

Change Request Therapeutic Interchange

Last Modified on 06/23/2021 4:23 pm EDT

Version 20.13

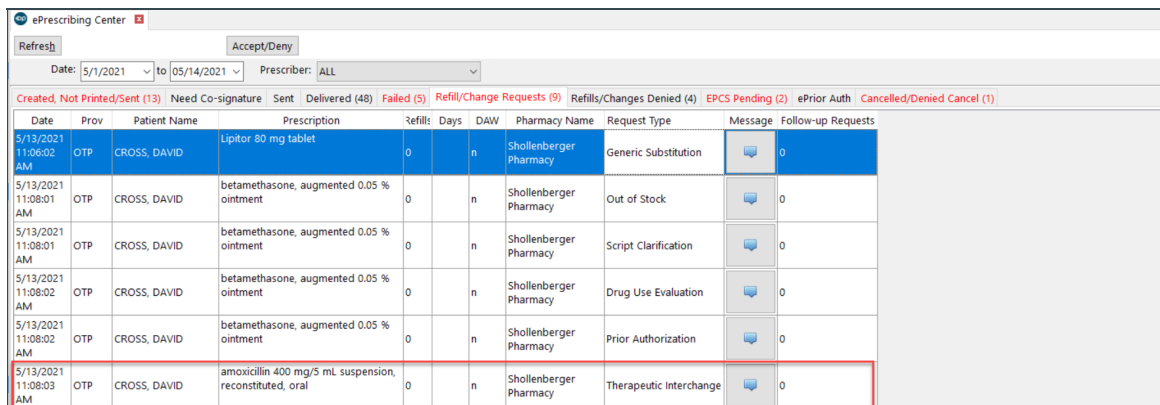
Path: Main Navigation Panel > e-Prescribe > Refill/Change Requests tab

About

Therapeutic Interchange change requests are sent by a pharmacy when a pharmacist needs clarification about the medication dosing amount or if they find a conflict and suggest a different medication that could be a viable alternative to the original prescription. It is the provider's responsibility to review and make a decision, best practice is within 48 hours. For instruction on enabling Change Requests in OP, click [here](#).

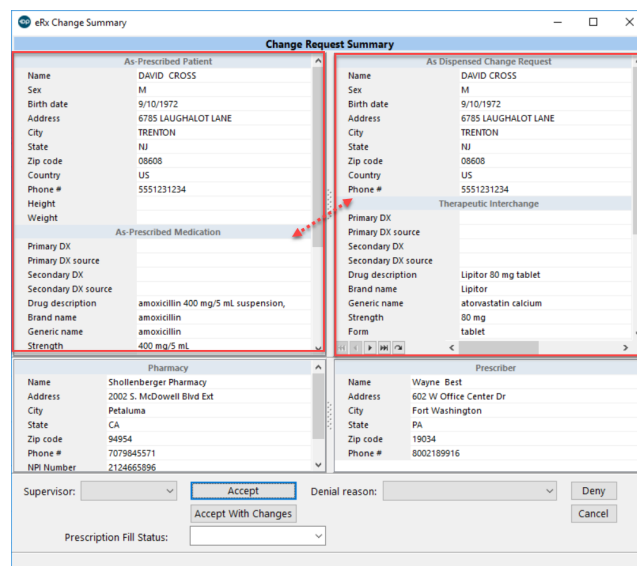
Change Request: All Therapeutic Interchange

1. Navigate to the Refill/Change Request tab in the ePrescribing Center by following the path above.
2. Double-click on the request for a Therapeutic Interchange, or click the medication and click the **Accept/Deny** button.



Date	Prov	Patient Name	Prescription	Refills	Days	DAW	Pharmacy Name	Request Type	Message	Follow-up Requests
5/13/2021 11:06:02 AM	OTP	CROSS, DAVID	Lipitor 80 mg tablet	0		n	Shollenberger Pharmacy	Generic Substitution		0
5/13/2021 11:08:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Out of Stock		0
5/13/2021 11:08:01 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Script Clarification		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Drug Use Evaluation		0
5/13/2021 11:08:02 AM	OTP	CROSS, DAVID	betamethasone, augmented 0.05 % ointment	0		n	Shollenberger Pharmacy	Prior Authorization		0
5/13/2021 11:08:03 AM	OTP	CROSS, DAVID	amoxicillin 400 mg/5 mL suspension, reconstituted, oral	0		n	Shollenberger Pharmacy	Therapeutic Interchange		0

3. Review and click **OK** in the warning box, if displayed, to acknowledge the patient's medication allergies.
4. Review the pharmacy changes in the **Therapeutic Interchange** panel of the eRx Change Summary window.



Change Request Summary

As-Prescribed Patient

Name: DAVID CROSS
Sex: M
Birth date: 9/10/1972
Address: 6785 LAUGHALOT LANE
City: TRENTON
State: NJ
Zip code: 08608
Country: US
Phone #: 5551231234
Height: [blank]

As-Prescribed Medication

Primary DX: [blank]
Primary DX source: [blank]
Secondary DX: [blank]
Secondary DX source: [blank]
Drug description: amoxicillin 400 mg/5 mL suspension,
Brand name: amoxicillin
Generic name: amoxicillin
Strength: 400 mg/5 mL

Pharmacy

Name: Shollenberger Pharmacy
Address: 2002 S. McDowell Blvd Ext
City: Petaluma
State: CA
Zip code: 94954
Phone #: 7079845571
NPI Number: 2124665896

As Dispensed Change Request

Name: DAVID CROSS
Sex: M
Birth date: 9/10/1972
Address: 6785 LAUGHALOT LANE
City: TRENTON
State: NJ
Zip code: 08608
Country: US
Phone #: 5551231234

Therapeutic Interchange

Primary DX: [blank]
Primary DX source: [blank]
Secondary DX: [blank]
Secondary DX source: [blank]
Drug description: Lipitor 80 mg tablet
Brand name: Lipitor
Generic name: atorvastatin calcium
Strength: 80 mg
Form: tablet

Prescriber

Name: Wayne Best
Address: 602 W Office Center Dr
City: Fort Washington
State: PA
Zip code: 19034
Phone #: 8002189916

Supervisor: [blank] **Accept** Denial reason: [blank] **Deny**

Prescription Fill Status: [blank] **Accept With Changes** **Cancel**

5. (Optional) If the practice has the Prescription Fill Status active, click the drop-down and select from the list. The

Prescription Fill Status does not need to be selected for all prescriptions and should only be selected if you want to know the status of the prescription.

6. Complete the request following the steps in one of the sections below to accept, accept with changes, or deny the request.

Change Request: Accept a Therapeutic Interchange

Click the **Accept** button. The medication is added to the patient's medication list, and the Therapeutic Interchange request is removed from the Refill/Change Requests tab.

Change Request: Accept a Therapeutic Interchange with Changes

1. Click the **Accept With Changes** button. The Prescription window displays.
2. Click the **OK** button in the warning box, if displayed, to acknowledge the patient's medication allergies.
3. Make the required changes, such as if you're prescribing a different medication.
4. Click the **Send** button.
5. Confirm the medication information in the eRx Summary window.
6. *(Optional)* If the practice has the Prescription Fill Status active, click the drop-down and select from the list. The Prescription Fill Status does not need to be selected for all prescriptions and should only be selected if you want to know the status of the prescription.
7. Click the **Send** button. The medication is added to the patient's medication list, and the Therapeutic Interchange request is removed from the Refill/Change Requests tab.

Change Request: Deny a Therapeutic Interchange

1. Click the drop-down in the **Denial reason** field, and select from the list.
2. Click the **Deny** button. The Therapeutic Interchange request is removed from the Refill/Change Request tab and placed in the Refills/Changes Denied tab.

Refresh									
Date: 11/17/2018		to 09/17/2019		Prescriber: ALL					
Created	Not Printed/Sent (7)	Need Co-signature	Sent	Delivered (20)	Failed (1)	Refill/Change Requests (6)	Refills/Changes Denied (5)	ePrior Auth	
Date	Prov	Patient Name	Prescription	Refill	Days	DAW	Pharmacy Name	Denial Reason	Request Type
9/11/2019-10:58:19 AM	Ivy, Stuart	Rasca, Elizabeth	Lanolin-125-MCG-Oral-Tablet	2	30	n	VALPHARMACE-10.6MU	Change-not-appropriate	Refill
9/11/2019-8:31:16 PM	Robert, Crawley	Biscayne, Sophia	Procardia-XL-30-MG-Oral-Tablet	0	30		MHJL-ORDER-PHARMACE-10.6MU-HOCS	Change-not-appropriate	Generic Substitution
9/12/2019-8:14:24 AM	Anna, Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NJC-PHARMACE-10.6MU	Patient-no-longer-with-prescriber	Therapeutic-interchange
9/12/2019-8:14:24 AM	Anna, Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NJC-PHARMACE-10.6MU	Patient-never-under-provider-care	Therapeutic-interchange
9/12/2019-11:36:07 AM	Thomas, Branson	Puro, Paula	Macrobid-100-MG-Oral-Capsule	0	7		TX-PHARMACE-10.6MU	No-attempt-will-be-made-to-obtain-Prior-Authorization	Prior-Authorization