

Change Request Drug Use Evaluation

Last Modified on 05/24/2021 10:27 am EDT

Version 20.13

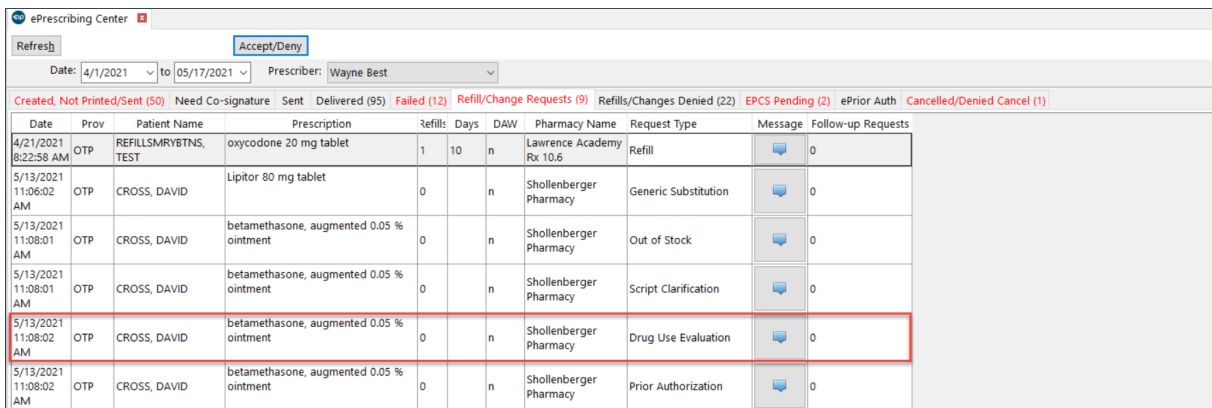
Path: Main Navigation Panel > e-Prescribe > Refill/Change Requests tab

About

Drug Use Evaluation change requests are sent by a pharmacy to request that a prescriber authorize a change to the patient's current medication therapy, such as a dosing regimen change or an alternative medication that will have fewer, or no, adverse effects than the original prescription. For instruction on enabling Change Requests in OP, click [here](#).

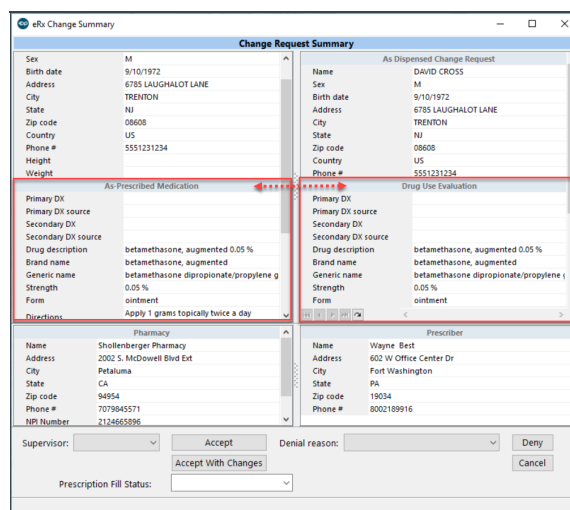
Change Request: All Drug Use Evaluation

1. Navigate to the Refill/Change Requests tab in the ePrescribing Center by following the path above.
2. Double-click on the medication request for Drug Use Evaluation, 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
4/21/2021 8:22:58 AM	OTP	REFILLSMRVBTS, TEST	oxycodone 20 mg tablet	1	10	n	Lawrence Academy Rx 10.6	Refill		0
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

3. Click the **OK** button in the warning box, if displayed, to acknowledge the patient's medication allergies.
4. Review the pharmacy changes in the As Dispensed Change Request panel, **Drug Use Evaluation** section of the eRx Change Summary window.



Change Request Summary

<p>As Prescribed Medication</p> <p>Primary DX: Primary DX source: Secondary DX: Secondary DX source: Drug description: betamethasone, augmented 0.05 % Brand name: betamethasone, augmented Generic name: betamethasone dipropionate/propylene g Strength: 0.05 % Form: ointment Directions: Apply 1 grams topically twice a day</p>	<p>Drug Use Evaluation</p> <p>Primary DX: Primary DX source: Secondary DX: Secondary DX source: Drug description: betamethasone, augmented 0.05 % Brand name: betamethasone, augmented Generic name: betamethasone dipropionate/propylene (Strength: 0.05 % Form: ointment</p>
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<p>Pharmacy</p> <p>Name: Shollenberger Pharmacy Address: 2002 S. McDowell Blvd Ext City: Petaluma State: CA Zip code: 94954 Phone #: 7079845371 NPI Number: 2124665396</p>	<p>Prescriber</p> <p>Name: Wayne Best Address: 602 W Office Center Dr City: Fort Washington State: PA Zip code: 19034 Phone #: 8002189916</p>
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Supervisor: Denial reason:

Prescription Fill Status:

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, only those for which the prescriber wants to know the status of the prescription.

- 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 Drug Use Evaluation

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

Change Request: Accept a Drug Use Evaluation with Changes

- Click the **Accept With Changes** button.
- Make the required changes, such as if you're prescribing a different medication necessary for change in the patient therapy.
- Click the **Send** button.
- Confirm the medication information in the eRx Summary window.
- (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, only those for which the prescriber wants to know the status of the prescription.
- Click the **Send** button. The medication is added to the patient's medication list, and the Drug Use Evaluation request is removed from the Refill/Change Requests tab.

Change Request: Deny a Drug Use Evaluation

- Click the drop-down in the **Denial reason** field and select from the list.
- Click the **Deny** button. The Drug Use Evaluation request is removed from the Refill/Change Request tab and placed in the Refills/Changes Denied tab.

Refresh									
Date:		to		Prescriber:					
11/1/2018		09/17/2019		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	VA-PHARMACE-10.6MU	Change-not-appropriate	Refill
9/11/2019-9:31:16 PM	Robert, Crawley	Biscayne, Sophia	Procardia-XL-30-MG-Oral-Tablet	0	30		MAIL-ORDER-PHARMACE-10.6MU-NOCS	Change-not-appropriate	Generic Substitution
9/12/2019-8:14:24 AM	Anna, Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NIC-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		NIC-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