

ChartMaker[®] Clinical

***Please note that the EPCS (E-Prescribing of Controlled Substances) enhancements outlined below are in preparation for the deployment of our forthcoming EPCS module, and are not yet fully active. You will receive information about signing up for the EPCS module in the near future.

Added Features

- **Audit – EPCS Audit Trail & Control Substances Log** – The system has been updated with a new EPCS Auditing dialog (Chart > Audit > EPCS Audit Trail and Drug Log...) that contains an Audit Trail tab and a Controlled Substance Drug Log. See Figure 1.

The Audit Trail tab will display all audit events pertaining to EPCS. You have the ability to view Audit events for a specified date range as well as to customize the actions and outcomes, specify specific metadata, and show only incidents. Likewise, you can save the configured report as a text or HTML file. See Figure 1.

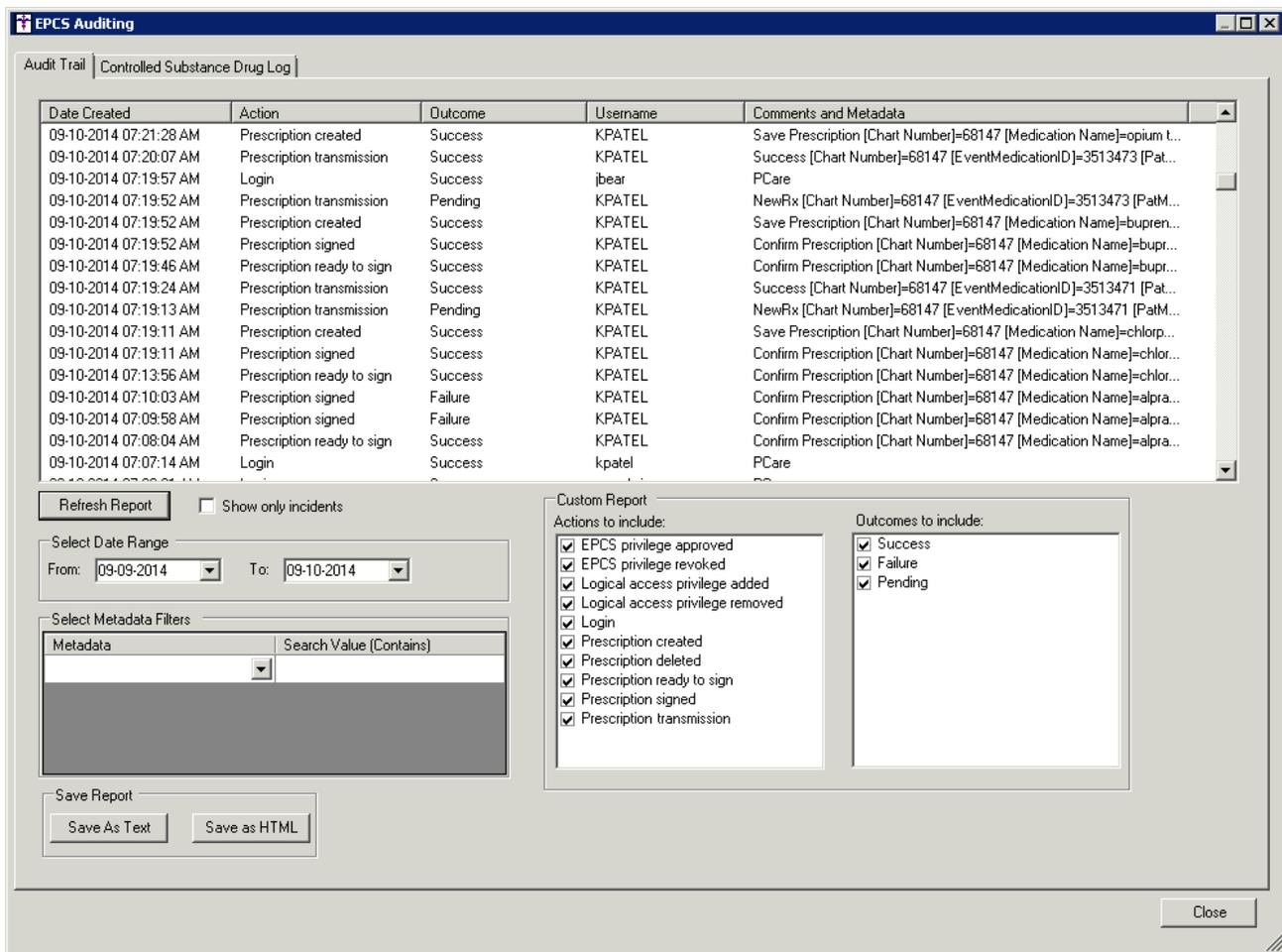


Figure 1 – EPCS Auditing – Audit Trail

Added Features (continued)

Audit – EPCS Audit Trail & Control Substances Log (continued)

The Controlled Substance Drug Log tab allows you to generate a drug log for controlled substances that were prescribed within the system. You have the ability to configure this log for all providers or a specific provider, as well as for a specified date range. Likewise, you can access the Report Archive to view an archive of every drug log created, along with the system generated monthly drug logs. When viewing the drug logs you have the ability to export the log to a file via the Export button. See Figure 2.

DEA Number	Prescriber SSN	Prescriber Last Name	Prescriber First Name	Prescriber Address	Prescriber City	Prescriber State	Prescriber Zip	Patient Last Name	Patient First Name
AP5500574		Provider	EPCS	2700 Van Buren Avenue	Norristown	PA	19403	Patient	Another
AP5500574		Provider	EPCS	2700 Van Buren Avenue	Norristown	PA	19403	Patient	Another
AP5500574		Provider	EPCS	2700 Van Buren Avenue	Norristown	PA	19403	Smith	Geoff
AP5500574		Provider	EPCS	2700 Van Buren Avenue	Norristown	PA	19403	Smith	Geoff

Figure 2 – EPCS Auditing – Controlled Substance Drug Log

Added Features (continued)

- **The ID Tab – Consent** – The Immunization section of the Consent dialog has been updated with a **Registry Name** field that allows you to specify a specific registry when configuring patient consent for immunizations. See Figure 3. This enables you to configure separate consent information for the patient for each applicable registry. Also, a **Do not send patient's immunizations to this registry** option has been added. When this option is selected, immunization will not be sent to the selected registry, and the Registry Status, Reminder Preference, and Protect immunization options below will be grayed out. In addition, the **Protect immunization data from other clinicians** option has been updated with a Yes, No, and Not Asked radio button. Clicking Yes indicates that the patient *does not* want their data shared with other clinicians, while clicking No indicates that the patient *does* want their data shared with other clinicians.

When sending immunization information to immunization registries in the H7 Version 2.5.1 format, you must access the Consent button (in either Practice Manager via the Patient screen, or in Clinical via the ID tab) for each applicable patient to configure whether or not the patient wants to share this information with the registry. This process replaces the **Consent for Immunization** and **Permission to Share** options in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager, *for sending immunization information to registries in the 2.5.1 HL7 format*. Do note, however, that the **Consent for Immunization** option should still be configured at the procedure level (in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager) to provide accurate documentation within the chart note and patient's record, when applicable.

HIE Name	Provider	Export Consent	Import Consent	Date Import Consent Changed
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Figure 3 – Consent

Added Features (continued)

- **Immunization** – The program has been updated so that the system failed to send an immunization file to a registry due to a connection error, those immunizations will automatically be resent the next time an immunization file is sent.
- **Immunization – Invalid Data Report** – The Invalid Data Report has been updated to produce an error for immunization that contains procedures that have a Type of Immunization, but have no CVX mapping. Immunizations without any CVX mapping will not be sent to registries.
- **Meaningful Use Stage 1 2014 – Meaningful Use Dashboard – Clinical Lab Test Results** – To provide an accurate accounting of the percentage for the Incorporate clinical lab test results as structured data (2) menu set performance measure, the system has been updated so that tracked orders with a target date which falls outside the range of the reporting period will not be included in the calculation for this measure.
- **Meaningful Use Stage 2 – Specialized Registries – CECity** – The system has been updated with the ability to interface with CECity to provide the capability to identify and report specific cases to a specialized registry, except where prohibited, and in accordance with applicable law and practice.
- **Meaningful Use Stage 2 – Meaningful Use Dashboard – Clinical Lab Test Results** – To provide an accurate accounting of the percentage for the Incorporate Clinical Lab Results (10) core performance measure, the system has been updated so that tracked orders with a target date which falls outside the range of the reporting period will not be included in the calculation for this measure.
- **Meaningful Use Stage 2 – Meaningful Use Dashboard – Patient Health Information** – To provide an accurate accounting of the percentage for the Patient Online Access to Health Information within 4 business days (10A) core performance measure, the system has been updated to include applicable patients registered for the PatientPortal without an email address to the numerator when making the calculation for this measure.
- **Meaningful Use Stage 2 – Meaningful Use Dashboard – Patient Health Information** – To provide a more accurate accounting of the percentage for the Patient View/Download/Transmit their Health Information (10B) core performance measure, the system has been updated to include all providers that saw the patient within the reporting period if one of the provider's meet the requirements for this measure.

Added Features (continued)

- **Medication – EPCS** – The system has been updated to allow the electronic transmission of prescriptions for controlled substances per federal and state laws. The EPCS functionality works in conjunction with an IdenTrust USB token and certificate to ensure proper security per DEA regulations. A separate registration process is required to complete the EPCS functionality and for a prescriber to obtain the IdenTrust token and certificate, see our website, www.sticomputer.com, for further details.
- **Medication – Prescribe Medication – EPCS** – The Prescribe Medication dialog has been updated so that when your system is configured for EPCS, any controlled-substance medication will show the particular Schedule type (II, III, IV, etc.) in parentheses prior to the medication name. See Figure 4.
- **Medication – Prescribe Medication EPCS** – The Prescribe Medication dialog has been updated with an Earliest Fill Date that allows you to configure the earliest fill date for Schedule II controlled substances. This field is enabled and required whenever you prescribe a Schedule II controlled substance. This field is also enabled when prescribing non-Schedule II medications, but is not required for those medications. See Figure 4.

Prescribe Medication

(Schedule II) OxyContin 20 mg tablet, extended release (Rx, Brand)

oxycodone

Medication History Consent: Yes

Inactive Meds Medication Info

Medication Eligibility Medication History

Prescription

Route oral

OxyContin 20 mg tablet, extended release

Action Take

Dose 1

Dose Units tablet, extended release 12 hr

Frequency Every day

Dispense 15 Tablet

Add'l SIG

Refills

Days Supply 15 Max Dose

Notes to Pharmacist

Save Notes

Dose Calculator Clear

Formulary

Current Drug Selection

Payer	Medication	Status	Coverage	Copay	Copay Info
-----	OxyContin	Unknown	N/A	N/A	

Drug Alternatives (* = Payer Specified)

Payer	Medication	Status	Coverage	Copay	Copay Info
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Payer

Transmission Hand prescription to patient

Diagnosis

Sample Lot #

Expiration Date 11/26/2014

Administered during visit

Initial order created outside of Clinical

SIG Take 1 tablet, extended release 12 hr orally Every day

Started 11/26/2014

Ended 11/26/2014

Earliest Fill Date 11/30/2014

Cancel Back Next

Figure 4 – Prescribe Medication

- **Medication – Print Prescriptions – EPCS** – The system has been updated with six new prescription layouts that contain the additional fields that are required to successfully prescribe controlled substances: CMDefaultSmallEPCS.cml, De1EPCS.cml, NjStandardEPCS.cml, NyBlankEPCS.cml, NyStandardEPCS.cml, and Va1EPCS.cml. Prior to printing prescriptions for controlled substances, you will need to update the **Rx Format** field in the Prescriptions tab of the Preferences dialog (Edit > Preferences > Prescriptions) to one of these options.

Added Features (continued)

- **Medication – Confirm Medication – EPCS** – The Confirm Medication dialog has been updated so that Location field will become active when there are multiple locations allowing you to select the proper location, and thereby the applicable DEA Number, when sending the e-prescription. See Figure 5. With the implementation of EPCS each provider/practice location has a DEA Number attached to it.
- **Medication – Confirm Medication – EPCS** – The Confirm Medication dialog has been updated with **Ready to sign** option that works in conjunction with the **Sign and Send** button that is required when e-prescribing Schedule II – V controlled substances. See Figure 5. When the Ready to sign option is selected the Sign and Send button will become active. Once the Sign and Send button is clicked, the system will validate the security certificate with the IdenTrust token inserted into the USB port of your computer. If the certificate and token match you will be prompted to enter a token password. See Figure 6. Once the password has been entered, the e-prescription will be signed and sent to the designated pharmacy. Do note however, that you will only be able to send e-prescriptions for those pharmacies (10.6) that actually support EPCS.

Figure 5 – Confirm Medication

Figure 6 – Token Login

Added Features (continued)

- **Medication – Refill Response – EPCS** – The Refill Response dialog has been updated with **Ready to sign** option that works in conjunction with the **Sign and Approve** button that is required when e-prescribing Schedule II – V controlled substances. See Figure 7. When the Ready to sign option is selected the Sign and Approve button will become active. Once the Sign and Approve button is clicked, the system will validate the security certificate with the IdenTrust token inserted into the USB port of your computer. If the certificate and token match you will be prompted to enter a token password. See Figure 8. Once the password has been entered, the e-prescription will be signed and approved for the designated pharmacy. Do note however, that you will only be able to approve refills for those pharmacies (10.6) that actually support EPCS.

Refill Response

Provider Prescribed Medication
Medication: alprazolam ER 3 mg tablet, extended release 24 hr
Directions: Take 1 tablet, extended release 24 hr orally every morning
Notes to Pharmacist:
Dispense unit: Tablet Quantity: 45
NDC: 00093545306 Substitution OK: Yes
Days supply: 45
Diagnosis:
Prior auth:
Date written: 09/09/2014

Pharmacy Dispensed Medication
Medication: alprazolam ER 3 mg tablet, extended release 24 hr
Directions: Take 1 tablet, extended release 24 hr orally every morning
Notes:
Dispense unit: Tablet Quantity: 45
NDC: 00093545306 Substitution OK: Yes
Days supply: 45
Diagnosis:
Prior auth:
Last fill date: 05/25/2012

Original Prescriber
Prescriber: Patel, Kevin
Location: From Refill Request
DEA Number: BP5500411
Address: 2700 Van Buren Avenue
Norristown, PA 19403
Phone: 610-650-9700

Patient
Name: Patient: EPCS
DOB: 04/05/1990 Sex: Male
Address: 9876 Any st
Eagleville, PA 19403
Phone: 312-568-7410

Pharmacy
CA Pharmacy 10.6MU 65432 Cabernet Turn, Sonoma CA 95476, 707-555-7071

Refill
Total number of dispensings approved: 5 DEA Number: BP5500411
Comments:
When processing refill requests, the user takes full responsibility that the drug presented by the requesting pharmacy is the appropriate renewal data for the originally prescribed medication.

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the provider whose name and DEA registration number appear above. Ready to Sign

Figure 7 – Refill Response

Token Logon

SafeNet SafeNet Authentication Client

Enter the Token Passcode.

Token Name: IdenTrust Token

Token Passcode:

Current Language: EN

Figure 8 – Token Logon

- **Medication – Send E-Prescriptions – EPCS** – To adhere to DEA regulations when sending Controlled Substances electronically, the system will only allow you to queue and send a single controlled substance for e-prescribing at a time. When you try to queue additional medications in addition to a controlled substance, the system will generate a message indicating the inability to do this. See Figure 9. You still have the ability to queue and send multiple non-controlled substances as previously allowed. However, you will not be able to queue a controlled substance if there are other medications queued.

Queue for E-Prescribe

i You are only allowed to queue one controlled substance at a time.

Figure 9 – Token Logon

Added Features (continued)

- **Medication – Send E-Prescriptions – EPCS** – The Send E-Prescriptions dialog has been updated with **Ready to sign** option that works in conjunction with the **Sign and Send** button that is required when e-prescribing Schedule II – V controlled substances. See Figure 10. When the Ready to sign option is selected the Sign and Send button will become active. Once the Sign and Send button is clicked, the system will validate the security certificate with the IdenTrust token inserted into the USB port of your computer. If the certificate and token match you will be prompted to enter a token password. See Figure 11. Once the password has been entered, the e-prescription will be signed and sent to the designated pharmacy.

Send E-Prescriptions

Prescribing Location

Prescriber: Provider, EPCS MD

Location: Main

DEA Number: AP5500574

Address: 2700 Van Buren Avenue
Norristown, PA 19403

Phone: 610-650-9700

Fax: 610-650-9702

E-Prescriptions for Doe, John

Ativan 0.5 mg tablet - #5 - Take 1 tablet orally as needed, Refills: 0 Written Date: 09/23/2014

Pharmacy Selection:

CIGNA (MailOrder): 206 WELSH RD, HORSHAM, PA 19044 (8002854812)

EXPRESS SCRIPTS HOME DELIVERY (MailOrder): 393 Jefferson Rd, Parsippany, NJ 07054 (7177959133) (EPCS)

PRIMEMAIL PHARMACY (MailOrder): 4580 Paradise Blvd. NW, Albuquerque, NM 37114 (8882153015) (EPCS)

Medication Details Patient Pharmacies

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the provider whose name and DEA registration number appear above.

Ready to sign

Sign and Send Cancel

Figure 10 – Send E-Prescriptions

Token Logon

SafeNet SafeNet Authentication Client

Enter the Token Passcode.

Token Name: IdenTrust Token

Token Passcode:

Current Language: EN

OK Cancel

Figure 11 – Token Logon

- **Patient List** – The program has been updated so that when you are searching for a patient via the Patient List, if the search results in a unique patient, it will automatically be highlighted, allowing you to press the [Enter] key to open that patient's chart.
- **PatientPortal Registration** – The PatientPortal has been updated so that patients can register for the PatientPortal without having an email address. If a patient is authorized in Practice Manager to manually register for the PatientPortal, the patient will receive printed instructions for registering. The printed instructions will contain the link to the registration page, an eight-digit alphanumeric activation code, and a security code. When a patient views the registration page, they will be prompted to enter the activation and security code provided to them in the printout. If these are entered correctly, they will be taken to another registration page that allows them to complete the registration process.

Added Features (continued)

- **System Tables – Electronic Prescribing – Prescriber Setup** – The system has been updated with a new Prescriber Setup dialog (Edit > System Tables > Electronic Prescribing > Prescriber Setup) that allows all providers that will be performing electronic prescribing to configure their practice locations for e-prescribing, along with their applicable SPI number, and to be enabled for EPCS their DEA number, for the applicable location. Likewise, providers are enabled for EPCS in this dialog. For providers that have been e-prescribing in previous versions of the Clinical application, the information in the Prescriber Setup dialog will populate with that legacy data. However, any new information, such as enabling a provider for EPCS or adding a new location, will need to be added to the existing information. See Figure 11.

In the Prescriber Setup dialog, there is a Providers column that lists all providers in the system, and a Locations column that will list the locations configured for the selected provider. Highlight a provider to add or modify the location information for that provider. Once a provider is highlighted, any configured locations will appear in the Locations column. You can edit or delete an existing location by highlighting the applicable location and then clicking the Edit or Delete button.

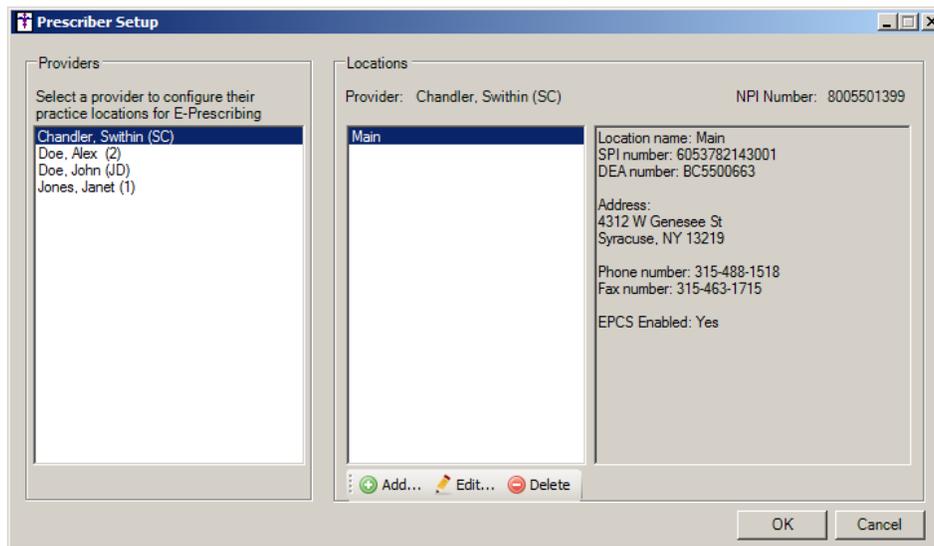


Figure 11 – EPCS Prescriber Setup

To add a new location for the selected provider, click the Add button. In the New Prescriber Location dialog you can enter the applicable location address, city, state, and zip code. Or you can select a Recently Used Location to default information that was previously entered for a provider. The SPI Number provided by STI Support must be entered. Contact a STI Support representative if you forgot your SPI number. A DEA number is required to enable and to use the EPCS functionality for the provider. Once a correct DEA number is entered for the provider the EPCS Enabled option will become accessible allowing you to enable this provider for EPCS. A provider must have the EPCS Enabled option checked to allow them to authenticate their IdenTrust token to their account, and thereby begin the process of being authorized for EPCS.

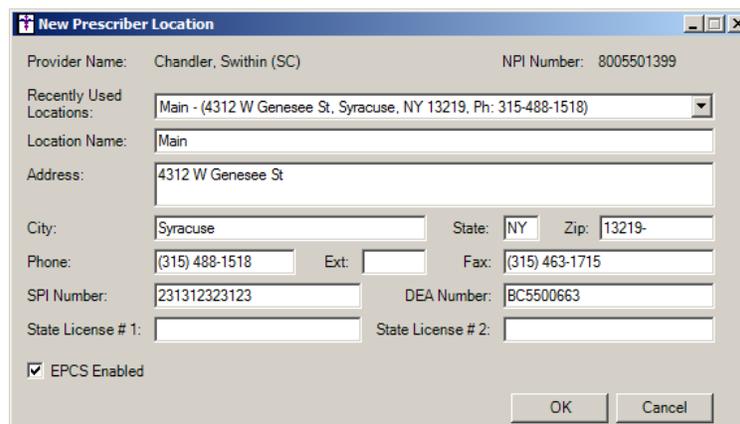


Figure 12 – New Prescriber Location

Added Features (continued)

- **System Tables – Electronic Prescribing – EPCS Prescriber Authorization** – The system has been updated with a new EPCS Prescriber Setup dialog (Edit > System Tables > Electronic Prescribing > EPCS Prescriber Authorization) that allows Logical Access users to authorize and revoke qualified practitioners for EPCS. See Figure 13. Do note that any Prescribers and Logical Access Users must be IdenTrust token holders for them to appear in the EPCS Prescriber Setup dialog.

To approve a prescriber to use EPCS within the system, highlight the applicable prescriber, select the Logical Access User who will approve the prescriber, and then click Approve. The Logical Access User will then receive a To-Do List message. When they double-click this message an EPCS Prescriber Request Approval dialog will appear allowing them to Approve. See Figure 14. Do note that once the Logical Access User must be an IdenTrust token holder, since once they click the Approve button, the system will validate the security certificate with the IdenTrust token inserted into the USB port of your computer. If the certificate and token match, they will be prompted to enter their token password. See Figure 15. Once the password has been entered, the prescriber will be approved.

To revoke a prescriber, a similar process as authorizing is used: highlight the prescriber in the EPCS Prescriber Setup dialog, select the Logical Access User, and then click Revoke. Open the To-Do List message, click Revoke, enter your token password, and the prescriber will then be revoked and no longer able to prescribe controlled substances in the system.

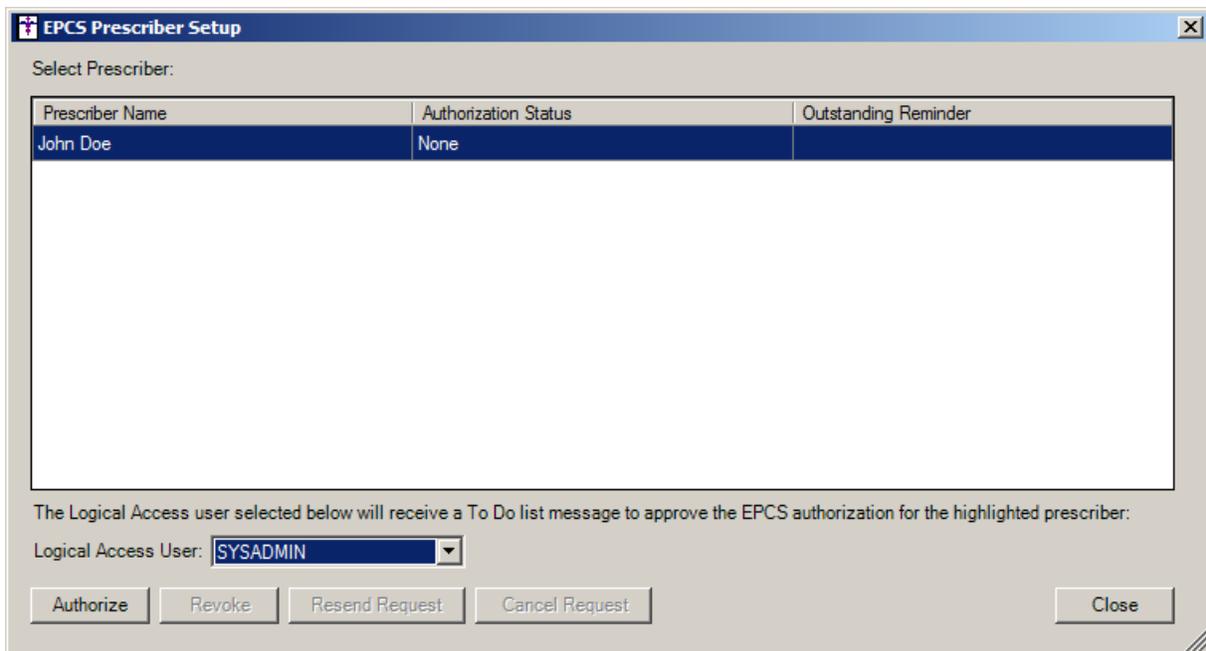


Figure 13 – EPCS Prescriber Setup



Figure 14 – EPCS Prescriber Request Approval

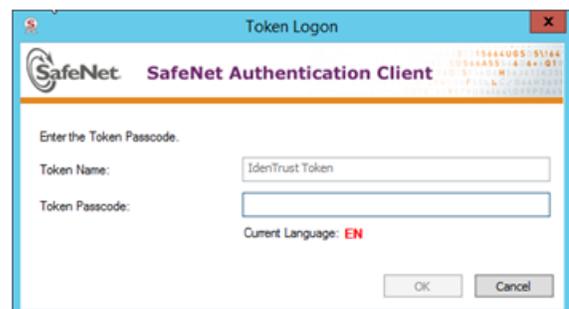


Figure 15 – Token Logon

Added Features (continued)

- **System Tables – Electronic Prescribing – EPCS Token Linkage** – The system has been updated with a new Provider Token Linkage dialog (Edit > System Tables > Electronic Prescribing > EPCS Token Linkage) that allows users/providers that have been enabled for EPCS to authenticate their IdenTrust token with the proper provider account in the system, prior to being given authorization to prescribe controlled substances. See Figure 16. Do note, only users that have been enabled for EPCS is allowed access to this dialog, otherwise access to the dialog will be disabled.

To link the token to your provider account, insert the IdenTrust token and then click the Load button in the Provider Token Linkage dialog. See Figure 16. The Token Information will then load. See Figure 17. If the information is correct, click the Link button and the token will then be linked to your provider account.

Once a provider is linked to a token, you have the ability to unlink that provider from the token by accessing the dialog, and then clicking the Unlink button when the Token Information appears.

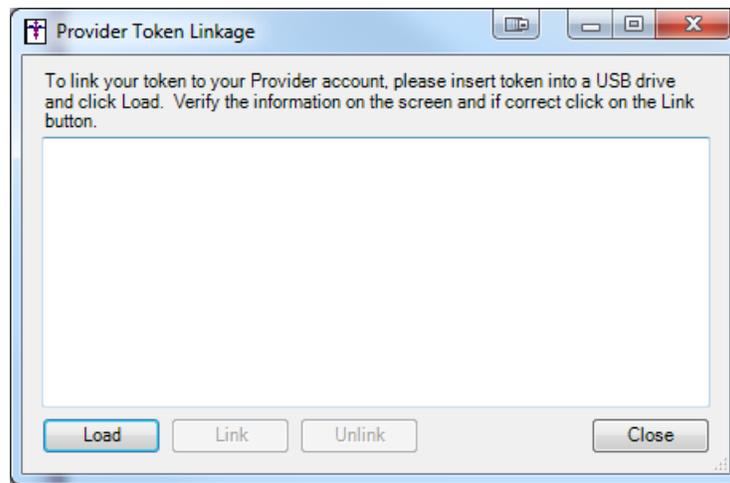


Figure 16 – Provider Token Linkage

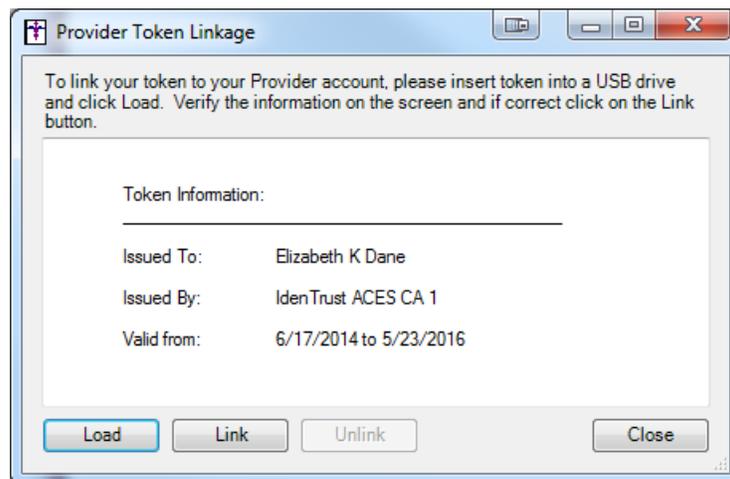


Figure 17 – Provider Token Linkage - Loaded

Added Features (continued)

- **System Tables – Users – Privileges** – The Users Properties dialog has been updated with a Logical Access privilege that allows the selected user the ability to administer EPCS (Electronic Prescription of Controlled Substances) capabilities to qualified practitioners. See Figure 18. At least two users need to be assigned the Logical Access privilege before the EPCS Prescriber Authorization functionality can be accessed. Likewise, at least one of the users must be an IdenTrust Token holder and a practitioner who is a DEA registrant in good standing.

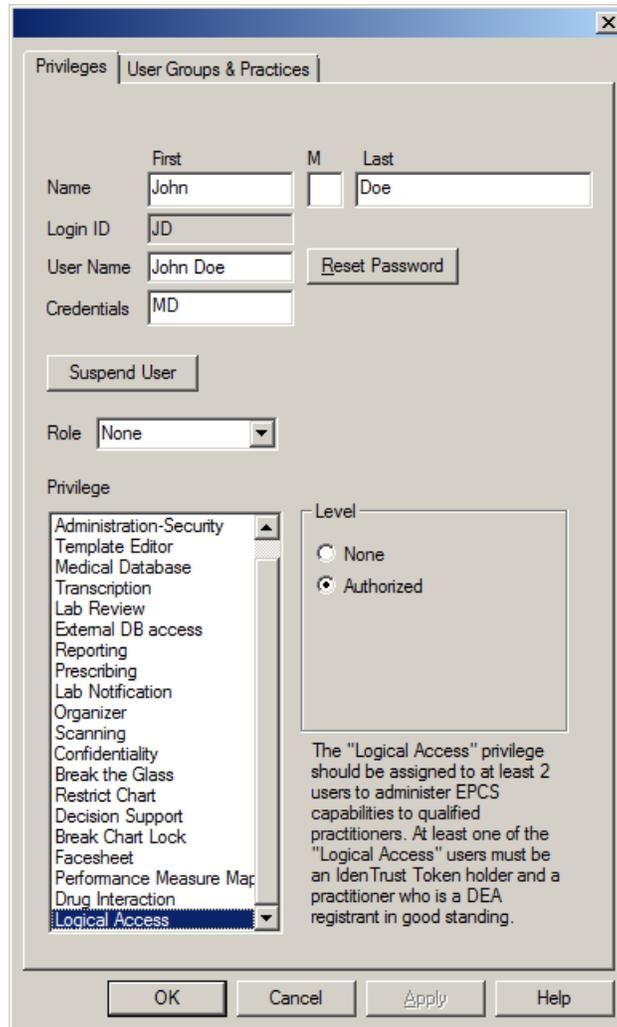


Figure 18 – Edit > System Tables > Users

- **To-Do List – EPCS** – When a user is given EPCS authorization, they are automatically added to the Controlled Substance Monthly Drug Log Notification distribution list and will receive a high priority To-Do List Message on the first day of every month with a subject of "REQUIRED: Controlled Substance Monthly Drug Log Reminder." When the user double-clicks the message, the system will open the Controlled Substance Drug Log Archive and display the list of archived drug logs. You can then view the applicable log.
- **To-Do List – EPCS** – When a user is given the Logical Access privilege, they are automatically added to the Controlled Substance Daily Report Notification distribution list and will receive a high priority To-Do List Message every day with a subject of "REQUIRED: Controlled Substance Daily Incident Report Reminder." When the user double-clicks the message, the system will open the EPCS Auditing dialog to the Audit Trail tab and display the log. The log will default to the specific provider and for the last calendar day, however, these can be changed as needed.

Addendum

SureScripts® E-Prescribing Best Practice Guidelines

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input.

(1) Guidelines that apply to name, strength, dosage form, and quantity of drug prescribed as well as the directions for use (the "Sig")

- Drug names should be spelled out in full, avoiding the use of abbreviations.
 - While it might be possible to make the case that abbreviations save time in the world of paper prescriptions, no such time savings accrue in the electronic world in which the prescriber simply picks a medication from a drug database.
 - Abbreviations can lead to a misinterpretation of the prescriber's intent, which can result in medication errors.
 - Examples:
 - Use "Hydrochlorothiazide 50 mg" instead of "HCTZ 50 mg."
 - Use "Zidovudine 300 mg" instead of "AZT 300 mg."
- Drug descriptions should include complete name, strength, strength units and dosage form information (if applicable) in the same exact order, and all should appear in one drug description field.
 - Not doing so causes problems in pharmacies due to missing data components.
 - It is preferred that either the generic or the brand name be used in the drug description, but not both. Using both unnecessarily complicates the information in the drug description field.
 - Examples:
 - Use "Doxycycline Monohydrate 50 mg oral capsule" instead of "Doxycycline caps."
 - Use "Ciprofloxacin 500 mg tablet" instead of "Ciprofloxacin tablet 500 mg."
 - Use "Atorvastatin calcium 20 mg tablet" or "Lipitor 20 mg tablet" instead of "Lipitor (Atorvastatin calcium) 20 mg tablet."
 - Drug descriptions for generic products should use the naming conventions found in the Food and Drug Administration's "Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations."
 - This helps pharmacists to accurately choose the product to be dispensed when brand names are not used.
 - Examples:
 - Use "Glipizide 10mg tablets, extended release" instead of "Glipizide TAB OSM 24 10mg."
 - Drug strength information should be consistent across all fields in which it appears.
 - The strength in the drug description should match that in the drug strength field.
 - Drug strength units in the drug description should match those in the drug strength units field. Drug strength units should not be sent in the drug strength field.
 - Example of improper use: The drug description is "Amoxicillin 500 mg oral capsule" and the drug strength field contains the value of "250."
- Dosage form codes should match the forms sent in drug description fields.
 - Example of improper use: The drug description is Amoxicillin 500 mg capsule and the dosage form code field contains "10," which is the NCPDP code that stands for tablet.
- All orders should be written using metric measurements of weight (e.g., mg, gm and kg) and volume (e.g., ml).
 - The apothecary and avoirdupois systems of weights and volumes are no longer considered appropriate in the world of pharmaceuticals.
 - Example: Use "Aspirin 81 mg" instead of "Aspirin 1 ¼ grains."
- A zero should be used before a decimal (use 0.X mg instead of .X mg), but not after (use X mg instead of X.0 mg).
 - Trailing zeros are particularly dangerous in that they can lead to ten-fold overdoses. Thus, trailing zeros should never be used.
 - Examples:
 - Use "Digoxin 0.25 mg" instead of "Digoxin .25 mg."
 - Use "Haloperidol 5 mg" instead of "Haloperidol 5.0 mg."
- Arabic (decimal) numerals are preferable to Roman numerals, and in some instances it is preferable for numbers to be spelled out.
 - Example: Use "Aspirin 325 mg" instead of "Aspirin V grains."
- Other specific abbreviation issues:
 - The term "microgram" can be abbreviated as "mcg," but it should not be abbreviated as "ug," which can easily be mistaken for the abbreviation for "mg," standing for "milligram."
 - The word "unit" should be spelled out and never abbreviated as "U" or "u."
 - "M" should not be used as an abbreviation for thousands (e.g., 5 M units), as it has been mistaken as meaning one million.
 - Do not use commas when expressing thousands as they might be misinterpreted as periods.

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

(2) Issues related specifically to the Sig field or directions for use.

- The directions for use should not be split between the Sig and Notes fields.
 - Depending upon the design of the pharmacy system and/or the effectiveness of the training of pharmacy personnel, splitting directions between the Sig and Notes fields can result in part of the directions being missed, thereby preventing complete directions from being conveyed to patients. Patients may experience significant negative therapeutic outcomes when this occurs.
 - Examples of improper use:
 - Sig field—"Take one tablet daily," Notes field—"Take only on Monday, Wednesday and Friday." NOTE: This is an actual example from a warfarin e-prescription, which if not taken according to the complete directions, could possibly result in serious patient harm.
 - Sig field—"Dissolve one tablet under the tongue every 10 minutes for chest pain," Notes field—"Call physician immediately if relief is not obtained after three doses."
 - Sig field—"Apply and rub well into affected area twice a day," Notes field—"Discontinue use and call physician if rash worsens."
 - Sig field—"One drop to eye having surgery three times daily," Notes field—"Start two days prior to surgery."
- Information in the Sig field should not conflict with information in the Notes field.
 - Conflicting information in these fields usually requires pharmacists to contact prescribers to ascertain their actual intent with respect to the directions, which compromises the efficiencies related to e-prescribing.
 - Inconsistent information in the Sig versus the Notes fields can result in incorrect directions being conveyed to patients.
 - Example of improper use: Sig field—"1 cap orally 3 times a day", Notes field—"One capsule by mouth daily."
- Care must be taken so that Sigs are not truncated because important information can be lost.
 - Example of improper use: "Take 1 tablet once a month in the am 1 hr before eating or drinking, with 1 C water. Remain upright x 1 hour and nothing by mouth, then resu"
- Sig information should be clinically correct.
 - Example: Use "Amoxicillin 500 mg Oral Capsules"—Sig "One capsule three times a day" instead of "500 caps 3 times a day."
- Directions for use should be spelled out clearly in proper English.
 - Since the pharmacist must interpret—and nearly always writes—the label in English, the use of abbreviations (particularly Latin) or symbols is unnecessary and discouraged because it can lead to medication errors.
 - Example: Use "Take 1 tablet by mouth twice a day" instead of "1 T PO BID."
- Information in the Sig field should be limited to the Sig.
 - Quantity to be dispensed should not be placed in the Sig field.
 - Example: Use "One capsule by mouth three times daily" instead of "One capsule by mouth three times daily – Disp # 30."
 - Duration of therapy should not be placed in the Sig field.
 - Example: Use "One capsule by mouth four times daily" instead of "One four times daily – Disp 10 day supply."
 - Drug description should not be placed in Sig field.
 - Example: Use "One capsule by mouth at bedtime" instead of "One by mouth at bedtime– Paxil CR 20 mg."
 - Example of improper use:
 - "One drop to eye having surgery three times daily. Start two days prior to surgery. May substitute Acular LS, Xibrom, or Voltaren if less expensive." (i.e., the indication of alternative approved drugs "May substitute Acular LS, Xibrom, or Voltaren if less expensive" should be placed in the Notes field.)
- Sigs should be complete, properly formatted, and not repeated.
 - Sig should be complete.
 - □ Example: Use "Apply topically to forearm three times a day" instead of "Topical each day."
 - Sig should be properly formatted.
 - □ Example: Use "Take one capsule three times a day" instead of "1 3 times a day."
 - Sig should not be repeated.
 - □ Example: Use "Take one capsule daily" instead of "1 PO QD – Take one tablet every day."
- The inclusion of the intended use or the indication for the medication in the directions for use is helpful to patients, pharmacists and other prescribers, and is strongly encouraged.
 - Intended use can help patients to organize and better understand their medications and why they are taking them.
 - Including the indication in the Sig field can help prevent dispensing errors, and it provides pharmacists with a foundation for patient counseling and medication therapy management.
 - Other prescribers may find the indication helpful when a patient brings their medication bottles with them to office visits.
 - Example: "Take according to instructions in dosepak for poison ivy rash."

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

- The instruction “take as directed” is rarely appropriate and should be avoided by prescribers.
 - Such an instruction assumes an understanding on the part of the patient that may not exist, and even if it does, will very likely be short lived.
 - Using the term “take as directed” provides little information upon which the pharmacist can base their counseling of the patient.

- (3) Proper use of the Notes field (referred to as “free text” in the NCPDP SCRIPT Standard).
 - Prescription information that has a designated, standardized data field should not be placed in the Notes field.
 - For example, neither the drug name, strength nor quantity should be placed in the Notes field because there are specific fields in the NCPDP SCRIPT Standard for these data elements. This is important because if this information isn’t placed in the fields in which pharmacy personnel are trained to look for it, it might be missed.
 - Reserve use of the Notes field for information related to, but not part of, the prescription.
 - For example, a comment such as: “Please have the patient call the office when they have finished taking this prescription” would be an appropriate use of the Notes field.
 - To reiterate, as mentioned above, the directions for use should not be split between the Sig and Notes fields nor should the information in the Sig field conflict with information in the Notes Field.
 - The former can lead to critical information being missed by pharmacy personnel and possibly not being transmitted to the patient, and the latter normally requires pharmacists to contact the prescriber to clarify their intent, thereby compromising the potential efficiencies of e-prescribing.

- (4) Refills authorized, if any
 - Although allowed both by convention and NCPDP SCRIPT, the indication of “PRN” (refill as needed) is not considered to be good practice and should be discouraged.
 - Example: Use “Refill 11 times” instead of “Refill PRN.”

- (5) Other items unique to electronic prescribing.
 - Representative NDC number requirements.
 - Representative NDC numbers, which contain 11 digits, must be correct, as incorrect representative NDC numbers may cause drug identification problems in the receiving pharmacies.
 - Representative NDC numbers must be current and included in e-prescription messages unless the items do not have assigned NDCs.
 - Quantity Qualifiers must be correctly associated with drug descriptions.
 - Correct mapping procedures are available in the Units of Measure table, which can be found in the NCPDP External Code List and the SureScripts Implementation Guides.
 - Where possible, quantities should reflect the actual metric quantity to be dispensed.
 - Example: Use “Amoxicillin 250mg/5ml, 150 ml” instead of “Amoxicillin 250mg/5ml, 1 bottle.”
 - The use of “ZZ”, “EA” and “00” should be limited to instances in which none of the available qualifiers in the Units of Measure table can be applied.
 - Examples of improper use: Drug description—Amoxicillin 500 mg Oral Capsule, Quantity 30 and Quantity Qualifier sent “ZZ”—mutually defined, “EA”—each or “00”—unspecified instead of “AV”—capsules.

Category III—Prescription Common Mistakes

Even though providers using the ChartMaker Medical Suite strive to be accurate in entering information for E-prescription, there are common mistakes made that can easily be corrected. Please read through the examples below in order to understand E-prescription best practices.

(1) Incorrect or incorrectly formatted SIG

This occurs when the appropriate dose is entered incorrectly. The following examples demonstrate typical errors:

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

Drug Description	SIG	Notes	Nomenclature Description	Comment
Combivent Respimat 20 mcg-100 mcg/actuation Aerosol Inhaler	Spray 1 aerosol with adapter (gram) puff(s) 4 times a day		Incorrect or incorrectly formatted SIG	"1 aerosol" is not an appropriate dose for Combivent
Advair HFA 115 mcg-21 mcg/actuation Aerosol Inhaler	Take 2 aerosol with adapter (gram) puff(s) twice a day		Incorrect or incorrectly formatted SIG	"2 aerosol" is not an appropriate dose for Advair HFA
ProAir HFA 90 mcg/actuation Aerosol Inhaler	Take 2 puffs puff(s) q 4-6 hrs prn cough or wheeze or before exercise		Incorrect or incorrectly formatted SIG	Part of the patient instructions are duplicated
Proctosol HC 2.5 % Rectal Cream	Apply 1 cream (gram) rectally 4 times a day		Incorrect or incorrectly formatted SIG	"1 cream" is not an appropriate dose for Proctosol
dicyclomine 10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Three times a day	prn as directed	Incorrect or incorrectly formatted SIG	SIG should be free of all extraneous characters All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Lotrel 5 mg-10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Daily	Name Brand Medically Nec.	Incorrect or incorrectly formatted SIG; Conflicting or Supplementary Drug Substitution information in the Notes	SIG should be free of all extraneous characters All Drug Substitution information should be sent in its designated field; No parts of the Drug Substitution information should be in the Notes
Suprax 400 mg capsule	Take 1 capsule (hard, soft, etc.) orally qd		Incorrect or incorrectly formatted SIG; Incorrect, Missing or Incomplete Dosage Form sent in Drug Description	SIG should be free of all extraneous characters - Suprax 400mg is not available in capsule form; Appropriate dosage form: Oral Tablet

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

(2) Incomplete SIG

The following examples indicate incomplete SIG:

Drug Description	SIG	Comment
Suprep 17.5 gram- 3.13 gram-1.6 gram Oral Solution	Take 1 solution, reconstituted, oral orally As Needed	SIG should include the dose, route and frequency of the prescribed medication
Coumadin 4 mg tablet	Take 2 tablet orally as directed	SIG should include the dose, route and frequency of the prescribed medication
Zithromax Z-Pak 250 mg tablet	Take 1 tablet orally As Directed	SIG should include the dose, route and frequency of the prescribed medication

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

(3) Conflicting or Supplementary SIG information included in the Notes

Drug Description	SIG	Notes	Comment
nystatin 100,000 unit/gram Topical Ointment	Apply 1 ointment (gram) topically Twice a day	FOR CORNER OF LIP	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
metformin 500 mg tablet	Take 1 TABLET orally bid	*take 1 tablet daily for 1 month, then increase to 1 tablet twice a day	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Augmentin 875 mg-125 mg tablet	Take 1 tablet orally Every 12 hours	x 5 days	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Mobic 7.5 mg tablet	Take 1 tablet orally twice a day	as needed	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes

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