

Change Request Script Clarification

Last Modified on 05/24/2021 10:28 am EDT

Version 20.13

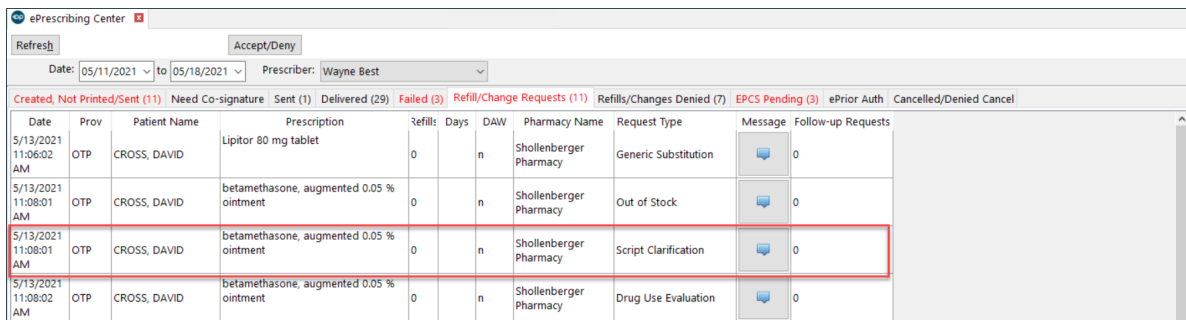
Path: Main Navigation Panel > e-Prescribe > Refill/Change Requests tab

About

Script Clarification change requests are sent by a pharmacy when clarification is needed on a prescription. For instruction on enabling Change Requests in OP, click [here](#).

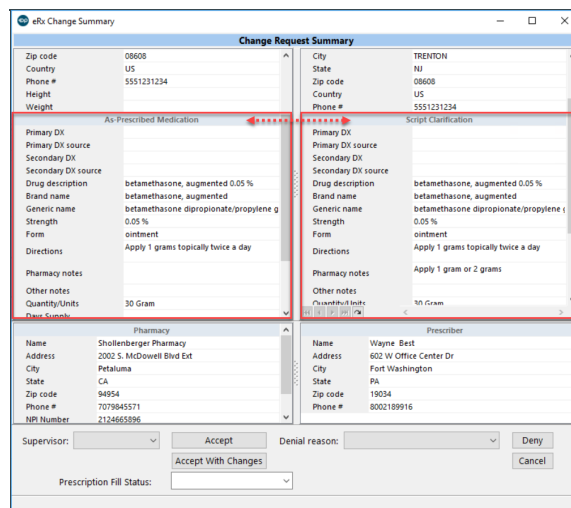
Change Request: All Script Clarification

1. Navigate to the Refill/Change Request tab in the ePrescribing Center by following the path above.
2. Double-click on the medication request for a Script Clarification, 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

3. Review and 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, **Script Clarification** section of the eRx Change Summary window.



Change Request Summary

Zip code: 08608 | City: TRENTON
 Country: US | State: NJ
 Phone #: 5551231234 | Zip code: 08608
 Height: | Country: US
 Weight: | Phone #: 5551231234

As Prescribed Medication

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
 Pharmacy notes: |
 Other notes: |
 Quantity/Units: 30 Gram
 Dose/Strength: |

Script Clarification

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
 Pharmacy notes: Apply 1 gram or 2 grams
 Other notes: |
 Quantity/Units: 30 Gram
 Dose/Strength: |

Pharmacy

Name: Shollenberger Pharmacy
 Address: 2002 S. McDowell Blvd Ext
 City: Petaluma
 State: CA
 Zip code: 94954
 Phone #: 7079845571
 NPI Number: 2124665396

Prescriber

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

Supervisor: | Denial reason: |
 Accept | Deny
 Accept With Changes | Cancel
 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 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.

Change Request: Accept a Script Clarification

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

Change Request: Accept a Script Clarification with Changes

1. Click the **Accept With Changes** button.
2. Make the required changes, such as if you're prescribing a different medication necessary for change in the patient therapy.
3. Click the **Send** button.
4. Confirm the medication information in the eRx Summary window.
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. Click the **Send** button. The medication is added to the patient's medication list, and the Script Clarification request is removed from the Refill/Change Requests tab.

Change Request: Deny a Script Clarification

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

Refresh									
Date: 11/1/2018 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	Refills	Days	DAW	Pharmacy Name	Denial Reason	Request Type
8/11/2019 10:38:19 AM	Ivy Stuart	Rasca, Elizabeth	Lanolin-125-MCG-Oral-Tablet	2	30	n	VA PHARMACY-10.6MU	Change-not-appropriate	Refill
8/11/2019 8:31:16 PM	Robert Cravely	Biscayne, Sophia	Procardia-PL-30-MG-Oral-Tablet	0	30		MAIL-ORDER- PHARMACY-10.6MU- MGCS	Change-not-appropriate	Generic-Substitution
8/12/2019 8:14:24 AM	Anna- Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NIC-PHARMACY- 10.6MU	Patient-no-longer-with- prescriber	Therapeutic-Interchange
8/12/2019 8:14:24 AM	Anna- Bates	Notch, Frank	Crestor-10-MG-Oral-Tablet	2	30		NIC-PHARMACY- 10.6MU	Patient-never-under- provider-care	Therapeutic-Interchange
8/12/2019 11:26:07 AM	Thomas Branson	Duro, Paula	Macrobid-100-MG-Oral-Capsule	0	7		TX-PHARMACY-10.6MU	No-attempt-will-be-made-to- obtain-Prior-Authorization	Prior-Authorization