multiple Extensions on the same Prescription, the Extension must be performed on the Extended (original) Prescription and not the most recent Extension. Otherwise, the EHR will return the response, "Cannot Adapt an Adaptation."
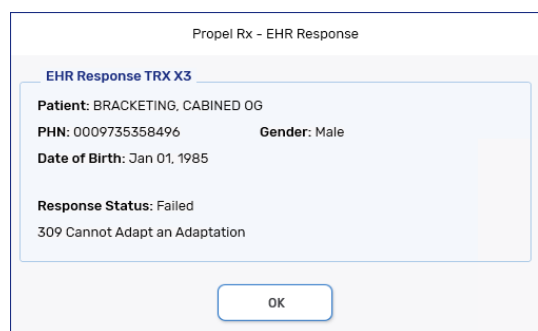
In this scenario, you must create the Prescription Authorization again on the EHR and **Discontinue (Obsolete) the previous Authorization**. In the future, the EHR will be updated to allow Adaptations of previously Adapted Prescriptions, and the process outlined below will be unnecessary.

To Extend a previously Extended Prescription:

1. Select **Intake** from the Workbench or Patient Profile.
2. Select the **Profile** button.
   a. Select the original Prescription.
   b. Select **ReAuth**.
   c. Select **OK**.
3. Enter the details of the original Prescription that was previously Extended, except for the **QA**, which should be the remaining quantity on the Prescription.

- If the drug is different for the Extension, update it after the Extension process has been initiated in Rx Detail (step 16).
4. Select the **Select Image** button.
    a. Select the scanned image for the original Prescription.

    b. Select **Select**.
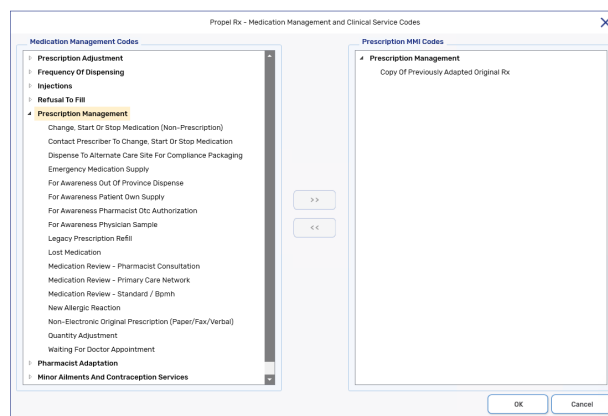5. Select **Process**.
6. Select the **Extended** tab.
    a. In the **Written Date**, **Effective Date**, and **Expiry Date** fields, enter the dates that were associated to the original Prescription.
7. Select the **EHR** tab.
    a. In the **Medication Management Codes** section, select the expander button [⬈].
    b. Dropdown the **Prescription Management** row on the left.
    c. Select **Copy of Previously Adapted Original Prescription.**
    d. Select the ›› button.
    e. Select **OK**.
8. Select the **Notes** tab.
    a. Select the **Add** action button at the bottom.
    b. Enter the following note, "Copy of Original EHR Rx ID#_____" and reference the EHR Rx ID of the original Prescription. If there is no EHR Rx ID, enter "Copy of Original prior to PPM."

    💡 **TIP:** You can locate the EHR Rx ID by selecting the Main tab of Rx Detail > **Rx** > **Audit History** > **Detail** the original Prescription > **EHR** tab > **Rx ID**.

    c. Select the **EHR** checkbox.
    d. Select **Create** from the dropdown.

9. Select **Hold**. This will trigger a message to create the Prescription Authorization on the EHR.

10. If Digital Workflow is enabled, complete **Technical Validation** and **Clinical Review** for the Prescription.
11. Select **Intake** from the Workbench or Patient Profile.
12. In the Intake window, select the **Profile** button.
    a. Select the Hold Prescription that was entered in steps 1 – 9.
    b. Select **ReAuth**.
    c. Select **OK**.
13. Select the **Select Image** button.
    a. Select the scanned image for the original Prescription.

    b. Select **Select.**
14. Enter the Extension information for the Prescription. If the drug is different for the Extension, update it after initiating the Extension process in Rx Detail (step 16).
15. Select **Process**.
16. In Rx Detail, select **Rx** > **PFS** > **Extension**.

17. Complete steps 1 - 11 of Extending a Prescription.
18. **Update the status of the Extension to Discontinued/Obsolete from the Rx Authorizations Profile.**
    - **Status – Discontinued (Obsolete)**
    - **Reason – Subsequent Adaptation**

     ALERT: Ensure to Discontinue the previous Adaptation so duplicate Adaptations do not exist on the EHR.
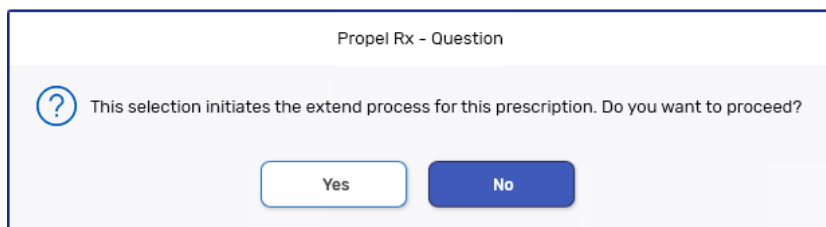
Extending a Prescription

To Extend a Prescription:

1. After <u>initiating the Extension process</u>, a prompt appears to confirm the action. Select **Yes**.
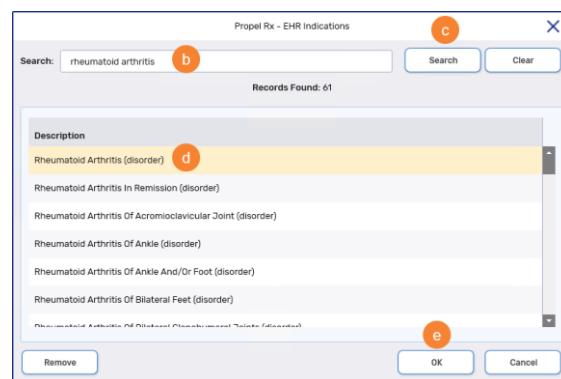

Propel Rx - Question

(?) This selection initiates the extend process for this prescription. Do you want to proceed?

Yes   No

2. The Prescription opens in Rx Detail with the following information:
   - **Prescriber** – updated to the pharmacist that is logged in at the time or is associated to the user logged in. If this is incorrect, the prescriber change be changed. For more information, see <u>Prescriber Change</u>.
   - **QA** – auto-populated based on the Qty of the previous Fill. Pharmacists should use their discretion to determine if the QA should be changed.
   - **SIG** – pre-pended with "Adapted."
3. Review and update all other information in the Rx Detail Main tab as needed.
4. Select the **EHR** tab.
5. Enter the following optional information:
   - **Frequency**
   - **Frequency Code**
   - **Dose**
   - **Dose Unit**
   - **Indications**

     To enter an indication:

     a. Select the expander button ⬈.
     b. Enter the indication in the given field. Wildcard (%) or partial searches are accepted.
     c. Select **Search**.
     d. Select the appropriate indication from the search results.
     e. Select **OK**.
   - **Folio #** - if the Prescription is for a controlled substance. For pharmacist Extensions, enter "NA."
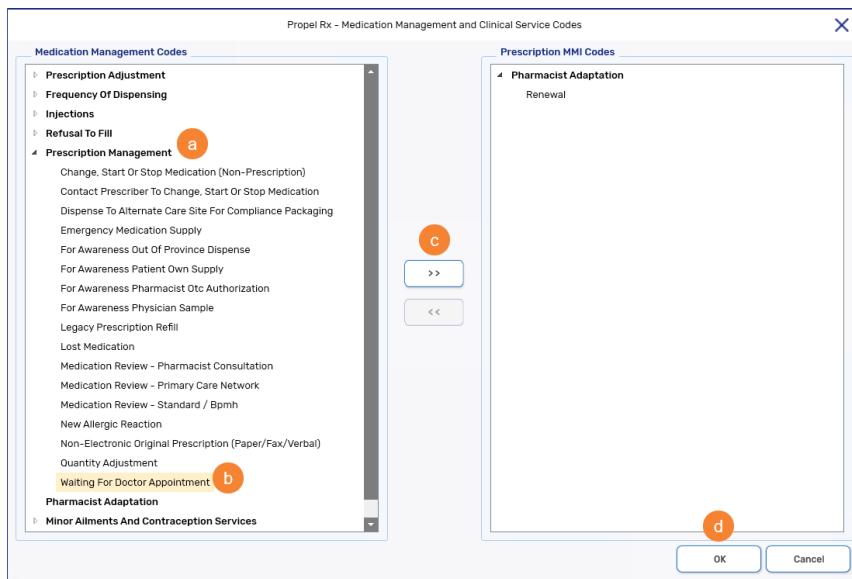
   > **NOTE:** When Refiling a Prescription with repeats remaining that was previously Extended prior to PPM, the above fields in step 5 must be entered, as if the pharmacist was prescribing. For future Extensions, these fields will be optional.
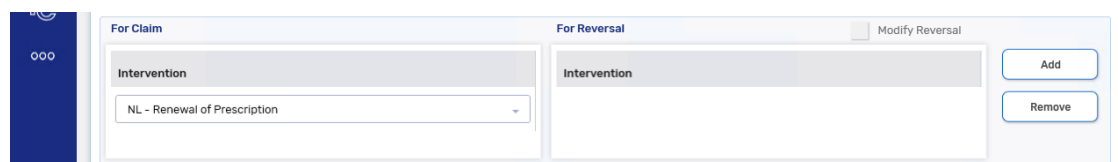
6. A Renewal CS code will be automatically inserted for the Prescription. To add another MMI/CS code, select the expander button ⧉.

    a. Dropdown the MMI header and select the applicable CS code. Only one Adaptation CS code can be submitted with an Extension.

    b. Double-click on the CS code or single-click and select the right (**»**) arrow button.

    c. Repeat steps a – b to submit additional non-Adaptation CS codes. Up to 7 CS codes can be submitted.

    d. Select **OK**.

NOTE: In addition to the Renewal CS code auto-populating, the applicable intervention code will be auto-inserted in the **Rx Detail Third Party** tab for PharmaCare. If the Prescription was placed on Hold, the intervention code is retained for the first Fill.

7. Select **Fill**, **Queue**, or **Hold**.

8. The Extension window opens with the user, patient information, Prescription information, and reason (based on the CS code selected) pre-populated. Enter the following information:

    • **Data and Rationale**

    • **Assessment and Instructions to Patient** – auto-populated with text that can be edited.

    • **Follow-Up Plan** – auto-populated with text that can be edited.

    • **Patient Consent** – indicate if the patient or their representative provided consent for the Extension. If Representative is chosen, enter their name and select the expander button ⧉ to search for and select their Patient Folder.

9. *Optional*: If you wish to enter a digital signature which will appear on the Notification of Prescription Extension form:

    a. Select the **Sign** button. The Signature window opens.

    b. Enter your signature using one of the following methods:
        *   Fingerprint (if set up in **More (…)** > **Security** for your user account)
        *   Mouse
        *   Signature pad
        *   Credential entry

10. Select the **Print** button and/or **Send Fax** checkbox.
    *   **Print** - prints the Notification of Prescription Extension form that must be manually faxed to the prescriber.
    *   **Send Fax** – automatically faxes the Notification of Prescription Extension form to the prescriber.

11. Select **OK**.

The Extended Prescription is transmitted to the EHR. If the transmission fails, the EHR Response window returns the rejection message. Upon selecting OK, you are returned to Rx Detail to make any necessary adjustments. Upon Fill, Queue, or Hold, the Extension window will open again with your previously entered information pre-populated.

Once the Prescription transmits successfully to the EHR:

*   The Prescription is adjudicated to the applicable Third Parties.
*   A **Rx ID** is assigned to the Extension. The Rx ID of the Extended Prescription (i.e., original prescriber's Prescription) will appear in the **Prev EHR Rx ID** field.
*   The **Notification of Prescription Extension form** is automatically attached to the Extension Prescription. The form can be viewed from the Technical Validation/Clinical Review window to verify the Prescription.
*   In the **Patient Folder Clinical** tab, a **Clinical History** note is created based on the information added in the Extension window. Details of the Extension can be reviewed from the Prescription's attachment or by detailing the Clinical History note. Any text entered in the Extension window appears in the Comments field of the applicable section.

- If a Prescription was Downloaded, the electronic Prescription copy is retained and linked to the Extension.
- An Extension icon ⬛ appears on the local **Profile** and **Rx Authorizations Profile** for the Prescription.

💡 **TIP:** The same icon is used to indicate an Adaptation Prescription. Hover over the icon to distinguish between the two types of Prescriptions.

Sample Forms

The Notification of Prescription Adaptation or Extension form includes information entered in the Adaptation or Extension window, which will be faxed to the prescriber either manually or automatically. The name of the form indicates if an Adaptation or Extension was performed, and the reason (i.e., CS code) displays below it.

Notification of Prescription Adaptation Form

While a Prescription barcode is available, it is not necessary to batch scan the form as it is automatically attached to the Prescription upon Fill/Queue/Hold.

The reason for the Adaptation appears below the title of the form.

The QA is a new field.
The RX Status has been moved to the right.
The Prescriber field includes the license number and prescriber type in brackets.

The headers at the bottom match the Adaptation window.

Consent verbiage matches the Adaptation window. If the patient's representative provided the consent, their name appears at the bottom instead.

Notification of Prescription Adaptation
DOSAGE CHANGE

Date: Feb 18, 2025   Page 1 of 1

From: **QAAZPIAGBC01**   To: **Dr. TOLERANT C APHORISM**
     Eef-f1aa Ecf1ea F1f1f1.   6978 GELSTON VISTA
     Kamloops BC V4Z 1R9   SHIPLEY BC V0A 5P3

Phone: (778) 471-5972   Phone: (555) 228-1123
Fax: (999) 999-9999   Fax:
Pharmacist: SAGAR DESAI; Lic#: XXBSA

Patient: **CABINED BRACKETING**   Phone: () -
     289 FAR/JEON VISTAtr   Birth Date: Jan 01, 1985 (Age: 40)
     pts234 Surrey BC V4V5V6   Health #: 0009735358496

**The following prescription(s) have been adapted with your patient's consent.
For Your Information Only.**

Prescription Type	Drug	Instruction	Fill Date Prescriber	Qty QA	Day Supply	Rx # RX Status
Original	AMLODIPINE & ATORVASTATIN APO-AMLODIPINE-ATORVASTATIN 10&80MG TABLET	TAKE AS DIRECTED	Feb 13, 2025 Dr. APHORISM, TOLERANT (91 - XXBEC)	9 10	9	7560166 Complete

Prescription Type	Drug	Instruction	Fill Date Prescriber	Qty QA	Day Supply	Rx #
Adaptation	AMLODIPINE & ATORVASTATIN APO-AMLODIPINE-ATORVASTATIN 10&80MG TABLET	ADAPTED TAKE AS DIRECTED	Feb 18, 2025 Pr. BEDLAM, TOES (P1 - XXBSA)	90 90	90	7560171

Data and Rationale

Patient's blood pressure readings in the past four weeks have been consistently above 150/100.

Assessment and Instructions to Patient

Increased the amlodipine dose to 10mg. Instructed patient to take blood pressure readings twice daily for two weeks.

Follow-Up Plan

Follow-up scheduled with the patient after two weeks time to review tolerance and effectiveness of the new dose.

THE PATIENT (CABINED BRACKETING) WAS PROVIDED SUFFICIENT INFORMATION, INCLUDING THE RISKS AND BENEFITS ASSOCIATED WITH THIS SERVICE AND VOLUNTARILY PROVIDED THEIR CONSENT

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF THE READER OF THIS MESSAGE IS NOT INTENDED AS A RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US IMMEDIATELY AT THE TELEPHONE NUMBER LISTED ABOVE, AND DESTROY ALL RECEIVED SHEETS. THANK YOU.
L'INFORMATION CONTENUE DANS CETTE TÉLÉCOPIE EST CONFIDENTIELLE ET POUR L'USAGE DE LA PERSONNE À LAQUELLE ELLE EST ADRESSÉE. SI VOUS AVEZ REÇU CETTE TÉLÉCOPIE PAR ERREUR, VEUILLEZ NOTER QUE LA DISTRIBUTION OU LA DISSIMULATION DE L'INFORMATION EST STRICTEMENT INTERDITE; S.V.P. NOUS AVERTIR DE L'ERREUR PAR TÉLÉPHONE ET DÉTRUIRE LA TÉLÉCOPIE. MERCI!!

Notification of Prescription Extension Form

While a Prescription barcode is available, it is not necessary to batch scan the form as it is automatically attached to the Prescription upon Fill/Queue/Hold.

The reason for the Extension appears below the title of the form.

The QA is a new field.
The RX Status has been moved to the right.
The Prescriber field includes the license number and prescriber type in brackets.

The headers at the bottom match the Extension window.

Consent verbiage matches the Extension window. If the patient's representative provided the consent, their name appears at the bottom instead.

Notification of Prescription Extension
RENEWAL

Date: Feb 18, 2025   Page 1 of 1

From: **QAAZPIAGBC01**   To: **Dr. LAUREATE L ABAFT**
          Eef-f1aa Ecf1ea F1f1f1.   41 SPARKGREEN STREET
          Kamloops BC V4Z 1R9   DORCHESTER BC V1R 8H1

Phone: (778) 471-5972   Phone: () -
Fax: (999) 999-9999   Fax:
Pharmacist: SAGAR DESAI; Lic#: XXBSA

Patient: **CABINED BRACKETING**   Phone: () -
            289 FAR/JEON VISTAtr   Birth Date: Jan 01, 1985 (Age: 40)
            pts234 Surrey BC V4V5V6   Health #: 0009735358496

The following prescription(s) have been extended to ensure continuity of care.
For Your Information Only.

Prescription Type	Drug	Instruction	Fill Date Prescriber	Qty QA	Day Supply	Rx # RX Status
Original	CELECOXIB ACCEL-CELECOXIB 100MG CAPSULE	AS DIRECTED	Jul 04, 2024 Dr. ABAFT, LAUREATE (91 - XXAKQ)	100 1,100	14	765856 Complete

Prescription Type	Drug	Instruction	Fill Date Prescriber	Qty QA	Day Supply	Rx #
Extension	CELECOXIB ACCEL-CELECOXIB 100MG CAPSULE	ADAPTED AS DIRECTED	Feb 18, 2025 Pr. BEDLAM, TOES (P1 - XXBSA)	100 100	14	7560172

Data and Rationale
Patient has taken this medication for 3 years. Prescriber is currently on vacation and they have run out of refills.

Assessment and Instructions to Patient
Treatment is indicated and appropriate; patient tolerating and adherent.

Follow-Up Plan
Confirmed patient's understanding of therapy; patient to continue monitoring efficacy and tolerability and follow up with their doctor within 14 days.

THE PATIENT (CABINED BRACKETING) WAS PROVIDED SUFFICIENT INFORMATION, INCLUDING THE RISKS AND BENEFITS ASSOCIATED WITH THIS SERVICE AND VOLUNTARILY PROVIDED THEIR CONSENT

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Correcting a Prescription

The Correct function allows you to fix errors (e.g., wrong quantity, drug, instructions) on a Prescription that was processed by your pharmacy. Depending on the Prescription and the Correct function used, a corresponding message may be transmitted to Revoke the Prescription or reverse its Dispense from the EHR.

NOTE: The timeframe to submit corrections for a Dispense is 120 days. After 120 days, pharmacies can notify Health Insurance British Columbia (HIBC) for an Extension of the reversal window to 180 days. After 180 days, the pharmacy must contact the Ministry's PharmaNet Data Quality Services Team to reverse a Dispense. There is no time limit for updating the status of a Prescription Authorization.

Amend — Allows you to make changes to a processed Prescription without impact to billing. These changes are not transmitted to the EHR.

Amend Next — Disabled for British Columbia pharmacies. Amend Next records can only be created when performing an EHR Profile Compare.

Rebill — Allows you to Cancel (and in some cases Revoke) a Prescription Authorization and Dispense, Correct it, and then Fill the Prescription in one step using the same Prescription number and same Fill Date (e.g., incorrect quantity authorized).

Refuse — Allows you to Cancel (and in some cases Revoke) the Prescription Authorization and Dispense (e.g., Prescription Filled in error).

RTS — Allows you to Cancel (and in some cases Revoke) a Prescription Authorization and Dispense. RTS allows you to enter the Prescription numbers by scanning privacy labels.

Manual Reversal — Disabled for EHR integrated pharmacies. However, a Manual Reversal button will be available in Rx Detail.

Trace # Reversal — Allows you to reverse a claim from a Third Party using a unique trace number.

Wrong Patient — Disabled for EHR integrated pharmacies.

Amending a Prescription

Changes made using the Amend function are not transmitted to the EHR. As a result, only certain fields are enabled when Amending a Prescription that was transmitted to the EHR (i.e., has an EHR Rx ID). All other fields will be disabled.

Refer to the lists below for the fields that can be Amended for Prescriptions with an EHR Rx ID.

Main Tab	Extended Tab
• Labels • Refill Rem Act (days) (Independent stores only) • Compliance Pack checkbox and dosing information	• Label setup • Language • Next Fill Qty • Special Auth Expiry • Auto Refill • Leaflet

To Amend a Prescription:

1. From the **Patient Profile** or **Workbench**, highlight the completed Prescription.
2. Select **Correct**. The Correct window opens.
3. Select **Amend**. The Prescription opens in Rx Detail.
4. Make the necessary edits in the allowed fields.
5. Select **Save**.
6. A prompt asks if you want to print a new vial label. Select **Yes** or **No**.

In the **Patient Folder Profile** tab, the Prescription's status is updated to **AMD** to reflect that it was Amended.

In **Patient Folder History** tab, a record is added indicating the user who performed the action and when it occurred.

If Digital Workflow is enabled, Amending any Prescription field will require Technical Validation to be completed again. If the Prescription has already been Picked Up, Amending will not impact its Workflow status (i.e., it will not go through Workflow again).

Rebilling a Prescription
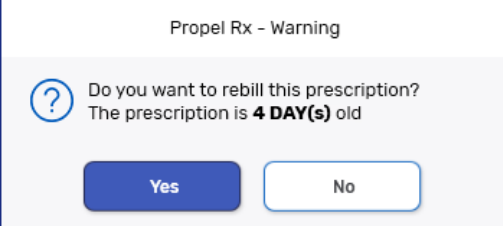
When a Prescription is Rebilled, the Prescription is first Refused and then Filled again. For New and Reauthorized Prescriptions, during the Refusal portion of the Rebill, the Prescription record (i.e., Create) is Revoked on the EHR, allowing the modification of all fields. After the Prescription is Filled, a new Prescription Authorization is created on the EHR.

Downloaded Prescriptions are not Revoked since the Prescription Authorization record was not created by the pharmacy. If a Downloaded Prescription should be Revoked, the user can update its status from the Patient Profile.

To Rebill a Prescription:

1. Do one of the following:
   - From the **Workbench** or **Patient Profile**, highlight the completed Prescription(s). Select **Correct** > **Rebill**.
   - From **Rx Detail**, select **Correct** > **Rebill**.
   - From the **Claim Summary** window, select **Rebill**.
   A prompt appears.
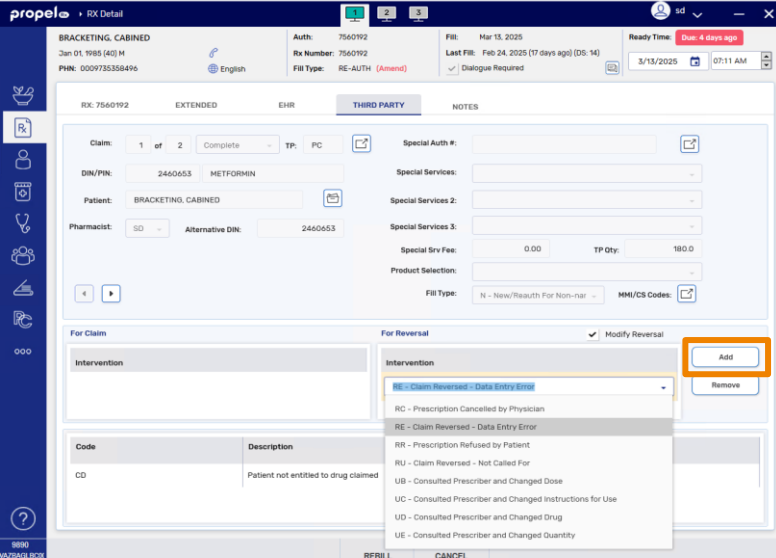
2. Select **Yes**. The Prescription opens in Rx Detail for you to enter an intervention code for PharmaCare for the reversal.

3. Select **Add**.

4. Select the appropriate intervention code from the dropdown.

5. Select **Rebill**. Propel Rx reverses the Third Party claim, and the appropriate reversal message is sent to the EHR. For detailed information on the Prescription changes that occur on the EHR with a Rebill, refer to the table below.

6. Select **Fill**.

Prescription Scenario	Prescription Changes
First Fill or ReAuth including First Fill from Hold (no subsequent Dispenses exist in the same Prescription chain)	• The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • The Prescription Authorization is Revoked on the EHR with a default reason of "Entered in Error." • Once the reversal completes, the Prescription opens in Rx Detail and all information is retained, except for the EHR Rx ID. All fields are open for editing. • Upon Fill, a new EHR Rx ID is assigned, and the Prev EHR Rx ID field becomes populated with the previous EHR Rx ID in the chain if applicable. • If the status change is unsuccessful on the EHR (e.g., Network Down), the Prescription is Cancelled (CAN) and remains Active on the Profile. 💡 **TIP:** Perform an EHR Profile Compare to update the local status if it does not match the EHR.

First Fill or ReAuth including First Fill from Hold (subsequent Dispenses in the same Prescription chain)	• The claim is reversed from the Third Party.
	• The Prescription Authorization is not Revoked as it has been Dispensed.
	• The Dispense is reversed on the EHR.
	• Once the reversal is completed, the Prescription opens in Rx Detail and all information is retained, including the EHR Rx ID.
	• Information entered for the Prescription was used for both the Create and Dispense messages. Since the Create cannot be Revoked when there are subsequent Dispenses, fields that were transmitted for the Prescription Authorization cannot be edited. Only fields related to Prescription billing (e.g., pricing, bill codes) are open for editing.
	• If you need to edit a disabled field, do one of the following:
	  o Escape out of the Rebill. Then, Refill and backdate the Prescription. This option can be used if a correction only needs to be made for the Dispense.
	  o Escape out of the Rebill. Then, **Discontinue the Prescription with a reason of Alternate Prescription Prescribed (no MMI/CS code required)**. Reauthorize the Prescription and enter the original information, except for the QA, which should be the quantity remaining. Cross-reference the Prescriptions (same process that you would perform if you encountered this scenario prior to PPM).
	• Upon Fill, the EHR Rx ID is retained and the Dispense is associated with it. The Prev EHR Rx ID field becomes populated with the previous EHR Rx ID in the chain if applicable.

Refill (Dispenses in the chain) or Downloaded Prescription	• The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • Once the reversal completes, all information is retained in Rx Detail. All information is editable except for the QA. • Upon Fill, the Dispense is linked to the existing EHR Rx ID.
Adaptation/Extension (i.e., First Fill or ReAuth)	• The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • The Adaptation Prescription is Revoked on the EHR with a default reason of "Entered in Error." • Once the reversal is completed, the Prescription opens in Rx Detail and all information is retained, except for the EHR Rx ID. All fields are open for editing. • Upon Fill, the Adaptation or Extension window opens. Information that was previously entered for the Adaptation or Extension will be retained. Make any necessary adjustments to the fields and select **OK**. • The previous EHR Rx ID (of the original Prescription Authorization) is retained. A new EHR Rx ID is assigned which gets associated with the Dispense. • If the status change is unsuccessful on the EHR (e.g., Network Down), the Prescription is Cancelled (CAN) and remains Active on the Profile. 💡 **TIP:** Perform an EHR Profile Compare to update the local status if it does not match the EHR. • If Rebilling a subsequent Fill of the Adaptation (i.e., Refill), the same rules described above for Refill/Downloaded Prescriptions will apply.
Historical Prescription Filled prior to PPM	• The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • Once the reversal completes, all information is retained in Rx Detail. • Upon Fill, the Dispense is submitted to the EHR. An EHR Rx ID is assigned if the Prescription is the last in the chain, otherwise no EHR Rx ID is assigned.

In Propel Rx, the Prescription status is updated to Complete, and the same Prescription number is assigned. All successful Prescription Rebills are recorded in the **Patient Folder History** tab.

	LGPROFILEON..	THIRD PARTY	CLINICAL	PROFILE	HISTORY	PROGRAMS	PREFERENCES	ATTACHMENTS	NOTES

Entered	User	Event	Activity	Comments
Mar 17, 2025 07:52	SD	Refill Rx	Dispensed	METFORMIN;METFORMIN FC
Mar 17, 2025 07:52	SD	Refill Rx	Refused	METFORMIN;METFORMIN FC

The **Audit History** for the Prescription also accurately tracks the Refusal and Fill.

If Digital Workflow is enabled, certain Workflow steps (i.e., Packaging, Technical Validation, Clinical Review) may need to be completed again depending on the Prescription fields that were updated during the Rebill. For more information, refer to the table below.

Rebill Field	Data Entry	Packaging	Technical Validation	Clinical Review
Prescriber	✔		✔	
Drug	✔	✔	✔	✔
SIG	✔		✔	✔
QA	✔		✔	
Qty	✔	✔	✔	
Days Supply	✔		✔	
Pack Size	✔	✔	✔	
Packager	✔	✔	✔	
Pricing	✔		✔	
Bill Code	✔		✔	
Compound Extended Tab	✔		✔	
Labels	✔		✔	

Rebill Field	Data Entry	Packaging	Technical Validation	Clinical Review
All Other Fields	✔		✔	

Escaping a Rebill

After initiating the Rebill process, if you determine the Prescription should not be Filled again, you can escape at any time during the Rebill process, except if adjudication to the first payer in the bill code (i.e., PC) is successful. The **Escape** button will be enabled in Rx Detail after the Prescription reversal portion of the Rebill has occurred. When using Escape during the Rebill process, the Prescription is not removed from Profile and full audit logging is maintained. If the Prescription was already adjudicated to a Third Party, the **Escape** button will be unavailable.

Refer to the table below for the outcomes that can occur after escaping a Rebill.

NOTE: If the reversal portion of the Rebill has not occurred yet (i.e., you haven't submitted the reversal intervention code yet), select **Cancel** in Rx Detail to exit the Rebill.

Prescription Scenario	Prescription Changes
First Fill or ReAuth including First Fill from Hold (no subsequent Dispenses in the same Prescription chain)	• The previous Prescription is Revoked on the EHR. • If a user Escapes before submitting the Create, there will not be an Active Prescription Authorization on the EHR, and the Prescription will remain on the Propel Rx Profile as Cancelled and Revoked. • If a user Escapes after submitting the Create (PharmaCare rejects the claim), an Active Prescription Authorization will exist on the EHR, and the Prescription will be Cancelled and Active in Propel Rx. The Prescription can be Discontinued or left Active for the next Fill. • A cancellation record appears in Audit History to reflect the cancellation.
First Fill or ReAuth including First Fill from Hold (no subsequent Dispenses in the same Prescription chain)	• No Revoke message is sent to the EHR as Dispenses exist in the chain. • The Prescription is Cancelled in Propel Rx. • A cancellation record appears in Audit History to reflect the cancellation.
Refill (Dispenses in the chain) or Downloaded Prescription	• The Prescription is Cancelled in Propel Rx. • A cancellation record appears in Audit History to reflect the cancellation.

Adaptation or Extension	• Same as the First Fill or ReAuth scenario above. • If the Adaptation or Extension was subsequently Refilled and then Rebilled, it would behave the same as the Refill scenario above.
Historical Prescription Filled prior to PPM	• The Prescription is Cancelled in Propel Rx. • A cancellation record appears in Audit History to reflect the cancellation.

Refusing a Prescription

Depending on the scenario, when a Prescription is Refused, you may be given the options to Revoke the Prescription or place it on Hold locally in Propel Rx. Corresponding messages are transmitted to the EHR to update the status of the Prescription Authorization and/or reverse its Dispense.

To Refuse a Prescription:

1. Do one of the following:
   - From the **Patient Profile** or **Workbench**, highlight the Prescription(s). Select **Correct** > **Refuse**.
   - From **Rx Detail**, select **Correct** > **Refuse**.
   - From the **Claim Summary** window, select **Refuse**.
   - From the **Batch Profile** window, highlight the Prescription(s) and select **Refuse**.
   A validation prompt appears.
2. Select **Yes**. The Prescription opens in Rx Detail for you to enter an intervention code for PharmaCare for the reversal.
   - If the Prescription was a New or ReAuth Prescription placed on Hold, you will not be prompted to enter an intervention code for the reversal, as the Prescription has not been Dispensed yet. In these scenarios, you can skip steps 3 – 5.
3. Select **Add**.
4. Select the appropriate intervention code from the dropdown.

5. Select **Refuse**. The Refuse Rx window opens if the Prescription was not a Refill. Depending on the Prescription scenario, the buttons that are visible in the window vary, as indicated in the chart below.

Prescription Scenario	Prompt	Options/Actions
First Fill or ReAuth (including First Fill from Hold)	Propel Rx – Refuse Rx ✕ **How do you wish to refuse Rx# 7560269 ?** [Hold] Cancel and Hold Rx (remain active on the EHR). [Revoke] Cancel and Revoke Rx (revoked on the EHR). ⓘ [Cancel]	**Hold** • The claim is reversed from the Third Party. • The Dispense is reversed but the Prescription Authorization remains Active on the EHR. • The Prescription is placed on Hold locally and continues through Workflow (if applicable). • The EHR Rx ID is retained and carried over on subsequent Fill. • Use Hold for example, if the patient didn't pick up the medication, or if you only need to reverse the Dispense. **Revoke** • The claim is reversed from the Third Party. • If the Prescription was not Downloaded (i.e., Create was sent by the pharmacy), it is Revoked on the EHR with a default reason of "Entered in Error." If the Prescription was Downloaded, its status remains Active on the EHR since the pharmacy did not create the Prescription Authorization in the first place; if the Prescription should be Revoked, this can be done afterwards. • If the Prescription was not Downloaded (i.e., Create was sent by the pharmacy), it is Cancelled

(CAN) and Revoked (*V*) in Propel Rx. If it was Downloaded, it is Cancelled (CAN) and Inactivated (*I*) in Propel Rx.

- If the status change on the EHR is unsuccessful, the Prescription is Cancelled (CAN) and remains Active in Propel Rx.
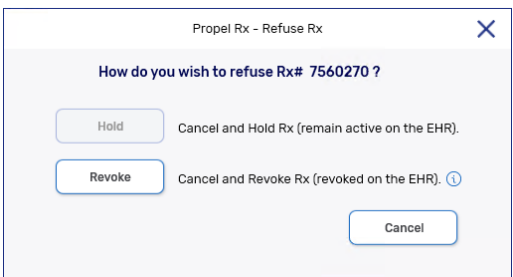
  💡 **TIP:** Perform an EHR Profile Compare to update the local status if it does not match the EHR or Discontinue the Prescription and Reauthorize it.

- Use Revoke for example, if the Prescription was entered in error, and a new Prescription Authorization needs to be created with the correct information.
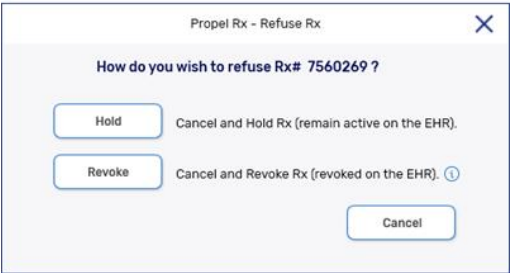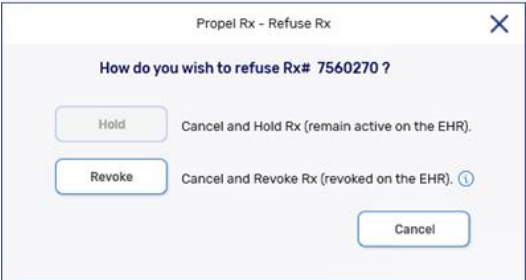
  💡 **TIP:** In this scenario, a faster alternative would be to Rebill the Prescription, unless you do not intend to Fill the Prescription.

  If you chose not to Revoke the Prescription and entered a new Authorization, duplicate authorizations will exist on the EHR. Revoke the previous Authorization from the Rx Authorizations Profile, otherwise a 96 – Rx Exists/95 – Rx Exists with Different Data response will be returned by the EHR.

| New or ReAuth Prescription placed on Hold | Propel Rx – Refuse Rx ✕

How do you wish to refuse Rx# 7560270 ?

[Hold] Cancel and Hold Rx (remain active on the EHR).

[Revoke] Cancel and Revoke Rx (revoked on the EHR). ⓘ

[Cancel] | **Revoke**

• The claim is reversed from the Third Party.
• If the Prescription was not Downloaded (i.e., Create was sent by the pharmacy), it is Revoked on the EHR with a default reason of "Entered in Error." If the Prescription was Downloaded, its status remains unchanged on the EHR since the pharmacy did not create the Prescription Authorization in the first place; if the Prescription should be Revoked, this can be done afterwards
• If the Prescription was not Downloaded, it is Cancelled (CAN) and Revoked (*V*) in Propel Rx. If it was Downloaded, it is Cancelled and Inactivated (*I*) in Propel Rx.
• If the status change on the EHR is unsuccessful, the Prescription is Cancelled and remains Actie in Propel Rx.

💡 **TIP:** Perform an EHR Profile Compare to update the local status if it does not match the EHR or Discontinue the Prescription and Reauthorize it. |
| Refill | No prompt is displayed | • The claim is reversed from the Third Party.
• The Prescription is Cancelled in Propel Rx.
• The Dispense is reversed on the EHR.
• The Prescription can be Refilled later against the same EHR Rx ID. |

		• If the Refill created the Prescription Authorization on the EHR (i.e., Refill of a Historical Prescription that existed before PPM), it will not be Revoked. The user can Revoke manually and recreate the Prescription if corrections are needed.
Historical First Fill or ReAuth (including First Fill from Hold) from before PPM (i.e., no EHR Rx ID)		**Hold** • The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • The Prescription is placed on Hold in Propel Rx. **Revoke** • The claim is reversed from the Third Party. • The Dispense is reversed on the EHR. • The Prescription is Cancelled (CAN) and Revoked (*V*) in Propel Rx.
Historical New or ReAuth Prescription placed on Hold (i.e., no EHR Rx ID)		**Revoke** • No message is sent to the EHR as the Prescription record was not created before PPM. • The Prescription is Cancelled (CAN) and Revoked (*V*) in Propel Rx.

All successful Prescription Refusals and Revokes are recorded in the **Patient Folder History** tab.

The **Audit History** for the Prescription also accurately tracks the Refusal. If the Prescription was placed on Hold, a Cancelled record will always precede the Hold record in the Audit History.

Propel Rx – Audit History: LGPROFILEONE, TRXXONE - DIN 2363968 - AVA-HYDROCHLOROTHIAZIDE 25MG   TABLET ✕

Rx #	Auth Rx	Price	TP Bill	Fill Date	DIN	MFR	Status	QA	Qty	QD	REM
7560203	7560203	$17.60	PC/CA	Mar 17, 2025	2363968	AVA	Cancelled	90	90	0	1
Dr. ABAFT,LAUREATE Performed on: Mar 17, 2025 By: SD Inter Codes: RE				TAKE 1 TABLET DAILY							
7560203	7560203	$17.60	PC/CA	Mar 17, 2025	2363968	AVA	Complete	90	90	90	0
Dr. ABAFT,LAUREATE Performed on: Mar 17, 2025 By: SD				TAKE 1 TABLET DAILY							

Propel Rx – Audit History: BRACKETING, CABINED - DIN 2440644 - ACH-PRAVASTATIN 10MG   TABLET ✕

Rx #	Auth Rx	Price	TP Bill	Fill Date	DIN	MFR	Status	QA	Qty	QD	REM
7560210	7560210	$41.50	PC/CA	Apr 02, 2025	2440644	ACH	Hold	90	90	0	1
Dr. ABAFT,LAUREATE Performed on: Apr 02, 2025 By: SD Inter Codes: RE				TAKE 1 TABLET DAILY			**Technical Validation**				
7560210	7560210	$41.50	PC/CA	Apr 02, 2025	2440644	ACH	Cancelled	90	90	0	1
Dr. ABAFT,LAUREATE Performed on: Apr 02, 2025 By: SD Inter Codes: RE				TAKE 1 TABLET DAILY			**Technical Validation**				
7560210	7560210	$41.50	PC/CA	Apr 02, 2025	2440644	ACH	Complete	90	90	90	0
Dr. ABAFT,LAUREATE Performed on: Apr 02, 2025 By: SD				TAKE 1 TABLET DAILY			**Technical Validation**				

Failed Reversals

If a reversal is rejected by a Third Party, various options become available to manage the Prescription. Some of these options are only available depending on which Third Party in the billing sequence had rejected the reversal.

Refuse

- The reversal is resubmitted (i.e., online) to the Third Party.
- This option is always available regardless of which Third Party rejected the reversal.

Abort

- The Prescription reverts to its previous state (e.g., Complete/COM).
- This option is only available if the reversal failed at the first or only Third Party. For example, for a Prescription billed to PC/AS/CA, the reversal failed at AS.

NOTE: Reversals proceed in the opposite order as when the Prescription was adjudicated.

Manual Reversal

- The claim for that Third Party is manually reversed (i.e., offline) and Propel Rx proceeds with the online reversal for the remaining Third Parties and then the EHR. Your pharmacy is responsible for contacting the Third Party to have the claim reversed on their end.
- This option is always available regardless of which Third Party rejected the reversal.
- In the Prescription's Audit History, a *MANUAL REVERSAL* indicator will appear.

Code		Description	Recommendation	Type
CD		Patient not entitled to drug claimed	Drug is not covered under TP plan	For Claim

| 9890 WAZBAGLBC0(X1.9-10 | RX | ABORT | MANUAL REVERSAL | CORRECT | PARK | REFUSE | MORE INFO | REVERT |

Refusing to Fill a Prescription

If a pharmacist in their professional judgement deems that a Prescription should not be Filled, they can Discontinue the Prescription on the EHR Profile and indicate that the Prescription was refused with a Clinical Service (CS) code. This advises other healthcare professionals that a pharmacy decided not to complete the dispense.

This replaces the previous Refusal to Fill process that required submission of a Special Service Code (SSC). As such, the SSC of Refusal to Fill has been removed from the dropdown in the **Rx Detail Third Party** tab. Refusal to Fill special service fees will now be paid offline/monthly. PharmaCare will always pay the maximum amount going forward, regardless of the dispensing fee. To receive payment for a Refusal to Fill, the process outlined below should be followed.

In British Columbia, a Refusal to Fill can only be transmitted after a Prescription is created on the EHR (i.e., has a Rx ID). If the Prescription does not exist on the EHR, the Prescription must be placed on Hold first.

To indicate a Refusal to Fill for a Prescription.

1. If the Prescription does not exist on the EHR, enter it in Propel Rx and then place it on **Hold** and complete its Workflow.
2. From the **Patient Profile**, deselect the **Active** checkbox for the Prescription. The Inactivate Rx window opens.

   > **NOTE:** If the Prescription exists on the EHR, you can do one of the following:
   >
   > - Download the Prescription and place it on Hold before Discontinuing it. This keeps a record of the Prescription locally and is the recommended approach.
   > - Update its status and indicate the Refusal to Fill from the Rx Authorizations Profile.

3. Select the **Discontinue** option.
4. Select **OK**. The EHR - Update Status window opens.
5. From the **Reason** dropdown, select Refusal to Fill.
6. In the **Medication Management Codes** section, select the expander button ⬀ to open the Medication Management and Clinical Service Codes window.
7. Select the **Refusal to Fill** dropdown and select the appropriate code that corresponds to your rationale for refusing to Fill the Prescription.

8. Select the right arrow button (**>>**).

9. Repeat steps 7 -8 if you want to transmit additional codes.

10. Select **OK**.

11. Enter any optional notes. These notes remain local only as a Prescription note. They cannot be referenced from the EHR Profile.
12. Select **OK**.

The Prescription is Discontinued locally, and a Prescription note will be added indicating the reason, MMI and CS codes, and any notes entered.

On the **Rx Authorizations Profile**, the Prescription will appear with an Obsolete status. In the Detailed Prescription view, the **EHR Additional Info** window will indicate the Prescription was changed due to a Refusal to Fill.

DURs (Other Medications)

DURs (Other Medications) are medications that were not Filled as Prescriptions in your pharmacy. These include over the counter drugs, natural health products, prescriber drug samples, etc. They can also be Prescriptions that have been copied using an EHR Profile Compare. These medications can be added to a patient's Profile for Propel Rx interaction checking, clinical decision making, and to build a BPMH.

Adding a DUR

A DUR can be manually added using the **Add DUR** function or copied using an **EHR Profile Compare**. Manually added DURs are local only; the EHR checkbox is always off and disabled.

TRANSMITTING DURS TO THE EHR

Transmitting OTCs to PharmaCare is optional and not required. If a user wants to transmit an OTC to the EHR, they can create a Prescription with themselves as the prescriber and enter the DE intervention code for PharmaCare.

For information on how to manually add a DUR, see Adding a DUR.

Refilling a DUR

DURs can be Refilled but similar to when a DUR is manually added, the record will remain local only. For information on how to Refill a DUR, see Refilling a DUR.

Inactivating a DUR

When a DUR is Inactivated in Propel Rx, the status of the DUR becomes Inactive in Propel Rx but no status change is transmitted to the EHR (i.e., the status update is local only).

To Inactivate a DUR:

1. Open the **Patient Folder**.
2. Select the **Profile** tab.
3. Deselect the **Active** checkbox for the DUR you wish to Inactivate.
4. Select **Save**.

The DUR is Inactivated and an *I* indicator displays beside it on the Patient Profile in Propel Rx.

A record is added to the **Patient Folder History** tab for the inactivation.

Retracting a DUR

If a DUR was entered in error on the Patient Profile, you can remove it locally. No message is transmitted to the EHR for the removal and there is no impact to the EHR.

To retract a DUR:

1. Open the **Patient Folder**.
2. Select the **Profile** tab.
3. Select the DUR.
4. Select **Rx** > **Audit History**. The DUR Audit History window opens.

5. Select one or more records from the Audit History that you want to retract.
6. Select **Remove**.

7. Select **Save**.

The DUR is removed from the Profile and a record is added to the **Patient Folder History** tab for the deletion.

Entered	User	Event	Activity	Comments
Mar 12, 2025 14:55	SD	Profile	DUR Deleted	APO-METFORMIN ER 1000MG TABERGR24H

BRACKETING,...   THIRD PARTY   CLINICAL   PROFILE   HISTORY   PROGRAMS   PREFERENCES   ATTACHMENTS   NOTES

All

Updating Prescription Statuses on the EHR

After a Prescription is processed for a patient, it is flagged as Active on the Patient Profile. If the patient is no longer actively taking a medication, the Prescription Authorization was Revoked or Discontinued, or a Downloaded Prescription has been adjusted, the Prescription status should be updated. It is important that you update the status of Prescriptions that a patient is not currently taking. This ensures a patient's local and EHR Profile are accurate to support effective clinical decision-making.

Updating the Status of Non-Local Prescriptions

The Update Status button on the Rx Authorizations Profile – Detailed Prescription view can be used to change the status of a non-local Prescription.

UPDATING THE STATUS OF LOCAL PRESCRIPTIONS

If a Prescription is found locally and on the EHR, update the status from the Patient Profile tab in Propel Rx. Prescription status changes from the Patient Profile are transmitted to the EHR but not vice versa.

However, any mismatches can be resolved by performing an EHR Profile Compare.

Prescriptions that are Discontinued or Revoked cannot have their status changed; the EHR will reject the status change with a response like the one below. If a Prescription was accidentally Discontinued or Revoked and it needs to be Filled, Refill it and create a new Prescription on the EHR.

Propel Rx - EHR Response

EHR Response TRX X2

Patient: BRACKETING, CABINED

PHN: 0009735358496 **Gender:** Male

Date of Birth: Jan 01, 1985

EHR Rx ID: 58445

Response Status: Failed

276 Rx is not eligible to be changed

OK

To update the status of a non-local Prescription on the EHR Profile:

1. Open the **Rx Authorizations Profile Summary** view.
2. From the **Prescription Information** section, select the applicable Prescription that requires a status update.
3. Select **Detail**. The Detailed Prescription view opens.
4. Select **Update Status**. The Update Status window opens.
5. From the **Status** dropdown, select either Revoke or Obsolete (Discontinue) and choose the appropriate reason from the **Reason** dropdown.
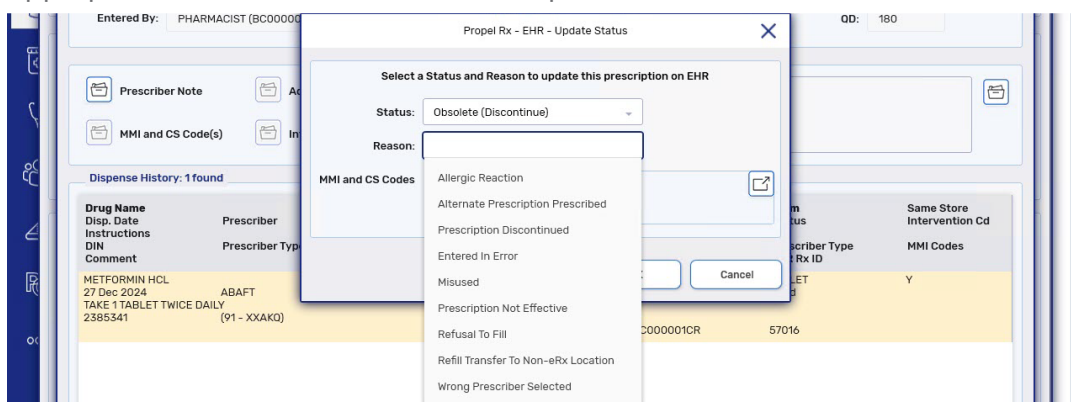
6. To add MMI and CS codes:
   a. Select the expander button ⬀.
   b. Dropdown the appropriate MMI header.
   c. Double-click on the appropriate CS code or select the CS code and select the ›› button.
   d. Repeat steps b - c to add additional CS codes, up to a maximum of 7 if needed.
   e. Select **OK**.
7. Select **OK** to update the Prescription's status on the EHR.
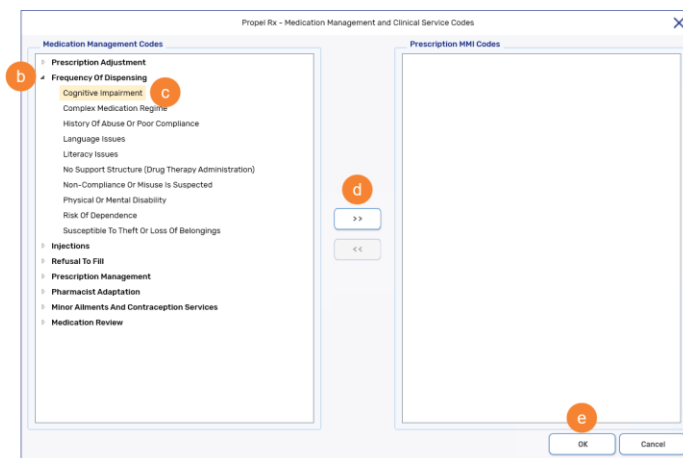
NOTE: The status update will reflect immediately in the Rx Authorizations Profile Detailed Prescription view. However, the Rx Authorizations Profile Summary view will continue to show the former status until it is refreshed (i.e., closed and then reopened).

Updating the Status of Local Prescriptions

For Prescriptions that exist locally, only certain status changes will transmit to the EHR. These include the Discontinue/Obsolete and Revoke status changes. The Inactivate and Suspend/Resume status changes are performed locally only. Updating the status of local Prescriptions maintains good profile hygiene in cases where the Prescription Authorization has been Revoked or Discontinued.

To update the status of a local Prescription on the EHR Profile:

1. Open the **Patient Folder** and navigate to the **Profile** tab.
12. Do one of the following:
    - For a single Prescription: deselect the **Active** checkbox.
    - For multiple Prescriptions: highlight the applicable rows and select the **Active** header.

    The Inactivate Rx window opens.
13. Select one of the following options:
    a. **Discontinue** (Obsolete on the EHR) – patient will no longer take the medication, effective immediately. Repeats are removed.
    b. **Revoke** (Completed on the EHR) – patient will take the remaining medication until finished and then stop. Repeats are removed. This status change is only permitted if there are no Dispenses against the Prescription.
    c. **Inactivate** – patient is not currently taking medication but may resume later. Repeats are retained.
    d. **Suspend** – patient will stop the medication for a specific period and then resume on a chosen date. Repeats are retained.
14. Select **OK**.
15. If Discontinue or Revoke was selected, an additional window appears.
    a. Select a reason from the dropdown.
    b. To add MMI and CS codes:
        i. Select the expander button ⬈.
        ii. Dropdown the appropriate MMI header.
        iii. Double-click on the appropriate CS code or select the CS code and select the ›› button.
        iv. Repeat steps ii – iii to add additional CS codes, up to a maximum of 7 if needed.
        v. Select **OK**.
    c. Enter any optional notes. These are not transmitted to the EHR.

16. Select **OK**.

If applicable, a message will be sent to update the status of each selected Prescription on the EHR. If successful, each Prescription is flagged as Inactive on the Patient Profile in Propel Rx with one of the following indicators:

- Discontinued = *D*
- Revoked = *V*
- Inactivated = *I*
- Suspended = *S*

A note is added to each selected Prescription indicating the status change, reason, MMI and CS codes, and notes entered at the time of the update.

NOTE: The MMI and CS codes entered for the status change are not visible from the Rx Authorizations Profile. However, they can be referenced from the Prescription note in Propel Rx.

A record is added to the Patient Folder History tab to document the status change of the Prescription.

If a status update fails on the EHR, the Prescription status will remain unchanged locally. Depending on the rejection returned, update the status of the Prescription from the Rx Authorizations Profile or perform an EHR Profile Compare to ensure the Prescription has the most up-to-date status synced from the EHR.

Reactivating a Discontinued or Revoked Prescription

Prescriptions which are Discontinued or Revoked cannot be reactivated on the Patient Profile or EHR. A new Authorization must be created by Refilling and then Reauthorizing the Prescription or creating a New Prescription.

Updating the Status of Prescriptions Using Stop Dates

You can automate the status update of a Prescription that exists on the EHR (i.e., has a Rx ID) using Stop Dates. On the Stop Date, the Prescription is Discontinued in Propel Rx and a Discontinue message is sent

to the EHR. If a keyword was entered in the Patient Folder, it will be automatically transmitted with the status update message.

NOTE: If the status update fails on the EHR, the transaction appears in the EHR Queue tile for management. The Prescription's local status remains unchanged until the transaction is sent to the EHR.

To set a Stop Date for a Prescription:

1. Do one of the following:
   - If the Prescription is incomplete, **Process** it until it reaches Rx Detail.
   - If the Prescription is complete, **Amend** it to open Rx Detail.
2. Select the expander button ⬀ next to the Compliance Pack checkbox. The Administration Details window opens.
3. Dropdown the **Stop Date** field and select one of the following options:
   - **Days Supply** – Prescription is Discontinued once the days supply has elapsed.
   - **Date** – Prescription is Discontinued on the specified date.
4. Dropdown the **Reason** field and select an appropriate option.

5. Select **OK**.

Transferring Out Prescriptions

With the introduction of PPM, Prescriptions can be Downloaded from the EHR Profile and Dispensed. As pharmacies are onboarded with PPM, you may encounter situations where you need to transfer a Prescription to a non-PPM integrated pharmacy. To account for this scenario, a prompt appears when transferring out a Prescription that exists on the EHR (i.e., has an EHR Rx ID), for you to specify if the receiving pharmacy is on PPM or not.

- Selecting **Yes** to the prompt will not send any message to the EHR. This is because the existing Prescription on the EHR is authoritative can be Downloaded and Dispensed by any pharmacy.
- Selecting **No** to the prompt will trigger a Discontinue message to the EHR with a reason of "Refill transferred to non-erx location." This will prevent multiple authorizations from existing on the EHR.

Regardless of whether **Yes** or **No** is selected in the above prompt, the local Prescription status is updated to Transferred (TRN) and a transfer report is printed or faxed as requested.

TROUBLESHOOTING FAILED PRESCRIPTION STATUS UPDATES

If the Discontinue message fails to transmit to the EHR (e.g., Prescription is already Discontinued), you should review the Rx Authorizations Profile to determine if the Authorization should still be transferred out. If the transfer out should occur, perform the transfer again and select **Yes** in the prompt to bypass the EHR. Otherwise, perform an EHR Profile Compare.

For more information on transferring out Prescriptions, see Transferring Out Prescriptions.

Inactivating Prescription for Group Patients

When adding a Patient to a Group or moving them in between Groups, a prompt appears with the option to carry over the Prescriptions for the Patient.

- If **Yes** is selected, the status of the Prescriptions will be carried over as is to the new Group.
- If **No** is selected, any active Prescriptions will be Inactivated on the Patient Profile.

EHR Profile Compare

The EHR Profile Compare window is designed to help users identify and resolve discrepancies between the EHR Profile and the local Propel Rx Profile. If a discrepancy is found, EHR information can be copied one-way from the EHR to Propel Rx. Any clinical and Prescription records copied from the EHR or DURs added locally also appear in Patient Centre to assist with Medication Reviews.

EHR Profile Compare is a manual process and can be incorporated into your Workflow as needed. Some scenarios using the EHR Profile Compare are provided below.

- **New patient** – Download Allergies and/or Conditions from the EHR.
- **Hospital discharge** – compare Prescription or clinical changes that might have occurred during the patient's hospitalization.
- **Returning patient** – update the Prescription and/or clinical information for a patient that hasn't visited your pharmacy in a while. Create a Best Possible Medication History (BPMH) in preparation for a medication review.

TROUBLESHOOTING EHR REJECTIONS DUE TO MISMATCHED CLINICAL OR PRESCRIPTION INFORMATION

If there's a mismatch between the local clinical or Prescription information and the EHR, EHR rejections may be returned when performing actions that involve EHR transmission.

Examples include:

- A Prescription that cannot be Dispensed in its current status.
- A Prescription status that cannot be updated.

If this happens, perform an EHR Profile Compare, and update the information in Propel Rx to match the EHR.

Once the EHR Profile Compare window is opened, a lock is placed on the Patient Folder and Prescriptions for which discrepancies were found. The lock will block users from adding or updating information in any Patient Folder tabs. However, you can still view information and perform EHR queries. In the Profile tab, a user can only perform Prescription actions such as Filling, correcting, inactivating, transferring, etc. for the non-locked Prescriptions. The lock will be released once the EHR Profile Compare window is closed.

Conversely, the EHR Profile Compare window cannot be opened if the Patient Folder or Prescription is opened on another workstation or instance. The lock will be released once the Patient Folder or Prescription is closed.

TIP: The instance or workstation that has the patient or Prescription locked is indicated in the Access Unavailable prompt. Use this information to remove the lock from the specified location if needed.
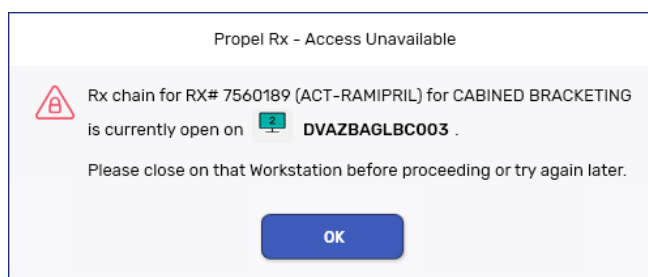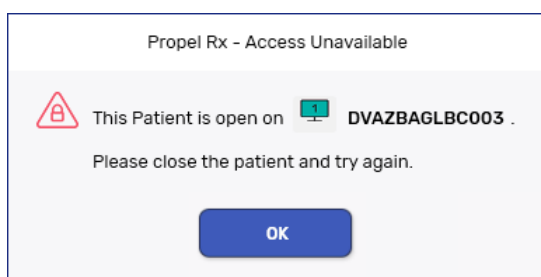
Overview of the EHR Profile Compare Window

The EHR Profile Compare window is broken into two tabs. If there are no discrepancies returned for a tab, this will be indicated on the applicable tab and the other tab will be defaulted. If no discrepancies were found for either tab, a prompt will appear indicating this and the EHR Profile Compare window will not open.

The table below outlines the different components of the EHR Profile Compare window and their descriptions.

Component	Description of the EHR Profile Compare Component
Prescription Tab	Displays Prescriptions and DURs on the EHR for which discrepancies exist between the EHR and Propel Rx. When comparing Prescriptions that exist locally, only the most recent Prescription in a chain is displayed. When comparing Prescriptions that do not exist locally, multiple Prescriptions for the same drug may display but the Active Only checkbox can be leveraged to filter out Active records. For additional details on the information displayed in this tab, see Overview of the EHR Profile Compare Window – Prescription Tab. **NOTE:** If a Prescription or a related transaction for the Prescription (e.g., Update Status) is in a Network Down state, the Prescription will be excluded from the EHR Profile Compare until the Network Down transaction has been sent.
Clinical Tab	Displays Conditions and Adverse Drug Reactions (ADRs) for which discrepancies exist between the EHR and Propel Rx. For additional details on the information displayed in this tab, see Overview of the EHR Profile Compare Window – Clinical Tab. **NOTE:** If a Condition or ADR exists in the EHR Queue tile, it will be excluded from the EHR Profile Compare until the Network Down transaction has been sent.
Discrepancies	When a discrepancy exists between the EHR and Propel Rx for a record, the discrepant field appears in red font on the Propel Rx side. A warning indicator ⚠ also appears for the overall record on the Propel Rx side.
Select All	Allows selection of all rows on the EHR side for copying. Users can also manually select individual rows on the EHR side if desired.

Component	Description of the EHR Profile Compare Component
Deselect	Deselects all rows on the EHR side.
Copy	Copies information from the EHR to Propel Rx, but not vice versa. A checkmark on the row shows when information has been copied over for a record.
Revert	Undoes the changes made since the window was last opened.
Last Reconcile Date	Displays the date that the last EHR Profile Compare was completed (i.e., Update was selected in the window).
Detail	If a Prescription is selected on the Propel Rx side, Detail opens the Prescription in Rx Detail. If a Prescription is selected on the EHR side, Detail opens the Rx Authorizations Profile Detailed Prescription view. The Detail buttons allow users to view additional information about the Prescription (e.g., Audit History, Dispenses on the EHR) when investigating discrepancies.
Next	Moves to the next tab, and changes to "Update" when all tabs are viewed.
Update	Updates the record(s) in Propel Rx for which information was copied over from the EHR.
Cancel	Closes the window without saving changes.

Overview of the EHR Profile Compare Window – Prescription Tab

The Prescription tab in the EHR Profile Compare window displays Prescriptions for which discrepancies exist between Propel Rx and the EHR. Only Prescriptions that have been transmitted to the EHR are evaluated for discrepancies. Local only Prescriptions, Prescriptions with a transaction in the EHR Queue tile, and local Prescriptions with no discrepancies are excluded.

A discrepancy can include:

- **A Prescription that exists on the EHR but not locally** – this includes transferred out Prescriptions. These discrepancies appear as blank rows with a warning indicator on the Propel Rx side.
- **Status mismatches** – status mismatches appear in **red** font on the Propel Rx side.
- **Quantity Dispensed (QD) mismatches** – these QD values appear in red font on the Propel Rx side.

QUANTITY DISPENSED MISMATCHES – FALSE POSITIVES

In the following scenarios, the QD may appear mismatched when it's not an actual discrepancy. Detail the Prescription on the Propel Rx and/or EHR sides to verify if it is a true discrepancy.

- **Historical Prescriptions Filled prior to PPM** – Dispenses Filled prior to PPM are not linked to the Prescription record on the EHR, resulting in different QD values between Propel Rx and the EHR.
- **Prescriptions Filled for decimal quantities** – on the EHR, only one decimal place is supported, as opposed to two decimal places in Propel Rx.
- **Prescriptions that have a Third Party Rule (TP Rule)** – the TP Qty entered for a Prescription is transmitted to the EHR. If the TP Qty is different than the Rx Qty, the QD values on the EHR will be different than in Propel Rx.

You may choose to update the QD values in Propel Rx or leave the records as is. If a QD value is updated locally, the Prescription will not appear in the EHR Profile Compare window until it is Dispensed again.

The table below outlines the different components of the Prescription tab in the EHR Profile Compare window and their descriptions.

Component	Description of the EHR Profile Compare Prescription Component
Display Dropdown	Filters the Prescriptions so discrepancies are only listed for: • Prescriptions that are found locally in Propel Rx based on the EHR Rx ID (Local). • Prescriptions that are found only on the EHR (Non-local). • Prescriptions that are found locally and on the EHR (Both).
Active Only	Selecting this checkbox filters the Prescriptions so discrepancies are only listed for Prescriptions that have an Active status on the EHR.
# Day's Retrieved	Displays the number of days worth of data that was specified in the EHR Access Reason window.
From and To Dates	Displays the date range that was specified in the EHR Access Reason window.
Local Rx#	Displays the local Prescription. If a Prescription is incomplete or Amend Next, it will show as 0.

Component	Description of the EHR Profile Compare Prescription Component
EHR Rx ID	Displays the ID for the Prescription on the EHR.
Status	Displays the Prescription status locally or on the EHR. EHR statuses are displayed as follows: • Obsolete = Discontinued • Revoke = Revoke • Complete = Active • Active = Active
Fill Date	Displays the date the Prescription was Filled, if applicable.
Written Date	Displays the date the Prescription was written.
QA (Quantity Authorized)	Displays the authorized Prescription quantity.
QD (Quantity Dispensed)	Displays the quantity Dispensed for the Prescription so far.
Drug Name	Displays the generic name followed by the trade name of the drug on the Propel Rx side. The format of the drug name may vary on the EHR side depending on how it was transmitted.
Updated QD	Displays the updated Dispensed quantity after copying from the EHR. This field is editable and must be populated before selecting Update, otherwise, a validation error will alert the user to complete it. For Prescriptions copied into Propel Rx for DUR purposes, this field is not editable.
Status Reason	Displays the reason for the Prescription's current status if its status was previously changed.
Detail	If a Prescription on the Propel Rx side is highlighted, Detail opens the Prescriptions in Rx Detail. If a Prescription on the EHR side is highlighted, it opens the Rx Authorizations Profile Detailed Prescription view.

Updating Local Prescription Information with an EHR Profile Compare

1. Do one of the following:
   - From the **Patient Folder Profile** tab, select **Rx** > **Profile**.
   - From the **Workbench**, highlight a Prescription and select **Rx** > **Profile**.
   - From the **Workflow Detail** window (Data Entry, Packaging, Technical Validation, Clinical Review), select **Rx** > **Profile**.
2. Select the **EHR Compare** option. The EHR Access Reason window opens.
3. Enter your reason for accessing the EHR and the date range or number of days to retrieve Prescription data.
4. Select **OK**. The EHR Profile Compare window opens.
5. Review the information on the EHR side. If there are any discrepancies between the left (Propel Rx) and right (EHR) sides, a warning icon appears in the indicator column on the left. The mismatched field is also highlighted in red.

6. To copy information from the EHR to Propel Rx:
   a. Select one or more records on the EHR side or click the **Select All** button to highlight all records.
   b. Click **Copy**. A checkmark will appear beside copied records on the left.

   NOTE: If a Prescription is still active in Workflow, a prompt will appear alerting you of the fact. You must cancel the Prescription or complete its Workflow before it can be

copied over. Information for all other Prescriptions that were highlighted will be copied over.

7. If the QD was updated, enter the new QD in the **Updated QD** field.
8. Select **Next** to navigate to the **Clinical** tab if discrepancies exist.
9. If needed, copy the clinical information from the EHR to Propel Rx. For more information, see Updating Local Clinical Information with an EHR Profile Compare.
10. Select **Update**.
11. A window opens for you to sign off on the changes made. Enter your credentials or signature or scan your fingerprint, if applicable.

For more information about the different type of updates that occur, refer to the applicable sections below.

- Updating Status with an EHR Profile Compare
- Updating QD with an EHR Profile Compare
- Adding Prescriptions with an EHR Profile Compare

Updating Status with an EHR Profile Compare

When an EHR Profile Compare is performed, the EHR statuses are mapped to their Propel Rx equivalents for comparison purposes.

The following EHR statuses on the left match the Propel Rx statuses on the right.

- Obsolete = Discontinue
- Revoke = Revoke
- Complete = Active
- Active = Active

NOTE: For the purposes of identifying discrepancies, Inactivated or Suspended Prescriptions in Propel Rx are considered as Active as these status updates are not transmitted to the EHR.

Not all status updates are permitted. For example, a user cannot reactivate a Prescription that is Revoked or Discontinued in Propel Rx. A prompt will alert the user to update the status from the Rx Authorizations Profile so it matches the local status or if the Prescription should be reactivated, it can be Reauthorized (i.e., create a new Authorization on the EHR).

Once a Prescription or DUR status is copied from the EHR, the following updates are performed in Propel Rx:

- For Prescriptions:
  - The local status is updated, and the repeats are removed.

  - A Prescription note is added indicating the status was updated via an EHR Profile Compare.

  - A record is added to the **Patient Folder History** tab indicating the Prescription was deactivated via an EHR Profile Compare.

- For DURs:
  - The DUR record is Discontinued or Revoked depending on the Prescription's status on the EHR and the mapping described above.
  - A record is added to the **Patient Folder History** tab indicating the DUR was deactivated via an EHR Profile Compare.

UPDATING PRESCRIPTION STATUS ON THE EHR

If the Prescription's status on the EHR is out of date, you can update it by detailing the Prescription in the EHR Profile Compare window and selecting the **Update Status** button from the **Rx Authorizations Profile Detailed Prescription** view. After the status is updated on the EHR, the change will be reflected immediately in the EHR Profile Compare window. For more information, see Updating Prescription Status on the EHR.

Updating QD with an EHR Profile Compare

When a Quantity Dispensed (QD) value is updated via an EHR Profile Compare, you are required to confirm the new value by entering it in the **Updated QD** field.

	Local Rx# Status	Fill Date Written Date	QA QD	Drug Name Updated QD		EHR Rx ID Status	Fill Date Written Date	QA QD	Drug Name Status Reason
✓	7560191 Active	12 Mar 2025 20 Jan 2025	180 30	RAMIPRIL; ACT-RAMIPRIL; 1.25M 90		60930 Active	12 Mar 2025 20 Jan 2025	180 90	RAMIPRIL; ACT-RAMIPRIL; 1.25MG CAI

If an **Updated QD** is not entered, the following validation error appears upon **Update**.

Propel Rx - Validation Error

⚠ Updated QD is a required field.

OK

Once a QD value is successfully copied over, the following updates are performed in Propel Rx:

- For Prescriptions:
  - An **Amend Next** record is created in Propel Rx on top of the existing Prescription chain. All Prescription values from the previous Prescription in the chain are carried over except for

the QD which is copied over from the EHR. Upon Refill, the new **QD** will display in Rx Detail prior to Fill/Hold/Queue.

NOTE: The Amend Next record cannot be edited, however, it can be Inactivated or refused like a regular Prescription if a QD was updated in error. If an Amend Next is Inactivated, the original Prescription will also be Inactivated.

- A record is added to the **Patient Folder History** tab indicating the affected Prescription number and the old and new QD values.

- For DURs:
    - The QD of the existing DUR record is updated.
    - A record is added to the **Patient Folder History** tab indicating the affected DUR number and the old and new QD values.

Prescriptions and DURs will continue to appear in the EHR Profile Compare window if discrepancies remain between Propel Rx and the EHR, except in the following two scenarios:

- The Prescription is Discontinued/Revoked in Propel Rx and the EHR, but the QD does not match. In this case, no further QD updates are permitted in Propel Rx so the Prescription will not appear in the EHR Profile Compare window.
- The QD cannot be aligned between Propel Rx and the EHR. For example, a Third Party quantity conversion rule (TP Rule) was entered in the Drug Folder for PharmaCare. In this case, the Prescription will appear again in the EHR Profile Compare window after being Dispensed.

Adding Prescriptions with an EHR Profile Compare

When a Prescription does not exist locally, it can be copied from the EHR via the EHR Profile Compare. When copied through this window, the Prescription record is added as a DUR in Propel Rx for BPMH purposes.

If you copied a DUR via EHR Profile Compare and then Download and Dispense the same Prescription (i.e., EHR Rx ID) from the Rx Authorizations Profile, a prompt will alert you to this fact and ask if the DUR should be locally deleted.

Propel Rx - EHR Download

(?) A DUR with the same EHR Rx ID exists.

Would you like to delete the DUR?

[Yes] [No] [Cancel]
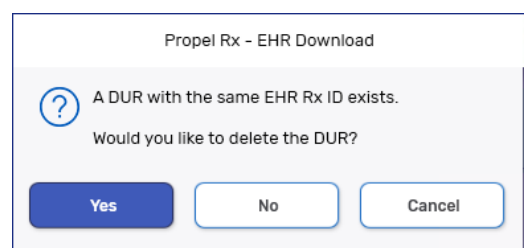
- **Yes** – the DUR is removed locally and a record is added to the **Patient Folder History** tab for the deletion.
- **No** – the DUR will continue to appear in the EHR Profile Compare window along with the Downloaded Prescription if discrepancies exist. Updates copied over from the EHR for this Prescription will apply to both the DUR and Downloaded Prescription.

NOTE: If needed, DURs can be manually removed by the user later. For more information, see Retracting a DUR.

To copy a Prescription record locally using EHR Profile Compare:

1. Complete steps 1 – 9 of Updating Local Prescription Information with an EHR Profile Compare.
2. If the prescriber of the Prescription cannot be found locally based on the license number, the **Prescriber Search** window opens with the prescriber's license number pre-populated. Search for and select the appropriate prescriber. If necessary, add the prescriber using MD Match if it does not exist.
3. If the DIN is not available on the EHR or cannot be found locally, the **Drug and Mixture Search** window opens with the drug name pre-populated. Search for and select the appropriate drug/mixture. If necessary, add the drug/mixture if it does not exist.
4. If the drug or its interchangeable already exists on the Profile, a prompt appears for you to confirm the action. If you want to proceed with adding another record, select **Yes**.

Propel Rx - Validation Error

⚠ APO-METFORMIN ER is already on the Profile as a prescription.
Do you want to continue?

[Yes] [No]
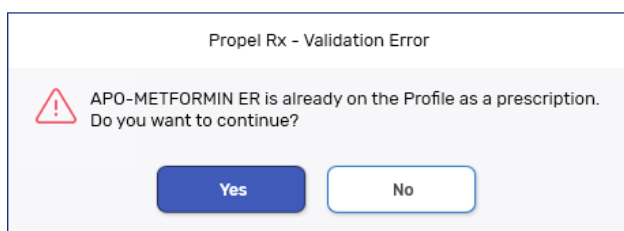
5. Select **Update**.
6. A window opens for you to sign off on the changes made. Enter your credentials or signature or scan your fingerprint, if applicable.
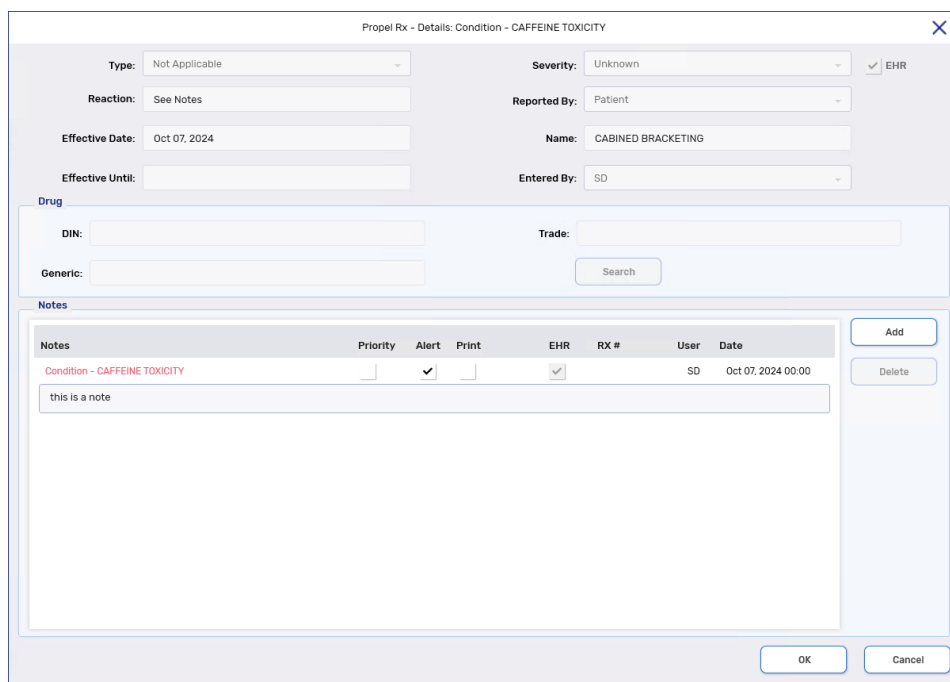
The Prescription is added to the **Patient Profile** as a DUR with the following details auto-populated from the EHR:

- **DUR#**
- **Fill Date**
- **Start Date** (**Rx Effective Date**) – the earliest date at which the Prescription can be Dispensed.
- **QA** – as entered on the EHR
- **Qty** – if returned from the EHR
- **User** – user who completed the EHR Profile Compare
- **Written Date**
- **QD** – as displayed on the EHR if it was Dispensed
- **Route** – if returned from the EHR
- **Prescribed or OTC?** – Prescribed
- **Status** - the Prescription's status on the EHR based on the mapping described in <u>Updating Status with an EHR Profile Compare</u>
- **EHR Rx ID**
- **Indication** – if returned from the EHR
- **Doctor**
- **SIG** – as entered on the EHR

- **Notes** - includes additional information for the record if it's available from the EHR including Dispense Interval, Maximum Dispense Qty, Frequency, Dose, Prescriber Notes, Rationale, Instructions to Patient, and Follow-Up Plan. These notes cannot be removed by a user.

NOTE: The **QA**, **QD**, **Status**, and **Indication** fields are new fields in the DUR Instructions window. These fields only appear for copied DURs.

A record is added to the **Patient Folder History** tab indicating the DUR was added via an EHR Profile Compare.

BRACKETING,...	THIRD PARTY	CLINICAL	PROFILE	HISTORY	PROGRAMS	PREFERENCES	ATTACHMENTS	NOTES

All ▾

Entered	User	Event	Activity	Comments
Mar 12, 2025 14:50	SD	EHR - Profile Compare	DUR Added	RX#239DUR ACETAMINOPHEN; ACETAMINOPHEN XST; 500MG TABLET (DIN: 2252813)

Once the DUR is added:

- It cannot be updated on the EHR except by adding local notes.
- It can still be updated locally such as through inactivation. There is no impact to the EHR when activating/inactivating a DUR locally as the action is not transmitted to the EHR.
- It can be removed locally similar to DURs that are manually entered. There is no impact to the EHR if a DUR is removed locally as the action is not transmitted to the EHR.

Overview of the EHR Profile Compare Window – Clinical Tab

The Clinical tab in the EHR Profile Compare window is a vital tool for managing clinical information between Propel Rx and the EHR. It allows users to update Conditions or Adverse Drug Reactions (ADRs) that may or may not be present locally by copying them from the EHR. Only Conditions and ADRs for which discrepancies exist between Propel Rx and the EHR are included in the Compare.

A discrepancy can include:

- A Condition or ADR that exists on the EHR but not locally. These will appear as blank rows on the Propel Rx side with a warning indicator.
- Differences in the **Date Reported**, **Reported By**, or **Note** fields for ADRs. These fields will display in red text on the Propel Rx side.

The table below outlines the different components of the Clinical tab in the EHR Profile Compare window and their descriptions.

Component	Description of the EHR Profile Compare Clinical Component
Medical Type	Displays the Medical Type chosen for the record in Propel Rx.
EHR Type	Indicates whether the record is for a Condition or ADR. Records are sorted alphabetically.
Medical Item	Displays the name of the Condition or generic drug name for the ADR.
DIN	Displays the DIN associated to the ADR.
Date Reported	Displays the date that the Condition or ADR was reported.
Reported By	Indicates who reported the Condition or ADR.
Chronic	Indicates if the Condition is chronic.
Notes	Indicates if any notes were added to the record.
Detail	Opens an additional window which presents the same information in a different format along with details of the EHR note.

Updating Local Clinical Information with an EHR Profile Compare

To update clinical information:

1. Do one of the following:
   - From the **Patient Folder Profile** tab, select **Rx** > **Profile**.
   - From the **Workbench**, highlight a Prescription and select **Rx** > **Profile**.
   - From the **Workflow Detail** window (Data Entry, Packaging, Technical Validation, Clinical Review), select **Rx** > **Profile**.
2. Select the **EHR Compare** option. The EHR Access Reason window opens.
3. Enter your reason for accessing the EHR and the date range or number of months to retrieve Prescription data.
4. Select **OK**. The EHR Profile Compare window opens.
5. Review the information on the EHR side. If there are any discrepancies between the left (Propel Rx) and right (EHR) sides, warning indicator ⚠ on the left. The mismatched field is also highlighted in red.

6. To copy clinical information from the EHR to Propel Rx:
   a. Select one or more records on the EHR side or the **Select All** button to highlight all records.
   b. Select **Copy**. A checkmark will appear beside the copied records on the left.
7. Select **Update**.

8. A window will open for you to sign off on the changes. Enter your credentials, signature, or scan your fingerprint if applicable.

For more information about the types of updates, refer to Adding Conditions or ADRs with an EHR Profile Compare and Updating ADRs with an EHR Profile Compare.

Adding Conditions or ADRs with an EHR Profile Compare

In the Clinical tab of the EHR Profile Compare window, there is no mapping of EHR to Propel Rx records since a Condition on the EHR could represent an Allergy (without a DIN) or Condition in Propel Rx. If clinical information was copied from the EHR, once **Update** is selected, Propel Rx will open the Search window for each record selected. When searching for ADRs, the generic name of the DIN entered for the ADR will be used for the search. When searching for Conditions, the name of the Condition will be used.

To add a Condition or ADR using EHR Profile Compare:

1. Complete steps 1 – 7 of Updating Local Clinical Information with an EHR Profile Compare.
2. The Search window opens with the Description pre-populated with the generic drug name (based on the DIN) for ADRs or Condition name from the EHR.

3. Search for and select the appropriate Condition or Allergy to create the record in Propel Rx. The Type does not need to match the EHR.

> **NOTE:** For Conditions, any Type can be chosen. For ADRs, only non-Condition Types can be chosen, otherwise a validation error appears upon selecting **OK**.
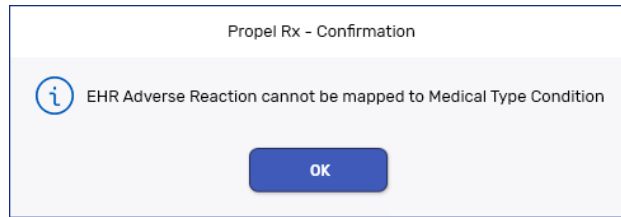
- If you can't find a suitable Condition or Allergy in Propel Rx, select **Cancel** to exit the EHR Profile Compare window and add the Type to the **Conditions** list in **More** (**...**) > **List Maint**. Then, re-run the EHR Profile Compare. Once a Condition or Allergy is added, it will no longer be considered a discrepancy going forward, even if its name is different in Propel Rx than on the EHR, unless it is removed locally.
- If you copied a Condition or ADR in error, select **Revert** to remove the record.

4. If multiple Conditions or Allergies were added, repeat steps 2 – 3 for each record. After all records have been added, you will be returned to the EHR Profile Compare window.

5. Select **Update**.
6. A window will open for you to sign off on the changes. Enter your credentials, signature, or scan your fingerprint if applicable.

The Condition or Allergy is added to the **Patient Folder Clinical** tab with the following details auto-populated from the EHR:

- **Type**
- **Chronic** – if applicable
- **EHR** – ON
- **Reaction** – populates with "See Notes" if an EHR note is entered and blank if otherwise
- **Reported By**
- **Effective Date**
- **Name** – only populated if the patient reported the Condition or ADR
- **Entered By** – user who performed the EHR Profile Compare
- **Drug** – only applicable to ADRs. If the DIN cannot be found locally, the DIN and Generic Name auto-populate
- **Notes** – notes entered for the record on the EHR

If **No Known Allergies** or **No Known Conditions** was previously selected in the **Patient Folder Clinical** tab, it will be deselected once the Condition or ADR is added.

A record is added to the **Patient Folder History** tab indicating the Condition or ADR drug name that was added.

Updating ADRs with EHR Profile Compare

If an ADR exists locally but the **Date Reported**, **Reported By**, and/or **Note** (i.e., text) fields do not match the EHR, this information can be copied over using the EHR Profile Compare.

💡 **TIP:** To view the notes from the EHR Profile Compare window, select the corresponding record on the Propel Rx or EHR side and then select Detail.

For notes, in addition to the note text, the timestamp and user, who performed the EHR Profile Compare, are copied over. If an update was made to a note, an additional note is added locally instead of overriding the existing note. The **Reaction** field for the record will also display "See Notes."

NOTE: Notes can only be added to an ADR by the original pharmacy that transmitted the record. EHR notes will be uneditable for records that were copied from the EHR.

A record is added to the **Patient Folder History** indicating the Condition or ADR drug name that was updated.

Entered	User	Event	Activity	Comments
Apr 02, 2025 11:11	SD	EHR – Profile Compare	Medical Updated	APIXABAN
Apr 02, 2025 11:09	SD	EHR Profile	Access Reason	EHR COMPARE: checking profile

Authoritative and Non-Authoritative Prescription Copies

In some situations, a patient may request an Authoritative copy of their Prescription so they can Fill it elsewhere. A pharmacy may also want to print a Non-Authoritative copy of the Prescription for reference purposes.

> **REQUESTING A COPY OF NON-LOCAL PRESCRIPTIONS**
>
> Pharmacies can request a copy of a patient's data, including non-local Prescriptions, from the EHR to provide to the patient. This is done using the Rx > Mailing option.

The Authoritative and Non-Authoritative copy cannot be printed for Prescriptions added to the Profile as DURs (see Adding Prescriptions with an EHR Profile Compare for more information).

Authoritative Prescription Scenarios

An Authoritative Prescription copy can be printed if a Prescription was prescribed by your pharmacy but not dispensed (more details are provided in Printing an Authoritative or Non-Authoritative Prescription Copy). The table below outlines the scenarios to consider when printing an Authoritative Prescription copy. In some cases, the Authoritative Prescription is not required if the dispensing pharmacy is on PPM.

Scenario	Print the Authoritative Prescription copy?	Alternative
Network is down and the patient wants to take the Prescription elsewhere	Yes	Have the patient wait if possible or use judgment for the payment and Dispense (see Network Down Prescriptions for information about printing the Prescription label).
Patient wants to Dispense the Prescription at a non-PPM pharmacy or out of province	Yes	No alternative.

Scenario	Print the Authoritative Prescription copy?	Alternative
Patient wants to Dispense the Prescription at another PPM pharmacy	Optional unless the patient prefers to have a copy	Transfer the Prescription and select "Written Rx" as the receiving pharmacy (this is an inactive pharmacy record).

Overview of the Authoritative and Non-Authoritative Prescription Copies

The Authoritative and Non-Authoritative copies contain many of the same details but differ in that one is considered the official Prescription Authorization while the other is a copy. One page will be allocated to a single Prescription. The table below outlines the different components of the Prescription copy and their descriptions.

Authoritative Prescription Copy

Patient:	Prescriber:
BRACKETING, CABINED	BEDLAM, TOES
PHN: 0009735358496	LIC: XXBSA
289 FAR/JEON VISTAtr	Ref ID: P1 - BC - Pharmacist
Surrey, British Columbia, V4V5V6	2300 Meadowvale Blvd
	Kamloops, British Columbia, V4Z 1R9
Date of Birth: Jan 1, 1985	(999) 999-9999

Recorded at: QAAZPIAGBC01, Eef-f1aa Ecf1ea F1f1f1., Kamloops, British Columbia, (999) 999-9999   Printed on: Feb 24, 2025

| | Written Date: | Feb 24, 2025 |
| Local Rx Number: 7560176 | Effective Date: | Feb 24, 2025 |

HYDROCHLOROTHIAZIDE;AVA-HYDROCHLOROTHIAZIDE, 25MG   , TABLET
DIN: 02363968
TAKE 1 TABLET DAILY

Total Authorized Qty:	180
Dose:	1 Tablet
Frequency:	OTHER FREQUENCY X 99
Interval Days:	0
Total Authorized Refills:	0
Max. Dispense Qty:	180
Total Days Supply:	180
No Sub:	

Prescriber Signature
THIS IS THE OFFICIAL PRESCRIPTION AUTHORIZATION
Page 1 of 1

Non-Authoritative Prescription Copy

Patient:	Prescriber:
BRACKETING, CABINED	BEDLAM, TOES
PHN: 0009735358496	LIC: XXBSA
289 FAR/JEON VISTAtr	Ref ID: P1 - BC - Pharmacist
Surrey, British Columbia, V4V5V6	2300 Meadowvale Blvd
	Kamloops, British Columbia, V4Z 1R9
Date of Birth: Jan 1, 1985	(999) 999-9999

Recorded at: QAAZPIAGBC01, Eef-f1aa Ecf1ea F1f1f1., Kamloops, British Columbia, (999) 999-9999   Printed on: Feb 24, 2025

| Rx Order ID: 60061 | Written Date: | Feb 24, 2025 |
| Local Rx Number: 7560176 | Effective Date: | Feb 24, 2025 |

HYDROCHLOROTHIAZIDE;AVA-HYDROCHLOROTHIAZIDE, 25MG   , TABLET
DIN: 02363968
TAKE 1 TABLET DAILY

Total Authorized Qty:	180
Dose:	1 Tablet
Frequency:	OTHER FREQUENCY X 99
Interval Days:	0
Total Authorized Refills:	0
Max. Dispense Qty:	180
Total Days Supply:	180
No Sub:	

Prescriber Signature
THIS IS A COPY - SEE PHARMANET FOR THE PRESCRIPTION AUTHORIZATION
Page 1 of 1

Component	Description of the Prescription Copy Component
Printed Date	The date when the Authoritative or Non-Authoritative copy was printed.
Recorded at "Pharmacy"	Information about the pharmacy where the Prescription was entered.
Patient Information	Includes Patient Health Number (PHN), name, date of birth (DOB), address, and phone number.
Prescription Details	Comprehensive details about the Prescription including:
	EHR Rx ID: the unique identifier for the Prescription on the EHR. This only displays on the Non-Authoritative copy as the Authorization is Revoked (or not sent) when the Authoritative Prescription copy is printed.
	Written Rx Date: the date when the Prescription was written as entered in the Rx Detail Extended tab.
	Rx Effective Date: displays the earliest date at which the Prescription can be Dispensed as entered in the Rx Detail Extended tab.
	Local Rx Number: the local Prescription number.
	DIN/PIN: Drug Identification Number/Product Identification Number.
	Drug Name: the name of the prescribed drug.
	Strength: the strength of the drug.
	Drug Form: the form in which the drug is administered (e.g., tablet, liquid).
	Compound Ingredients: details of the ingredients if the Prescription is for a compound.
	SIG and Additional SIG: instructions and any additional instructions provided for the Prescription.
	Frequency and Frequency Code: indicates how frequently the drug is administered as entered in the Rx Detail EHR tab.
	Dose and Dose Unit: the prescribed dose and its unit as entered in the Rx Detail EHR tab.

Component	Description of the Prescription Copy Component
	QA (Quantity Authorized): the quantity authorized for the Prescription as entered on the EHR.
	Max Dispense Quantity: the maximum quantity of the drug that can be Dispensed at one time as entered in the Rx Detail EHR tab.
	Total Days Supply: the days supply as entered in the Rx Detail EHR tab.
	No Sub: Indicates if a prescriber ordered no substitution for the drug as entered in the Rx Detail EHR tab.
	Refills/Repeat Authorizations: number of Refills authorized based on the QA and Max Dispense Quantity, irrespective of how the pharmacy Dispenses it.
	Interval: the interval at which the Prescription can be Refilled as entered in the Rx Detail Extended tab.
Prescriber Information	Includes the prescriber's type (code that identifies the licensing body), name, address, phone number, and license number.
Signature Line	Space for the prescriber to enter their signature.
Message	Contains one of the following messages: • For an Authoritative copy: "THIS IS THE OFFICIAL PRESCRIPTION AUTHORIZATION." • For a Non-Authoritative copy: "THIS IS A COPY – SEE PHARMANET FOR THE PRESCRIPTION AUTHORIZATION."
Page Number	The page number of the printed Authoritative or Non-Authoritative copy.

Printing an Authoritative or Non-Authoritative Prescription Copy

To print an Authoritative or Non-Authoritative Prescription copy:

1. From the **Patient Profile**, select the Prescription you wish to print.
2. Select **Rx** > **Print**.
3. The Rx Print window opens. The options available in the window depend on whether you are using Half or Thermal labels. Ensure the **Written Prescription** checkbox is selected and then select **OK**.

> **NOTE:** You can configure the printer for the Written Prescription in **More** (**...**) > **Pharmacy** > **System** > **Written Prescription**.

Half Label

Propel Rx - Rx Print

Please select the document(s) to be printed

☐ File Copy
✔ Written Prescription

OK   Cancel

Thermal Label

Propel Rx - Rx Print

☐ Vial Copy
☐ Official Receipt/Privacy Label
☐ Medication Record
☐ Narcotic Receipt
✔ Written Prescription
☐ Select All

OK   Cancel

> **NOTE:** If the Prescription is in the Network Down Queue and a label is printed (File Copy for Half or Vial, Official Receipt, or All for Thermal), the EHR Network Down – Print Options window appears next with additional printing options. For more information, see Network Down Prescriptions.

Propel Rx - EHR Network Down - Print Options

To print a label please select:

○ Bill the patient $0.00 and submit to EHR later.
⦿ Do not print a label, queue the Rx only.

OK   Cancel

4. A prompt appears if the Prescription meets all the following conditions:
   - Prescriber is a Propel Rx pharmacist
   - Not been Dispensed (QD = 0)
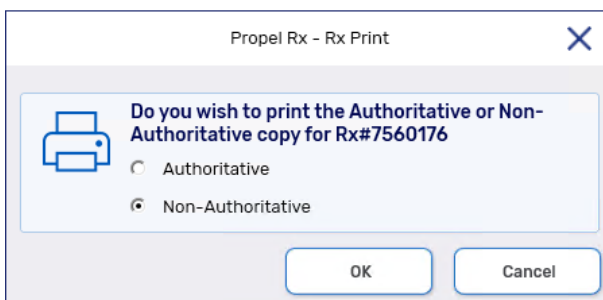
- In a Network Down state, not Transferred Out, or not in Workflow

Select either the **Authoritative** or **Non-Authoritative** option. If the Prescription does not meet the above conditions, the prompt does not appear and the Non-Authoritative copy prints automatically.

5. If the Authoritative option is chosen, additional prompts may appear depending on the scenario.
   - If the Prescription has a Rx ID, a prompt indicates that the Prescription will be Revoked on the EHR (with a reason of "Alternate Prescription Prescribed") and marked as Transferred Out in Propel Rx. Select **Yes** to continue or **No** to abort the action.

- The Prescription's Transfer Out details will include:
  - **Transferring Pharmacist** – initials of the pharmacist logged in at the time of printing
  - **Reason for Transfer** – Pharmacy initiated transfer
  - **Comments** – Authoritative Rx Provided to Patient

- The following pharmacy record will be created and used:
  - **Pharmacy Name** – Written Rx

- If the status change is rejected by the EHR, the Authoritative Prescription will not print, and the status of the Prescription will remain unchanged in Propel Rx. Perform an EHR Profile Compare and then transfer or re-write the Prescription if required.
- If the Prescription is in the Network Down Queue, a prompt indicates that the Prescription will be marked as Transferred Out in Propel Rx but no message will be sent to the EHR. Select **Yes** to continue or **No** to abort the action.
  - The Prescription will be placed on Hold first and then set to a Transferred Out status in Propel Rx. If Workflow is enabled, the Hold Prescription will need to be processed through Workflow as per usual.

Reprinting the Authoritative Prescription Copy

An Authoritative Prescription copy can be reprinted if needed. To do this, you must initiate the print request from the original Prescription and not the transferred record. Reprints will not trigger any messages to the EHR or local status changes to the Prescription.

To reprint an Authoritative Prescription copy:

1. Open the **Patient Folder**.
2. Select the **Profile** tab.
3. Select the Prescription. It should have a Transferred Out (TRN) status.

   💡 **TIP:** You may need to deselect the **Active** checkbox to see the Prescription on the Profile.

4. Select **Rx** > **Audit History**.
5. Select the original Prescription that you printed the Authoritative Prescription copy for.
6. Select **Detail**.
7. Select **Rx** > **Print**.
8. A prompt appears. Select the **Written Prescription** option and then select **OK**.
9. Another prompt appears. Select the **Authoritative** option and then select **OK**.

10. Select **OK**.

Printing Historical Prescriptions

For Prescriptions entered before the PPM upgrade, you can print the Authoritative or Non-Authoritative copies. However, fields introduced with PPM (i.e., Max Dispense Quantity, No Sub, Total Days Supply, Refills/Repeat Authorizations, Frequency, Dose) will be blank.

Network Down

If the EHR Network is down, transactions will fail to submit to the EHR. A subset of actions can still be performed locally and in some cases, their associated EHR messages placed in the EHR Queue tile for submission later. For Prescriptions, adjudication cannot be completed while the Network is down. As a result, Prescriptions will remain in an Incomplete status and can either be placed in the Data Entry Queue of the Workbench or Parked Rx tile for processing later. Once the Network is restored, these transactions can be resubmitted.

EHR Queue Tile

The EHR Queue tile houses transactions that could not be sent due to Network issues. A counter on the tile indicates how many transactions reside in the EHR Queue.
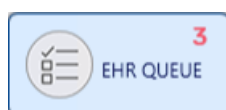
A subset of transactions can be EHR Queued:

- Revoking or Discontinuing a Prescription (i.e., Propel Rx Patient Profile, stop date, transfers to non-PPM pharmacies, printing an Authoritative Prescription copy)

   NOTE: Prescription status updates from the Rx Authorizations Profile are not placed in the EHR Queue tile.

- Adding or updating Allergies or Conditions
- Adding a Dispense note

Queries such as a Patient Compare and status updates using an EHR Profile Compare are not Queueable. Prescriptions are also not placed in the EHR Queue; they appear in the Data Entry Queue of the Workbench with a Network Down (ND) indicator or Parked Rx tile. For more information, see Network Down Prescriptions.

When an EHR Queueable transaction fails to send to the EHR, the following prompt appears, and the transaction is placed in the EHR Queue.
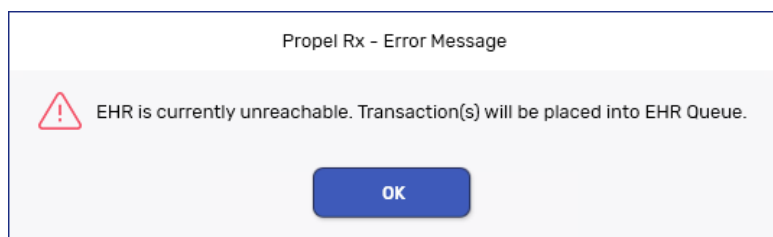
Within the EHR Queue tile, there are two main sections: Transaction Summary view and Detailed Transactions view.

Transaction Summary View

The Transaction Summary view is the left section of the EHR Queue. The total number of Queued transactions and the number of transactions per patient are listed here. Selecting one of the following options in the Transaction Summary view changes the display of the Detailed Transactions view to the right.

- **Queued Transactions** – displays all transactions that were added to the EHR Queue due to the EHR Network being unavailable/unreachable.
- **Patient** – displays all transactions for the patient that are EHR Queued.

Detailed Transactions View

The Detailed Transactions view is the right section of the EHR Queue. This view lists all the EHR transactions that have been Queued for all patients or a selected patient. Transactions are ordered by creation date in ascending order with each row representing a detailed view of each transaction.

The table below outlines the different components of the Detailed Transactions view and their descriptions.

Component	Description of the Detailed Transaction View Component
Filter	Users can filter for specific transactions by entering text in this field.

Component	Description of the Detailed Transaction View Component
	NOTE: The Date and Status columns are not filterable.
Patient Folder	Opens the Patient Folder to view and update information (e.g., PHN) if needed.
Checkbox	Indicates which transactions are selected for sending. This checkbox is disabled and defaulted ON for Queued Transactions.
Status	Displays the current status of the transaction. This can be one of four types: • **Queued** – Message is waiting to be sent. • **Started** – Message is currently being sent. • **Rejected** – Message was rejected by the EHR. • **Failed** (Network still down) – Message transmitted unsuccessfully after a predefined number of attempts.
Creation Date	Displays the date the transaction was added to the EHR Queue.
Patient	Displays the name of the patient associated with the transaction.
Rx #	Displays the Prescription number for the transaction, if applicable.
Transaction Description	Displays the name of the transaction.
Attempt Date	Displays the date of the most recent attempt to send the transaction.
Trade Name and Generic Name	Displays the drug name for the Prescription, if applicable.
Strength	Displays the strength of the drug for the Prescription, if applicable.
Medical Item	Displays the description for the Allergy or Condition, if applicable.
# of Attempts	Displays the total number of attempts and the current attempt number.
Initials	Displays the initials of the user currently sending the transaction.

Component	Description of the Detailed Transaction View Component
Send	Sends selected transactions to the EHR. All EHR Queued transactions are defaulted to send. Transactions are sent in order by creation date. A prompt will appear after the transactions are sent to indicate the number that were successful or if unsuccessful, the number that were Cancelled, Rejected, or Abandoned. If rejection is returned for a transaction, all subsequent transactions are not sent. Propel Rx - Confirmation ⚠️ 0 transactions have been successfully sent to DIS. 1 have been Cancelled, Rejected or Abandoned. **OK** If a transaction fails three times, upon selecting OK in the response window, the user is prompted with the option to Abandon the transaction. Propel Rx - Confirmation ❓ The Queued item could not be processed due to errors or unmanageable issues. Would you like to Abandon this and any associated items and continue processing the rest of the queue? **Yes** **No**
Abandon	Removes a Failed or Rejected transaction from the EHR Queue. This button should only be used if every option has been exhausted to send the transaction. A reason must be entered for Abandoning a transaction. This is recorded in the Patient Folder History tab. Any associated transactions are also Abandoned. For example, if the addition of an Allergy or Condition was Abandoned and an update transaction for the same Allergy or Condition record existed in the Queue, the update transaction will also be Abandoned. For more information, see [Abandoning a Transaction](#).
Refresh	Refreshes the EHR Queue.

EHR Queue Indicators

If a patient has a transaction in the EHR Queue, a blue **(Q)** indicator appears in the following locations:

- Patient Folder information bar beside the patient name

- On the **Rx Detail EHR** tab if the transaction was for a Prescription (i.e., update status, Dispense note)

- Beside the **EHR** checkbox for non-Prescription transactions (e.g., Allergy, Condition)

ALERT: Each pharmacy is responsible for ensuring that any EHR Queue transactions are resolved each day or once the EHR Network is available again.

Abandoning a Transaction

An Abandon button is available in the EHR Queue. By selecting the Abandon button, you can remove the transaction from the EHR Queue. This button may be required if, for example, the transaction cannot be submitted to the EHR through the normal process.

The Abandon button will be enabled for transactions with a Failed or Rejected status.

To Abandon a transaction:

1. Highlight the transaction(s) in the EHR Queue.
2. Select **Abandon**. The Abandon EHR Queue Transaction window opens.

    NOTE: If a transaction fails to send from the EHR Queue, after the fourth attempt, a prompt gives you the option to Abandon the transaction.

- If **Yes** is selected, the Abandon EHR Queue Transaction window opens.
- If **No** is selected, you are returned to the EHR Queue, and the remaining selected transactions are not sent to the EHR.

3. Enter a reason for Abandoning the transaction.

4. Select **OK**.

The Abandon action and its reason is recorded in the **Patient Folder History** tab.

⚠️ **ALERT:** When the Abandon button is used, you may create mismatches in data between Propel Rx and the EHR. It is your pharmacy's responsibility to update your local records and/or the EHR to maintain accurate data. Best practice is to perform an **EHR Profile Compare** to resolve mismatches and/or re-attempt the desired action (e.g., sending a note or allergy).

Sending Transactions from the EHR Queue When the Network is Restored

Once the Network is back up, you can send transactions form the EHR Queue.

To send transactions from the EHR Queue:

1. Select the **EHR Queue** tile on the Workbench.
2. Choose the applicable row from the Transaction Summary view (left).
   - **Queued Transactions** – to send all transactions in the EHR Queue.
   - **Patient** – to send transactions for a specific patient.

3. Select **Send**.

TIP: Open another instance of Propel Rx to send EHR Queued transactions while continuing to Fill Prescriptions.

Network Down Prescriptions

When a Prescription is processed when the EHR Network is down, a prompt will appear with the following print and Workflow options:

- **Bill the patient $0.00 and submit to EHR later** – prints the label with a patient pays amount of $0 and a "PNET OFFLINE" indicator on the receipt.
- **Do not print a label, queue the Rx only** – no label is printed.

    > **NOTE:** You can also print a label for a Network Down Prescription from **Rx** > **Print**. The same print options as above are available if the Prescription is still currently in a Network Down state.

- **Data Entry** – keeps the Prescription in the Data Entry Queue.
- **Park** – places the Prescription in the Parked Rx tile with a default reason of Network Down.

The Prescription will remain in an Incomplete/Queued status until it can be successfully submitted to the EHR. On the Workbench, these Prescriptions can be identified by their Network Down (**ND**) indicator.

> **NOTE:** The ND indicator does not appear in the Parked Rx tile. However, you can filter for these Prescriptions by choosing Network Down from the **Display Options** dropdown.

Processing a Batch When the Network is Down

If the EHR Network is down when a Batch is processed, the first Prescription that fails to transmit to the EHR goes into a Network Down state. All subsequent Prescriptions in the Batch will automatically be assigned a Network Down state. Once the Network is restored, the Prescriptions can be resent from the Batch Profile window or Workbench.

Sending Network Down Prescriptions When the Network is Restored

Once the Network is back up, you can send Prescriptions that are in a Network Down state. This can be done from the Workbench or Parked Rx tile, depending on where the Prescription was placed after it was initially processed.

To send transactions from the Workbench:

1. Select the **Data Entry** Queue on the **Workbench**.
2. Select the applicable Prescription(s) with the Network Down (**ND**) indicator.

3. Select **Process**.
4. A prompt appears asking if you want to submit all Network Down Prescriptions. Select **Yes** to detail and submit all Prescriptions.

5. The EHR Response window opens in Rx Detail displaying the previous EHR error response, in this case, the transaction failed due to the EHR being down. Select **OK**.

6. Process the Prescriptions as usual.

To send transactions from the Parked Rx tile:

1. Select the **Parked Rx** tile on the Workbench.
2. From the **Display Options** dropdown, select Network Down.
3. Select the applicable Prescriptions.

4. Select **Process**.
5. Process the Prescriptions as usual.

TIP: Open another instance of Propel Rx to send EHR Queued transactions while continuing to Fill Prescriptions.

Network Down Scenarios

The table below summarizes how to address certain scenarios that can occur during and after a Network Down.

Scenario	Recommended Actions
Patient needs to be created during a Network Down	The PHN field cannot be blank in the Patient Folder. Propel Rx will automatically assign a mock PHN of 9999999999998 when a user creates a patient, and the Network is down.
Patient was created during a Network Down and the PHN needs to be updated after the Network is restored	Perform an EHR patient search and if the patient has an existing PHN, copy the information over from the EHR to Propel Rx. If the patient does not have a PHN, create a new Patient Folder in Propel Rx. A PHN will be assigned automatically. Then, Merge the two Patient Folders together.

Miscellaneous Changes

This section outlines the miscellaneous changes in Propel Rx that were introduced with the PPM upgrade.

Terminology

All references of "PharmaNet" in Propel Rx have been replaced with "EHR."

Decimal Values for Structured Data

The following rules are now followed for the display of structured data:

- If the value is less than 1, a leading 0 appears before the decimal point (e.g., 0.25 and not .25).
- No trailing zeroes appear after the decimal point (e.g., 2.1 and not 2.10).

NOTE: These rules do not apply to unstructured data (e.g., Message Data fields in the TAC/TDU Response window.

EHR Profiles

Terminology

The EHR Profiles in Propel Rx have been renamed to more clearly indicate what information they display. These new terms will be used in the Rx menu and Patient History when these EHR Profiles are accessed.

- **Most Recent** is now **Most Recent Dispenses**.
- **Full Profile** is now **All Dispenses**.
- **Rx's Elsewhere** is now **Dispenses Elsewhere**.

Within these Profiles, the term "Dispenses" is used in lieu of "Prescriptions" as these Profiles display Dispense and not Create records.

Viewing Requirements

Users now only must view the last 15 Prescriptions in any EHR Profile, except for the Rx Authorizations Profile. Verbiage has been updated at the bottom of each EHR Profile to reinforce this new requirement.

NOTE: The responsiveness of the EHR Profile windows has been enhanced to more accurately count the number of records that have been viewed based on scrolling.

Propel Rx – EHR Patient Profile

BRACKETING, CABINED OG PHN: 0009735358496 M(40) DOB: Jan 01, 1985 (Keyword Protected)

Condense

Response Status: 3048 Operation Successful: Most recent 15 Rx's.

Clinical Condition Information

Condition	Chronic	Date Reported	Reported By	Comment Date	Comment
HYPERCHOLESTEROLEMIA	✓	02 Apr 2025	Patient		
DIABETES MELLITUS	✓	17 Jan 2025	ER Clinician	17 Jan 2025 (P1 – BC – Pharma(	Family history of dia

Adverse Reaction Information

DIN	Drug Name / Mfr	Date Reported	Reported By	Comment Date	Comment
497894	PENICILLAMINE MERC	23 Sep 2024	Patient	22 Nov 2024 (P1 – BC – Pharma	note updated again
628115	AMOXICILLIN APOTE)	28 Mar 2025	Pharmacist	12 Nov 2024 (P1 – BC – Pharma(	sdfsdf

Most Recent Dispenses - Total 15 (Note: There may be more profile data available.)

Drug Name Disp. Date Instructions DIN Comment	Prescriber Prescriber Type	Mfr. Date Entered	Qty Disc. Date	Strength Max Dose Disc. Source Location ID	Form Status Prescriber Type EHR Rx ID	Same Store Intervention Cd MMI Codes
ALENDRONATE SODIUM 11 Apr 2025 ONCE A WEEK 2384701	ABAFT (91 – BC – Physician & Surg(	RANBAXY PHARMA	4	10 MG 0.143 BC000001CR	TABLET Filled 59594	Y UA
ALENDRONATE SODIUM 11 Apr 2025 ONCE A WEEK 2384701	ABAFT (91 – BC – Physician & Surg(	RANBAXY PHARMA	4	10 MG 0.143 BC000001CR	TABLET Filled 59594	Y
MELOXICAM 11 Apr 2025	ABAFT	AVANSTRA INC.	90	7.5 MG 1	TABLET Filled	Y

All Dispenses

Last 15 Dispenses and all Clinical and Adverse Reactions must be viewed to activate the OK button

OK

The 'X' button has been removed from the forced view of the Most Recent Dispenses EHR Profile when a Prescription is Filled. Users must select **OK** to acknowledge that the Profile has been viewed.

Forced View of the EHR Profile for Combined Technical Validation and Clinical Review

A preference has been introduced in **More** (**...**) > **Pharmacy** > **Rx Detail** called **Display EHR Profile at Clinical**. This preference controls whether the EHR Profile is automatically displayed when a Prescription is processed into a combined Technical Validation and Clinical Review view.

- When this preference is ON, a forced view of the EHR Profile displays for the selected patient. If multiple Prescriptions were loaded for the patient, the forced view only occurs on the first Prescription unless there is a break in service (i.e., navigate to another Profile and return). Upon selecting **OK** in the EHR Profile window, the **Allergy Check**, **Pharmanet Check**, and **D.T Issues** checkboxes are automatically selected.
- When this preference is OFF, the EHR Profile does not display automatically in Technical Validation and Clinical Review. Users must manually select the **Allergy Check**, **Pharmanet Check**, and **D.T Issues** checkboxes to confirm these checks have been completed.

This preference also applies to the Aggregate window. If multiple patients are loaded in Aggregate, the user must view each patient's EHR Profile.

> **NOTE:** If the setting is changed, ensure to restart Propel Rx on all computers for the changes to take effect.

Prescription Expander

Like the Rx Authorizations Profile, an expander button ⬏ has been added to the Prescription section of the Full, Most Recent Dispenses, and Dispenses Elsewhere Profiles. This button increases the real estate to view Prescription information in the window.

Additional Data

The following data points have been added to all EHR Profiles:

- **Comment Date** – formerly called "Date Entered," this displays the date that the comment (note) was entered along with information about the healthcare professional who entered it, including the prescriber type and license number in brackets.
- **Location ID (i.e., Entered By)** – this is the location that entered the Prescription record.
- **Adaptation indicator** ⚠ – this is not displayed in the All Dispenses Profile.
- **EHR Rx ID** – unique identifier for the Prescription on the EHR.
- **MMI and CS codes folder button** 🗒 – displays information about the MMI and CS codes that were submitted with the Prescription record.

NOTE: For Historical Prescriptions that were transmitted to the EHR before the PPM upgrade, no EHR Rx ID, Adaptation indicator, and MMI and CS codes will display on the EHR Profiles.

Group Folder

LTC Number

The **LTC** field in the Group Folder will now be transmitted for Prescriptions billed to any PharmaCare plan, not just Plan B (P2).

Patient Folder

Patient Search

ADDITIONAL SEARCH RESULT COLUMNS

When performing an ID or Name Search for a patient on the EHR, the following columns are now visible in the search results:

- **Address Type** – can be set to Mailing or Office
- **Country**
- **Province**

PHN MERGED NOTIFICATION

When sending a message to the EHR, a prompt now appears if the patient's PHN has been merged on the EHR. Upon selecting OK, a Patient Compare will automatically be initiated so the user can update the patient's demographic information.
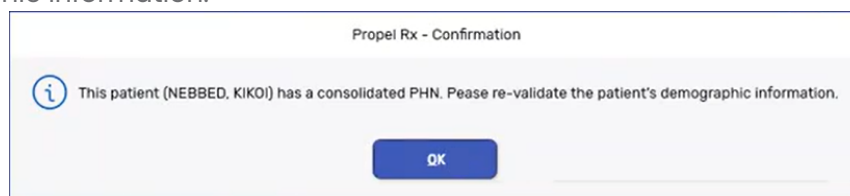
If the patient's PHN has been merged in the EHR, searching with the old PHN will now prompt a merge notification.
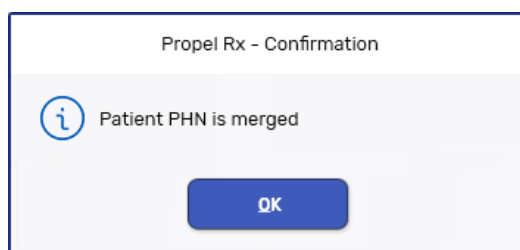
Patient Compare

The Country can now be copied over from the **EHR Profile Compare** window.

- If the Country is anything other than United States or Canada on the EHR, it will be copied over as "Other" in Propel Rx.
- If the Country is "Other" in Propel Rx, it will copy over as "Other" in the EHR Profile Compare window. However, in the backend, the Country will default to Canada on the EHR.

Patient Demographic Data

The patient's PHN, Date of Birth, and Gender have been added to the top of all EHR windows using the format: *"Last Name, First Name PHN: xxxxxxx Gender (Age) DOB: MMM DD, YYYY."*

This includes:

- All EHR Profiles
- TAC/TDU Response window
- TDU window (from requesting an interaction check from the EHR)
- Intake window (for a Downloaded Prescription)
- E-File Copy (for a Downloaded Prescription)

Patient Clinical Data

When adding a Clinical Information record in the **Patient Folder Clinical** tab, the following options are now available from the **Reported By** dropdown:

- ER Clinician
- Nurse
- Family Member

The DPIC option is no longer available for selection but is still visible for Historical records.

Patient Interaction Checking

It is now possible to perform an EHR interaction check when no Prescriptions exist on the Patient Profile. This can be done from the Patient Profile by selecting **Rx** > **Interactions** and then adding drugs manually prior to selecting **Check**.

For more information, see Interactions.

Patient Official Receipt Report

The pharmacy's BC PharmaCare ID, patient's PHN, and prescriber's license number have been added to the Patient Official Receipt report.

Pharmacy Preferences

Bypass Password Verification

The **Bypass Password Verification** preference in **More** (**...**) > **Pharmacy** has been removed. Users are no longer required to enter their Propel Rx login credentials when performing an EHR transaction.

Prescriber Folder

Prescriber Search

When performing a MD Match search, the following columns are now visible in the search results:

- Address Line 2 (displayed in the Full Address column)
- Effective Date
- Prescriber Type

Rx Detail

Changing the SIG on Refills

The SIG field is now enabled when a Prescription is Refilled. The updated SIG will be associated with the Refill Dispense on the EHR Profile.

TAC/TDU Response

New Layout and Viewing Requirements

The TAC/TDU Response window has been reformatted. DUE information is arranged in a grid at the bottom of the window. The total number of DUEs is displayed at the top of the grid. Additional details of a DUE can be viewed by highlighting the applicable record and selecting **Detail**. The TAC/TDU Detail view will appear the same as the previous TAC/TDU Response window.

Users must now view all DUE responses returned in a TAC/TDU before the **OK** button can be selected in the TAC/TDU window.

- If all DUEs are visible without vertical scrolling, the **OK** button will be enabled.
- If vertical scrolling is required, the **OK** button will only be enabled after all DUEs have been scrolled through.

Additional Data

The **EHR Rx ID**, **BIN**, **Drug Cost/Product Value**, and **Message Data** have been added to the TAC/TDU Response window.

NOTE: The Message Data fields contain unstructured data. The information displayed is exactly how the information was returned by the EHR.

Propel Rx – TAC/TDU Response (Rx# 7560239 – BRACKETING, CABINED OG PHN: 0009735358496 M(40) DOB: Jan 01, 1985 (Keyword Protected))

| DIN/GP#/PIN: | 2365545 | Qty: | 90 | Max Daily Dose: | 1 |

EHR Rx Id: [blank]   Date Dispensed: Apr 11, 2025

Generic Name/Manufacurer: MELOXICAM   Status: Filled

Directions: TAKE 1 TABLET DAILY

Practitioner Id: XXAKQ   Practitioner Id Ref: 91 – BC – Physician & Surgeon   Reference #: 653871

Drug Cost/Product Value: 0   BIN: 1   Status: B - Accepted with Rx price adjustment.

Response Code: CD – Patient not entitled to drug claimed

Intervention Code: [blank]

Message Data

Line 1: PLAN= S/A=N EXP=   DRUG=00000.00   Line 2: ACC EXP=0000000.00 RBP=N LCA=N BEN=   Line 3: RESTRICTION=   FEE=000.00

DUE Summary – 14 DUE(s)

DUE Response	Interaction Advisory	Severity	Interaction Advisory Text
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ANGIOTENSIN II RECEPTOR BLOCKER (ARB)/NSAIDS; SALICYLATES :DEF :TCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
ME – Drug/Drug interaction potential	Drug To Drug Interaction	Moderate	ACE INHIBITORS/SELECTED NSAIDS; SALICYLATES :DEF :MTCR
MM – Prior ADR on record	Prior Adverse Reaction To Drug		Grp All to IBUPROFEN DIN 01933531 on 2024/10/04 by PA
MM – Prior ADR on record	Prior Adverse Reaction To Drug		Grp Xsen to IBUPROFEN DIN 01933531 on 2024/10/04 by PA
MX – Duplicate therapy	Duplicate Ingredient		New RX duplicates ingredient MELOXICAM
MX – Duplicate therapy	Duplicate Ingredient		New RX duplicates ingredient MELOXICAM

Detail   All DUE's in DUE Summary must be viewed to activate the OK button   OK

Response Status: **Success** 0 Operation successful

Supplementary Information

Table 1. Scenarios that require submission of MMI and CS codes.

Scenario	Location for MMI and CS Codes	MMI Code Required	CS Code Required (At Minimum)	Additional Information
Emergency Dispenses	EHR tab	Prescription Management	Emergency Medication Supply	
Adjusting QA	EHR tab	Prescription Management	Quantity Adjustment	Enter as a new Prescription with the MMI and CS codes and Discontinue the previous Prescription.

For detailed steps, see Adjusting the QA on a Downloaded Prescription. |
| Refusal to Fill | Update Status window | Refusal to Fill | One CS code associated with Refusal to Fill | A validation prompt will appear when a Prescription's status is updated with a reason of Refusal to Fill without a Refusal to Fill CS code. |
| Adaptation | EHR tab | Prescription Adaptation | One CS code associated with Adaptation | For Extensions, the MMI and CS codes are auto-populated in Rx Detail. For Adaptations, the user must select them, but validation exist to prompt them if one is not entered. |

Scenario	Location for MMI and CS Codes	MMI Code Required	CS Code Required (At Minimum)	Additional Information
Dispense interval is 1 day	EHR tab	Frequency of Dispensing	One CS code associated with Frequency of Dispensing	If a Frequency of Dispensing code is not entered at the time of Fill or Hold, a prompt will appear. This code will be carried forward when the Prescription is Reauthorized, similar to the Interval Days.
Adapting a previously Adapted/Extended Prescription	EHR tab	Prescription Management	Copy of Previously Adapted Original Prescription	Update the status of the Adaptation/Extension to Discontinued/Obsolete from the Propel Rx Patient Profile (if local) or Rx Authorizations Profile (if not local) using the reason of "Subsequent Adaptation." Enter as a new Prescription with all the original dates and remaining Prescription quantity. Enter a Create Prescription note indicating "Copy of Original EHR Rx ID _____"

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