MCKESSON

PharmaClik Rx Long-Term Care

Training Hand Book

BUSINESS
CARE
CONNECTIVITY

Welcome!

The PharmaClik Rx Long-Term Care module has been specifically designed for pharmacies that count Nursing Homes and other Long-Term Care facilities among their clientele. It allows groups of patients to be maintained, and enables batch processing for their prescriptions.

The main components of the Long-Term Care module are:

- The Groups Folder
- Batch Processing
- Host Reports
- In-store Reporting Features

As an added feature, the Groups Folder and Batch Processing can be used not only with Long-Term Care, but as a method of grouping patients in the general retail system, and processing their prescriptions in batches.

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Adding a Group

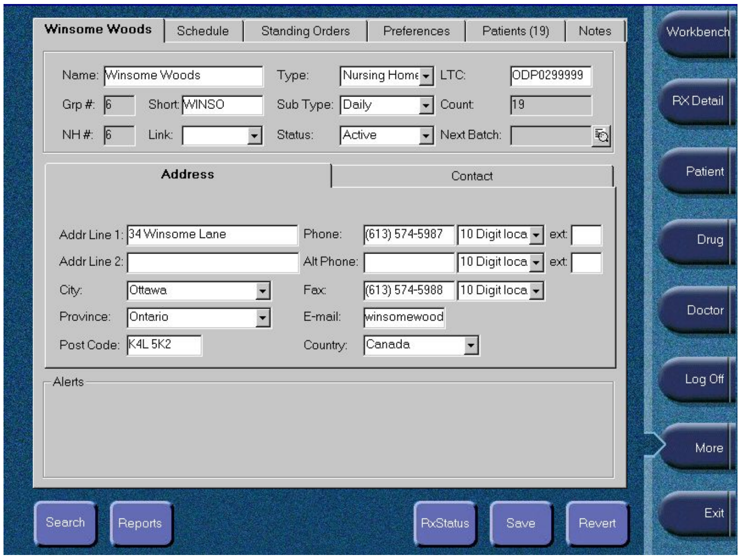
The Groups folder is the foundation of the PharmaClik Rx Long-Term Care module. This is where new groups of patients are added and existing groups are maintained. A group can be a nursing home, a correctional facility, a retirement home, or any other type of retail or non-retail facility that your pharmacy services. The Groups functionality can also be used to combine groups of patients who have prescriptions filled on a regular basis, such as Dosett or Dispill patients.

Follow these steps to add a new Group:

1. Press the *More* navigator button.
2. Press *Groups*.
3. The Group Search window appears. Select **Nursing Home** from the *Group Type* dropdown list (or the most appropriate type for the group you are adding).
4. Press the *Search* function button.
5. The message **No Records Found** should appear at the bottom of the window.
6. Press the *New* function button.
7. The main tab in the Groups folder appears (refer to the next page for the next step).

The Groups Folder

The Groups folder enables you to maintain information for a group of patients. You can also search for and modify existing groups, or add new groups.

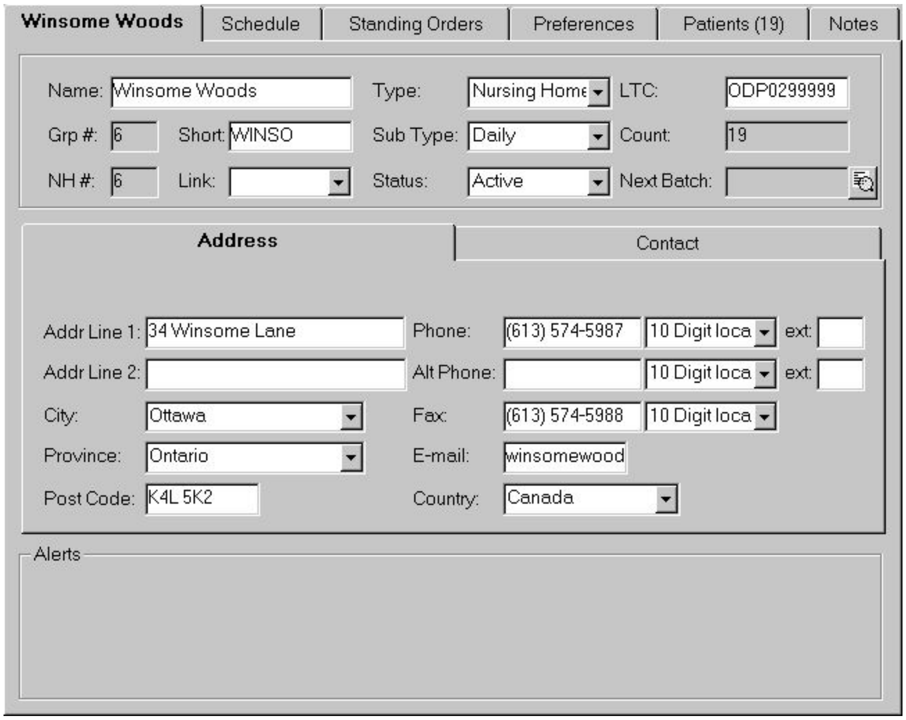


The Groups folder is divided into 5 tabs:

Main Tab	Contains the group's basic information, as well as address and contact information. Once the group is saved, the name of the group will appear at the top of this tab.
Schedule Tab	Lists administration times and SIG codes related to administration times. There is also space for a drug holiday.
Preferences Tab	Indicates preferences specific to the group.
Patients Tab	Lists patients who belong to the group.
Notes	Lists group notes.

Main Tab

Enter information in all of the required fields. This is the group's main address and contact information.



8. Enter the Name of the group in the *Name* field.
9. In the *Short* field, enter a short name for the group. This can be a maximum of 5 characters.
10. Select the type of group from the *Type* dropdown list

    In order to produce Nursing Charge Invoices, the *Type* must be set to Nursing Home, or any other type of non-retail group. Non-retail and retail group types are defined in the Group Types list in List Maintenance.
11. Use the *Sub Type* dropdown list to select the specific type of non-retail group. The options are Daily, Monthly, Daily Manrex, Monthly Manrex, and Artromick (the Sub Type primarily refers to the type of label set that will be used for the group's prescriptions).
12. The *Status* field indicates if the group is active or inactive.
13. Ontario pharmacies must enter the facility's ODP number in the *LTC* field. Enter the number in the format: ODP1234567 (ODP plus the 7-digit number).

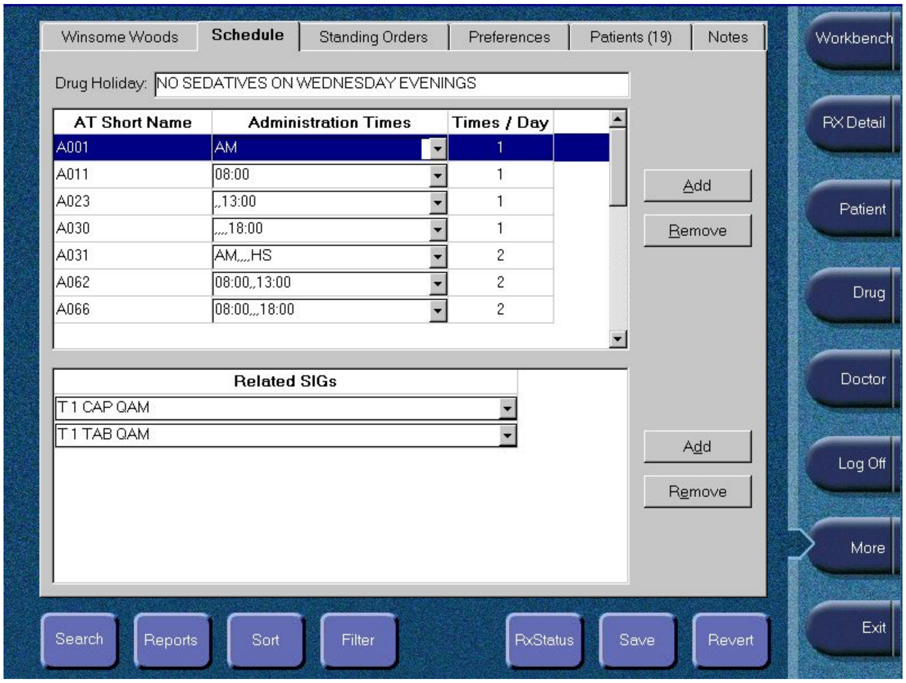
    This number can be found in the Ontario Drug Programs Reference Manual.
14. Enter the address information
15. Press the *Contact* tab and enter information for a contact at the facility.
16. Press the *Save* action button.
17. Once the group is saved, PharmaClik Rx will assign the Group # (the *Grp#* field) and the Nursing Home # (the *NH#* field); the SAME number will be entered in both fields. (this number CANNOT be zero (0)
18. Press the *Save*

***** IMPORTANT NOTE ABOUT ADDING A NEW NURSING HOME *****

To ensure your store receives the proper information for each Nursing Home, please ensure that your store registers the Nursing Home with McKesson EACH TIME a new home is added to PharmaClik Rx. You can do this by simply calling the Pharmacy Relations department at 1-800-387-6093.

Schedule Tab

Once all of the information is entered in the main tab, press the *Schedule* tab.



Drug Holiday	A drug holiday for the group. This will print on MAR and TMR reports.
AT Short Name	A short form for the administration time. The AT Short Name can be used to sort prescriptions on MAR reports.
Administration Times	The actual administration time. When entering multiple times in the field, each time should be separated with a comma. If you require a space between administration times this also needs to be indicated with a comma. e.g. The administration time 0800, 2000 will print 0800 and 2000 in consecutive administration time boxes on the MAR report. When the administration time 0800, 2000 is printed on a MAR, 0800 will be in the first administration time box, the second box will be blank, and 2000 will be printed in the third box.
Times / Day	The number of administration times per day is automatically calculated based on the number of times that are entered in the corresponding Administration Times field.
Related SIGs	Instruction codes that are linked to the administration time.

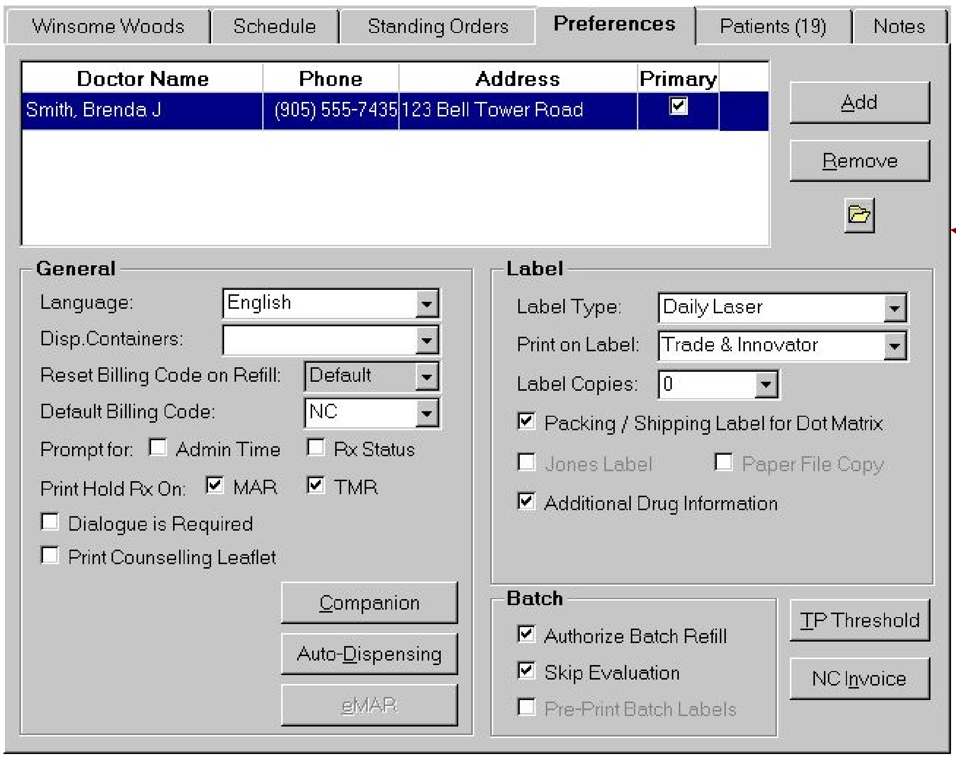
Entering Administration Times

Follow these steps to enter administration times for the group. SIG codes related to the administration time can also be entered.

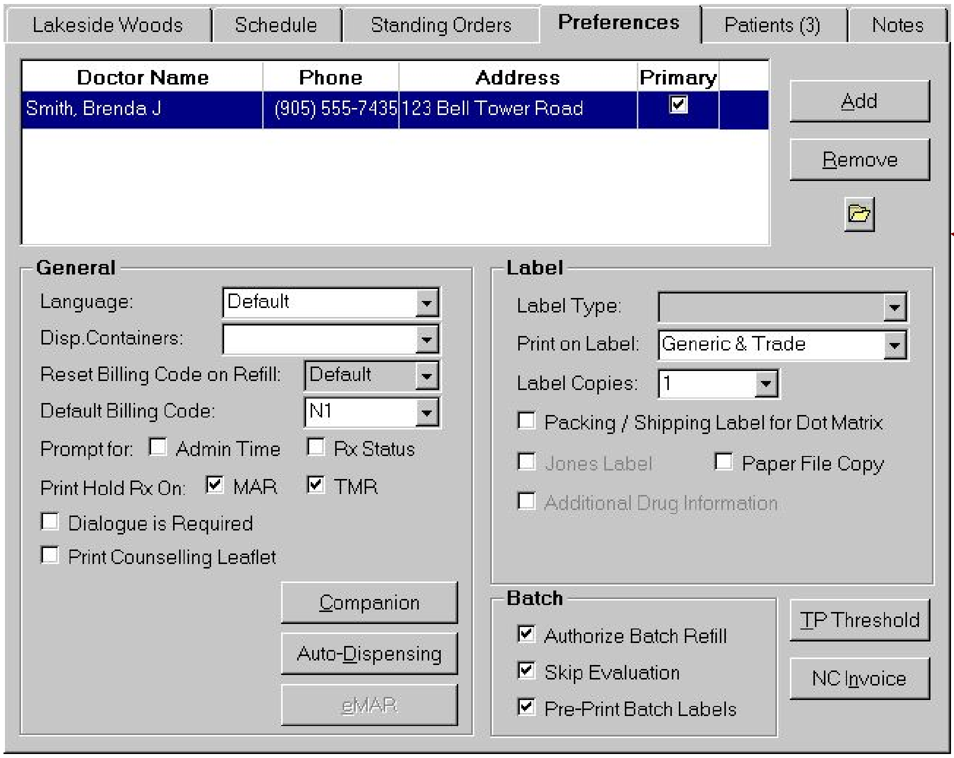
1. Press the *Add* function button beside the administration times (in the top half of the window).
2. A row will be added to the administration times list.
3. Enter an AT Short Name (e.g. A001, A002, etc…)
4. Enter the administration time that corresponds to the AT short name. Ensure commas are entered in the appropriate locations.
5. Use the Related SIGs section to enter any instructions that correspond to the administration time. To add a SIG, press the *Add* function button beside the Related SIGs section.
6. Press the *Save* action button.
7. Repeat steps 1-6 for each administration time.

Preferences Tab

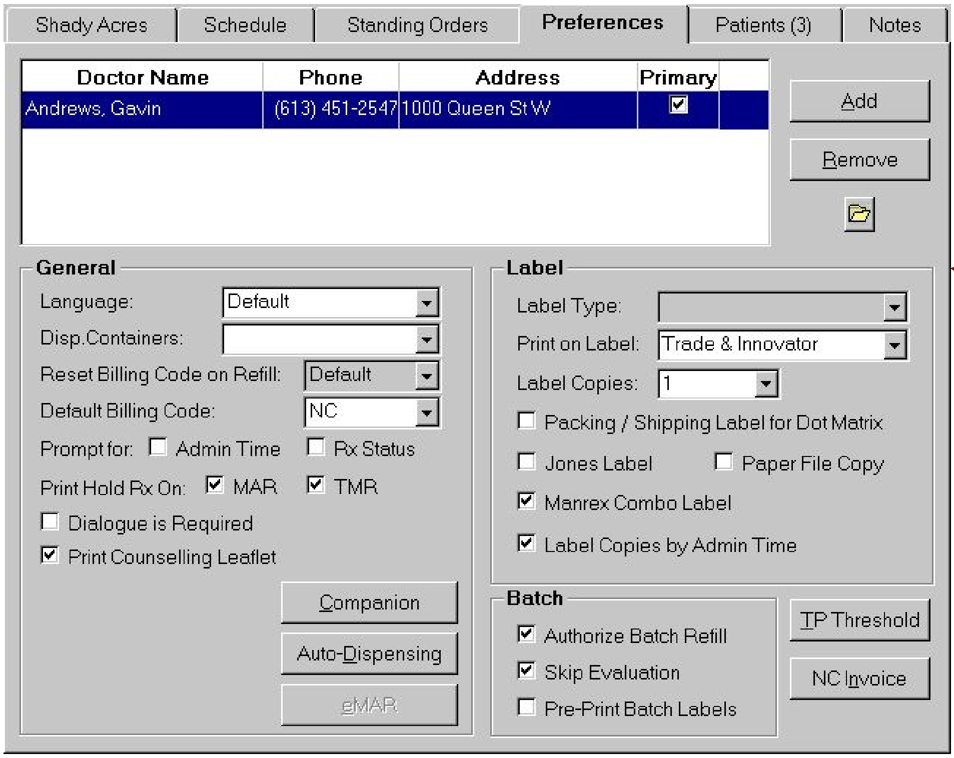
Once all of the information is entered in the Schedule tab, press the *Preferences* tab. The default doctor for the group is entered in this tab. Preferences can also be entered for labels, batches and prescriptions. The available preferences differ for each group type; if a field is greyed out or block, it is not applicable to that group.



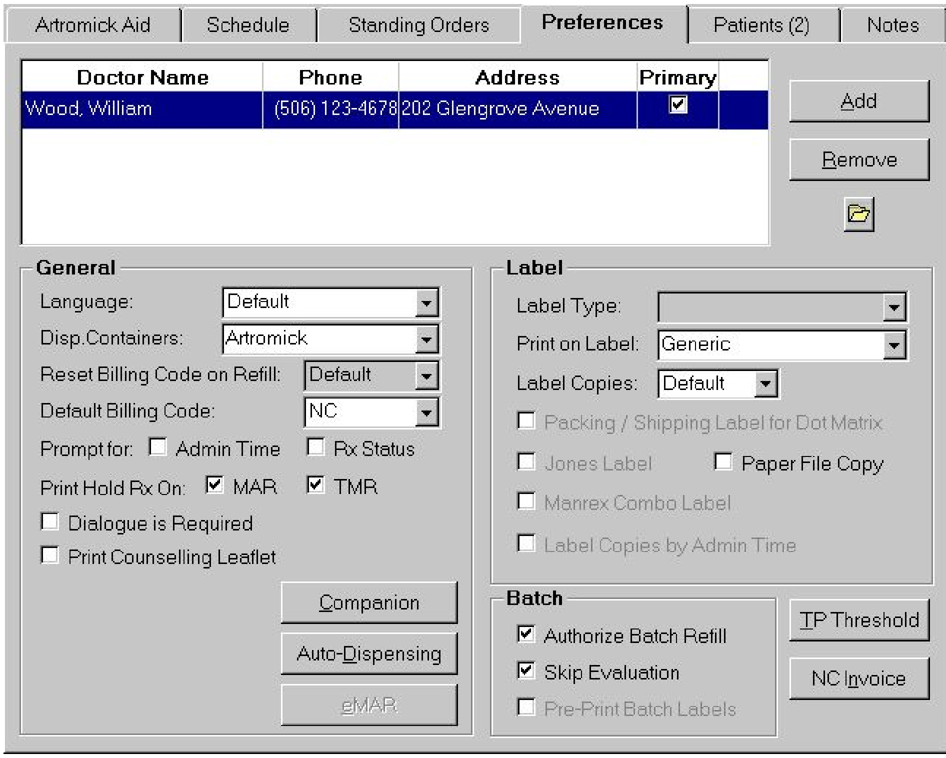
Preferences for a **Daily** group.



Preferences for a **Monthly** group.



Preferences for **Monthly Manrex** and **Daily Manrex** groups are the same.



Preferences for an **Artromick** group.

Notes:

The following pages describe the various preferences:

Default Doctor

Multiple doctors may be added to a group. The doctor flagged as the Primary is mainly used when one doctor sees the majority of the patients in a group. Press the *Add* function button to perform a doctor search and select the doctor.

Language

The default language for patients in the group. The patient's language preference will always override this setting. New patients added to PharmaClik Rx through the *Patients* tab in the Groups folder will automatically be assigned the language that is set in this field.

Disp. Containers

Indicates the type of container that is generally used for dispensing prescriptions to patients in the group. An option can be selected from the dropdown list. This is a pre-set list that can be modified from the Containers list in List Maintenance.

Reset Billing Code on Refill

This cannot be changed when the Group Type is Nursing Home. This indicates if the billing code in the prescription should be reset when prescriptions are refilled. When Default is set, PharmaClik Rx will look at the pharmacy preference setting for this field. When No or Yes is selected, it will override the pharmacy preference.

Default Billing Code

When a default billing code is selected, all <u>new</u> patients added to the database through the *Patient* tab in the Groups folder will automatically have NC added as a third party.

Prompt for Admin Time

When this is selected, a prompt will appear when you attempt to fill a prescription without administration times.

Prompt for Rx Status	When this is selected, a prompt will appear when you attempt to fill a prescription without a group Rx status.
Hold on MAR	Indicates if status Hold prescriptions should print on MAR reports generated for patients in the group. When this is selected, Hold prescriptions will print on the MAR.
Hold on TMR	Indicates if status Hold prescriptions should print on TMR reports generated for patients in the group. When this is selected, Hold prescriptions will print on the TMR.
Dialogue is Required	When this is selected, the Dialogue window will appear on the screen when a new prescription is filled. If the Dialogue is not entered at the time of filling the prescription, the prescription will be adjudicated, but it will remain the Pending tab with a status of Pending until the Dialogue is completed. Once the Dialogue is completed, the prescription will change to status Complete and will move to the Completed tab.
Print Counseling Leaflet	When this is selected, a counseling leaflet will be printed for applicable prescriptions. This follows the guidelines set in the Counsel preferences for the pharmacy.
Transmit PMP Claims	Available in Nova Scotia. Used for the Nova Scotia Prescription Monitoring Program (PMP), this preference allows you to determine if PMP claims are required for patients in the group.
Label Type	Only available for Daily Nursing Homes, this setting allows you to choose a label type for the group's prescriptions: Daily Dot Matrix and Daily Laser. When Daily Dot Matrix is selected, the prescriptions will use the Daily Dot Matrix label set. Daily Laser will print the prescriptions on the Daily Laser label set.
Print on Label	Indicates how the drug name will print on the label set. The options are Generic, Generic & Innovator, Trade, Trade & Innovator. The Innovator is the trade name for the brand name drug in an interchangeable group (e.g. ENTROPHEN is the Innovator associated with NOVASEN).
Label Copies	Provides the ability to set a specific number of label copies for all new prescriptions filled for patients in a group. The dropdown list includes the options Default and the numbers 0 through 99. An option must be selected from the dropdown list. Although this is the default setting for the group, it is possible to override it at prescription level, using the Copies field in the Rx Detail Extended tab. Setting '0' label copies means to label will be created for prescriptions. TIP In Rx Detail, refill prescriptions use the number of labels from the previous fill; therefore Rx Detail is the final override for the number of label copies used in a prescription.
Packing/Shipping Label	When this is selected, a packing and shipping label will be printed for each prescription that is filled for patients in the group. This applies to Dot Matrix labels.
Jones Label	Refers to the Manrex label provided by *Jones Box & Label*. This option is only available when the group sub type is set to Daily Manrex or Monthly Manrex. This should only be selected when the Manrex-Jones Label is used as labels for the group.
Paper File Copy	Available for Artromick, Manrex Daily, Manrex Monthly, and Monthly groups. Provides the ability to print a file copy on regular paper, as an alternative to the Drug Record Book. When prescriptions are filled, the file copy prints on regular paper.
Manrex Combo Label	Available for Daily Manrex and Monthly Manrex groups. The Manrex Combo label function provides the ability to print prescriptions on both 1-

ply and 2-ply Manrex labels. The pharmacy requires two dot matrix printers in order to print Manrex Combo labels: one printer for the 1-ply labels and one printer for the 2-ply labels. For more details, refer to the Manrex Combo Label section later on in this chapter.

Label Copies by Admin Time

Available for Daily Manrex and Monthly Manrex groups. When *Label Copies by Admin Time* is selected in Group preferences, the number of label copies in the Rx Detail Extended tab will default to the number of times per day the medication is provided to the patient, based on the prescription's administration times. The number of times per day linked to an administration time is determined by the *Times/Day* column in the Schedule tab of the Groups folder.

The following table is an example of how *Label Copies by Admin Time* works. The Copies column indicates the value that will be defaulted in the Rx Detail *Copies* field, based on the prescription's administration time.

Admin Time	Times/Day	Copies
09:00,12:00,16:00	3	3
09:00,,22:00	2	2
PRN	1	1
AM,,,HS	2	2
No Admin Times Entered	N/A	1

Additional Drug Information

This option is only available when the group sub type is set to Daily. When selected, a description of the drug will print on the vial copy of the label set and on the MAR reports. The description of the drug is taken from the *Colour* field in the Drug folder.

Authorize Batch Refill

Indicates if prescriptions in a monthly batch should be automatically authorized when they do not have enough refills remaining. When this is selected, PharmaClik Rx will authorize prescriptions so they can be refilled as part of the batch.

Skip Evaluation

When selected, provides the ability to skip the Rx Detail evaluation process when prescriptions are scheduled for refill as part of a batch. This will allow prescriptions to go directly to the Queue; prescription processing will not be stopped due to minor alerts.

Pre-Print Batch Labels

Available for Monthly, Monthly Manrex and Daily Manrex groups. When this checkbox is selected, labels will print for prescriptions in the batch BEFORE the batch is processed, not after. The labels will print shortly after you finish scheduling the batch.

Companion

The Companion function button opens Group Companion Product Preferences, allowing you to customize the companion product settings for this group.

Allow Auto-Dispensing

The Auto-Dispensing function button opens Group Auto-Dispensing Preferences. An *Allow Auto-Dispensing* setting determines if prescriptions for the Group's patients will be auto-dispensed, and also allows Dispill, Dosett, Narcotics and PRNs to be excluded from automated dispensing.

eMAR

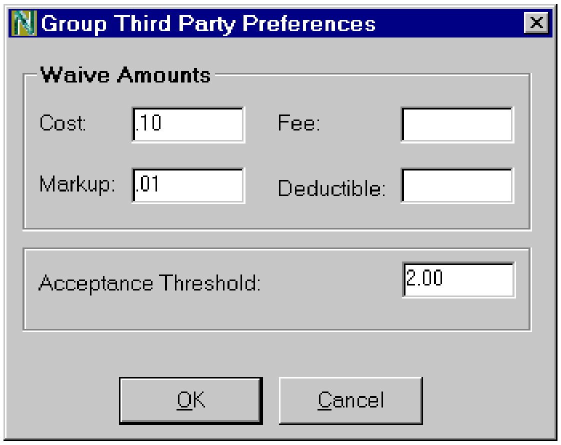
When enabled, the eMAR function button opens Group eMAR Preferences, allowing integration with an electronic MAR.

Group-Level Third Party Preferences (‘TP Threshold’ Function Button)

Group Third Party Preferences provides the ability to set group-specific waive and threshold amounts that override the pharmacy-level Third Party Preferences. This allows differences for Cost, Markup, Fee and Deductible to be waived automatically. The Acceptance Threshold allows prescriptions to be accepted automatically without forcing the Claim Summary to be displayed.

When a Nursing Charge plan is part of the billing code for a prescription the waive amounts and the acceptance threshold will be applied **before** the prescription is submitted to the Nursing Charge plan for payment. This allows differences to be waived or accepted before claims are billed to Nursing Charge.

If a Nursing Charge plan is **not** part of the billing code, the waive amounts and the acceptance threshold will be applied before the prescription is submitted to Cash.



IMPORTANT: Differences are NOT waived by PharmaClik Rx if the claim is NOT the last third party before the Nursing Charge plan in a co-ordination of benefits. Any differences will be sent to the next third party for payment. Only differences from the **final** third party in the co-ordination of benefits process will be waived. The same logic applies to the Acceptance Threshold; only differences from the **final** third party in the co-ordination of benefits process will be automatically accepted.

Cost — The maximum value that will be waived automatically if a cost difference is sent back from the third parties that adjudicated the prescription.

Markup — The maximum value that will be waived automatically if a markup difference is sent back from the third parties that adjudicated the prescription.

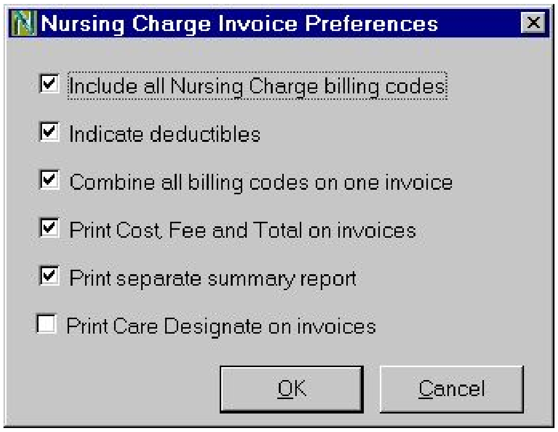
Fee — The maximum value that will be waived automatically if a fee difference is sent back from the third parties that adjudicated the prescription.

Deductible — The maximum value that will be waived automatically if a deductible is sent back from the third parties that adjudicated the prescription.

Acceptance Threshold — The maximum value that will be automatically charged to patients without forcing the Claim Summary to be viewed. This applies to the sum of any differences and deductibles that are sent back from third parties that adjudicated the prescription. Therefore, if the sum of all these amounts is less than or equal to the value set as the *Acceptance Threshold*, the Claim Summary will not be displayed and the amount will not be charged to the patient.

Nursing Charge Invoice Preferences (‘NC Invoices’ Function Button)

Nursing Charge Invoice Preferences provides the ability to set up group-specific preferences when printing Nursing Charge Invoices at the pharmacy-level.



IMPORTANT: These preferences must be selected accordingly when requesting NC Invoices from McKesson.

Include all Nursing Charge billing codes
When selected, the billing codes NC and N0 through to N9 are included on the report. If this is not selected, only NC will be included.

Indicate Deductibles
When selected, all non-nursing charge billing codes will also be included on the report (e.g. if the prescription's billing code is AS/NC/CA, the information for AS will also appear).

Combine all billing codes on one invoice
When selected, all of the billing codes will be combined on a single invoice for the patient.

Print Cost, Fee and Total on invoices
When selected, the cost, fee and total print for each prescription.

Print separate summary report
When this is selected, the non-invoiced records will print separately, as a summary.

Print Care Designate on invoices
When this is selected, the Care Designate information will print on invoices for patients in the group if the Care Designate information is populated for the patient. Since the Care Designate information is patient specific and is set in the Care Designate tab in the Patient Folder, it is only considered to be populated if the following information has been entered for the Care Designate: Last Name, First Name and Addr Line 1. This ensures the Care Designate will only be printed if valid information has been entered.

Manrex Combo Label

The Manrex Combo label function provides the ability to print prescriptions on both 1-ply and 2-ply Manrex labels. The pharmacy requires two dot matrix printers in order to print Manrex Combo labels: one printer for the 1-ply labels and one printer for the 2-ply labels. Manrex Combo Labels can only be printed at the pharmacy; they cannot be printed at McKesson

The purpose of 2-ply labels is to allow the facility to send a re-order sticker back to the pharmacy in order to process repeats. For a given medication there can be multiple administration times, requiring multiple copies of the prescription label. This increases the possibility of error since all of the labels would print as 2-ply and the pharmacy could potentially receive multiple re-orders for the same prescription. To resolve this issue, 1-ply labels can be used for the additional label copies.

When Manrex Combo Label is selected in Group preferences, PharmaClik Rx will use both 2-ply and 1-ply labels to print multiple copies of prescription labels. The first label for the prescription will always print on a 2-ply Manrex label set When multiple copies of the label are printed for the prescription, the remaining labels will print on a 1-ply Manrex label set.

The number of labels required for a prescription is set in the Copies field in the Rx Detail Extended tab. When labels are batched, Manrex Combo Labels will print when the user requests to print them locally.

e.g. Manrex Combo Label is set for the group. A patient's prescription has 3 entered in the Copies field in Rx Detail. When the prescription is printed, the first Manrex label prints on 2-ply labels. The next two copies of the label print on 1-ply labels.

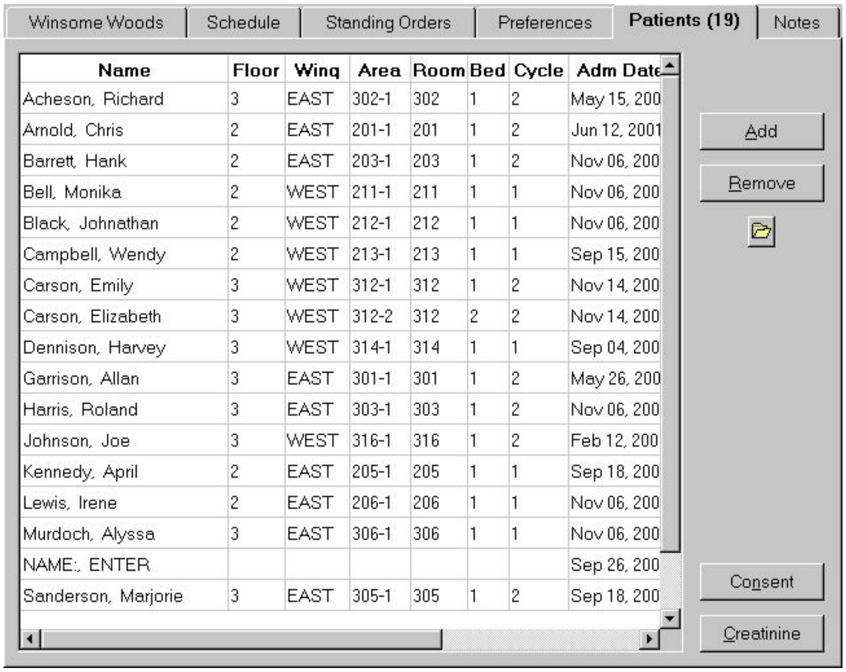
Before Manrex Combo Labels can be printed, the system settings must be entered:

1. Press the *More* navigator button.
2. Press *Pharmacy*.
3. Press the *System* tab at the top of the screen.
4. Scroll down the list until **Manrex Label** is shown on the screen. This refers to the 2-ply label.
5. Select the appropriate dot-matrix printer from the *Printer* dropdown list.
6. *Tray* should be set to **Tractor**.
7. *Paper* should be set to **Form Feed Labels**.
8. Scroll up to the list to **Manrex Combo Label**. This refers to the 1-ply label.
9. Select the appropriate dot-matrix printer from the *Printer* dropdown list.
10. *Tray* should be set to **Tractor**.
11. *Paper* should be set to **Form Feed Labels**.
12. Press the *Save* action button.

Notes:

Patients Tab

The *Patients* tab lists all of the patients who are included in the group. From this tab, you can add patients to the group, view patient folders, and remove patients from the group.



Name	Floor	Wing	Area	Room	Bed	Cycle	Adm Date
Acheson, Richard	3	EAST	302-1	302	1	2	May 15, 200
Arnold, Chris	2	EAST	201-1	201	1	2	Jun 12, 2001
Barrett, Hank	2	EAST	203-1	203	1	2	Nov 06, 200
Bell, Monika	2	WEST	211-1	211	1	1	Nov 06, 200
Black, Johnathan	2	WEST	212-1	212	1	1	Nov 06, 200
Campbell, Wendy	2	WEST	213-1	213	1	1	Sep 15, 200
Carson, Emily	3	WEST	312-1	312	1	2	Nov 14, 200
Carson, Elizabeth	3	WEST	312-2	312	2	2	Nov 14, 200
Dennison, Harvey	3	WEST	314-1	314	1	1	Sep 04, 200
Garrison, Allan	3	EAST	301-1	301	1	2	May 26, 200
Harris, Roland	3	EAST	303-1	303	1	2	Nov 06, 200
Johnson, Joe	3	WEST	316-1	316	1	2	Feb 12, 200
Kennedy, April	2	EAST	205-1	205	1	1	Sep 18, 200
Lewis, Irene	2	EAST	206-1	206	1	1	Nov 06, 200
Murdoch, Alyssa	3	EAST	306-1	306	1	1	Nov 06, 200
NAME:, ENTER							Sep 26, 200
Sanderson, Marjorie	3	EAST	305-1	305	1	2	Sep 18, 200

Name The patients in the group. When a non-retail group is entered, PharmaClik Rx creates a patient who has the same name as the group. This patient should be used when prescriptions for an emergency supply or ward stock are required for the facility.

Floor The floor on which the patient is located (allows 10 characters).

Wing The patient's wing (allows 20 characters).

Area The patient's area (allows 20 characters).

Room The patient's room (allows 4 characters).

Bed The patient's bed (allows 9 characters).

Cycle The patient's cycle, used for Three Month Reviews (allows 30 characters).

Adm Date The date the patient was admitted to the facility; defaults to the current system date, but can be changed.

Active Indicates the patient's current status, as set in the *Active* field in the Patient Folder. The checkbox will be selected for active patients.

HELPFUL HINT… Deceased Patients

Deceased patients are not included when batches are scheduled. Patients can be flagged as deceased using the Status field in the main tab of the Patient folder, following these steps:

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the main tab in the Patient folder.
4. Select **Deceased** from the *Status* dropdown list located in the top part of the window.
5. Press the *Save* action button.

Carry Rx Indicates that the patient was previously a retail patient whose retail prescriptions were carried over into the group. The checkbox will be selected if prescriptions were carried over.

Allow Auto Disp Provides a patient-level override for the Allow Auto-Dispensing group preference. It determines if a specific patient's prescriptions will be flagged for automated dispensing. The possible options are Default, Yes and No. Default uses the group preference to determine if prescriptions can be auto-dispensed. Yes allows automated dispensing for this patient, while No disables auto-dispensing.

Consent The Consent function button opens the Group Consent window, allowing the user to set default patient consent settings for the whole group. This allows the Consent prompt to can be skipped for all patients in the group, when filling prescriptions.

Creatinine Clearance

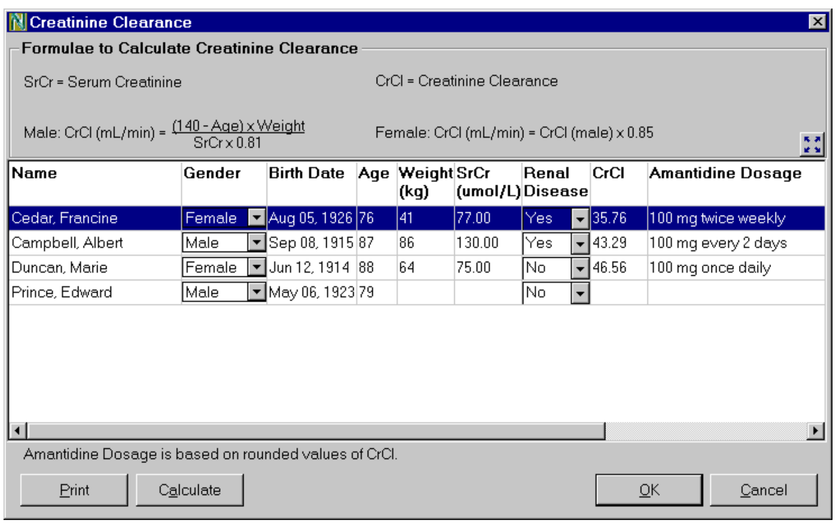
The Creatinine function button opens the Creatinine Clearance window. The Creatinine function provides the ability to calculate Creatinine Clearances used to determine Amantadine dosage required for patients. This is especially useful for flu breakouts.
The Creatinine function is available from both the Patient folder and the Groups folder. Accessing this function from the Groups folder allows you to calculate Amantidine dosages for all patients in the group, while the same function in the Patient folder allows the dosage to be determined for a single patient.

The formula used to calculate Creatinine Clearance differs for males and females (the formulae are shown at the top of the window). The user must have a value for Serum Creatinine in order to perform the calculations. The patient's age and weight are also required. Once this information is provided, PharmaClik Rx can calculate the Creatinine Clearance.

Once the value for Creatinine Clearance is calculated, the user must know if the patient has any form of renal disease in order to determine the appropriate Amantidine dosage. This is required because the existence of renal disease impacts the patient's Amantidine dosage.

A clearly outlined Amantidine dosage chart is provided by PharmaClik Rx. Please note that Amantidine dosage is based on rounded values of Creatinine Clearance.

The example shown below is the Creatinine Clearance window for a group, and displays all patients in the group.



The following function buttons are available in the Creatinine Clearance window:

Print: Prints a Creatinine Clearance report, reflecting all of the information that is currently displayed in the window.

Calculate: Calculates the value for Creatinine Clearance and determines Amantidine Dosage.

OK: Saves changes and closes the window. Any changes made to the editable fields are applied to the corresponding fields in the Patient folder. Creatinine Clearance and Amantidine Dosage calculations are not saved.

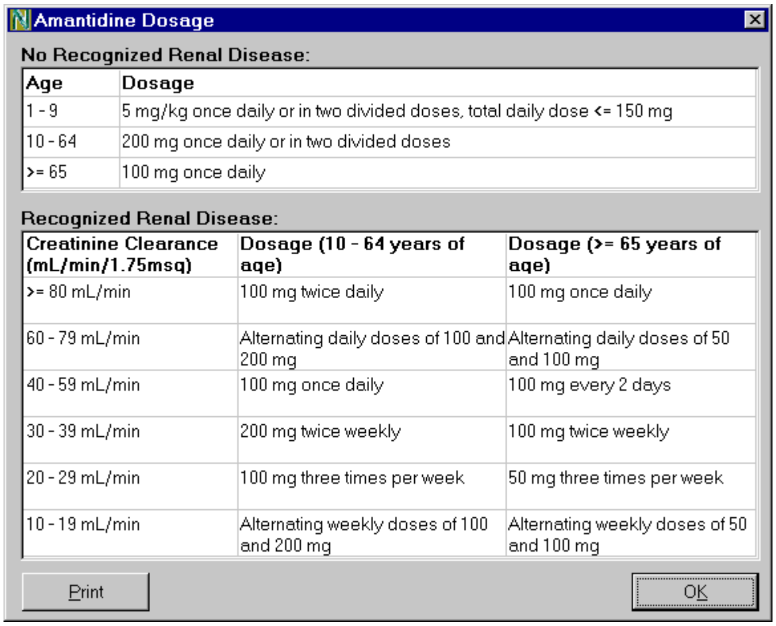
Cancel: Aborts changes and closes the window.

Name The patient's name. When the window is opened from the Groups folder, all patients in the group are listed. If the window is opened from a patient's folder, only that patient is shown.

Gender	The patient's gender. This is required for correct calculations. If the patient's gender is incorrect, use the dropdown list to select the correct gender. When you press the *OK* function button in the Creatinine Clearance window the *Gender* field in the patient's folder will be updated with the correct information.
Birth Date	The patient's birth date, as set in the main tab of the Patient folder. This is required for the calculation; if the birth date is incorrect or blank, enter the patient's correct birth date in this field. When you press the *OK* function button in the Creatinine Clearance window the *Birth Date* field in the patient's folder will be updated with the correct information. (**NOTE:** Deleting the birth date from this field will also delete the birth date in the patient's folder).
Age	he patient's age is calculated using the value in the *Birth Date* field.
Weight (kg)	The patient's weight in kilograms, as set in the Medical tab of the Patient folder. This is required for the calculation; if the value is blank or incorrect, enter the correct weight (kg) in this field. When you press the *OK* function button in the Creatinine Clearance window the *Weight* fields in the patient's folder is updated with the correct information.
SrCr (umol/L)	Serum Clearance. This is required for the Creatinine Clearance calculation and must be entered by the user. If it has been entered in the Creatinine window in the Patient folder it will be reflected in the Groups folder Creatinine window, and vice versa.
Renal Disease	Indicates whether or not the patient has renal disease. Select Yes or No from the dropdown list. The Amantidine dosage is dependent on whether or not the patient has renal disease. If a selection has been made in the Creatinine window in the Patient folder it will be reflected in the Groups folder Creatinine window, and vice versa.
CrCl	Creatinine Clearance. PharmaClik Rx calculates this value when you press the *Calculate* function button in the window. Creatinine Clearance can only be determined if values have been entered for the patient's gender, birth date, weight, and Serum Clearance.
Amantidine Dosage	The patient's Amantidine dosage. This is displayed once the Creatinine Clearance has been calculated. The Amantidine dosage is based on rounded values of Creatinine Clearance. An Amantidine Dosage chart can be viewed by pressing the expand button located to the upper right of the Amantidine Dosage column.

Viewing the Amantadine Dosage Chart

1. Open the Creatinine Clearance window from the Groups folder or the Patients folder.
2. Press the expand icon located in the upper right of the Amantidine Dosage column.
3. The Amantadine Dosage window opens. The *Print* function button prints the dosage chart and closes the window. The *OK* function closes the window.


Amantidine Dosage

No Recognized Renal Disease:

Age	Dosage
1 - 9	5 mg/kg once daily or in two divided doses, total daily dose <= 150 mg
10 - 64	200 mg once daily or in two divided doses
>= 65	100 mg once daily

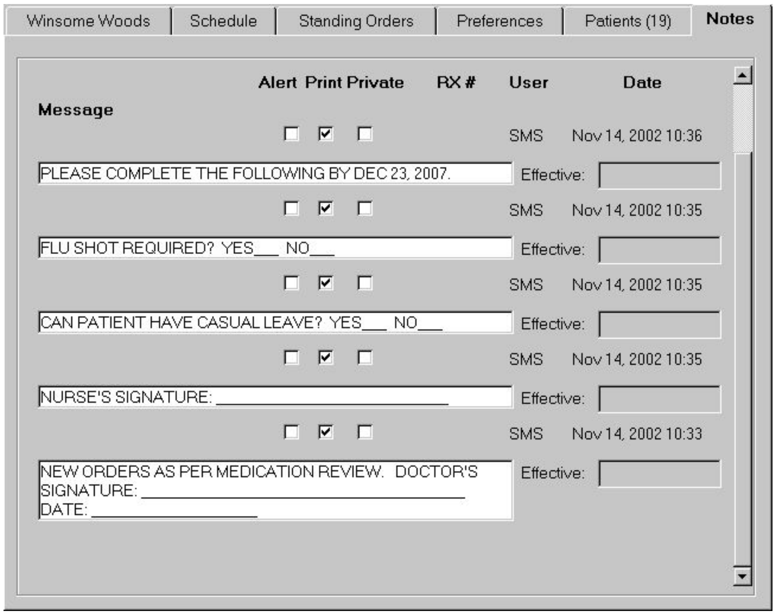
Recognized Renal Disease:

Creatinine Clearance (mL/min/1.75msq)	Dosage (10 - 64 years of age)	Dosage (>= 65 years of age)
>= 80 mL/min	100 mg twice daily	100 mg once daily
60 - 79 mL/min	Alternating daily doses of 100 and 200 mg	Alternating daily doses of 50 and 100 mg
40 - 59 mL/min	100 mg once daily	100 mg every 2 days
30 - 39 mL/min	200 mg twice weekly	100 mg twice weekly
20 - 29 mL/min	100 mg three times per week	50 mg three times per week
10 - 19 mL/min	Alternating weekly doses of 100 and 200 mg	Alternating weekly doses of 50 and 100 mg

Print OK

Notes Tab

The *Notes* tab provides the ability to link an unlimited number of notes to a group. This works in the same manner as all other Notes tabs within PharmaClik Rx. Group notes flagged as Alert will appear in the main tab of the Groups folder as well as in Rx Detail. Group notes flagged to Print appear on various TMR and MAR reports; notes flagged as Private do not print anywhere.



Once you have entered all the information for the group, press the **SAVE** button.

Notes:

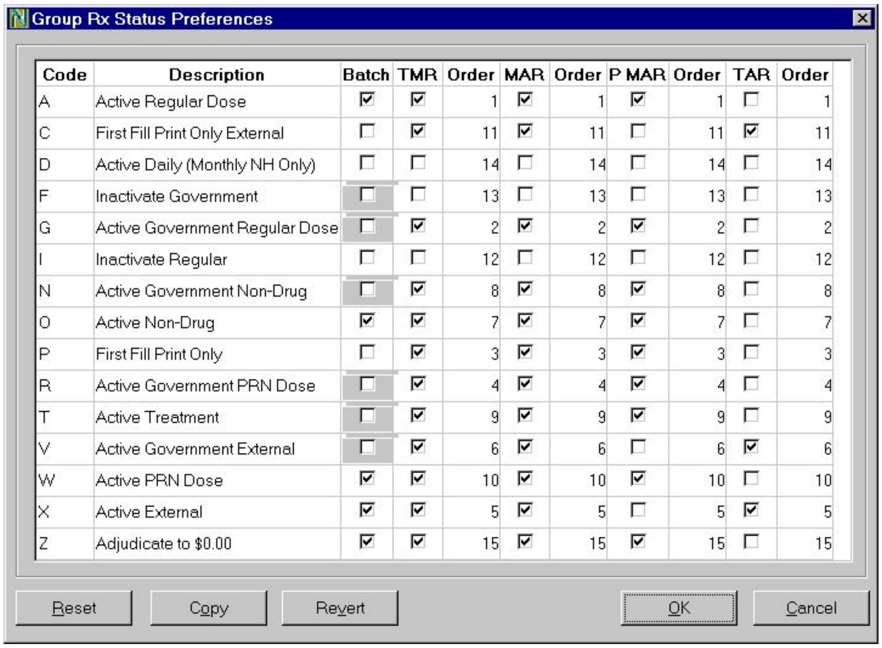
Group Rx Status Preferences

Group Rx Status preferences can be set at group level. This allows you to select which group Rx statuses will appear in the batch, as well as customized settings for the TMR, MAR, Partial MAR and TAR Reports.

The group preferences override the settings for the Pharmacy level, and are set in the Group Rx Status Preferences window. The default settings in the Group Rx Status Preferences window are taken from the pharmacy-level settings in the Group Rx Status list in List Maintenance.

To open the Group Rx Status Preferences window:

1. Press the *More* navigator button.
2. Press *Groups.*
3. Search for and select the group.
4. Press the *RxStatus* action button. The Group Rx Status Preferences window opens.



Code	Description	Batch	TMR	Order	MAR	Order	P MAR	Order	TAR	Order
A	Active Regular Dose	☑	☑	1	☑	1	☑	1	☐	1
C	First Fill Print Only External	☐	☑	11	☑	11	☐	11	☑	11
D	Active Daily (Monthly NH Only)	☐	☐	14	☐	14	☐	14	☐	14
F	Inactivate Government	☐	☐	13	☐	13	☐	13	☐	13
G	Active Government Regular Dose	☐	☑	2	☑	2	☑	2	☐	2
I	Inactivate Regular	☐	☐	12	☐	12	☐	12	☐	12
N	Active Government Non-Drug	☐	☑	8	☑	8	☑	8	☐	8
O	Active Non-Drug	☑	☑	7	☑	7	☑	7	☐	7
P	First Fill Print Only	☐	☑	3	☑	3	☑	3	☐	3
R	Active Government PRN Dose	☐	☑	4	☑	4	☑	4	☐	4
T	Active Treatment	☐	☑	9	☑	9	☑	9	☐	9
V	Active Government External	☐	☑	6	☑	6	☐	6	☑	6
W	Active PRN Dose	☑	☑	10	☑	10	☑	10	☐	10
X	Active External	☑	☑	5	☑	5	☐	5	☑	5
Z	Adjudicate to $0.00	☑	☑	15	☑	15	☑	15	☐	15

Setting Batch Preferences in Group Rx Status Preferences

The *Batch* column is used to indicate which group Rx statuses will appear in the batch, as well as when background processing is used for the group. When a checkbox is selected, the corresponding group Rx status will appear in the batch. A group Rx status will not be included in the batch if its checkbox is not selected. The grey fields in the *Batch* column cannot be selected. These are government group Rx statuses; prescriptions with these statuses cannot be refilled.

1. Select the *Batch* checkbox for each group Rx status that should appear in the batch.
2. Press the *OK* function button to save changes and close the window.

Setting MAR Preferences in Group Rx Status Preferences

The MAR settings refer to the MAR Complete, MAR - 12 Meds, MAR Complete - 35 Day, MAR Complete by Dosage and MAR Correctional Services Canada. The checkboxes in the *MAR* column indicate if the corresponding group Rx status will appear on the MAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the MAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the MAR reports.

1. In the *MAR* column, select the group Rx statuses that should appear on the MAR reports.
2. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
3. Press the *OK* function button to save changes and close the window.

Setting Partial MAR Preferences in Group Rx Status Preferences

The Partial MAR settings refer to the MAR Partial, MAR Partial - 12 Meds, MAR Partial - 35 Day, and MAR Partial by Dosage. The checkboxes in the *P MAR* column indicate if the corresponding group Rx status will appear on the Partial MAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the P MAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the Partial MAR reports.

1. In the *P MAR* column, select the group Rx statuses that should appear on the Partial MAR reports.
2. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
3. Press the *OK* function button to save changes and close the window.

Setting TAR preferences in Group Rx Status Preferences

The TAR settings refer to the TAR, TAR - 12 Meds, TAR - 35 Day, TAR by Dosage, and TAR with Body Diagram. The checkboxes in the *TAR* column indicate if the corresponding group Rx status will appear on the TAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the TAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the TAR reports.

1. In the *TAR* column, select the group Rx statuses that should appear on the TAR reports.
2. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
3. Press the *OK* function button to save changes and close the window.

Copying Group Rx Status Preferences from Another Group

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *RxStatus* action button. The Group Rx Status Preferences window opens.
5. Press the *Copy* function button.
6. The Group Search window opens. Search for and select the group from which you would like to copy the Group Rx Status Preferences.
7. A prompt will ask if you want to replace the Group Rx Status Preferences. Press *Yes*.

   TIP Pressing *No* returns the screen to the Group Rx Status Preferences window without making any changes.

8. The Group Rx Status Preferences window is updated to match the Group Rx Status Preferences from the group that was selected in the Group Search window.
9. Press the *OK* function button to save changes and close the window.

Resetting Group Rx Status Preferences

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *RxStatus* action button. The Group Rx Status Preferences window opens.
5. Press the *Reset* function button.
6. A prompt confirms if you want to reset the Group Rx Status Preferences to the default settings. Press *Yes*.

   TIP Pressing *No* returns the screen to the Group Rx Status Preferences window without making any changes.

7. The Group Rx Status Preferences window is updated to match the Group Rx Status list in List Maintenance.
8. Press the *OK* function button to save changes and close the window.

Notes:

Adding Patients to a Group

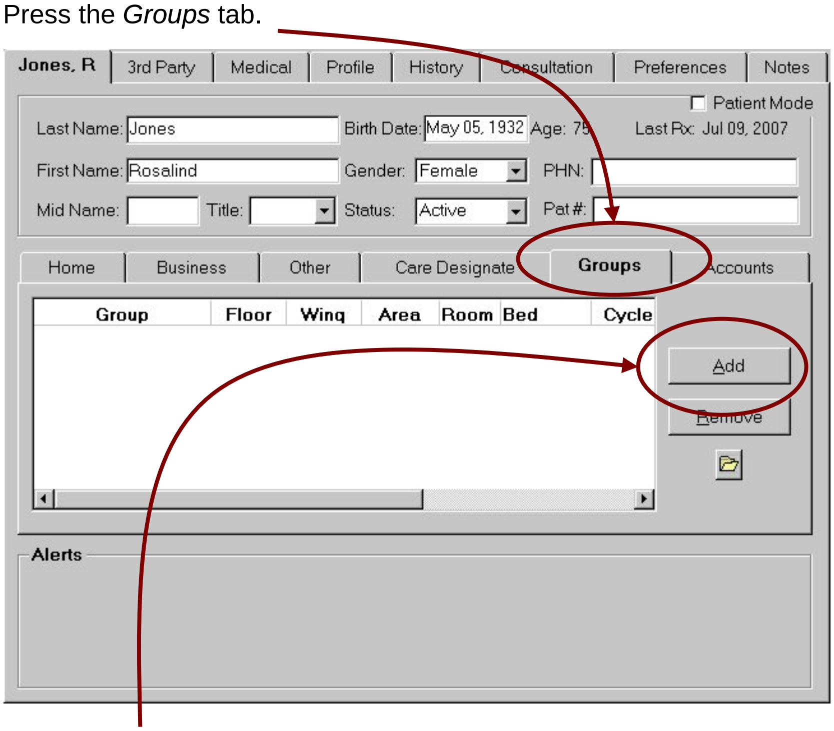
Transferring Retail Patients into a Group

Retail patients can be added to a group through both the Groups folder and the Patient folder.

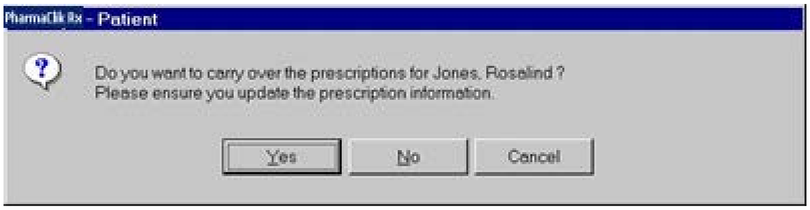
When a retail patient is added to a non-retail group, it is possible to add administration times and group Rx statuses to each of the patient's prescriptions. Additionally, the group's default Nursing Charge billing code (as set in-group preferences) will be automatically added to the patient's list of third parties.

From the Patient Folder

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the *Groups* tab.



4. Press the *Add* function button.
5. The Group Search window appears. Enter the name of the group in the *Group Name* field.
6. Press the *Search* function button.
7. In the search results, highlight the group.
8. Press the *OK* function button.
9. A prompt asks if you want to carry over the patient's prescriptions. Press *Yes* in the prompt.

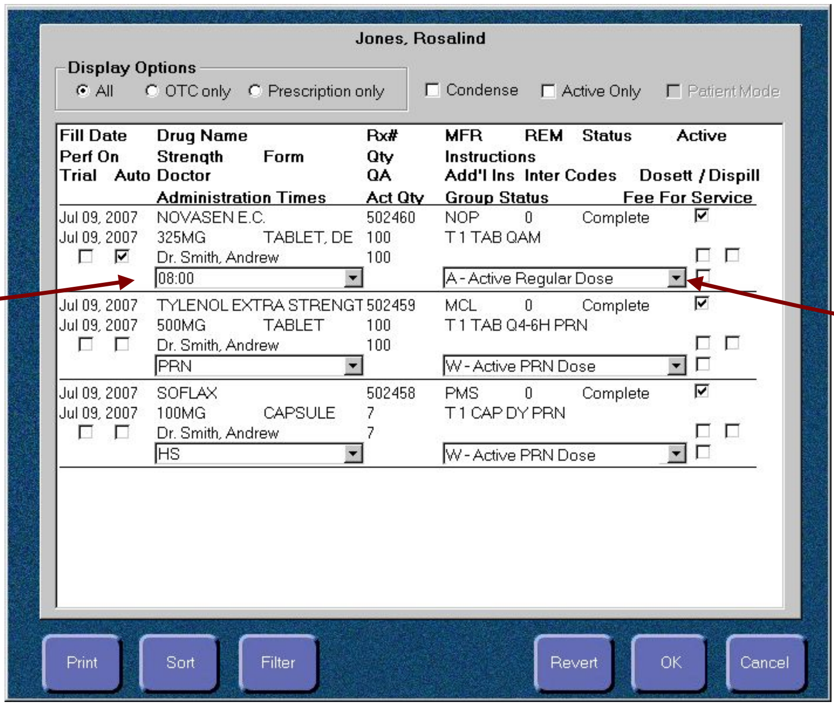


TIP If you press *No*, none of the patient's prescriptions will be carried over into the group, but the patient will still be added to the group. Skip to Step 9 below.

Pressing Cancel aborts adding the patient to the group. The screen returns to the Groups tab in the Patient folder.

10. The Carry Over Prescriptions window opens. This window allows you to choose the appropriate group Rx status for each prescription and set administration times. These statuses will determine which prescriptions will appear in the batch, as well as on MAR, TAR and TMR reports.

Enter an **administration time** for each prescription.



Select a **group Rx status** for each prescription. Press the *OK* action button once all of the group Rx statuses have been entered.

IMPORTANT: Prescriptions that have not been filled within the last 12 months are automatically assigned group Rx status 'I – Inactivate Regular', meaning they will be inactive

Press the *OK* action button once all group Rx statuses and administration times have been entered.

TIP Pressing *Revert* aborts all changes; the Administration Time and Group Status fields will become blank. Pressing *Cancel* will close the window and abort the transfer; the screen will return to the Groups tab in the Patient folder.

11. The screen returns to the Patients tab in the Groups folder. Enter the Floor, Wing, Area, Room, Bed, Cycle and/or Admission Date for the patient.
12. Press the Save action button. PharmaClik Rx adds the group's default Nursing Charge billing code to the patient's Third Party tab. The patient is now part of the group.

Once a patient is added to a group, the *Add* function button the in Groups tab is replaced by a *Move* function button. This button enables you to move a patient from one home to another. For more information about this process, refer to the section titled Transferring Patients Between Groups.

Notes:

From the Groups Folder

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *Patients* tab.
5. Press the *Add* function button.
6. The Patient Search window will appear. Search for and select the patient.
7. A prompt will ask if you want to carry over prescriptions for the patient. Press *Yes* in the prompt.
8. The Carry Over Prescriptions window opens (an example is shown on the previous page). Set the appropriate administration time and group Rx status for each prescription.
9. Press the *OK* action button.
10. The screen returns to the Patients tab in the Groups folder. Enter the Floor, Wing, Area, Room, Bed, Cycle and/or Admission Date for the patient.
11. Press the *Save* action button. The patient now belongs to the group.

1. The patient should be highlighted. Press the yellow folder icon to open the patient's folder.
2. Press the *3rd Party* tab at the top of the window.
3. Press the *Add* function button.
4. The Third Party Plan Search window will open. Enter **NC** in the *Bill Code* field.
5. Press the *Search* function button.
6. **Nursing Charge** is highlighted in the search results.
7. Press the *OK* function button.
8. Nursing Charge is added to the patient's list of third parties.
9. Press the *OK* action button.
10. The screen returns the Groups folder.

Notes:

Adding a New Patient through the Groups Folder

When you need to add a patient to a group, and the patient is NOT in the database, the easiest method is to add the patient through the Groups folder. If the group type is Nursing Home or another type of non-retail group, the group's default **Nursing Charge** billing code is automatically added to patient's list of third parties once the patient is saved. New non-retail patients can also be added to a group through the Patient Folder.

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *Patients* tab.
5. Press the *Add* function button.
6. The Patient Search window appears. Search for the patient. The patient will not be found.
7. Press the *New* function button in the Patient Search window.
8. The Patient folder opens. The *Home* address tab displays the group's address. Enter the remaining patient information, including third parties (do not enter Nursing Charge), conditions, and preferences.
9. Once all information has been entered, press the *OK* action button.
10. The screen returns to the Groups folder and the patient is listed in the Patients tab.
11. Enter the Floor, Wing, Area, Room, Bed, Cycle and/or Admission Date for the patient.
12. Press the *Save* action button.

Transferring & Removing Patients

***** IMPORTANT NOTE ABOUT REMOVING PATIENTS FROM A GROUP *****
BEFORE transferring a patient between groups or removing a patient from non-retail group, **Nursing Charge Invoices MUST be requested** for the group from which the patient is being removed. If you DO NOT request the invoices, you will NOT receive a Nursing Charge Invoice for the patient.

Requesting Nursing Charge Invoices

1. Press the *More* navigator button.
2. Press *Reports*.
3. Highlight Groups on the left side of the screen then select **Nursing Charge Invoice** from the list.
4. Press the *Next* Action button.
5. Press the *Preview* Action button.
6. Press the *Request* Action button if you wish to have McKesson print the invoices or the *Print* Action button if you wish to print the invoices in the pharmacy.
7. PharmaClik Rx will generate the invoices and a message will indicate that the Nursing Charge Invoice report has been successful.
8. Press *OK* in the message.
9. Press the *Exit* Navigator button to close the Reports window.

Once the Nursing Charge Invoices have been requested, the patient can be moved to the new group or removed from non-retail.

Transferring Patients between Groups

Patients can be transferred from the Groups folder or the Patients folder. The following processes explain how to transfer patients from the Patient folder.

When a patient in a non-retail group such as a Nursing Home is transferred into a different non-retail group, PharmaClik Rx provides the ability to reset the administration times for each prescription. This allows the prescriptions to be set with administration times that are applicable to the new group, rather than retaining the old group's administration times.

Additionally, the group's default Nursing Charge billing code is automatically added to the patient's list of third parties. Please note that the transfer procedure is somewhat different when the two groups have different default Nursing Charge billing codes.

When the Default Nursing Charge Billing Code is the Same for Both Groups

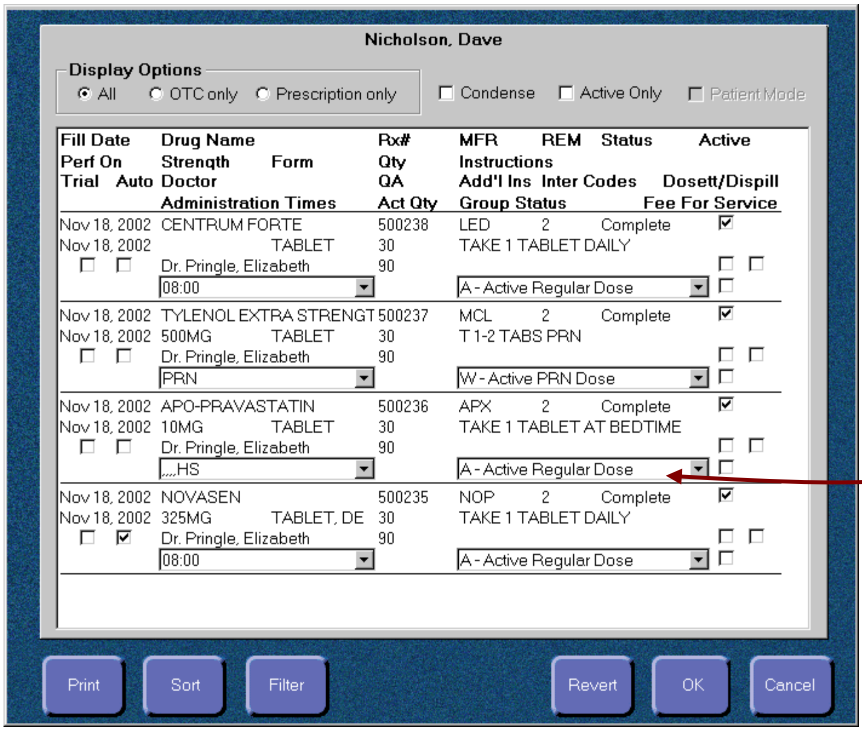
If the patient's new group has the same default Nursing Charge billing code as the previous group, it is not necessary to change the patient's third parties.

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the *Groups* tab.
4. Press the *Move* function button.
5. The Group Search window will appear. Search for and select the group into which the patient will be transferred.
6. A message will ask if the prescriptions should be carried over into the new group. The options are Yes, No and Cancel. Press *Yes* to carry the prescriptions over.

TIP If you press *No*, none of the patient's prescriptions ARE carried over into the new group, but the patient is still added to the group. Skip to Step 8 below.

Pressing *Cancel* aborts adding the patient to the group. The screen will return to the Groups tab in the Patient folder.

7. The Carry Over Prescriptions window opens. Set the Admin Time and group Rx status for each prescription. Press the *OK* action button once all of the information has been entered.



The *Administration Times* dropdown list contains all of the Admin Times for the NEW group. Make a selection from the dropdown list or type the admin time.

The *Group Status* dropdown list contains all of the available group Rx statuses.

Make selections for each prescription.

TIP Pressing *Revert* aborts all changes; the Administration Time and Group Status fields will change back to the settings from the patient's original group.

Pressing *Cancel* closes the window and aborts the transfer; the screen returns to the Groups tab in the Patient folder.

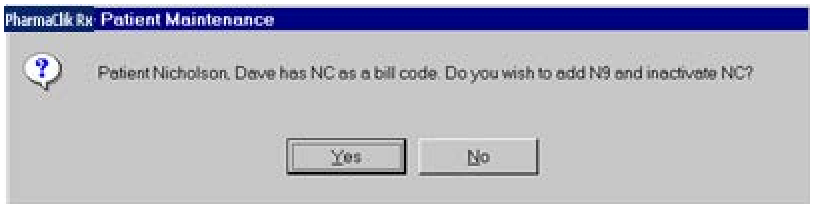
8. The screen returns to the Groups tab in the Patient folder. Enter the Floor, Wing, Area, Room, Bed, Cycle and/or Admission Date for the patient.
9. Press the *Save* action button.

Notes:

When the Default Nursing Charge Billing Code is Different for Each Group

If the patient's new group has a different default Nursing Charge billing code than the previous group, PharmaClik Rx will inactivate the old Nursing Charge billing code and add the new billing code.

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the *Groups* tab.
4. Press the *Move* function button.
5. The Group Search window will appear. Search for and select the group into which the patient will be transferred.
6. A message will ask if the prescriptions should be carried over into the new group. The options are Yes, No and Cancel. Press *Yes* to carry the prescriptions over.
7. The Carry Over Prescriptions window will open (an example is shown on the previous page). Set the appropriate administration time and group Rx status for each prescription.
8. Press the *OK* action button.
9. The screen will return to the Groups tab in the Patient folder. Enter the Floor, Wing, Area, Room, Bed, Cycle and/or Admission Date for the patient.
10. Press the *Save* action button.
11. The screen will display the Third Party tab of the Patient folder and a message similar to the following will appear. This message indicates the patient's current Nursing Charge billing code (*ex.* NC), as well as the group's default Nursing Charge billing code (*ex.* N9).



NOTE If you press *No*, the group's default Nursing Charge plan will not be added to the patient's Third Party tab. The patient's existing Nursing Charge billing code will be retained and will remain active.

12. Press *Yes* in the message.
13. The group's default Nursing Charge billing code will be automatically added to the patient's Third Party tab. The patient's old Nursing Charge billing code will be inactivated.
14. Press the *Save* action button.

Notes:

Removing Patients from a Group

When a patient is removed from a group (i.e. transferred back to retail from a non-retail group), Rx Detail does not show the group information when prescriptions are refilled. Patients can be transferred from either the Patient folder or the Groups folder.

TIP When a patient is transferred to retail, the patient's Nursing Charge billing code should be inactivated. This ensures that the patient's prescriptions are no longer billed to Nursing Charge.

Removing from the Patient Folder

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the *Groups* tab.
4. Press the *Remove* function button.
5. Press the *Save* action button.
6. Press the *Third Party* tab.
7. Deselect the *Active* checkbox for **Nursing Charge**.
8. Press the *Save* action button.

Removing from the Groups Folder

1. Press the *More* navigator button.
2. Search for and select the group.
3. Press the *Patients* tab.
4. Highlight the patient that you would like to remove.
5. Press the *Remove* function button. The patient will be removed from the list.
6. Press the *Save* action button.
7. Press the *Patient* navigator button.
8. Search for and select the patient.
9. Press the *Third Party* tab.
10. Deselect the *Active* checkbox for **Nursing Charge**.
11. Press the *Save* action button.

Notes:

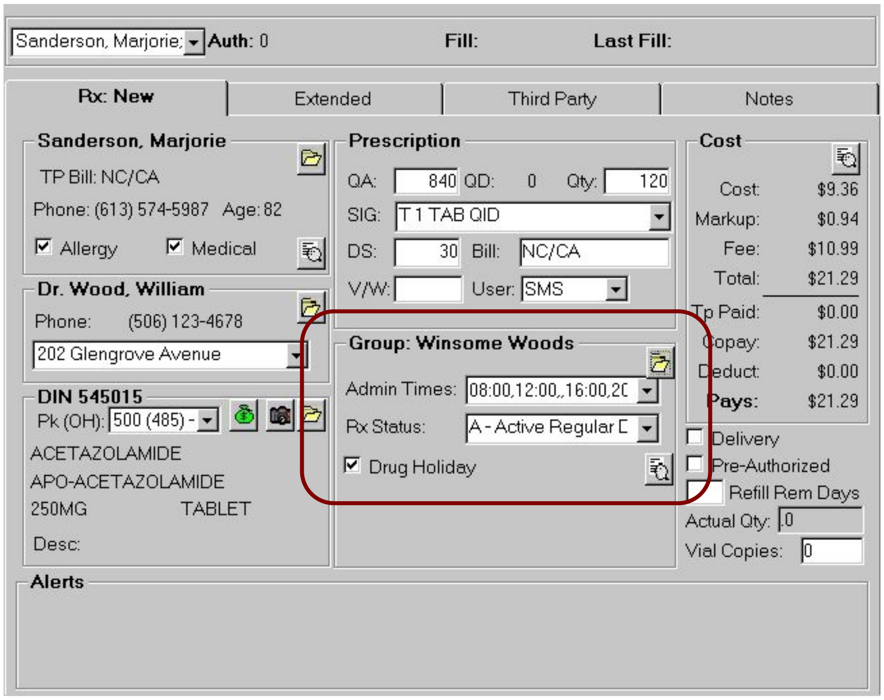
Filling New Prescriptions

Using the Long-Term Care module, new prescriptions can be filled from the Workbench, the Patient folder and the Groups folder.

From the Workbench

1. Go to the *Workbench*.
2. Press the *New* function button (or F7 key).
3. The *New Prescription* window appears. Enter information in all of the fields, as usual.

   TIP If the group has a default doctor, it is not necessary to enter the Doctor.
4. Press the *Process* function button.
5. Complete each search (Patient, Doctor, and Drug) as it appears on the screen.
6. The prescription opens in Rx Detail.



7. Select an administration time from the *Admin Times* dropdown list. If the administration time is not in the list, you can enter it in the field.
8. Select the group Rx Status from the *Rx Status* dropdown list (see Appendix B for a list of the group Rx statuses).
9. If required, enter any administration details (refer to the Rx Extended Options section for details).
10. Continue to fill the prescription as usual.

Notes:

From the Patient Folder

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. The patient's folder appears. Press the *Profile* tab at the top of the screen.
4. Press the *New* action button.
5. The *New Prescription* window appears. Enter information in all of the fields.
6. Press the *Process* function button.
7. Complete each search (Patient, Doctor, and Drug) as it appears.
8. Rx Detail opens. Select an administration time from the *Admin Times* dropdown list.
9. Select the group Rx Status from the *Rx Status* dropdown list.
10. If required, enter any administration details (refer to the Rx Extended Options section for details).
11. Continue to fill the prescription as usual.

Notes:

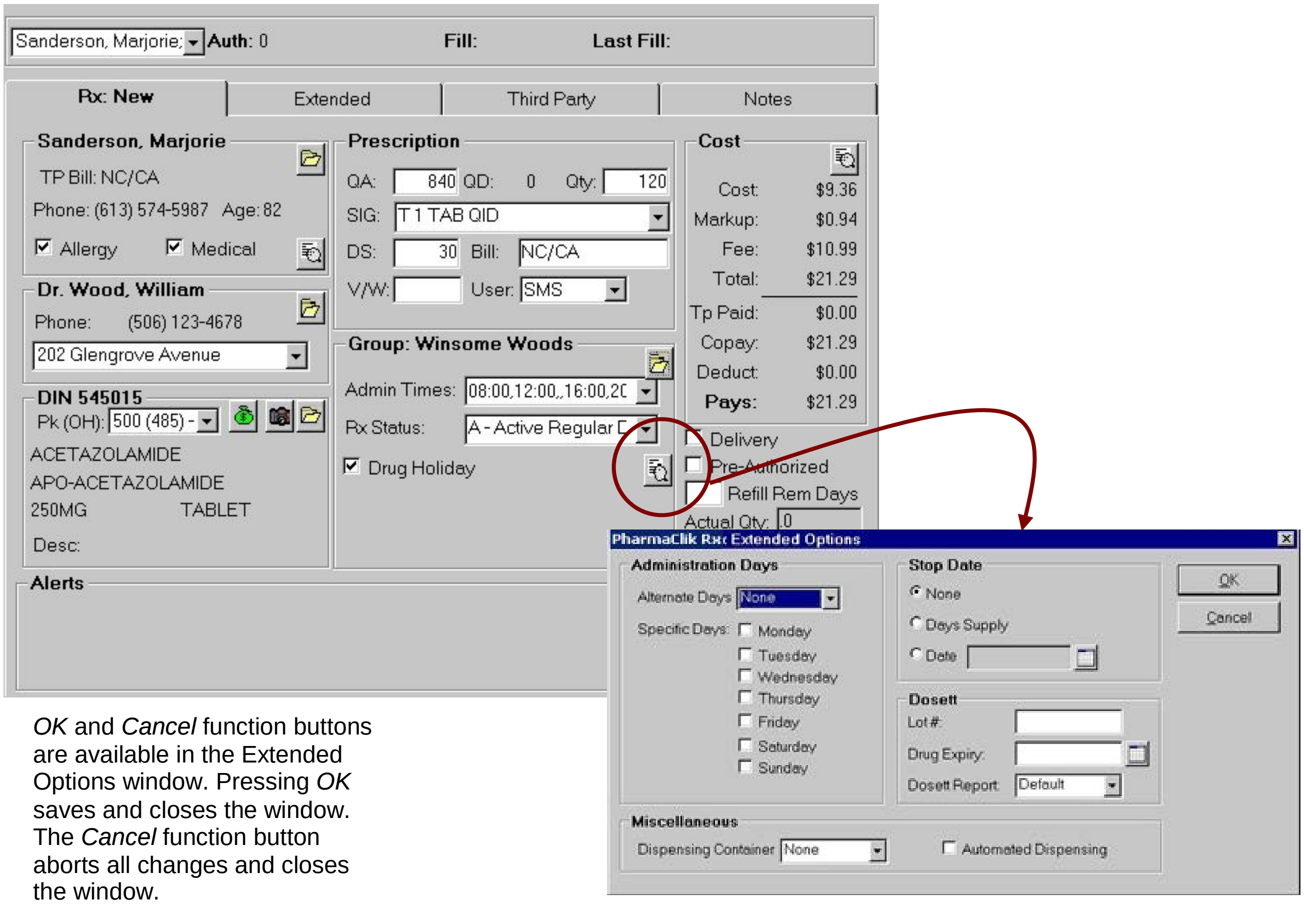
From the Groups Folder

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *Patients* tab.
5. Highlight the patient.
6. Press the yellow folder icon to open the patient's folder.
7. The Patient folder appears. Press the *Profile* tab.
8. Press the *New* action button.
9. The *New Prescription* window appears. Enter information in all of the fields.
10. Press the *Process* function button.
11. Complete each search (Patient, Doctor, and Drug) as it appears.
12. The screen returns to the patient's profile. Press the *OK* action button.
12. Press the *Workbench* navigator button.
13. **The prescription is on the Workbench To Do tab.** Press the *To Do* tab.
14. Highlight the prescription.
15. Press the *Process* function button located at the top right side of the screen.
16. Rx Detail opens. Select an administration time from the *Admin Times* dropdown list.
13. Select the group Rx Status from the *Rx Status* dropdown list.
14. If required, enter any administration details (refer to the Rx Extended Options section for details).
15. Continue to fill the prescription as usual.

Notes:

Rx Extended Options

The Rx Extended Options window in Rx Detail contains functions for alternate days dosing for MAR reports, as well as a prescription stop date function. The Rx Extended Options window is opened by pressing the Details icon located below the *Rx Status* field in Rx Detail.



OK and *Cancel* function buttons are available in the Extended Options window. Pressing *OK* saves and closes the window. The *Cancel* function button aborts all changes and closes the window.

Days Options

The Days Options provide the ability to indicate alternate days or specific days on retail and non-retail MAR reports. It is not possible to set both Alternate Days options and Specific Days options for the same prescription – only one or the other can be used.

Alternate Days

Alternate Days provides the ability to indicate alternate days dosing on MAR reports. The following options are available: None, Odd, Even. *None* indicates that alternate days dosing is not required for the prescription. When *Odd* is selected, the MAR reports will indicate that the medication should only be provided to the patient on days with odd numbered dates. *Even* indicates that the medication should be provided to the patient on even numbered dates.

When MAR reports are printed, an **X** will be printed in the boxes related to the dates on which no medication should be provided.

Specific Days

Specific Days options provide the ability to indicate specific days of the week on the MAR reports. Each day of the week is listed. If you would like the medication to be provided to the patient on a specific day of the week, select the checkbox corresponding to that day. Multiple days of the week can be selected. When no days are selected, this function will not be applied to the prescription.

When MAR reports are printed, an **X** will be printed in the boxes related to the days on which no medication should be provided. These are the dates corresponding to the days of the week that have NOT been selected in the Specific Days. However, as noted above, this function is not applicable when no Specific Days have been selected for the prescription.

Stop Date

The Stop Date function allows PharmaClik Rx to automatically inactivate a prescription. The Stop Date can be set based on either a specific date, or the prescription's days' supply. Once the Stop Date is reached, PharmaClik Rx automatically changes the prescription's group Rx status to inactive, based on the following table. The Stop Date will also be reflected on MAR reports (retail and non-retail).

Group Rx Status	Group Rx Status After Stop Date
A	I – Inactivate Regular
C	I – Inactivate Regular
D	I – Inactivate Regular
G	F – Inactivate Government
N	F – Inactivate Government
O	I – Inactivate Regular
P	I – Inactivate Regular
R	F – Inactivate Government
T	I – Inactivate Regular
V	F – Inactivate Government
W	I – Inactivate Regular
X	I – Inactivate Regular

The following options are available for the Stop Date:

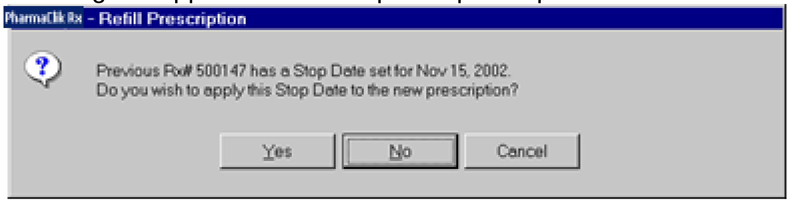
None No Stop Date will be applied to the prescription.

Days Supply Selecting *Days Supply* indicates that the prescription will become inactive once the days supply for the prescription has lapsed. MAR reports will indicate the Stop Date by printing an **X** in the boxes corresponding to the Stop Date and all following dates.

Date A date can be selected from the calendar or entered manually. Setting a specific date indicates that the prescription will become inactive that day. MAR reports will print an **X** in the boxes corresponding to the Stop Date and all following dates.

Refilling Prescriptions with a Stop Date

When you attempt to refill a prescription before the Stop Date has been reached, a prompt similar to the following will appear before the prescription opens in Rx Detail.



Pressing *Yes* in the prompt applies the Stop Date to the refill. Once in Rx Detail, if you open the Rx Extended Options window, the carried over Stop Date will be indicated; it will be either the Days Supply or a specific date in the *Date* field.

Pressing *No* does not carry the Stop Date over to the refill. The Stop Date for the prescription will be set to *None.*

Cancel aborts the refill request.

Dosett

The *Dosett* field applies to Dosett prescriptions. The Lot # and Expiry date of the drug may be entered here and will be reflected on the corresponding Dosett report for this prescription. The Dosett Report number may also be chosen if you wish to specify which report this prescription will fall on. If no report is selected, the default option is chosen, the prescriptions will appear on the reports in the order they are filled. Refer to the Dosett User Documentation for further information regarding Dosett prescriptions

Disp. Container

The *Disp Container* options allow the user to specify the type of container in which the medication is dispensed. The default options are None, 28 Day Pill Pack, 31 Day Pill Pack, Bag, Blister, Dosett, Self (meaning the patient self-medicates), and Vial. When an option other than **None** is selected for a prescription, the type of container will be indicated on the MAR reports.

Automated Dispensing

The *Automated Dispensing* flag indicates if the medication is dispensed using an automated dispensing device such as AutoMed. This is explained in detail in separate documentation for automated dispensing.

Notes:

Refilling Prescriptions

Using the LTC module, prescriptions can be refilled from the Workbench, Patient folder or Groups folder.

Refilling from the Workbench

Group prescriptions can be refilled from the Workbench using the prescription number, the patient's name, or the name of the group.

Using the Prescription Number

1. Go to the *Workbench*.
2. Press the *Refill* function button (or F8 key).
3. The Refill window opens. Enter the prescription number(s) in the *Rx(s)* field.
4. Press the *Process* function button. Rx Detail opens.
5. Make any necessary changes to the administration time in the *Admin Times* field.
6. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
7. If required, enter any administration detail.
8. If required, enter any administration details (refer to the Rx Extended Options section for details).
9. Continue to fill the prescription as usual.
10. If multiple prescription numbers were entered, the next prescription opens in Rx Detail. Repeat steps 5-9 until all of the prescriptions have been refilled.

Using the Patient Name

1. Go to the *Workbench*.
2. Press the *Refill* function button (or F8 key).
3. The Refill window opens. Enter the patient's name in the *Patient* field.
4. Press the *Process* function button.
5. Search for and select the patient.
6. The patient's profile opens. Highlight the prescription(s) to be refilled.
7. Press the *OK* action button. Rx Detail opens.
8. Make any necessary changes to the administration time in the *Admin Times* field.
9. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
10. If required, enter any administration details (refer to the Rx Extended Options section for details).
11. Continue to fill the prescription as usual.
12. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 8-11 until all of the prescriptions have been refilled.

Using the Group Name

1. Go to the *Workbench*.
2. Press the *Refill* function button (or F8 key).
3. The Refill window opens. Enter the group name in the *Group* field.
4. Press the *Process* function button.
5. Search for and select the group.
6. Group Profile opens. This window lists all applicable prescriptions for patients in the group.
7. Highlight the prescriptions that you **DO NOT WANT TO REFILL**.
8. Press the *Remove* function button.
9. The remaining prescriptions should be the ones that you **WANT TO REFILL**. If there are still prescriptions that need to be removed, repeat steps 7-8.
10. Press the *OK* function button. Rx Detail opens.
11. Make any necessary changes to the administration time in the *Admin Times* field.
12. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
13. If required, enter any administration details (refer to the Rx Extended Options section for details).
14. Continue to fill the prescription as usual.
15. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 11-14 until all of the prescriptions have been refilled.

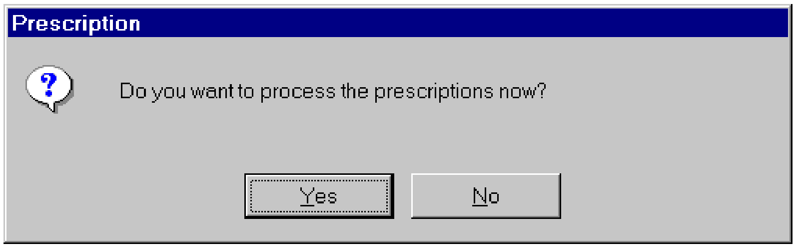
Using the Group Name along with the Area, Cycle, Floor or Wing

1. Go to the *Workbench*.
2. Press the *Refill* function button (or F8 key).
3. The Refill window opens. Enter the group name in the *Group* field, followed by the Area, Cycle, Floor and/or Wing in the *appropriate* field.
4. Press the *Process* function button.
5. Search for and select the group.
6. Group Profile opens. This window lists all applicable prescriptions for patients in the group.
7. Highlight the prescriptions that you **DO NOT WANT TO REFILL**.
8. Press the *Remove* function button.
9. The remaining prescriptions should be the ones that you **WANT TO REFILL**. If there are still prescriptions that need to be removed, repeat steps 8-9.
10. Press the *OK* function button. Rx Detail opens.
11. Make any necessary changes to the administration time in the *Admin Times* field.
12. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
13. If required, enter any administration details (refer to the Rx Extended Options section for details).
14. Continue to fill the prescription as usual.
15. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 11-14 until all of the prescriptions have been refilled.

Notes:

Refilling from the Patient Folder

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. The patient's folder opens. Press the *Profile* tab at the top of the screen.
4. Highlight the prescription(s) to be refilled.
5. Press the *Refill a*ction button.
6. The following message may appear. The options are *Yes* and *No*. Press the *Yes* function button.



TIP If you press *No* the prescription(s) will be placed on the Workbench To Do tab and can be processed at another time.

7. Rx Detail opens.
8. Make any necessary changes to the administration time in the *Admin Times* field.
9. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
10. If required, enter any administration details (refer to the Rx Extended Options section for details).
11. Continue to fill the prescription as usual.
12. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 8-11 until all of the prescriptions have been refilled.

Refilling from the Groups Folder

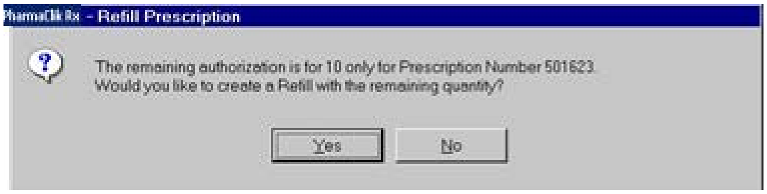
1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *Patients* tab.
5. Highlight the patient.
6. Press the yellow folder icon to open the patient's folder.
7. The Patient folder opens. Press the *Profile* tab.
8. Highlight the prescription(s) to be refilled.
9. Press the *Refill a*ction button.
10. Press the *OK* action button.
11. The screen returns to the Groups folder.
12. Press the *Workbench* navigator button.
13. **The prescription(s) will be on the Workbench To Do tab.** Press the *To Do* tab.
14. Highlight the prescription(s).
15. Press the *Process* function button located at the top right side of the screen. Rx Detail opens.
16. Make any necessary changes to the administration time in the *Admin Times* field.
17. Make any necessary changes to the group Rx status by selecting from the *Rx Status* dropdown list.
18. If required, enter any administration details (refer to the Rx Extended Options section for details).
19. Continue to fill the prescription as usual.
20. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 16-19 until all of the prescriptions have been refilled.

Processing Partial Refills for Non-Retail Prescriptions

A partial refill occurs when the quantity remaining in a prescription is less than the usual quantity provided on each refill. For example, a prescription is usually filled for 30 tablets, however only 10 tablets are left out of the original quantity authorized – if the prescription is filled for 10 tablets, it is considered a partial fill.

When the prescription is refilled manually

When a non-retail prescription is filled on demand, the following prompt appears in Rx Detail, allowing the user to reauthorize the prescription or fill the prescription as a partial refill.



.

Press *Yes* to fill the prescription with the remaining quantity.

Press *No* to reauthorize the prescription or fill it as unauthorized

When the prescription is in a batch

When the prescription is batched and a partial fill is remaining, PharmaClik Rx reauthorizes the prescription if the *Authorize Batch Refill* flag is ON in Batch Preferences.

If the *Authorize Batch Refill* flag is OFF in Batch Preferences, the above prompt appears during the scheduling process. You can decide if the prescription should be reauthorized or filled as a partial refill.

- If you choose *Yes* to fill the prescription with a partial quantity, it is possible that the prescription may stop in the Pending tab if the days supply cannot be automatically recalculated.
- If you choose *No*, authorization can be added to the prescription before the Batch Start Time.

  TIP If you do not add authorization, the prescription will be stored in the Pending tab once the batch is processed.

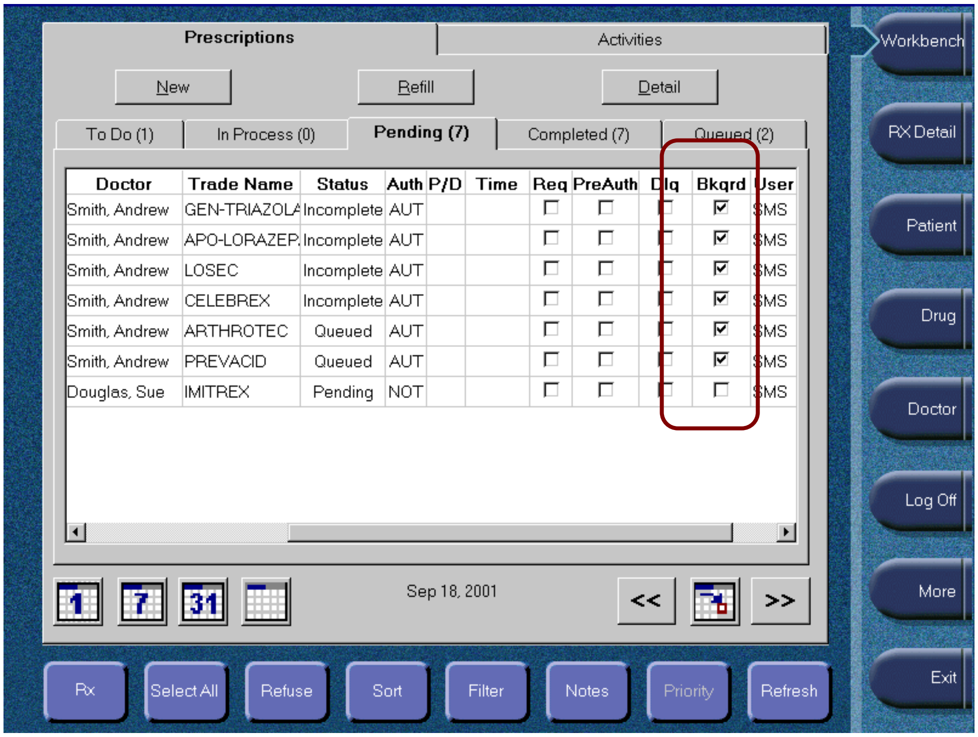
Background Processing

Background processing enables you to process prescription refills directly from the Workbench without opening the prescriptions in Rx Detail.

Four situations are possible when refills are processed in the background:

- A prescription has no alerts or interactions and is to be submitted to a networking Third Party. The prescription will be moved immediately to the Queue and will be submitted on-line. If the prescription is Complete, the label will print automatically if the pharmacy preference *Process Labels in Background* is turned on. If the prescription requires adjustments, it will be Incomplete in the Queue and must be completed manually.
- A prescription has no alerts or interactions and is an offline claim (Ex. Nursing Charge, Cash). The prescription will be processed immediately. It will appear in the Completed tab on the Workbench and the label will print automatically if the pharmacy preference *Process Labels in Background* is turned on.
- A prescription that has alerts or interactions will go directly to the Pending tab on the Workbench. The prescription will have the status **Incomplete**.
- A prescription that is NOT authorized will move to the Pending tab on the Workbench. The prescription will have a status of **Incomplete** and an authorization status of NOT. To allow the user to decide whether to Pre-Authorize the prescription, or fill it unauthorized, the prescription is not automatically processed.

In all of the above situations, backgrounded prescriptions can be identified by the *Bkgrd* column on the Workbench. If the checkbox corresponding to the prescription is selected, it indicates that background processing was used for the prescription.



Pharmacy Preference: Process Labels in Background

Before using Background processing, you must decide if you want labels for the Completed prescriptions to print automatically. This preference is set in Pharmacy Preferences.

1. Press the *More* navigator button.
2. Press *Pharmacy.*
3. If it is not already displayed, press the *Pharmacy* tab at the top of the screen.
4. Locate the *Process Labels in Background* checkbox near the bottom right side of the screen.
5. To have the labels print automatically when the prescription is Complete, select the *Process Labels in Background* checkbox.
6. Press the ***Save*** action button.

If *Process Labels in Background* is not selected, the labels will not print. Instead, they must be printed manually from Batch Profile *Labels* or from the Queue using Rx action *Print*.

To Process Prescriptions in the Background

When using background processing, prescriptions can be refilled using the prescription numbers, the patient name or the group name.

Using the Prescription Number

1. Go to the *Workbench*.
2. Press the *Refill* function button on the Workbench (or the F8 key).
3. Enter the prescription number(s) in the *Rx(s)* field.
4. Press the *Background* function button.
5. The prescriptions are placed in the Pending tab and begin to process.

Using the Patient Name

1. Go to the *Workbench*.
2. Press the *Refill* function button on the Workbench (or the F8 key).
3. Enter the patient's name in the *Patient* field.
4. Press the *Background* function button.
5. Search for and select the patient.
6. The patient's profile opens. Highlight the prescription(s) to be refilled.
7. Press the *OK* action button.
8. The prescriptions are placed in the Pending tab and begin to process.

Using the Group Name

1. Go to the *Workbench*.
2. Press the *Refill* function button on the Workbench (or the F8 key).
3. Enter the group's name in the *Group* field.
4. Press the *Background* function button.
5. Search for and select the group.
6. Group Profile opens. This window lists all applicable prescriptions for patients in the group.
7. Highlight the prescriptions that you **DO NOT WANT TO REFILL**.
8. Press the *Remove* function button.
9. The remaining prescriptions should be the ones that you **WANT TO REFILL**. If there are still prescriptions that need to be removed, repeat steps 7-8.
10. Press the *OK* function button.
11. The prescriptions are placed in the Pending tab and begin to process.

Using the Group Name along with the Area, Cycle, Floor or Wing,

1. Go to the *Workbench*.
2. Press the *Refill* function button on the Workbench (or the F8 key).
3. Enter the group's name in the *Group* field and the Area, Cycle, Floor and/or Wing in the appropriate field.
4. Press the *Background* function button.
5. Search for and select the group.
6. Group Profile opens. This window lists all applicable prescriptions for patients in the group.
7. Highlight the prescriptions that you **DO NOT WANT TO REFILL**.
8. Press the *Remove* function button.
9. The remaining prescriptions should be the ones that you **WANT TO REFILL**. If there are still prescriptions that need to be removed, repeat steps 7-8.
10. Press the *OK* function button.
11. The prescriptions are placed in the Pending tab and begin to process.

After the Prescriptions are Processed

After the prescriptions have been processed, they will be listed in the Pending, Queued or Completed tabs on the Workbench. The status of the prescription determines where the prescription will be located on the Workbench.

The following table describes what has been done, or needs to be done, for each prescription depending on its location on the Workbench and its prescription status.

Workbench Tab	Status	Description
Completed	Complete	The prescription was successfully submitted and the label has been printed (this only occurs if the pharmacy preference *Process Labels in Background* is ON). No further action is required.
Pending	Incomplete	The prescription cannot be filled in the background. It has relevant alerts or interactions that need to be viewed. Highlight the prescription, and then press the Detail function button to open the prescription in Rx Detail. Fill the prescription manually as usual.
	Pending	The prescription has been filled as unauthorized (QA = 0 in Rx Detail) and has an authorization status of NOT. Obtain authorization from the doctor and authorize the prescription as usual, using Rx action *Quick Authorize* or by opening the prescription in Rx Detail.
	Queued	The prescription is currently in the Queued tab. Go to the Queued tab and process the prescription from there.
Queued	Complete	The prescription has been successfully adjudicated and is in the Queued tab with a red # beside it (this only occurs if the pharmacy preference *Process Labels in Background* is OFF). Highlight the prescription, press the Rx action button, and then press *Print*.
	Incomplete	The prescription has been accepted for payment, but adjustments are required. Highlight the prescription and press the *Detail* function button. The prescription opens in Rx Detail. Continue processing as usual.
	Rejected	The prescription has been rejected. Highlight the prescription and press the *Detail* function button. The prescription opens in Rx Detail. Find out why the prescription was rejected, and resubmit it as usual.
	Failed	Adjudication was unsuccessful; the prescription was not transmitted to the third party. Highlight the prescription and press *Submit* action button.

Batch Processing

The batch processing functions include the following windows:

- **Batch Preferences** appears at the beginning of the scheduling process, allowing customized settings for a batch.
- **Batch Profile** lists all prescriptions in the batch.

Batch processing retains the intervention codes MG, PB and MI when refilling prescriptions. When logged onto PharmaClik Rx as a technician, the appropriate pharmacist initials are linked to the intervention codes (this applies to batch processing and backgrounding from the Workbench).

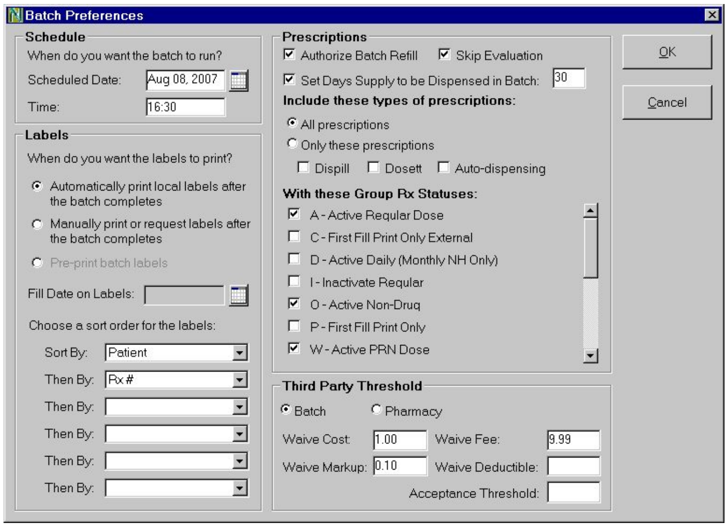
The MI intervention code only applies to Ontario Drug Benefit and Trillium claims, and depends on the acquisition cost prompt in Rx Detail. When the Skip Evaluation flag is selected for a batch, prescriptions eligible for an MI intervention code use the value from the previous fill: if the prescription used MI on the last fill, it will use MI on the current fill; if the prescription did not use MI on the last fill, it will not be used on the current fill (Note: if the prescription is no longer eligible for MI, the intervention code will be removed on refill). When Skip Evaluation is turned OFF for a batch, the prescription uses the pharmacy's Acquisition Cost Prompt preference to determine if the MI intervention code will be used in the prescription.

Refer to PharmaClik Rx Help for detailed information about the fields in the Batch Preferences and Batch Profile windows.

1. Press the *More* navigator button in PharmaClik Rx.
2. Press *Help*.
3. Press the *Contents* button in the upper left corner of the Help window.
4. In the Contents list, double-click on *Scheduling and Batch Processing*
5. Double-click on *Introduction to Batch Processing*.
6. Press on *Batch Preferences* to view information about the Batch Preferences window OR press on the *Batch Profile* topic to view information about the Batch Profile.

Batch Preferences

The Batch Preferences window appears at the beginning of the scheduling process, after the patient or group has been selected.



This window allows you to set preferences that will be applied to the specific batch - the settings are not carried over the next time a batch is scheduled for the sample group. The default values for the window are taken from Group Preferences, Group Rx Status Preferences and Pharmacy Preferences; Batch Preferences provide a final override for the default settings.

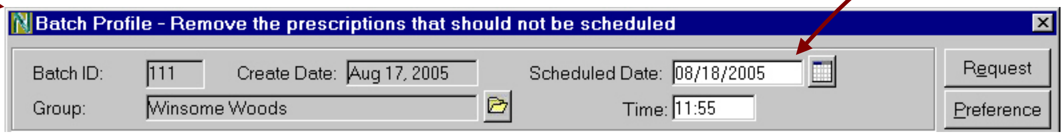
Batch Profile

Batch Profile is displayed during the scheduling process, as well as after the batch is finished processing.

During the Scheduling Process

When Batch Profile is displayed during the scheduling process, you must remove any unwanted prescriptions before continuing. The menu bar at the top of the window indicates:

Remove the prescriptions that should not be scheduled



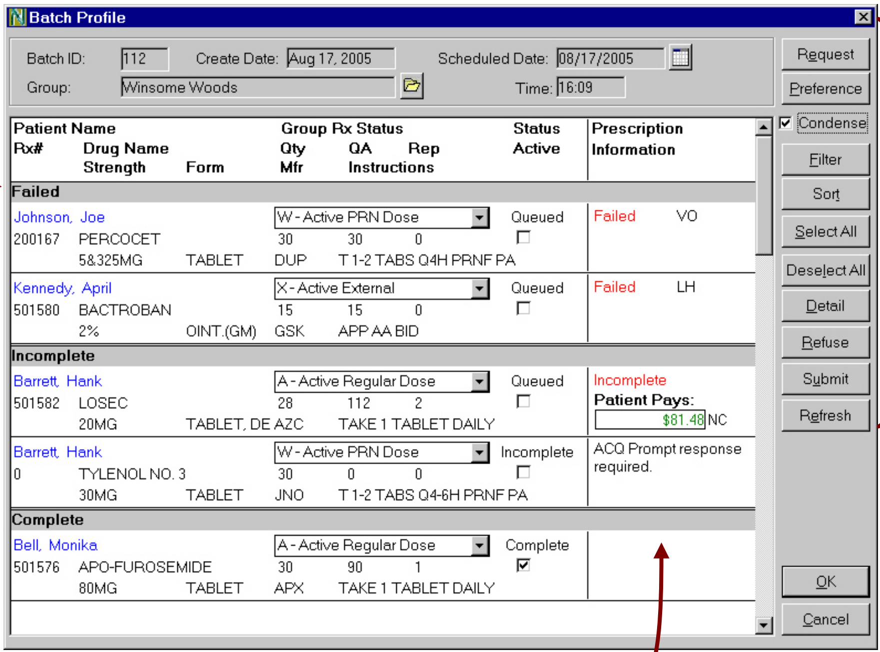
Scheduled Date and **Time** allow you to change the batch processing time. Some batch preferences can be modified as well – press the **Preference** button.

The prescriptions in the window are all under the status 'In Progress' because you are in the middle of scheduling them for a batch. If required, use the *Detail* function button to change prescription information prior to scheduling the prescriptions. <u>To remove prescriptions</u>: highlight the prescriptions and then press the *Remove* function button.

After the Batch has Finished Processing

Once the batch has finished processing, the Batch Profile window sorts the prescriptions by status (Failed, Rejected, Incomplete, Complete, In Progress) and provides information about Failed, Rejected and Incomplete prescriptions. To open Batch Profile: go to the Workbench Pending or Queue tab, highlight a prescription that is part of the batch, press the *Rx* action button, and then press *Batch*. Many of the fields in the window have remained the same, therefore only the new fields are described below.

Prescriptions are grouped by status. Clicking on the grey title bar highlights all prescriptions in that section. This allows you to select an entire section for processing.



Request allows you to manually print labels or send a label request to McKesson for printing.

Preference opens the Batch Preferences window.

Deselect **Condense** to view the expanded Batch Profile.

Filter finds specific text on the screen.

Use **Sort** to change the sort order of the prescriptions.

Select All highlights all prescriptions. **Deselect All** removes highlighting from all selected prescriptions.

Detail opens highlighted prescriptions in Rx Detail.

Refuse cancels highlighted prescriptions.

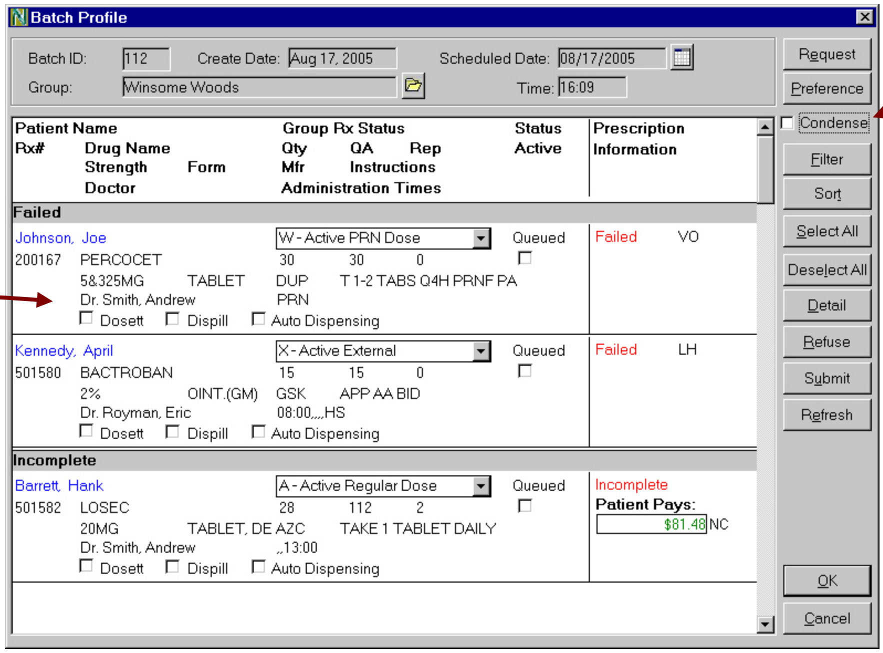
Submit a prescription for adjudication.

Refresh updates the screen.

The **Prescription Information** differs for each prescription:

- **Failed** prescriptions display the third party that failed.
- **Rejected** prescriptions display the rejected third party, along with response codes linked to the rejected claim; there are two fields for entering intervention codes and a field to choose the pharmacist's initials.
- **Incomplete** prescriptions include Queued Incomplete prescriptions and Pending prescriptions. Queued Incomplete prescriptions display *Incomplete* and provide an area to modify the Patient Pays amount – if NC or AR is displayed to the right of the dollar value, the amount will be submitted to that plan (similar to the Claim Summary). Pending prescriptions indicate the reason why the prescription could not be processed; use the *Detail* function button to open these prescriptions in Rx Detail and submit them for processing.
- No action is required for **Complete** prescriptions.
- **In Progress** prescriptions are in the process of being submitted for adjudication.

This is an example of the Expanded Batch Profile



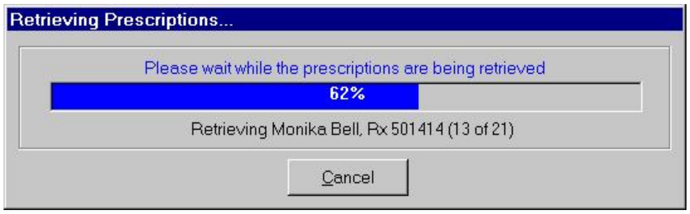
Deselect the **Condense** checkbox to view the expanded Batch Profile.

The expanded Batch Profile displays the **doctor** and **administration times** for each prescription. The **Dosett**, **Dispill** and **Auto-Dispensing** flags are displayed along the bottom row. **Rejected** prescriptions display the user initials in the last line of Prescription Information.

Batch Profile allows you to finish processing Incomplete, Rejected, and Failed prescriptions without forcing you to open each prescription in Rx Detail. For example, Patient Pays amounts can be edited directly from the Batch Profile, allowing the prescriptions to be completed without opening the Claim Summary. Intervention codes and the pharmacist's initials can be added to Rejected prescriptions, allowing you to resubmit the prescription from Batch Profile without opening the prescriptions in Rx Detail.

Scheduling a Batch

1. On the Workbench, press the *Refill* function button.
2. Enter the Group Name or Group # in the *Group* field. An *Area*, *Cycle*, *Floor* and/or *Wing* can also be selected.
3. Press the *Schedule* function button.
4. If you entered the Group Name, the Group Search window opens. Highlight the correct group in the search results and press the *OK* function button.
5. Batch Preferences opens. Enter the *Scheduled Date* and *Time* for the batch to run.
6. In the *Labels* section, select when labels should be printed: automatically, manually or pre-printed. (**Note:** *Pre-Print batch labels* is only available for Monthly and Manrex groups. If *Pre-print batch labels* is selected, enter a date in the *Fill Date on Labels* field – this is the date that will print on the prescription labels along with the new prescription number).
7. Choose a sort order for the labels using the *Sort By* and *Then By* fields. This dictates the order in which labels will print. *Sort By* is the primary sort option; *Then By* are the sub-sorts within the primary sort order.
8. Select *Authorize Batch Refill* to automatically authorize prescriptions that have no refills remaining.
9. Select *Skip Evaluation* to skip the Rx Detail evaluation process. When Skip Evaluation is selected, minor alerts do not prevent prescriptions from processing – the prescriptions go directly into the Queue.
10. Choose the type(s) of prescriptions that will be included in the batch. The *All prescriptions* option includes all types of prescriptions for all patients. *Dispill* pulls Dispill prescriptions. *Dosett* pulls Dosett prescriptions. *Auto-dispensing* pulls prescriptions that are flagged for automated dispensing devices (e.g. AutoMed).
11. Choose the group Rx statuses to be included in the batch. Use the vertical scroll bar to view all statuses.
12. Enter any *Third Party Threshold* settings.
13. Press the *OK* function button.
14. The batch is evaluated and prescriptions are retrieved. A progress bar similar to the following appears.



TIP: Press *Cancel* to abort the scheduling process. This aborts the whole batch and returns you to the Workbench.

15. The Batch Profile opens. Highlight the prescriptions that you DO NOT WANT TO REFILL.
16. Press the *Remove* function button.
17. The remaining prescriptions should be the ones you WANT TO REFILL. If there are more prescriptions that need to be removed, repeat steps 15-16.
18. Make any required changes to the group Rx statuses for the remaining prescriptions.
19. Press the *OK* function button.

The prescriptions are placed in the Workbench Pending tab for the scheduled date. The *Bkgrd* flag is selected for each prescription. This indicates that the prescription is scheduled for processing in the background.

The prescriptions will be placed in the Queue at the scheduled time and will be processed automatically. **TPS and THS/THSIP must both be open at the time the batch is scheduled to run. If the batch is scheduled to run overnight, do not close TPS and THS/THSIP at the end of the day.**

To Modify Batch Preferences

Once a batch is scheduled, some of the batch preferences can be modified **before** the batch runs: Scheduled Date and Time, the label sort order, Authorize Batch Refill, Skip Evaluation, and the TP Threshold fields.

1. Go to the Workbench.
2. Press the *Pending* tab, *Completed* tab, or *Queued* tab.
3. Highlight any prescription that is part of the batch.
4. Press the *Rx* action button.
5. Press *Batch*.
6. Batch Profile opens. Press the *Preference* function button at the top of the window.
7. Batch Preferences opens. Make any required changes (ex. change the scheduled time).
8. Press the *OK* function button in Batch Preferences.
9. The screen returns to Batch Profile. Press the *OK* function button.
10. The screen returns to the Workbench. If the Scheduled Date was changed, the prescriptions are moved to the Pending tab for the new date.

To Change the Scheduled Date and/or Time

1. Go to the Workbench.
2. Press the *Pending* tab, *Completed* tab, or *Queued* tab.
3. Highlight any prescription that is part of the batch.
4. Press the *Rx* action button.
5. Press *Batch*.
6. Batch Profile opens. Enter the new date and/or time in the *Schedule Date* and *Time* fields (time must be entered in 24-hour format, e.g. if you the batch to run at 10:00pm the time must be entered as 22:00; if you want the batch to run at 6:30am the time must be entered as 06:30.
7. Press the *Save* function button.

TIP You can also change the batch time from Batch Preferences.

To Continue Processing a Completed Batch

When a batch has finished processing, the various prescriptions will be listed in the Pending, Queued and/or Completed tabs on the Workbench. The next step is to continue processing the prescriptions.

1. Go to the Workbench.
2. Press the *Pending* tab, *Completed* tab, or *Queued* tab.
3. Highlight any prescription that is part of the batch.
4. Press the *Rx* action button.
5. Press *Batch*. The Batch Profile opens and the prescriptions are grouped by status.
6. Rectify Failed, Rejected and Incomplete prescriptions. Regularly press the *Refresh* function button to update the prescription statuses displayed in the window.

To resubmit FAILED prescriptions

1. Press the grey *Failed* title bar. All failed prescriptions are highlighted.
2. Press the *Submit* function button.
3. The failed prescriptions are submitted for adjudication.
4. If desired, press the *Refresh* function button to update the window.

To resubmit a REJECTED prescription

The rejected third party and its response codes are displayed in the *Prescription Information*.

If you recognize the response codes for the prescription:

1. Choose applicable intervention codes from the dropdown lists in the *Prescription Information* section.
2. The pharmacist's initials default to the user who is currently logged onto PharmaClik Rx. To change the initials, deselect the *Condense* checkbox and select the pharmacist's initials from the dropdown list located under the Intervention Code fields.
3. Press the *Submit* function button.

If you do not recognize the response codes or need to modify the prescription(s):

1. Highlight the Rejected prescription(s).
2. Press the *Detail* function button.
3. Rx Detail opens. View the response codes in the *Third Party* tab.
4. Make any changes to the prescription and/or add intervention codes as usual.
5. Press the *Queue* action button.
6. If multiple prescriptions were detailed, the next prescription appears. Once you have dealt with each prescription, the screen returns to the Batch Profile.

To process an INCOMPLETE PENDING prescription

Evaluation for Incomplete Pending prescriptions is shown in the *Prescription Information* column. These are prescriptions that could not be processed automatically and require user input before processing can continue.

1. Highlight the Incomplete pending prescription(s).
2. Press the *Detail* function button.
3. Rx Detail opens. Make the appropriate changes to the prescription.
4. Press the *Queue* action button.
5. If multiple prescriptions were detailed, the next prescription appears. Once you have dealt with each prescription, the screen returns to Batch Profile.

To enter a Patient Pays amount for an INCOMPLETE prescription

Prescriptions requiring a review of the Patient Pays amount should be handled last. The Patient Pays amount is displayed in green text. If the amount is being submitted to a Nursing Charge or Accounts Receivable, the 2-character plan code will be displayed to the right of the Patient Pays amount.

1. Enter the appropriate amount that will be billed to the patient. If NC or AR is displayed to the right of the box, enter the amount to be billed to Nursing Charge or Accounts Receivable
2. Press the *Submit* function button.

7. If you chose to manually print or request labels in Batch Preferences, you must print the prescription labels once all prescriptions have a Complete status. Press the *Request* function button at the top of Batch Profile. The Batch Request window opens.
   - Select the *Local Labels* checkbox to print labels at the pharmacy. Press the *OK* function button. A message indicates that the labels have been submitted to PHS for printing.
     OR
   - Select the **Pre-print batch labels** checkbox to print labels at McKesson (only Monthly labels, Monthly Manrex and Daily Manrex labels can be printed at McKesson). Press the *OK* function button. A message indicates that the labels have been written to a file, ready for transmission to McKesson. (**Note:** The label request must be transmitted to McKesson using the PharmaClik Rx Transmit function on the desktop).
8. Press the *OK* function button in the message.
9. Press the *OK* function button in Batch Profile to close the window.

British Columbia: Viewing DUE Messages for a Completed Batch

During batch processing, the PharmaNet profile request may be ignored, but all DUE messages returned by HealthNet/BC will be retained on PharmaClik Rxand the pharmacist must review the DUE results to determine if a stand-alone patient profile transaction (TRP, TRR, or TRS) is required to verify DUE messages. DUE messages can be viewed by detailing completed prescriptions from the Workbench or the Batch Profile window.

To view DUE messages from the Workbench

1. Go to the Workbench.
2. Press the *Pending* tab.
3. Highlight the prescription(s) you would like to view.
4. Press the *Detail* function button. The prescription opens in Rx Detail.
5. View the TAC/TDU Response window as usual.
6. Press the *Save* action button in Rx Detail when you are finished viewing the prescription.
7. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 5-6. The screen returns to the Workbench once all prescriptions have been viewed.

To view DUE messages from the Batch Profile window

1. Go to the Workbench.
2. Press the *Pending* tab.
3. Highlight any prescription that was part of the batch.
4. Press the *Rx* action button.
5. Press *Batch*. The *Batch Profile* for the group opens.
6. Highlight the prescription(s) you would like to view.

   TIP Press the grey 'Complete' title bar to highlight all Complete prescriptions.

7. Press the *Detail* function button. The prescription opens in Rx Detail.
8. View the TAC/TDU Response window as usual.
9. Press the *Save* action button in Rx Detail when you are finished viewing the prescription.
10. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Repeat steps 8-9. The screen returns to the Batch Profile once all prescriptions have been viewed.

Notes:

Transmitting Monthly or Manrex Labels to McKesson

Once the labels have been requested in step 3 above, they must be transmitted to McKesson.

1. EXIT all programs on the **Server and Workstations**. No applications should be running and the screen should be at the desktop (i.e. the screen with the icons).
2. *If you connect to the Internet using high speed access, skip to step #3.* If you connect to the Internet via dial-up modem, make sure the computer has access to a phone line. If required, make the appropriate adjustments to phone lines, flip switches, etc…
3. Double-click on the NURSING HOME TRANSMIT icon.
4. A moon symbol appears beside the clock in the bottom right-hand corner of the screen. The transmission is complete when the moon symbol disappears.

HELPFUL HINT … to speed up batch processing

To speed up batch processing, you can choose to eliminate viewing certain screens, such as displaying the Profile, the Audit History, and drug to food interactions. To do this:

1. Press the *More* navigator button
2. Press *Pharmacy*.
3. Press the *Rx Detail* tab.
4. Deselect the *Display Profile on Refill* checkbox.
5. Deselect the *Display Audit History on Refill* checkbox.
6. Press the *Interactions* function button.
7. Select the *Suppress Drug to Food* checkbox.
8. Press *OK.*
9. Press the *Save* action button.

Once the batch is complete, change the preferences back to their previous settings!

Notes:

Amending LTC Prescriptions

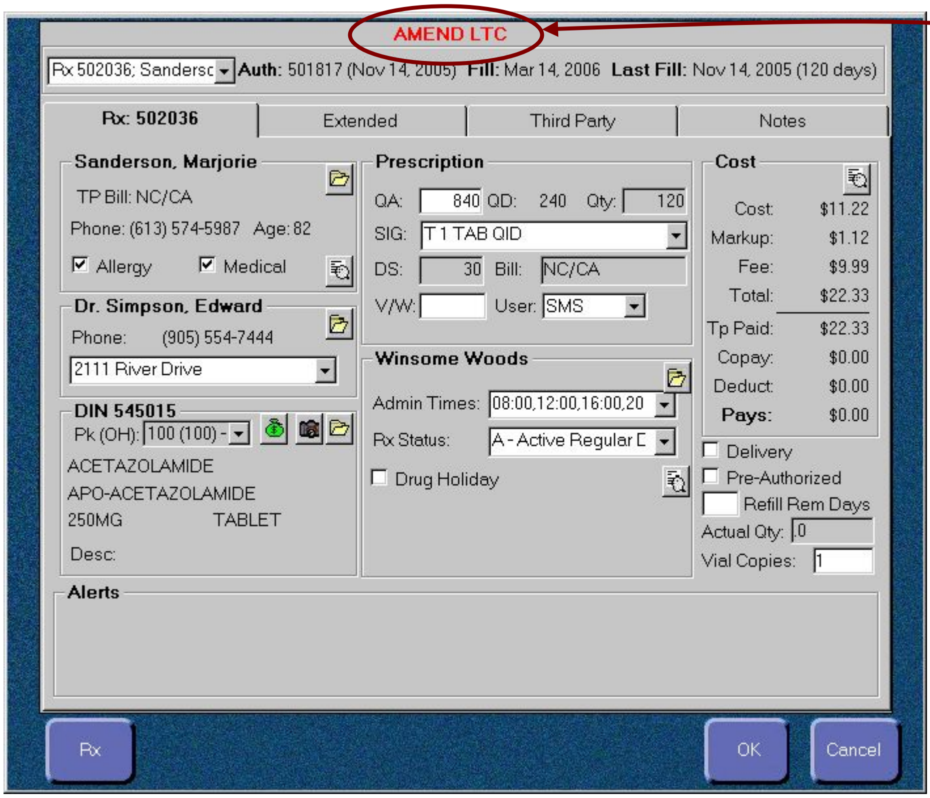
Amend LTC provides the ability to edit the doctor, instructions, and group Rx status while retaining a record of the changes in the audit history. Admin Times can also be amended, but the changes are not recorded in the audit history. **This is how all non-retail prescriptions should be amended.**

Additionally, government status prescriptions cannot be refilled, but occasionally require changes – using Amend LTC allows you to track a history of the changes to government status prescriptions.

Amend LTC function opens prescriptions in Amend LTC mode, allowing you to make changes to the current NON-RETAIL prescription and record the changes in the audit history. Any changes made through Amend LTC will be reflected on Long-Term Care reports and will be applied to refills. Amend and Amend Next can also be used for non-retail prescriptions, but they do not provide a record of the Amend in the Audit History.

When *Amend LTC* is performed on…

this prescription status…	the prescription status…
Hold	Remains as Hold
Complete	Changes to Amend
Amend	Remains as Amend
Amend Next	Remains as Amend Next



When a prescription is open in Amend LTC Mode, the indicator **AMEND LTC** appears at the top of the window.

Notes:

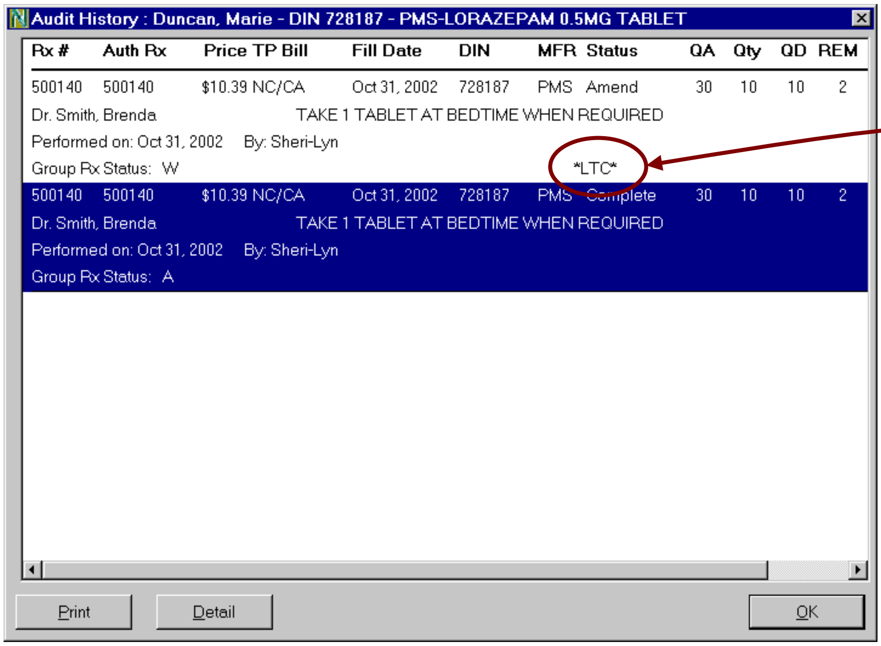
Using Amend LTC from the Patient Folder

1. Highlight the prescription(s) on the Profile. If multiple prescriptions are highlighted, they must all have the same prescription status.
2. Press the *Rx* action button.
3. Press *Correct*.
4. Press *Amend LTC* in the Correct Rx window.
5. The prescription opens in an Rx Detail pop-up window, in the Amend LTC mode. Make any required changes.
6. Press the *OK* action button to save and apply the changes.

   TIP Pressing the *Cancel* action button aborts the Amend LTC process.

7. A prompt asks if you would like to print a new label set. Press *Yes* or *No* in the prompt.
8. If multiple prescriptions were selected for Amend LTC, the next prescription opens in Rx Detail.
9. Once all selected prescriptions have been amended, the screen returns to the profile.

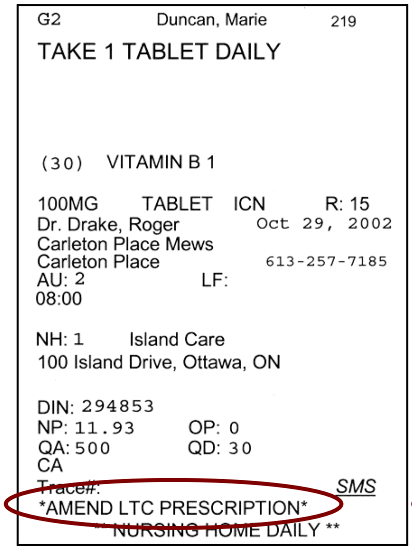
The Audit History for each prescription displays *LTC* to identify the Amend LTC transaction.



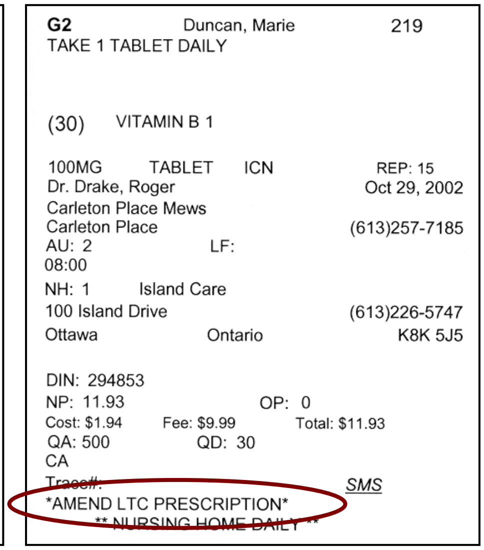
Amend LTC transactions are identified by ***LTC*** in the Audit History.

The audit history displays changes to the doctor, group Rx status, instructions, QA and user.

Daily Labels


G2 Duncan, Marie 219
TAKE 1 TABLET DAILY
(30) VITAMIN B 1
100MG TABLET ICN R: 15
Dr. Drake, Roger Oct 29, 2002
Carleton Place Mews
Carleton Place 613-257-7185
AU: 2 LF:
08:00
NH: 1 Island Care
100 Island Drive, Ottawa, ON
DIN: 294853
NP: 11.93 OP: 0
QA: 500 QD: 30
CA
Trace#: SMS
AMEND LTC PRESCRIPTION
** NURSING HOME DAILY **

Daily Dot Matrix File Copy


G2 Duncan, Marie 219
TAKE 1 TABLET DAILY
(30) VITAMIN B 1
100MG TABLET ICN REP: 15
Dr. Drake, Roger Oct 29, 2002
Carleton Place Mews
Carleton Place (613)257-7185
AU: 2 LF:
08:00
NH: 1 Island Care
100 Island Drive (613)226-5747
Ottawa Ontario K8K 5J5
DIN: 294853
NP: 11.93 OP: 0
Cost: $1.94 Fee: $9.99 Total: $11.93
QA: 500 QD: 30
CA
Trace#: SMS
AMEND LTC PRESCRIPTION
** NURSING HOME DAILY **

Daily Laser File Copy

When a Daily label set is printed for a status Amend prescription, the file copy indicates if the prescription has been amended through using Amend LTC. The bottom of the file copy indicates:

AMEND LTC PRESCRIPTION

This allows you to file the Amend LTC File Copy with the prescription's original File Copy.

Using Amend LTC from the Workbench

When a non-retail prescription is highlighted on the Workbench Completed tab.

1. Highlight the prescription(s) on the Completed tab.
2. Press the *Correct* action button.
3. Press *Amend LTC* in the Correct Rx window.
4. The prescription opens in an Rx Detail pop-up window, in the Amend LTC mode. Make any required changes.
5. Press the *OK* action button to save and apply the changes.

   TIP Pressing the *Cancel* action button will abort the Amend LTC process.

6. A prompt asks if you would like to print a new label set. Press *Yes* or *No* in the prompt.
7. If multiple prescriptions were selected for Amend LTC, the next prescription appears in Rx Detail.
8. Once all selected prescriptions have been amended, the screen returns to the Workbench.

To use Amend LTC when NO prescriptions are highlighted on the Workbench:

1. NO prescriptions should be highlighted on the Workbench.

   TIP Press the *Deselect All* action button to ensure no prescriptions are highlighted.

2. Press the *Correct* action button.
3. Press *Amend LTC* in the Correct Rx window.
4. The Select Prescription window opens. Search for the prescription(s) by Rx# or Patient.
   - **To Search by Rx#:** Enter the prescription number(s) in the *Rx(s)* field and press the *OK* function button.
   - **To Search by Patient:** Enter the patient's name in the *Patient* field and press the *OK* function button. Patient Search will appear. Highlight the patient and press the *OK* function button. The patient's Profile will appear. Highlight the prescription(s) and press the *OK* action button.
5. The prescription will open in an Rx Detail pop-up window, in the Amend LTC mode.
6. Make any required changes.
7. Press the *OK* action button to save and apply the changes.

   TIP Pressing the *Cancel* action button will abort the Amend LTC process.

8. A prompt asks if you would like to print a new label set. Press *Yes* or *No* in the prompt.
9. If multiple prescriptions were selected for Amend LTC, the next prescription will appear in Rx Detail.
10. Once all selected prescriptions have been amended, the screen returns to the Workbench.

Notes:

Inactivating & Discontinuing Prescriptions

When a prescription is **inactivated**, the *Active* flag is removed from the profile and all remaining refills are retained. The group Rx status changes to an inactive status. When a prescription is inactivated in a British Columbia pharmacy, it is inactivated on the LOCAL system without transmitting to PharmaNet. Inactive prescriptions can be reactivated.

When a prescription is **discontinued**, the *Active* flag is removed from the profile and all remaining refills are wiped out. The discontinued indicator ***D*** appears in the profile, and the group Rx status changes to an inactive status. When a prescription is discontinued in a British Columbia pharmacy, it is also discontinued on PharmaNet and the PharmaClik Rx prescription status changes to Discontinued. Discontinued prescriptions can be reactivated in all provinces except British Columbia.

When the active flag is turned OFF for any regular group Rx status, the prescription becomes inactive and the group Rx status changes to **I – Inactivate Regular**. The active regular statuses are:

A – Active Regular Dose
C – First Fill Print Only External
D – Active Daily (Monthly NH Only)
O – Active Non-Drug
P – First Fill Print Only
T – Active Treatment
W – Active PRN Dose
X – Active External
Z – Adjudicate to $0.00

When the active flag is turned OFF for any government group Rx status, the prescription will become inactive and the group Rx status will change to **F - Inactivate Government**. The active government statuses are:

G – Active Government Regular Dose
N – Active Government Non-Drug
R – Active Government PRN Dose
V – Active Government External

Inactivating a Prescription

General Procedure

The following steps apply to all provinces except British Columbia.

1. Open the patient's profile.
2. Press the *Active* flag for the prescription.
3. The Inactivate Rx prompt appears, with the *Inactivate Rx* option selected. Press the *OK* function button.

TIP: Pressing *Cancel* in this message aborts the process and the screen returns to the Profile without inactivating the prescription.

4. The Discontinued Prescription window appears. You can document why the prescription is being inactivated:
   - **To document why the prescription is being inactivated**, enter notes in the *Prescription Note* box and make a selection from the *Discontinued By* dropdown list (optional). Press the *OK* function button to save the notes.
   - Press the *Cancel* function button **if you do not wish to document why the prescription is being inactivated**.
5. The screen returns to the profile and the Active flag is deselected for the prescription. Press the *Save* or *OK* action button. (The available action button depends on the how you accessed the profile).

TIP To view the note for the inactivated or discontinued prescription, open the prescription in Rx Detail. Press the *Notes* tab. The *Discontinued Rx* notes will be listed with the rest of the prescription notes. Alternatively, you can highlight the prescription on the Workbench Completed tab and press the *Notes* action button. The prescription notes appear on the screen.

To inactivate a British Columbia prescription on the local system

When a prescription is inactivated in a British Columbia pharmacy, it is inactivated on the LOCAL system without transmitting to PharmaNet. The Active flag is removed from the profile and all remaining refills are retained. If this is a non-retail prescription, the group Rx status will change to an inactive status.

1. Open the patient's profile.
2. Press the *Active* flag for the prescription.
3. The Inactivate Rx prompt appears, with the *Inactivate Rx* option pre-selected. Press the *OK* function button.

   TIP Pressing *Cancel* in the prompt aborts the process and the screen returns to the Profile without inactivating the prescription.
4. The Discontinued Prescription window appears. Enter notes in the *Prescription Note* box
5. Make a selection from the *Discontinued By* dropdown list.
6. Press the *OK* function button.
7. The screen returns to the profile and the *Active* flag is deselected for the prescription. Press the *Save* or *OK* action button. (The available action button depends on the how you accessed the Profile). NOTHING IS TRANSMITTED TO PHARMANET.

Discontinuing a Prescription

General Procedure

The following steps apply to all provinces except British Columbia.

1. Open the patient's profile.
2. Press the *Active* flag for the prescription.
3. The Inactivate Rx prompt appears. Select *Discontinue and remove repeats*.
4. Press the *OK* function button.
5. The Discontinued Prescription window appears. You can document why the prescription is being discontinued:
   - **To document why the prescription is being discontinued**, enter notes in the Prescription Note box and make a selection from the Discontinued By dropdown list (optional). Press the OK function button to save the notes.
   - Press the Cancel function button **if you do not wish to document why the prescription is being discontinued**.
6. The screen returns to the profile and the Active flag is deselected for the prescription. The ***D*** indicator appears to the right of the *Active* flag. Press the *Save* or *OK* action button. (The available action button depends on the how you accessed the profile).

To discontinue a British Columbia prescription on PharmaNet

When a prescription is discontinued in a British Columbia pharmacy, it is also discontinued on PharmaNet. The Active flag is removed from the profile, all remaining refills are wiped out, the discontinued indicator ***D*** appears in the profile and the prescription status changes to Discontinued. If this is a non-retail prescription, the group Rx status will change to an inactive status.

1. Open the patient's profile.
2. Press the *Active* flag for the prescription.
3. The Inactivate Rx prompt appears. Select *Discontinue and remove repeats*.
4. Press the *OK* function button.
5. The Discontinued Prescription window appears. Enter notes in the *Prescription Note* box.
6. Make a selection from the *Discontinued By* dropdown list.
7. Press the *OK* function button.
8. The screen returns to the Profile and the *Active* checkbox is deselected for the prescription. The ***D*** indicator appears to the right of the *Active* checkbox. Press the *Save* or *OK* action button. (The available action button depends on the how you accessed the profile).
9. The discontinuation is transmitted to PharmaNet. The prescription status changes to Discontinued.

Refilling Inactive/Discontinued Prescriptions

Billing will be created if you refill a prescription while it has an INACTIVE group Rx status (i.e. when the group Rx status is I – Inactivate Regular).

Reactivating a Prescription

Inactive prescriptions can be reactivated in all provinces. Discontinued prescriptions can be reactivated in all provinces except British Columbia (in British Columbia, discontinued prescriptions have the status Discontinued). When a Long-Term Care (non-retail) prescription has an inactive group Rx status, the Active flag in the Profile can be used to re-activate the prescription (this does not apply to Discontinued prescriptions in British Columbia).

1. Open the patient's folder.
2. Press the *Profile* tab.
3. Find the prescription on the Profile.
4. Select the *Active* checkbox for the prescription.
   TIP When the Active flag on the Profile is turned ON for a non-retail prescription, the group Rx status will become active. Inactive regular prescriptions will change to group Rx status A. Inactive government prescriptions will change to group Rx status G.
5. Press the *Save* or *OK* action button. (The available action button depends on how you accessed the Profile).

Notes:

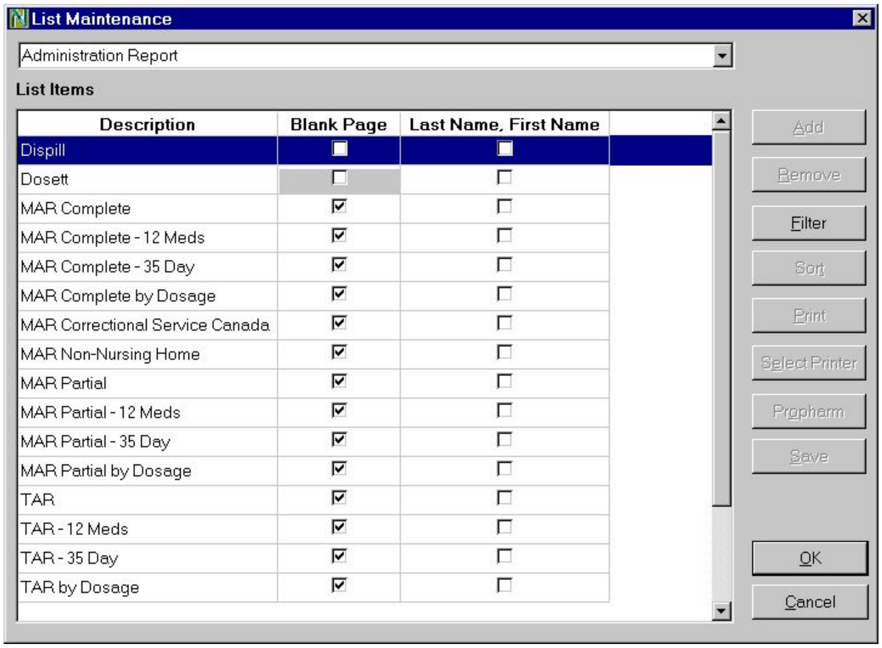
List Maintenance

List Maintenance includes several lists that can be customized for groups and the Long-Term Care module. Follow these steps to access List Maintenance:

1. Press the *More* navigator Button.
2. Press the *List Maint* button.
3. List Maintenance opens.
4. To open any list in List Maintenance, an option must be selected from the dropdown list at the top of the window.

Administration Report

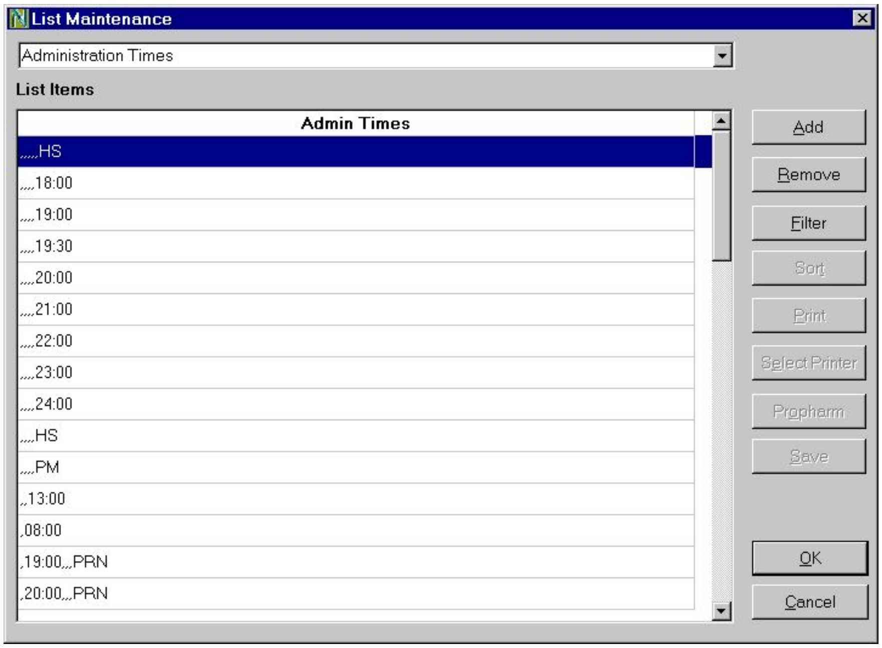
Administration Report provides default settings for all MAR, TAR and TMR reports, as well as Dosett and Dispill. These are pharmacy-level settings that apply to all groups, and can be customized. After making selections in this list, press the *OK* function button to save changes.



Description	The reports corresponding to the default settings.
Blank Page	When this checkbox is selected for the corresponding report, a blank page will print for patients who have no prescriptions. When it is not selected, nothing will be printed for these patients. For each of the reports, this setting defaults to ON.
Last Name, First Name	When this checkbox is selected for the corresponding report, the patient's name will print in the format Last Name, First Name. When the checkbox is not selected, the name will print in the format First Name Last Name. The default setting for each report is OFF.

Administration Times

The Administration Times list is a customized list of administration times used for long-term care groups. These are basic administration times that can be used to set group-specific times in the Schedule tab in the Groups folder.



Adding a Time to the Administration Times List

1. Press the *Add* function button. A new row appears.
2. In the *Admin Times* field, enter the administration time.

   TIP When entering multiple administration times in this field, each time should be separated with a comma. If a space if required between administration times this needs to be indicated with a comma. (e.g. The administration time 08:00,20:00 prints 08:00 and 20:00 in consecutive administration time boxes on the MAR report. When the administration time 08:00,,20:00 prints on a MAR, 08:00 is in the first administration time box, the second box is blank, and 20:00 is in the third box).

3. Press the *OK* function button.

Modifying a Time in the Administration Times List

When an administration time is modified in this list, the change applies to EVERY prescription that uses that administration time. **PLEASE BE CAREFUL when modifying existing administration times.**

1. Highlight the administration time that you would like to change.
2. Make your changes.
3. Press the OK function button to save changes and close the window.

Removing a Time from the Administration Times List

When an administration time is removed from this list, it will be removed from EVERY prescription and group that uses that administration time. **PLEASE BE CAREFUL when removing existing administration times.**

1. Highlight the row that you would like to delete.
2. Press *Remove*.
3. A validation message confirms if you would like to delete the administration time. Press Yes to continue.

   TIP Pressing Cancel aborts the remove request. The screen returns to the list and the administration time is NOT deleted.
4. Press the *OK* function button to save changes and close the window.

Conditions

The Conditions list in List Maintenance provides the ability to enter customized medical items for Diet, Lab Work, Health Care Directives; none of which are defaulted in PharmaClik Rx– you must add your own entries of all of these options. These options will print on some MAR and TMR reports when entered in a patient's Medical tab.

Adding Diets to the Conditions List

1. Press the *More* navigator button.
2. Press *List Maint.*
3. Select *Conditions* from the dropdown list at the top of the window.
4. Press the *Add* function button.
5. A new row will be added to the window. Select **Diet** from the *Type* dropdown list.
6. Enter a description of the Diet in the *Description* field.
7. Repeat steps 4-6 until all Diets have been entered.
8. Press the *OK* function button to save changes and close List Maintenance.

Adding Health Care Directives to the Conditions List

1. Press the *More* navigator button.
2. Press *List Maint.*
3. Select *Conditions* from the dropdown list at the top of the window.
4. Press the *Add* function button.
5. A new row will be added to the window. Select **Health Care Directives** from the *Type* dropdown list.
6. Enter a description of the Health Care Directive in the *Description* field.
7. Repeat steps 4-6 until all Health Care Directives have been entered.
8. Press the *OK* function button to save changes and close List Maintenance.

Adding Lab Work to the Conditions List

1. Press the *More* navigator button.
2. Press *List Maint.*
3. Select *Conditions* from the dropdown list at the top of the window.
4. Press the *Add* function button.
5. A new row will be added to the window. Select **Lab Work** from the *Type* dropdown list.
6. Enter a description of the Lab Work in the *Description* field.
7. Repeat steps 4-6 until all Lab Work items have been entered.
8. Press the *OK* function button to save changes and close List Maintenance.

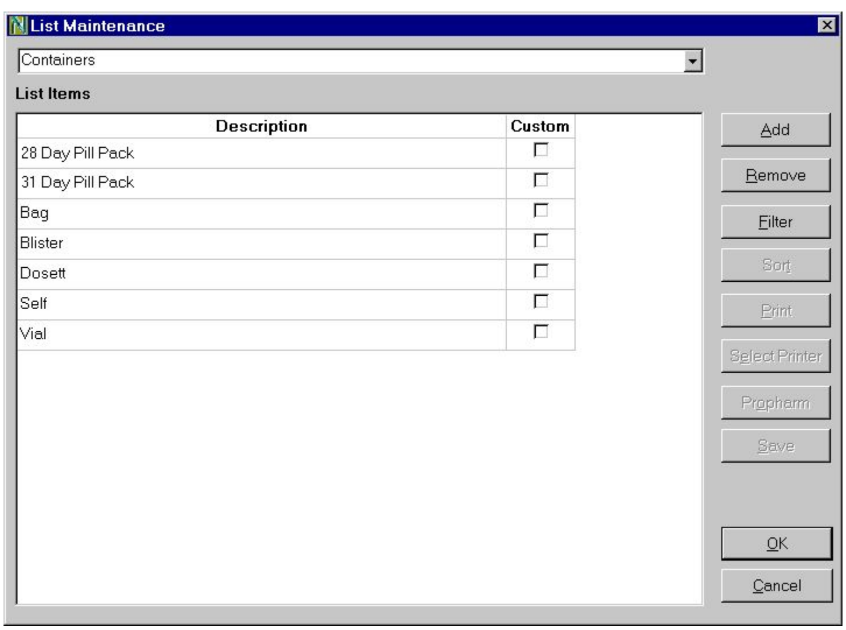
To add Diets, Lab Work and Health Care Directives to a Patient

Once Diet, Lab Work and Health Care Directives have been entered in List Maintenance, they can be added to patients through the Medical tab in the Patient folder. This follows the same functionality that is used to add allergies and conditions to a patient.

1. Press the *Patient* navigator button.
2. Search for and select the patient.
3. Press the *Medical* tab.
4. Press the *Add* function button.
5. Medical Condition Search opens. Select **Diet**, **Health Care Directives** or **Lab Work** from the *Type* dropdown list.
6. Press *Search.*
7. Highlight the desired option(s) in the search results.
8. Press *OK*.
9. Press the *Save* action button.
10. Repeat steps 4-9 to add additional medical items to the patient.

Containers

The Containers list provides container types that can be linked to prescriptions and printed on MAR/TAR reports. The entries in the Containers list appears in the *Containers* field located in Group Preferences and in Rx Detail Administration Details.



Adding a Container to the List

1. Press the *Add* function button.
2. A new row appears. In the *Description* field, enter a type of container.
3. Press the *OK* function button.

Removing a Container from the List

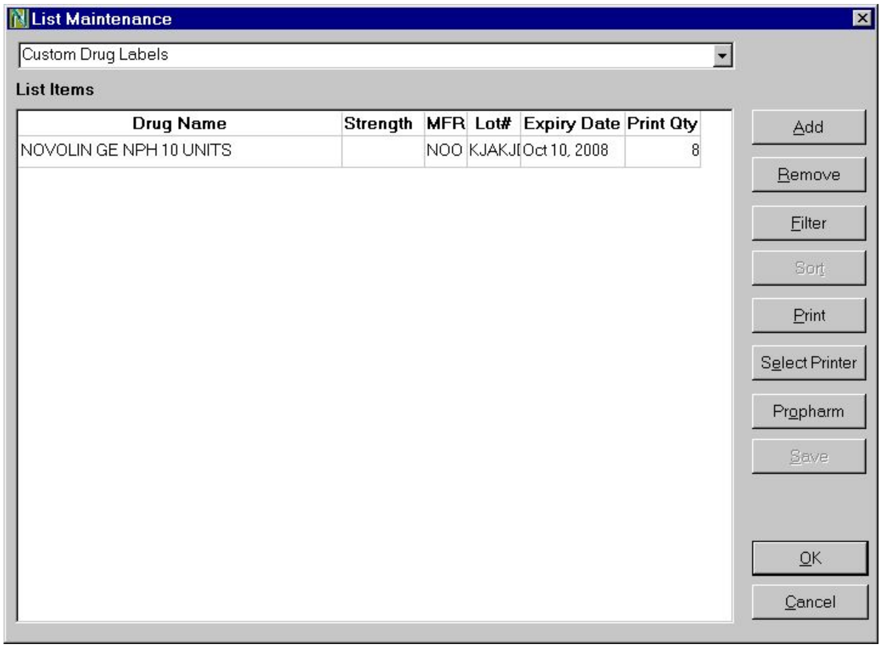
You can only remove items you have added manually to the list, provided the container is not in use in Group Preferences or in a prescription. The *Custom* checkbox is selected for manually added items.

1. Highlight the row to be deleted.
2. Press the *Remove* function button.
3. Press the *OK* function button.

Notes:

Custom Drug Labels

Provides the ability to customize labels that can be used for pre-packaged medication that is stored in bulk. Custom Drug Labels can be printed at the pharmacy, or transmitted to McKesson for printing.



Adding a Custom Drug Label

1. Press the *Add* function button. A new row appears.
2. In the *Drug Name* field, enter the name of the drug for which you are creating a label.
3. Enter the drug's strength in the *Strength* column. (Optional)
4. Enter the drug's 3-letter manufacturer code in the *Mfr* column. (Optional)
5. Enter the drug's lot number in the *Lot #* column. (Optional)
6. Enter the drug's expiry date in the *Expiry Date* column. (Optional)
7. Enter the number of labels to be printed in the *Print Qty* column. (Optional)
8. Press the *OK* function button.

Removing a Custom Drug Label

1. Highlight the row to be deleted.
2. Press the *Remove* function button.
3. Press the *OK* function button.

Printing Custom Drug Labels

At McKesson

1. For the drug you wish to print, update the *Lot #* and *Expiry Date* fields to reflect the information on the stock bottle from which the drug will be dispensed.
2. In the *Print Qty* field, enter the number of labels that you would like to print.
3. Press the **McKesson** function button.
4. A message indicates that the McKesson Label Request has been successful. A file has been created, that is ready to be transmitted to McKesson. Press *OK* in the message.
5. Press the *OK* function button. The information entered for the drug is saved.
6. Transmit the Label Request to McKesson.

At the Pharmacy

Custom Drug Labels are formatted to print on Avery Pin Fed Address Labels #4037, which fits 20 labels per page. The label size is 2.5" x 0.94".

1. For the drug you wish to print, update the *Lot #* and *Expiry Date* fields to reflect the information on the stock bottle from which the drug will be dispensed.
2. In the *Print Qty* field, enter the number of labels that you would like to print.
3. Press the *Print* function button. The labels are printed immediately on the laser printer.
4. Press the *OK* function button. The information entered for the drug is saved.

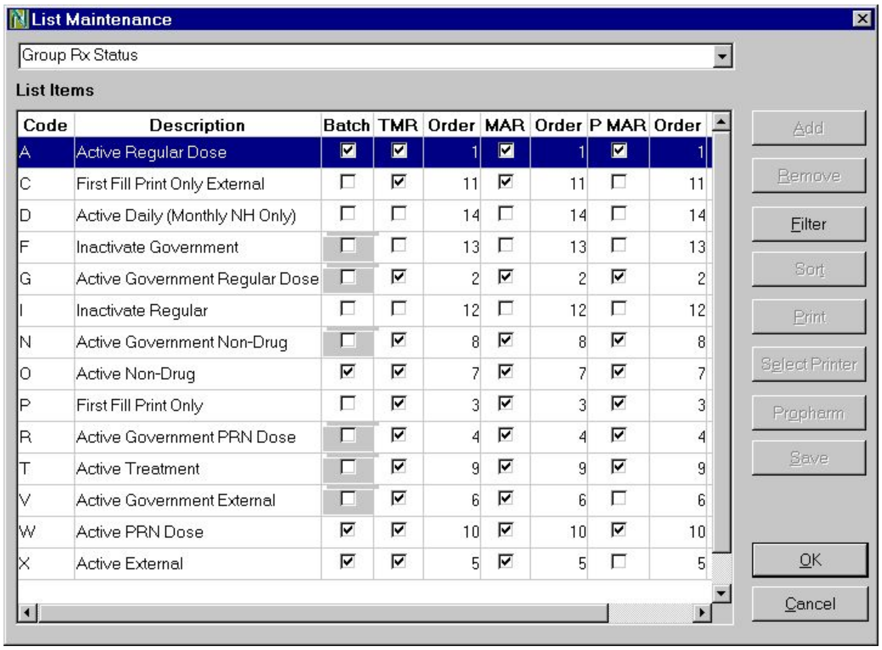
Group Link

This list is currently non-functional. It is associated with the *Link* field in the Groups folder.

Group Rx Status

Provides Pharmacy defaults for batches, MAR, Partial MAR, TAR and TMR reports. This list allows you to:

- Customize the descriptions of the Group Rx Status codes.
- Select the group Rx statuses that will appear in the batch.
- Select the group Rx statuses that will appear on administration reports, as well as the order in which they will appear.



Code	Description	Batch	TMR	Order	MAR	Order	P MAR	Order
A	Active Regular Dose	☑	☑	1	☑	1	☑	1
C	First Fill Print Only External	☐	☑	11	☑	11	☐	11
D	Active Daily (Monthly NH Only)	☐	☐	14	☐	14	☐	14
F	Inactivate Government	☐	☐	13	☐	13	☐	13
G	Active Government Regular Dose	☐	☑	2	☑	2	☑	2
I	Inactivate Regular	☐	☐	12	☐	12	☐	12
N	Active Government Non-Drug	☐	☑	8	☑	8	☑	8
O	Active Non-Drug	☑	☑	7	☑	7	☑	7
P	First Fill Print Only	☐	☑	3	☑	3	☑	3
R	Active Government PRN Dose	☐	☑	4	☑	4	☑	4
T	Active Treatment	☐	☑	9	☑	9	☑	9
V	Active Government External	☐	☑	6	☑	6	☐	6
W	Active PRN Dose	☑	☑	10	☑	10	☑	10
X	Active External	☑	☑	5	☑	5	☐	5

Customizing the Description of a Group Rx Status

Customized descriptions appear in the *Rx Status* dropdown lists in Rx Detail, the Group Profile window, Batch Profile and the Carry Over Prescription window. They will also appear in the Group Rx Status Preferences window in the Groups folder.

1. Press the *More* navigator button.
2. Press *List Maint.*
3. Select *Group Rx Status* from the dropdown list at the top of the window.
4. Click in the *Description* field corresponding the group Rx status code that you would like to change.
5. Enter the new description in the *Description* field.
6. Repeat steps 4-5 for any other group Rx statuses.
7. Press the *OK* function button to save changes and close List Maintenance.

Setting Batch Preferences in the Group Rx Status List

The Batch column is used to indicate which group Rx statuses will appear in the batch, as well as when background processing is used for the group. When a checkbox is selected, the corresponding group Rx status will appear in the batch. A group Rx status will not be included in the batch if its checkbox is not selected. The grey fields in the Batch column cannot be selected. These are government group Rx statuses; prescriptions with these statuses cannot be refilled.

1. Select the *Batch* checkbox for each group Rx status that should appear in the batch.
2. Press the *OK* function button to save changes and close the window.

Setting TMR Preferences in the Group Rx Status List

The TMR settings refer to the TMR report and the TMR Alternate report. The checkboxes in the *TMR* column indicate if the corresponding group Rx status will appear on the TMR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the TMR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the TMR reports.

1. In the *TMR* column, select the group Rx statuses that should appear on the TMR reports.
2. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
3. Press the *OK* function button to save changes and close the window.

Setting MAR Preferences in the Group Rx Status List

The MAR settings refer to the MAR Complete, MAR - 12 Meds, MAR Complete - 35 Day, MAR Complete by Dosage and MAR Correctional Services Canada. The checkboxes in the *MAR* column indicate if the corresponding group Rx status will appear on the MAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the MAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the MAR reports.

4. In the *MAR* column, select the group Rx statuses that should appear on the MAR reports.
5. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
6. Press the *OK* function button to save changes and close the window.

Setting Partial MAR Preferences in the Group Rx Status List

The Partial MAR settings refer to the MAR Partial, MAR Partial - 12 Meds, MAR Partial - 35 Day, and MAR Partial by Dosage. The checkboxes in the *P MAR* column indicate if the corresponding group Rx status will appear on the Partial MAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the P MAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the Partial MAR reports.

4. In the *P MAR* column, select the group Rx statuses that should appear on the Partial MAR reports.
5. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
6. Press the *OK* function button to save changes and close the window.

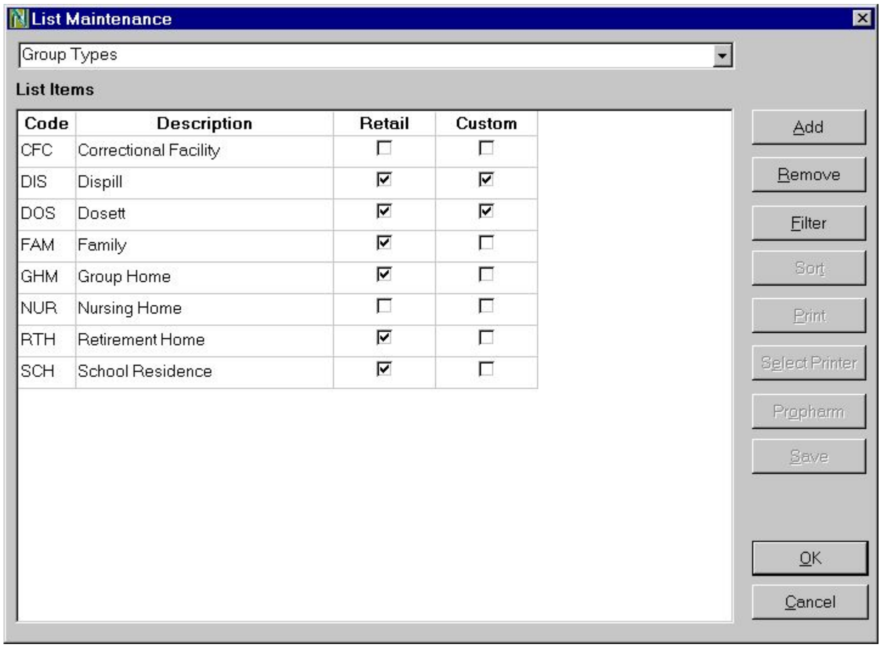
Setting TAR preferences in the Group Rx Status List

The TAR settings refer to the TAR, TAR - 12 Meds, TAR - 35 Day, TAR by Dosage, and TAR with Body Diagram. The checkboxes in the *TAR* column indicate if the corresponding group Rx status will appear on the TAR reports. When the checkbox is selected, prescriptions with that group Rx status will print on the reports. The *Order* column beside the TAR column indicates the order in which prescriptions with the corresponding group Rx status will appear on the TAR reports.

4. In the *TAR* column, select the group Rx statuses that should appear on the TAR reports.
5. In the *Order* column, select a number from 1 to 15 that indicates the priority of each group Rx status.
6. Press the *OK* function button to save changes and close the window.

Group Types

Group Types is a customized list of group types, allowing you to define a group as retail or non-retail. This list is used in the Type field in the Groups folder.



Adding a Group Type

The group type is used to categorize the group. The following types of retail groups are pre-set in PharmaClik Rx: Family, Group Home, Retirement Home, and School Residence. There are also two pre-set non-retail groups: Correctional Facility and Nursing Home

1. Press the *Add* function button. A new row appears.
2. Enter a 3-letter code in the *Code* field.
3. Enter the new group type in the *Description* field.
4. If the group is a RETAIL group, select the *Retail* checkbox. If the group is NON-RETAIL (ex. a long-term care facility) then leave the checkbox blank.
5. Press the *OK* function button to save changes and close the window.

Removing a Group Type

You can only remove custom group types, provided it is not currently in use in a Group (i.e. where the *Custom* checkbox is selected).

1. Highlight the row to be removed.
2. Press the *Remove* function button.
3. Press the *OK* function button.

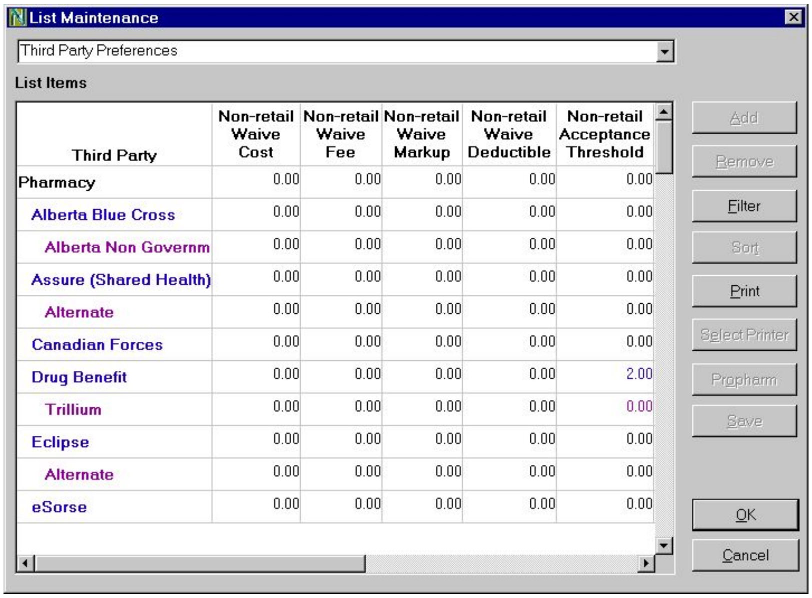
Notes:

Third Party Preferences

Third Party Preferences allows differences for Cost, Markup, Fee and Deductible to be waived automatically. An option called Acceptance Threshold allows prescriptions to be accepted automatically, without forcing the Claim Summary to be displayed. Another option called Auto Label allows the prescription label to print without displaying the Claim Summary when there have been no financial cutbacks on the prescription.

The Third Party Preferences list has been broken down into two main sections: Retail and Non-Retail. Retail refers to regular retail prescriptions, while Non-Retail is meant for prescriptions filled for Long-Term Care facilities.

NOTE The third party preference waive settings for Cost, Markup and Fee do not apply when the prescription is a co-ordination of benefits. However, the Waive Deductible settings and the Acceptance Threshold DO apply to co-ordination of benefits prescriptions.



Third Party	Lists all third parties that are supported by PharmaClik Rx. The option *All* indicates all third parties. Therefore, if a value is set for *All*, it will apply to all third parties unless a different value is set for a specific third party.
Auto Label	When selected, allows the prescription label to print without displaying the Claim Summary when the only difference between the amount billed and the amount paid is the patient's deductible.
Non-retail Waive Cost	The maximum value that will automatically be waived if a cost difference is sent back from the third parties that adjudicated the prescription.
Non-retail Waive Fee	The maximum value that will automatically be waived if a fee difference is sent back from the third parties that adjudicated the prescription.
Non-retail Waive Deductible	The maximum value that will automatically be waived if a deductible is sent back from the third parties that adjudicated the prescription.
Non-retail Acceptance Threshold	The maximum value that will automatically be charged to patients without forcing the Claim Summary to be viewed. This applies to the sum of any differences and deductibles that are sent back from the third parties that adjudicated the claim. Therefore, if the sum of all these amounts is less than or equal to the value set as the *Retail Acceptance Threshold*, the Claim Summary will not be displayed and the amount will be charged to the patient.

Setting Third Party Preferences for Non-Retail Prescriptions

1. Make changes to any of the NON-RETAIL fields for the corresponding third party.
2. Press the *OK* function button to save changes and close the window.

When Nursing Charge is part of the billing code for a prescription, the waive amounts and the acceptance threshold will be applied **before** the prescription is submitted to Nursing Charge for payment. This allows differences to be waived or accepted before claims are billed to Nursing Charge.

If Nursing Charge is *not* part of the billing code, the waive amounts and the acceptance threshold will be applied before the prescription is submitted to Cash.

IMPORTANT NOTE ABOUT WAIVING DIFFERENCES

Differences are ONLY waived for the last third party before Nursing Charge in a co-ordination of benefits claim. The same logic applies to the acceptance threshold; only differences from the *final* Third Party in the co-ordination of benefits process will be automatically accepted. The example below depicts a Drug Benefit/Assure/Nursing Charge co-ordination of benefits claim that uses waive amounts and an acceptance threshold.

e.g. A pharmacy has set up Third Party Preferences so that all cost differences from Drug Benefit under $1.00 are waived. No preferences are set up for Assure.

The billing code for a prescription is DB/AS/NC/CA. The claim is sent to Drug Benefit, but they don't cover the entire cost. A cost difference of $0.51 was returned, as well as a deductible of $5.00. Since the claim is a co-ordination of benefits, the cost difference is not waived. Both the $0.51 cost difference and the $5.00 deductible are submitted to Assure for payment.

Assure accepts the claim and pays the $5.00 deductible, but does not cover the cost difference. Since no Third Party Preferences are set up for Assure, the Claim Summary appears with a cost difference of $0.51.

The pharmacy technician filling the prescription chooses to waive the cost difference by checking the *Waive* box for the cost and then presses the *OK* button to complete the prescription by submitting the remainder of the claim to Nursing Charge. The amount billed to Nursing Charge will be $0.00 since the cost difference was waived manually before completing the prescription.

When any of the waive values are applied to a prescription, PharmaClik Rx automatically waives the amounts and the Claim Summary will not appear if <u>no other adjustments</u> are required. This means the *Pays* area on the prescription Receipt will indicate that the patient pays $0.00.

All waive values are applied to a prescription **before** PharmaClik Rx determines if the prescription falls within the Acceptance Threshold. This means all differences will be waived and *then* the Acceptance Threshold will be applied.

e.g. The Retail Waive Cost for *All* Third Parties is set to $1.00. The Retail Waive Fee for *All* Third Parties is set to $9.99. The Retail Acceptance Threshold for Ontario Drug Benefit is $6.54.

A prescription is submitted to Drug Benefit and Nursing Charge for payment (i.e. the billing code is DB/NC/CA). It is accepted by Drug Benefit, but there is a $0.01 cost difference and a $2.00 deductible.

Since the cost difference is less than the $1.00 specified in the Retail Waive Cost, it is automatically waived.

The remaining sum of all differences plus the deductible is $2.00. Since this is less than the $6.54 Acceptance Threshold for Drug Benefit, the $2.00 is billed to Nursing Charge.

All of these values will be automatically waived and charged, without displaying the Claim Summary on the screen.

ANOTHER EXAMPLE

A pharmacy would like to automatically waive any cost differences that are less than or equal to $1.00. The pharmacist will evaluate all cost differences over $1.00, and a decision will be made at that time as to whether the difference will be waived or billed to Nursing Charge. The usual and customary fee for the pharmacy is $9.99. They do not want to charge any fee differences to Nursing Charge. The store also has many Green Shield patients in Nursing Homes that have a $0.35 deductible.

The Third Party Preferences are set up as follows:

- For All Third Parties, the Non-Retail Waive Cost is set to $1.00. This means that any cost differences up to and including $1.00 will be automatically waived.
- For All Third Parties, the Non-Retail Waive Fee is set to $9.99. This means that any fee differences up to and including $9.99 will be automatically waived.
- The Retail Acceptance Threshold for Green Shield is set at $0.35. Any Green Shield prescriptions with a difference of less than or equal to $0.35 will automatically be billed to Nursing Charge.

Notes:

Reports

There are several reports available for groups and the Long-Term Care module. Follow these steps to access the reports:

1. Press the *More* navigator button.
2. Press the *Reports* button.
3. Highlight **Groups** from the list on the left side of the window.
4. Highlight the report you want from the list on the right side of the window.
5. Press the *Next* Action button.
6. Enter the appropriate Criteria for the report you wish to generate.
7. Print or Preview the report as usual.

Detailed information about each report is provided in PharmaClik Rx Reports Help, along with sample reports.

Administration Time Report – Current Active

Summarizes the number of active prescriptions that are currently provided at each administration time.

Administration Time Report for a Period

Summarizes the prescriptions provided at each administration time during the report period.

Administration Time Summary

The Administration Time Summary provides total for the number of prescriptions that are provided at each individual time within an administration time. An average number of government and pharmacy supplied prescriptions per patient is also provided. This report will assist both the Long-Term Care facility and the pharmacy in evaluating administration times and changes to medications. The report can be generated for the current active prescriptions, or for prescriptions filled during a date range.

Doctor Prescribed Medications Report

The Doctor Prescribed Medications Report provides a summary of active prescriptions dispensed for patients in the group, broken down by doctor.

Drug Record Book

The Drug Record Book provides a list of all status Complete, Amend, Cancelled and Hold prescriptions filled for patients in a group during the report period. Two copies of the report are printed: the Pharmacy Copy and the Facility Copy. The Pharmacy Copy is the official file copy for the prescriptions, while the Facility Copy is a list that can be provided to the Long-Term Care facility. Non-Narcotic and Narcotic versions of the report can be generated.

Non-Narcotic

The Non-Narcotic version lists all regular prescriptions filled during the report period. The report is defaulted to generate the Non-Narcotic version.

Narcotic

The Narcotic version lists all narcotic prescriptions filled during the report period. When a Narcotic Drug Record Book is generated, only the facility's copy of the report will print since the pharmacy obtains a regular file copy when the prescription is filled. To generate a Narcotic version of the report, select the *Narcotic* checkbox in the Extended Report Criteria section in the Reports window.

Drug Utilization Report

The Drug Utilization Report produces a table displaying the number of regular, external and PRN dosed active prescriptions that were supplied by the pharmacy and the government during the report period. The report also shows the totals and average number of prescriptions per bed from both the pharmacy and the government.

Eligibility List

The Eligibility List is a list of all active residents in the group along with their third party information. A copy of this report should be sent to the Long-Term Care facility so that the discharge date and expiry date information can be filled in and sent back to the pharmacy.

Facility Admission List

The Facility Admission List provides a list of all active patients in a group who have an admission date that falls within the report period. To generate this report, admission dates must be entered in the *Adm Date* fields in the Patients tab of the Groups folder.

Facility Drug Utilization

The Facility Drug Utilization Report breaks down drug usage totals by floor, as well as providing an overall total for the group. For each floor, a table displays the number of active prescriptions supplied by the pharmacy and government, broken down by type of prescription: regular, external, PRN dosed and non-drug. It also shows the average number of prescriptions per bed from both the pharmacy and the government.

MAR Complete

The Complete MAR (Medication Administration Record) provides a listing of all prescriptions to be administered to each resident over a period of 31 days. The report includes patient-related information such as allergies and medical conditions, diet, drug holidays and administration times.

By default, MAR Complete includes prescriptions with the following group Rx statuses (this can be customized in the Group Rx Status Preferences):

A – Active Regular Dose	G – Active Government Regular Dose
X – Active External	V – Active Government External
W – Active PRN Dose	R – Active Government PRN Dose
O – Active Non-Drug	N – Active Government Non-Drug
P – First Fill Print Only	T – Active Treatment
C – First Fill Print Only External	Z – Adjudicate to $0.00

MAR Complete – 12 Meds

A Medication Administration Report that accommodates up to 12 medications. The report provides a large area for printing the patient's allergies, conditions, diet, directives and notes. By default, the report includes all active group Rx statuses. The report can be printed on laser or dot matrix printers, using Manrex Form #2801L (laser), #2801 (single ply dot matrix) or #2901 (2-ply dot matrix).

MAR Complete - 35 Day

A Medication Administration Record listing all medications to be administered to each patient in the group over a specified number of days, up to a maximum of 35 days. The report includes extensive patient information such as diet, allergies and medical conditions, health care directives, drug holidays and administration times. By default, the report includes all active group Rx statuses. The report is printed in landscape format on pre-formatted paper using an Okidata 321 Turbo dot-matrix printer.

MAR Complete by Dosage

A Medication Administration Record listing all medications to be administered to each patient in the group over a period of 31 days. The medications are grouped by dosage time. The report can be printed for retail and non-retail patients. By default, MAR Complete by Dosage includes all active group Rx statuses for non-retail patients. For retail patients, the report includes all active prescriptions.

MAR Correctional Service Canada

This Medication Administration Record provides a list of prescriptions to be administered to a patient over a 31-day period. Each page fits seven prescriptions, with a maximum of four administration times per prescription. By default, the report includes all active group Rx statuses. This report is formatted to print on the Correctional Service Canada Medication Administration Record form, using a laser printer.

MAR Non-Nursing Home

The Non-Nursing Home MAR report is a medication administration record that provides a listing of prescriptions to be administered to the patient over a period of 31 days. This report can be generated for retail patients and lists all prescriptions that are flagged as Active on the patient's profile, including Hold.

MAR Partial

MAR Partial (Medication Administration Report) provides a listing of all prescriptions (excluding externals) to be administered to each resident over a period of 31 days. The report includes patient-related information such as allergies and medical conditions, diet, drug holidays and administration times.

By default, MAR Partial includes prescriptions with the following group Rx statuses (this can be customized in the Group Rx Status Preferences):

A – Active Regular Dose	G – Active Government Regular Dose
W – Active PRN Dose	R – Active Government PRN Dose
O – Active Non-Drug	N – Active Government Non-Drug
P – First Fill Print Only	T – Active Treatment
	Z – Adjudicate to $0.00

MAR Partial – 12 Meds

A Medication Administration Report that accommodates up to 12 medications. It lists all prescriptions (excluding externals) to be administered to each resident over a period of 31 days – refer to MAR Partial for a detailed list of group Rx statuses. The report can be printed on laser or dot matrix printers, using Manrex Form #2801L (laser), #2801 (single ply dot matrix) or #2901 (2-ply dot matrix).

MAR Partial - 35 Day

A Medication Administration Record listing all medications (excluding externals – refer to MAR Partial for a detailed list of group Rx statuses) to be administered to a patient over a specified number of days, up to a maximum of 35 days. The report includes extensive patient-related information such as allergies and medical conditions, diet, health care directives, drug holidays and administration times. The report is printed in landscape format on pre-formatted paper using an Okidata 321 Turbo dot-matrix printer.

MAR Partial by Dosage

A Medication Administration Record listing all medications to be administered to each patient in the group over a period of 31 days. The medications are grouped by dosage time. The report can be printed for retail and non-retail patients. By default, MAR Partial by Dosage includes all active group Rx statuses (excluding external) for non-retail patients – refer to MAR Partial for a list of group Rx statuses. For retail patients, the report includes all active prescriptions.

Non-Retail Prescription Analysis – Current Active

Provides a list of current active prescriptions for patients in the group. These are the most current prescriptions on the Profile. The report can be generated for a doctor, drug, therapeutic class, cycle, and/or floor.

Non-Retail Prescription Analysis for a Period

Provides a list of prescriptions that have been filled for patients in the group during the report period. The report can be generated for a doctor, drug, therapeutic class, cycle, and/or floor.

Nursing Charge Invoice

The Nursing Charge Invoice lists all claims submitted to Nursing Charge during the report period. The report is requested at the pharmacy and printed at McKesson.

Nursing Charges (Group)

Lists all prescriptions filled for patients in the group during the report period.

Nursing Charges (Patient)

Lists all prescriptions filled for a patient in a group during the report period. This report can be used as a patient invoice when it is printed in Invoice Format.

Nursing Charge Summary

Provides a list of all patients in the group and a total Patient Pays amount for each patient.

Physician Drug Utilization

The Physician Drug Utilization Report provides a summary of current active prescriptions dispensed for patients in the group, broken down by default doctor. The prescriptions for each patient are counted under that patient's default doctor.

Poli Medication Report

The Poli Medication Report sorts patients based on the total number of active medications per patient. A list of active medications is provided for each patient.

TAR

The TAR (Treatment Administration Record) provides a listing of all external prescriptions to be administered to each resident over a period of 31 days. The report includes patient-related information such as allergies and medical conditions, diet, drug holidays and administration times.

By default, the TAR Report includes prescriptions with the following group Rx statuses (this can be customized in the Group Rx Status Preferences):

X – Active External
V – Active Government External
C – First Fill Print Only External

TAR – 12 Meds

A Treatment Administration Record that accommodates up to 12 medications. It lists all external prescriptions to be administered to each resident over a period of 31 days. By default, the report includes the group Rx statuses C, V and X. The report can be printed on laser or dot matrix printers, using Manrex Form #2801L (laser), #2801 (single ply dot matrix) or #2901 (2-ply dot matrix).

TAR - 35 Day

A Treatment Administration Record listing all external medications to be administered to each patient in the group over a specified number of days, up to a maximum of 35 days. The report includes extensive patient-related information such as allergies and medical conditions, diet, health care directives, drug holidays and administration times. By default, the report includes the group Rx statuses C, V and X. The report is printed in landscape format on pre-formatted paper using an Okidata 321 Turbo dot-matrix printer.

TAR by Dosage

A Treatment Administration Record listing all external medications to be administered to each patient in the group over a period of 31 days. The medications are grouped by dosage time. The report can be printed for retail and non-retail patients. By default, the report includes the group Rx statuses C, V and X for non-retail patients. For retail patients, the report includes all active prescriptions.

TAR with Body Diagram

A Treatment Administration Record listing external prescriptions that are to be administered to a patient over a period of 31 days. The report is formatted to print on dot matrix paper that has a diagram of the human body, and space for a maximum of four prescriptions per page. The report includes extensive patient-related information such as allergies and medical conditions, diet, drug holidays and administration times. By default, the report includes the group Rx statuses C, V and X.

Therapeutic Classification

The Therapeutic Classification report provides a list of active medications for each resident along with the therapeutic class of each medication. The report is sorted alphabetically by patient. A separate page is printed for each patient.

TMR

The TMR Report (Three-Month Review) is a three-month medication review for residents in either a daily or monthly Long-Term Care facility. This report lists medications administered to each resident over the last 90 days. The report also includes medication supplied by the pharmacy, and treatments supplied by the Long-Term Care facility. The TMR is sent to the Long-Term Care facility to determine whether each patient's medications should be continued, discontinued or placed on hold.

By default, the TMR Report includes prescriptions with the following group Rx statuses (please note that this can be customized in the Group Rx Status Preferences):

A – Active Regular Dose
X – Active External
W – Active PRN Dose
O – Active Non-Drug
P – First Fill Print Only
C – First Fill Print Only External
G – Active Government Regular Dose
V – Active Government External
R – Active Government PRN Dose
N – Active Government Non-Drug
T – Active Treatment
Z – Adjudicate to $0.00

TMR Alternate

A patient medication review listing all medications to be administered to patients in the group over the next 90 days. By default, the report includes all active group Rx statuses. This report prints in landscape format using an Okidata 321 Turbo dot-matrix printer, or on laser printer using regular paper. Unlimited space is provided for group notes, patient medical conditions, allergies, diet, lab work and patient health care directives.

TMR Non-Nursing Home

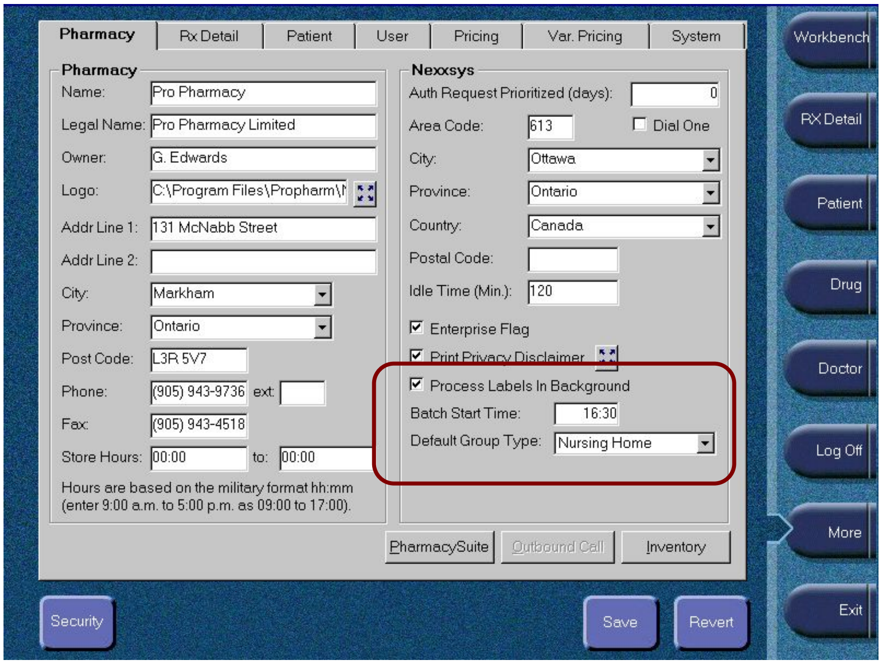
The TMR Non-Nursing Home is a three-month medication review listing prescriptions that are flagged as Active on the patient's profile, including Hold.

Notes:

Pharmacy Preferences

There are some Pharmacy preferences that can be set for groups and the Long-Term Care module. Follow these steps to access Pharmacy Preferences:

1. Press the *More* navigator button.
2. Press the *Pharmacy* button.
3. If it is not already displayed on the screen, press the *Pharmacy* tab at the top of the screen.

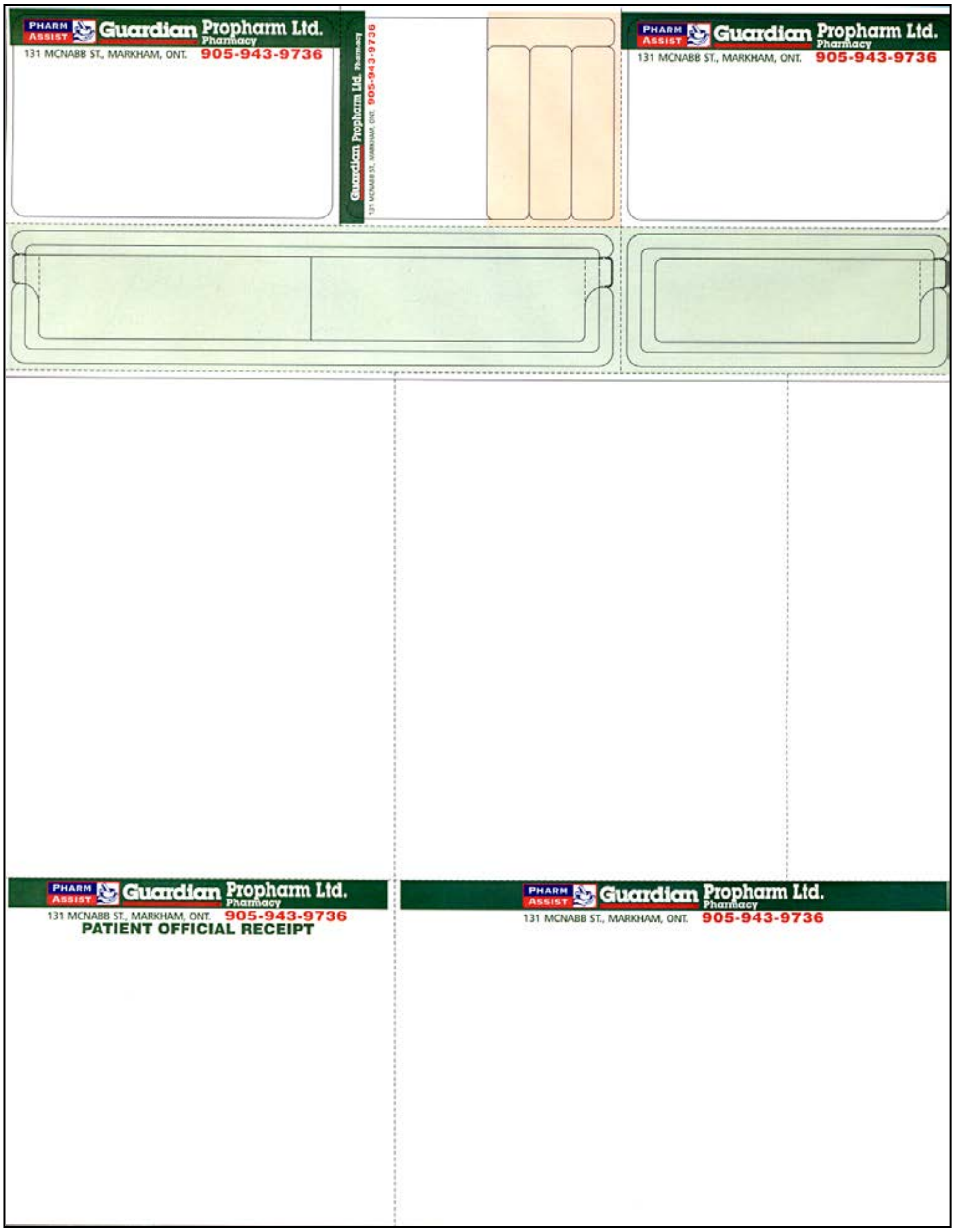


Process Labels in Background	Indicates if prescriptions in the Queue should be printed as soon as they have a Complete status. To print labels automatically, the checkbox should be selected. If the checkbox is not selected, the labels will not print and they must be printed manually using Rx action Print. The Process Labels in Background function is explained in detail in the Background Processing section.
Batch Start Time	The default batch time for batch processing can only be set at the pharmacy level. When the batch time is changed it will be applied to all new batches that are created, as well as to any batches that have already been scheduled. The pre-set time is 05:30. The time is entered and displayed in 24-hour format.
Default Group Type	When a default group type is set, this group type will automatically appear in the *Type* field in the Groups folder when a new group is added.

Notes:

Daily Laser Labels

Daily prescriptions can be printed on laser labels. The Daily Laser Label measures 8.5"x11" and provides two vial copies, three auxiliary labels, D1 and D2 labels, a re-order label, a file copy, a patient care label, an official prescription receipt, and a medication record. A blank label is shown below.



The following functions are available on the Daily LASER Label:

- In Ontario, the ODB and Trillium deductible amounts print on the label set.
- When a product is monitored in Inventory, the package size will be indicated on the file copy. The Lot # and Expiry Date will also print, provided that they have been recorded for the shipment.

Before Daily Laser labels can be printed, the system settings must be entered:

1. Press the *More* navigator button.
2. Press *Pharmacy*.
3. Press the *System* tab at the top of the screen.
4. Scroll down the list until **Daily Laser Label** is shown on the screen.
5. Select the appropriate printer from the *Printer* drop-down list.
6. Select the appropriate tray from the *Tray* drop-down list.
7. *Paper* should be set to **Pharmacy Labels**.
8. Press the *Save* action button.

Setting Daily Laser Labels for a Group

To print Daily Laser Labels for a group, the *Label Type* group preference must be set to **Daily Laser**. Since this is a group preference it must be set for EACH Daily group that will be using these labels.

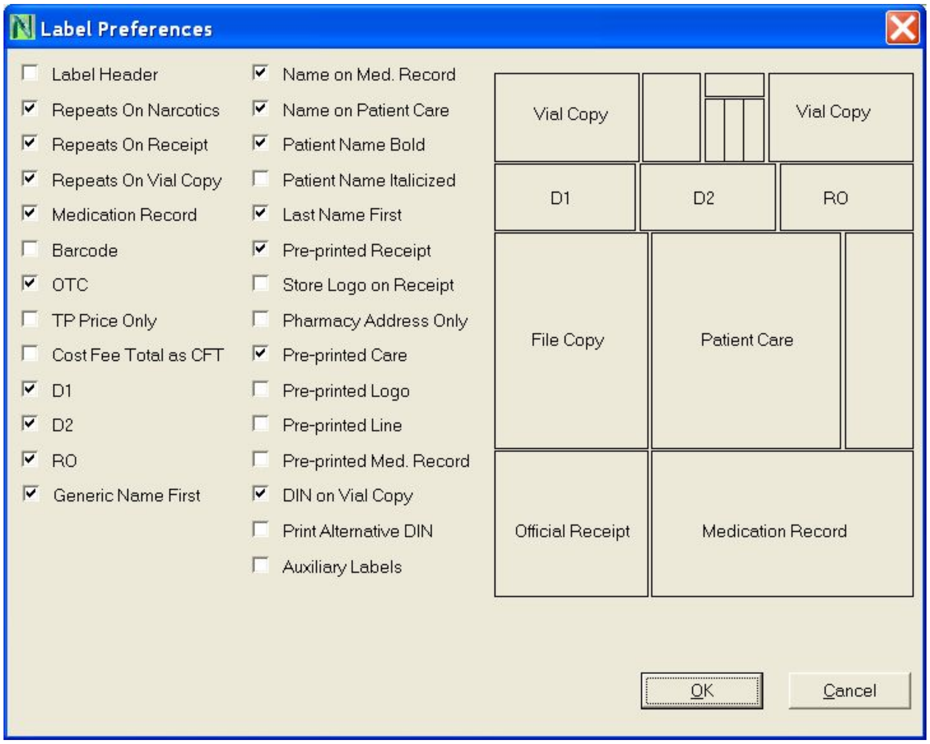
1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Press the *Preferences* tab.
5. Select **Daily Laser** from the *Label Type* dropdown list.
6. Press the *Save* action button.

Daily Laser Label Preferences

As with all other types of labels, PharmaClik Rx provides label preferences for Daily Laser Labels.

To access Daily Laser Label Preferences:

1. Press the *More* navigator button.
2. Press *Pharmacy*.
3. Press the *Rx Detail* tab.
4. Press the *Daily Laser* function button located near the bottom of the screen.



Label Header	PharmaClik Rx will print a header on the vial copies and the receipt. The label header can used with blank labels and prints the pharmacy name, legal name, address and telephone number as entered in the Pharmacy tab of the Pharmacy folder.
Repeats on Narcotics	Determines if the number of repeats should print on the vial copy and file copy for narcotic prescriptions. When this preference is OFF, narcotic prescriptions will indicate that repeats are 0 on the vial copy and file copy; the patient's Profile and Audit History will both show the correct number of repeats.
Repeats on Receipt	Determines if repeats should be shown on the receipt. When this is OFF, repeats will not print on the receipt for any prescriptions.

Repeats on Vial Copy	Determines if repeats should be shown on the vial copy. When this is turned OFF, repeats will not print on the vial copy for any prescriptions.
Medication Record	Determines if the medication record should print on the label set. Turn the checkbox ON to print the medication record. When the medication record is printed, it will list the patient's past prescriptions. If there is not enough space for all of the patient's prescriptions, the indicator MORE INFORMATION EXISTS will print on the medication record.
Barcode	Prints a barcode on the receipt. This is required for integration with POS systems. Turn the checkbox ON to print barcodes.
OTC	When this is selected, OTC medications on the patient's Profile will be included on the medication record. This setting can be overridden by the patient preference *OTC on Med Record*.
TP Price Only	This preference applies to Atlantic and Alberta pharmacies. When this is ON, the prescription's co-pay, deductible and total will print on the receipt instead of the cost, fee and total.
Cost Fee Total as CFT	When this is ON, the cost, fee and total breakdown on the receipt and file copy will print as C: for Cost, F: for Fee, and T: for Total.
D1	When this is ON, the D1 label will print on the label set. This label is generally used by the facility to indicate that the medication has been received.
D2	When this is ON, the D2 label will print on the label set. This label is generally used by the facility to indicate that the medication has been re-ordered.
RO	When this is ON, the Re-Order label will print on the label set. The facility generally sends this label back to the pharmacy to re-order the patient's medication.
Generic Name First	Allows the drug's generic name to print above the trade name on the label set when both the generic and trade names are printed. This preference does not impact how the Chemical or Innovator names print the label set.
Name on Med. Record	Prints the patient's name will print on the medication record. This should be turned ON to print the patient's name.
Name on Patient Care	Prints the patient's name on the patient care portion of the label set. This should be ON to print the patient's name.
Patient Name Bold	Prints the patient's name in bold lettering on the vial copy.
Patient Name Italicized	Prints the patient's name in italic lettering on the vial copy.
Last Name First	When selected, the patient's name will print on the label set in the format: LastName, FirstName MiddleName. When this preference is OFF the patient's name will print in the format FirstName MiddleName LastName. If the middle name makes the patient's name too long for the label set, the middle name will be omitted and only the first name and last name will be used.
Pre-printed Receipt	Select this if the receipt is pre-printed with the words OFFICIAL PRESCRIPTION RECEIPT. When this is turned ON, PharmaClik Rx will not print the header OFFICIAL PRESCRIPTION RECEIPT on the receipt.
Store Logo on Receipt	When this field is OFF, the Label Header begins printing at the left margin, leaving no space for a logo. When this field is ON, the left margin for the Label Header is moved toward the right, leaving extra space on the left side for a logo. If a logo is set in the *Pharmacy Logo*

	field in the Pharmacy tab of the Pharmacy folder, the logo will print on the receipt.
Pharmacy Address Only	Labels pre-printed with the pharmacy name and legal name can be used with PharmaClik Rx. PharmaClik Rx will print the pharmacy address and telephone number in the label header. When using these labels please ensure that the pre-printed header does not interfere with the address and telephone number that PharmaClik Rx prints in the same area. To use this function, the following fields must also be set: ▪ The *Pharmacy Logo* field in the Pharmacy tab in the Pharmacy folder must be blank. ▪ The Label Preference *Label Header* must be turned OFF. ▪ The Label Preference *Store Logo on Receipt* must be turned ON. ▪ The Label Preference *Pre-printed Logo* must be turned ON.
Pre-printed Care	Select this if the patient care portion of the label set has a pre-printed header indicating PATIENT CARE. When this is OFF, PharmaClik Rx will print the header PATIENT CARE on the patient care label.
Pre-printed Logo	Select this if the label has a pre-printed logo. A Label Header can still be printed – it will print further to the right to allow space for the pre-printed logo.
Pre-printed Line	Select this if the label has a pre-printed line below the Label Header. When this is OFF, a line will print below the Label Header.
Pre-printed Med. Record	Select this if the medication record portion of the label set has a pre-printed header indicating MEDICATION RECORD. When this is OFF, PharmaClik Rx will print the header MEDICATION RECORD on the medication record portion.
DIN on Vial Copy	Prints the DIN on the vial copy.
Print Alternative DIN	Prints the DIN/PIN that has been entered in the *PIN* field in the Rx Detail Third Party tab for the last third party in the billing code (not including Cash). This is useful for Mixtures and occasionally for free-form drugs. The Alternative DIN will print on the file copy and receipt. ▪ *File Copy:* When an Alternative DIN is used in a prescription, it will always be indicated on the file copy by the word DIN and the PharmaClik Rx negative DIN will be indication by the word PIN. ▪ *Receipt:* When the prescription is submitted online, the Alternative DIN will be indicated by the word DIN; the PharmaClik Rx negative DIN for the drug or mixture will be indicated by the word PIN. When the claim is submitted to an offline third party, only the Alternative DIN will print on the receipt and it will be indicated by the word DIN.
Auxiliary Labels	Indicates if auxiliary labels should print on the label set. When this is ON, a maximum of three auxiliary labels will print. These will be the first three labels in the list of auxiliary labels in the Rx Detail Extended tab.

The *OK* function button saves changes and closes the window. Be sure to press the *Save* action button in the Pharmacy folder.

The *Cancel* function button will abort changes and close the window.

Notes:

Transmitting to PharmaClik Rx

Nursing Charge Invoices, MAR reports, the TMR report, Monthly Labels and Custom Drug Labels can all be transmitted to PharmaClik Rx for printing. Requesting Monthly Labels is covered in the <u>Batch Processing</u> section.

Transmitting to PharmaClik Rx

Follow these steps to perform a manual transmission to PharmaClik Rx:

1. EXIT all programs on the Server and Workstations. No applications should be running and the screen should be at the desktop (i.e. the screen with the icons).
2. If you connect to the Internet using high speed access, skip to step #3. If you connect to the Internet via dial-up modem, make sure the computer has access to a phone line. If required, make the appropriate adjustments to phone lines, flip switches, etc…
3. Double-click on the NURSING HOME TRANSMIT NOW icon.
4. A moon symbol appears beside the clock in the bottom right-hand corner of the screen. The transmission will be complete when the moon symbol disappears.

Notes:

Requesting Nursing Charge Invoices

Nursing Charge Invoices may be requested at your pharmacy and then transmitted to McKesson. McKesson can print the invoices and return them to your pharmacy.

1. Press the *More* navigator button.
2. Press *Reports*.
3. Highlight *Groups* from the list on the left hand side of the screen.
4. Highlight **Nursing Charge Invoices** from the list and press the *Next* Action button.
5. Press the *Request* function button.
6. PharmaClik Rx will generate the invoices and a message will indicate that the Nursing Charge Invoice report has been successful.
7. Press *OK* in the message.
8. Press the *Cancel* function button to close the Reports window.

This will place the Nursing Charge Invoices in a file that will be transmitted nightly.

Once the report has been generated, it must be transmitted to McKesson via Afaria. In order to receive the Nursing Charge Invoices in the next production, you MUST transmit the reports **before Friday 3pm EST**. Any transmissions received after 3pm on Fridays will not be included in the next production; you will not receive the reports and invoices *<u>until 2 weeks later</u>*.

Requesting MAR and TMR Reports

MAR and TMR reports can also be transmitted to McKesson through the Afaria Transmission System. To request MAR and TMR reports, you must press the *Request* function button in the Reports window. This will place the report in a file that will be transmitted to McKesson nightly. To transmit the reports manually, follow the steps outlined on the previous page in Transmitting to McKesson.

MAR Reports

1. Press the *More* navigator button.
2. Press the *Reports* button.
3. Highlight *Groups* from the list on the left hand side of the screen.
4. Highlight the report (MAR Complete, MAR Partial or TAR) from the list and press the *Next* Action button.
5. Select the appropriate sort criteria.
6. If necessary, change the *Start Date*.
7. Enter the name of the group in the *Group* field.
8. Press the *Request* function button.
9. If the Group Search window opens, select the appropriate group.
10. PharmaClik Rx will create the report. A message will appear once the request is successful. Press the *OK* button in the message.
11. Press the *Exit* Navigator button to close the Reports window.

TMR Report

1. Press the *More* navigator button.
2. Press the *Reports* button.
3. Highlight *Groups* from the list on the left hand side of the screen.
4. Highlight the **TMR Report** from the list and press the *Next* Action button.
5. Select the appropriate sort criteria.
6. If necessary, change the *Start Date*.
7. Enter the name of the group in the *Group* field.
8. If required, enter a cycle.
9. Press the *Request* function button.
10. If the Group Search window opens, select the appropriate group.
11. PharmaClik Rx will create the report. A message will appear once the request is successful. Press the *OK* button in the message.
12. Press the *Exit* Navigator button to close the Reports window.

Notes:

Emergency Supply & Ward Stock

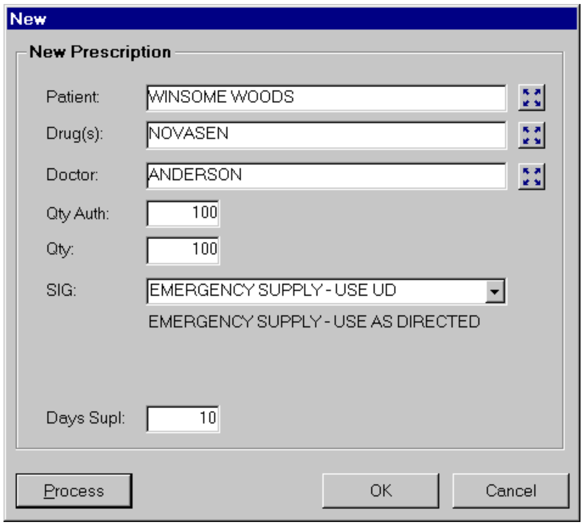
If a Long-Term Care facility requires an emergency supply of government-supplied medication or ward stock, the prescription must be filled for the group. When a non-retail group is added to PHARMACLIK RX, a fake patient with the same name as the group is also created. This patient is called the Facility Patient and is listed in the Patients tab in the Groups folder.

In British Columbia, the Facility Patient allows prescriptions to be filled locally without transmitting to PharmaNet – PharmaCare billing codes cannot be added to this patient.

NOTE TO ONTARIO PHARMACIES:
When PharmaClik Rx creates this patient, Drug Benefit is automatically entered as a third party. The facility's LTC number (as set in the *LTC* field in the Groups folder) is entered in the *Group ID* field in the 3rd Party tab of the patient's folder.

Follow these steps to fill a prescription for an emergency supply or ward stock:

1. Go to the *Workbench*.
2. Press the *New* function button.
3. The New Prescription window opens. Enter the name of the group in the *Patient* field.
4. Enter information in the rest of the fields in the New window. In the SIG field, enter instructions such as WARD STOCK – USE AS DIRECTED or EMERGENCY SUPPLY – USE AS DIRECTED.



5. Press the *Process* function button.
6. Complete each search (Patient, Doctor, and Drug) as it appears on the screen.
7. Rx Detail opens. Continue to fill the prescription as usual.

Notes:

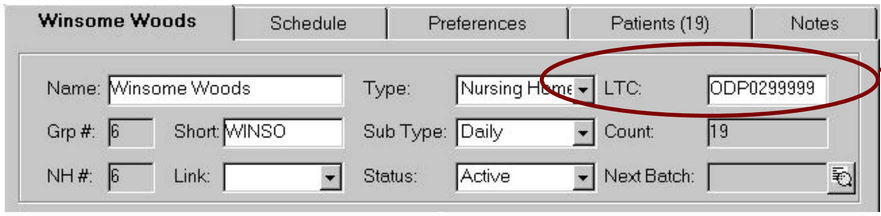
LTC Alternative DINs

When a prescription is filled for a patient in a provincially registered long-term care facility, the LTC Alternative DIN can be used for claims adjudication instead of the regular DIN. This is meant for adjudicating government stock claims that require pseudoDINs (i.e. the prescription is dispensed from a real DIN in the Drug file, but the third party requires that a pseudoDIN be transmitted with the claim instead of the real DIN).

In Ontario, LTC Alternative DINs are used for the ODB LTC Stock Replenishment Initiative available to pharmacies servicing provincially registered long-term care facilities – the pharmacy is able to purchase government stock from Government Pharmacy and then submit prescriptions for this stock using pre-determined PINs.

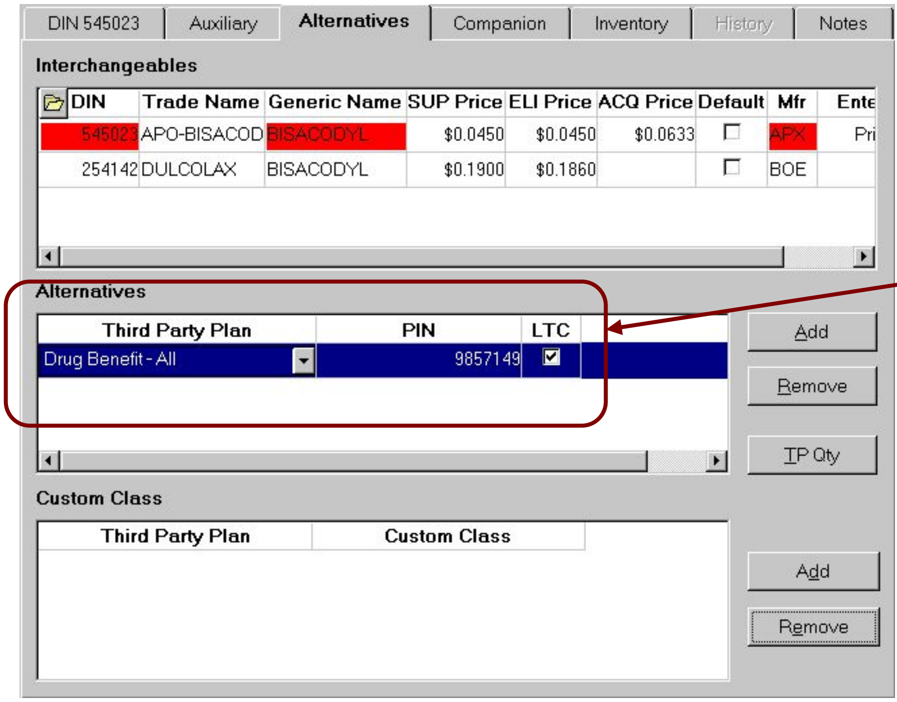
To use the LTC Alternative DIN when submitting claims:

- The patient must belong to a Group in PharmaClik Rx.
- The Group must have an LTC number entered in the main tab of the Groups folder.



The LTC Alternative DIN functionality is triggered by the existence of an LTC number in the Groups folder.

The LTC Alternative DIN is set in the Alternatives tab of the Drug folder or the Mixture folder, in the same location as regular Alternative DINs. When the LTC flag is 'ON' for an Alternative DIN, the specified PIN is transmitted in claims for the corresponding third party **if the *LTC* field is populated in the Groups folder**. The regular DIN or Alternative DIN is used for patients who are not in a Group or if the Group does not have an LTC number (the LTC flag is 'OFF' for a regular Alternative DIN).



The LTC Alternative DIN works as follows…

When the prescription is for a patient who is in a Group, PharmaClik Rx checks the Alternative DIN *LTC* flag in the Drug folder for the Third Parties in the prescription's billing code.

<u>If the *LTC* flag is 'OFF'</u>: The prescription uses the regular Alternative DIN, or the drug's regular DIN if there is no Alternative DIN set for the Third Party.

<u>If the *LTC* flag is 'ON'</u>: PharmaClik Rx checks the *LTC* field in the Groups folder:

- If the *LTC* field is populated, the prescription uses the LTC Alternative DIN.
- If the *LTC* field is blank, the prescription uses the regular Alternative DIN (or the drug's regular DIN if there is no other Alternative

It is possible to have two Alternative DINs for the same third party, if one is an LTC Alternative DIN and one is a regular Alternative DIN. The LTC Alternative DIN has the *LTC* flag turned 'ON', while the regular Alternative DIN has the *LTC* flag turned 'OFF'.

Adding an LTC Alternative DIN for a Drug

1. Open the Drug folder.
2. Search for and select the drug.
3. Press the *Alternatives* tab.
4. Press the *Add* function button beside the Alternatives box in the middle of the tab.
5. A row is added to the Alternatives box. In the *Third Party Plan* dropdown list, select the third party and plan for which the DIN is being entered or select *__All* – All__ to enter a DIN that applies to all third parties.

   TIP To set the custom class for all plans within a third party, choose the 'All' option for that third party (e.g. Green Shield - All).

6. In the *PIN* field, enter the DIN that the third party requires for the drug.
7. Turn the *LTC* flag ON.
8. Press the *Save* or *OK* action button (the available action button depends on how the Drug folder was accessed).

Adding an LTC Alternative DIN for a Mixture

1. Open the Mixture folder.
2. Search for and select the mixture.
3. Press the *Alternatives* tab.
4. Press the *Add* function button located beside the Alternatives box at the top of the tab.
5. A row is added to the Alternatives box. In the *Third Party Plan* dropdown list, select the third party and plan for which the DIN is being entered or select *__All* – All__ to enter a DIN that applies to all third parties.

   TIP To set the custom class for all plans within a third party, choose the 'All' option for that third party (e.g. Green Shield - All).

6. In the *PIN* field, enter the DIN that the third party requires for the drug.
7. Turn the *Compound* flag OFF if the Third Party does not want to the Compound Type transmitted for this mixture.
8. Turn the *LTC* flag ON.
9. Press the *Save* or *OK* action button (the available action button depends on how the Drug folder was accessed).

Notes:

ODB LTC Stock Replenishment Initiative

Effective February 1, 2007, Ontario pharmacies servicing provincially registered long-term care facilities are permitted to order solid oral dosage Approved Non-Prescription Drugs (ANPDs) directly from Ontario Government Pharmaceutical and Medical Supply Services (OGPMSS, a.k.a. Government Pharmacy). This allows pharmacies to package ANPDs with prescription medications provided to residents of LTC homes.

Stock is provided to pharmacies at no charge, and pharmacies are required to submit online claims to Ontario Drug Benefit for each ANPD prescription, using pseudoDINs for claim submission. No reimbursement will be provided and no additional charges can be passed on to the LTC homes or their residents.

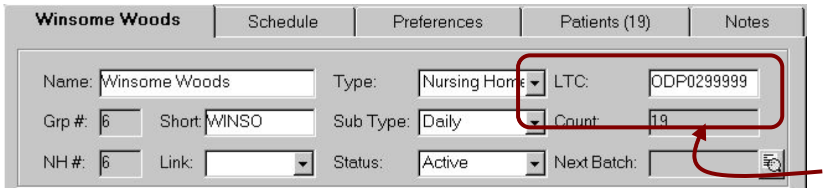
Participating in the LTC Stock Replenishment Initiative is voluntary and requires that interested pharmacies obtain an account with OGPMSS to order ANPD stock. Application forms can be obtained from Government Pharmacy at (416) 327-0837.

General questions about the Initiative should be directed to the ODB Help Desk at 1-800-668-6641.

This section explains how to fill prescriptions for government supplied stock in compliance with the LTC Stock Replenishment Initiative. At present, it is not possible to manage perpetual inventory for government supplied stock.

Assigning an ODP Number to a Group

ANPD stock can only be dispensed to residents in homes that have an ODP number assigned by the Ministry of Health and Long-Term Care. Before filling any prescriptions for ANDP stock, ensure the facility's ODP number is entered in the Groups folder.



To enter an ODP number

1. Press the *More* navigator button.
2. Press *Groups*.
3. Search for and select the group.
4. Go the main tab in the Groups folder.
5. Enter the ODP number in the *LTC* field.
6. Press the *Save* action button.

Configuring LTC Alternative DINs for Government Stock

Prescriptions for ANPD stock must be adjudicated online to Ontario Drug Benefit using the PINs provided below. To save time and prevent claim rejections, the PINs should be set up as LTC Alternative DINs in the Drug folder for each drug supplied by Government Pharmacy. This allows you to fill ANPD prescription using the real DIN in the Drug file and automatically submit the appropriate PIN to ODB.

PIN	Generic Drug
9857143	Acetaminophen 325mg Tab
9857144	Acetaminophen 500mg Tab
9857145	Acetylsalicylic Acid 325mg Ent Tab
9857147	Acetylsalicylic Acid 650mg Ent Tab

PIN	Generic Drug
9850805	Diphenhydramine 50mg Cap/Tab
9857153	Docusate Sodium 100mg Cap
9857154	Ferrous Gluconate 300mg Tab
9851267	Ferrous Sulfate 300mg Tab

These are the ODB PINs for government supplied stock.

Entering an LTC Alternative DIN

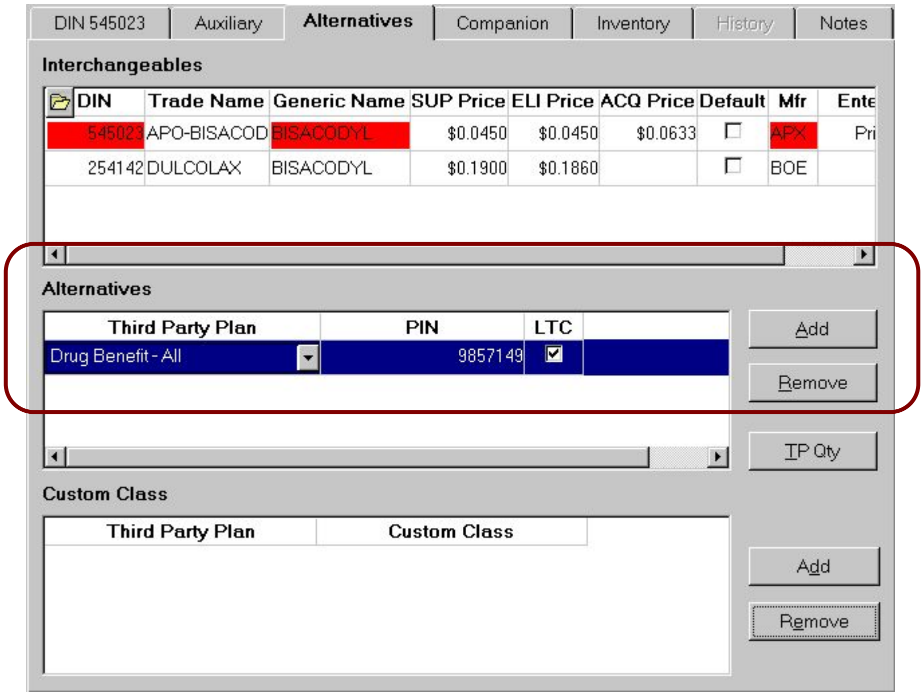
The drug brands provided by Government Pharmacy can differ from purchase order to purchase order. When new stock is received from Government Pharmacy, check the real DIN's Drug folder to ensure the LTC Alternative DIN has been entered.

When entering an LTC Alternative DIN, be sure to select the *LTC* flag as indicated in step 7 below. The *LTC* flag ensures the PIN is only transmitted for ODB prescriptions filled for patients in long-term care facilities that have an ODP number; the drug's regular DIN will be transmitted for ODB patients who are not in registered LTC facilities.

To enter an LTC Alternative DIN

1. Press the *Drug* navigator button.
2. Search for and select the drug.
3. Press the *Alternatives* tab.
4. Press the *Add* function button located beside the Alternatives box in the middle of the tab.
5. A row is added to the Alternatives box. Select **Drug Benefit - All** from the *Third Party Plan* dropdown list.
6. Enter the ODB PIN in the *PIN* field; refer to the list of PINs provided on the previous page (e.g. enter **9857149** for Apo-Bisacodyl 5mg).
7. Turn the *LTC* flag ON.
8. Press the *Save* action button.

TIP Refer to PharmaClik Rx Help to learn more about LTC Alternative DINs: Press the More navigator button; press Help; press the Contents button; double-click on Drug Information in the Contents list; double-click on Entering an Alternative DIN.



Submitting Prescriptions for Government Stock to ODB

Since government stock is provided to the pharmacy at no charge, it must be dispensed at no charge. No additional charges can be passed on to the LTC homes or their residents, meaning the prescriptions must be dispensed at $0.00 cost, fee and markup. The non-retail group Rx status **Z – Adjudicate to $0.00** has been developed specifically for submitting ANPD prescriptions to Ontario Drug Benefit.

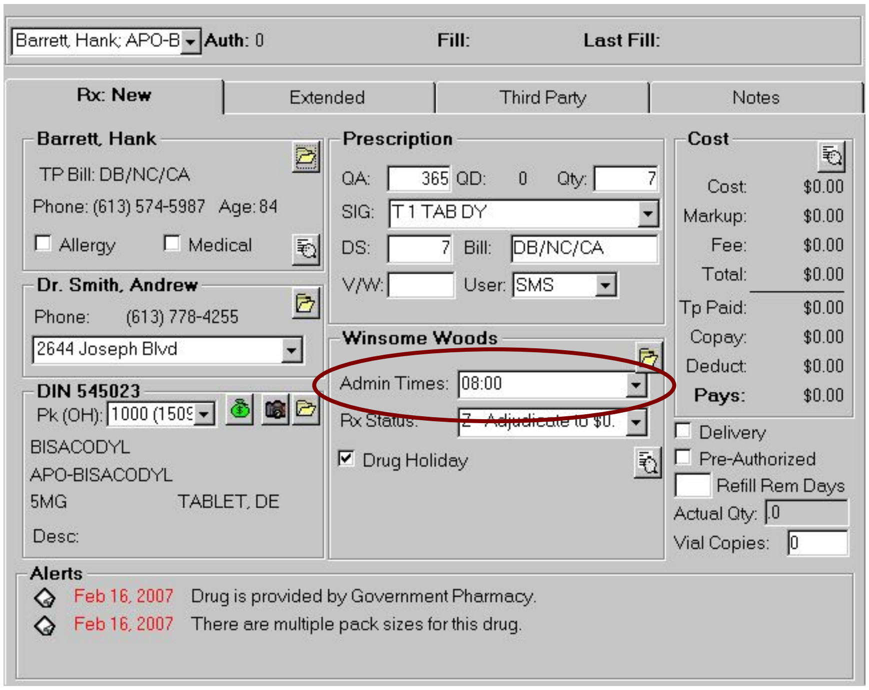
When a 'Z' status prescription is submitted to ODB with the appropriate LTC Alternative DIN, the claim will be adjudicated as a government stock prescription. This is considered a non-financial claim since no pricing is involved.

Group Rx status **Z – Adjudicate to $0.00** has the following features:

- Billable status that adjudicates with $0.00 cost, markup and fee.
- Does not affect gross profit (gross profit is indicated as N/A in Rx Detail).
- Assigned a regular prescription number.
- Can be refilled, rebilled and amended.
- Included in batches and background processing.
- Acts as an eligibility override for Drug Benefit prescriptions, allowing prescriptions for non-Formulary drugs to be submitted to DB or TR (many of the government supplied drugs are not listed in the ODB Formulary).
- Does not trigger a POS transfer at stores with PharmaClik Rx -POS integration.
- Does NOT decrement inventory.
- Prints on all types of MAR and TMR reports.

To fill a new prescription for government supplied stock

1. Open the new prescription in Rx Detail as usual. Use the real DIN in the Drug file when creating the prescription (Note: The prescription can be dispensed from any pack size since group Rx status Z does not decrement inventory).
2. Enter the prescription information (QA, Qty, SIG, DS, Admin Times, etc…).
3. Choose **Z – Adjudicate to $0.00** from the *Rx Status* dropdown list. Pricing changes to $0.00 and the bill code includes DB.
4. Continue to fill the prescription as usual. If the LTC Alternative DIN is entered in the Drug folder, the appropriate PIN is automatically submitted to ODB.



TIP If the patient has private insurance as well as ODB, leave the COB payor in the billing code; the prescription will not be submitted to the COB payor, since (a) ODB will accept the prescription as a government stock claim and (b) there is no copay or deductible to co-ordinate.

Refilling and Batch Processing

Prescriptions with group Rx status 'Z' can be refilled and are included when scheduling batches or refilling using background processing. This ensures prescriptions for ANPD stock are appropriately adjudicated when the stock is dispensed. For example, if prescriptions are billed and packaged on a 7-day cycle, the 'Z' prescriptions are included, allowing the ANPD stock to be packaged with the regular prescription medications.

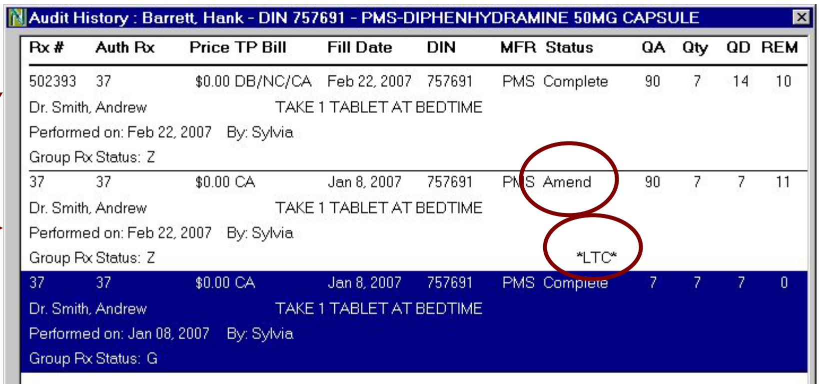
The 'Z' prescriptions are automatically priced at $0.00 and DB is included in the prescription's billing code. If the LTC Alternative DIN is entered in the Drug folder, the appropriate PIN is automatically submitted to ODB.

Amending Existing Government Status Prescriptions

Existing government status prescriptions, such as those with group Rx status G, cannot be refilled and are not billable. If patients have existing government stock prescriptions on file using a government group Rx status, the existing prescriptions can be amended to a 'Z' status, allowing them to be refilled and included in batches. This allows you to retain the drug's existing medication history, avoids duplicate drugs on the profile and eliminates the need to inactivate the existing prescription.

When a government status prescription is amended to a 'Z' status, the prescription number remains as a government prescription number (e.g. Rx# 37). A regular prescription number is assigned once the 'Z' status prescription is refilled.

Use *Amend LTC* to amend the prescription; this retains a record of the previous government status in the Audit History and identifies the amend by indicating ***LTC*** in the Audit History (in the example shown here, the bottom row is the original 'G' prescription; the middle row is the amended information; the top row is the refill).

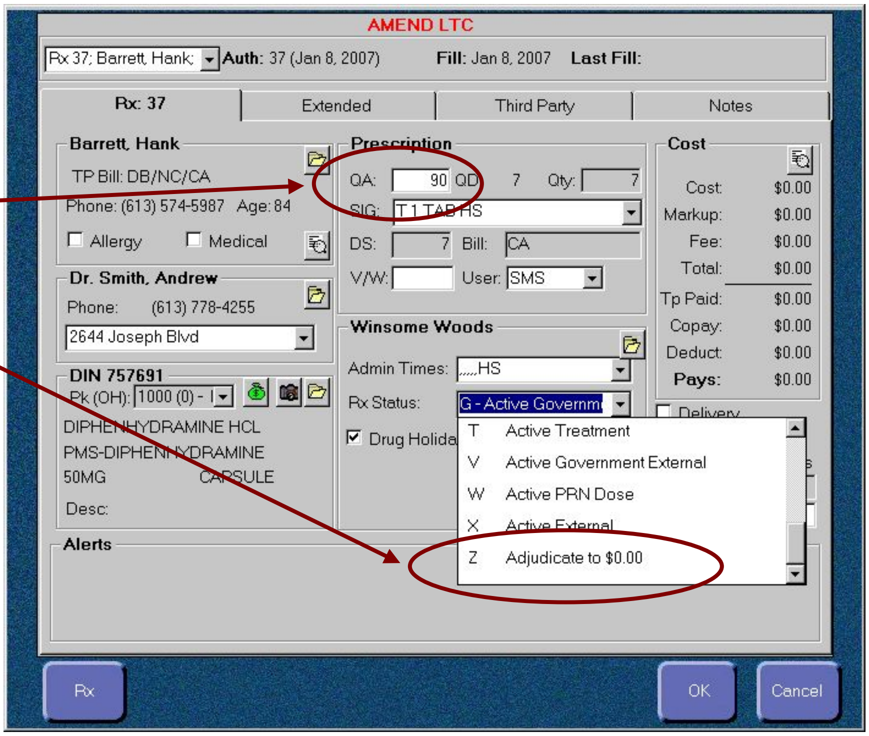


Amend LTC is a Correct Rx function and can be accessed from the *Correct* action button on the Workbench or from Rx action *Correct* in the Profile. The following steps explain how to use Amend LTC from the Profile.

To amend a government status prescription to 'Z' status

1. Open the patient's folder.
2. Press the *Profile* tab.
3. Highlight the prescription(s) to be amended.
4. Press the *Rx* action button.
5. Press *Correct*.
6. Press the *Amend LTC* function button.
7. The prescription opens in AMEND LTC mode. Update the *QA* if necessary (sufficient repeats are required for refills; consider adding enough authorization to reach the next medication review date).
8. Select **Z – Adjudicate to $0.00** from the *Rx Status* dropdown list.
9. Press the *OK* action button.
10. A prompt asks if you wish to print a new file copy and label. Press *Yes* or *No*.
11. If multiple prescriptions were selected, the next prescription opens in Rx Detail. Rx Detail closes once all selected prescriptions have been amended.
12. The screen returns to the Profile.

The amended prescriptions have status **Amend** in the Profile and group Rx status 'Z – Adjudicate to $0.00'. These prescriptions can now be refilled and will be included in the next batch or the next time back grounding processing is used.



Reporting on Government Stock Usage

The Drug Movement report can be used to report on ANPD usage for each facility (group). The report lists all drugs that have been used in ODB prescriptions for patients in the group. The government supplied drugs have $0.00 pricing and 0.0% gross profit since these are non-financial claims to ODB. The *Qty* and *Rx* columns indicate the quantity usage and prescription volume for the specified facility.

To generate the Drug Movement report

1. Press the *More* navigator button
2. Press *Reports*. PharmaClik Rx Reports opens.
3. In the Select a Report window, highlight *Drug Movement*.
4. Press the *Next* action button.
5. The *Criteria* tab opens for the report. Enter the *Start Date* and *End Date* for your report period.
6. Enter **Drug Benefit** in the *Third Party* field.
7. Enter the facility's name in the *Groups* field.
8. Press the *Preview* action button. (Optional)

   TIP To filter out the ANPD drugs: Press the *Filter* function button; in the Filter window, choose **Rx Cost** from the *Column* dropdown list; choose **Equals** from the *Operator* dropdown list; enter **0.00** in the *Value* field. Press the *OK* function button. The screen returns to Preview and only displays the ANPD drugs.

9. Press the *Print* action button.

APPENDIX A: Action Buttons

Most of the action buttons shown in the Groups folder are used throughout PharmaClik Rx. This is a brief description of each action button.

Search	Pressing the *Search* action button will open the Groups Search window, allowing you to search for another group. This button is shown in each tab in the Groups folder.
Reports	Press the *Reports* action button will open the PharmaClik Rx Report Wizard, allowing you to generate reports for the group. This button is shown in the main tab of the Groups folder, as well as in the Schedule, Preferences and Patients tabs.
Rx Status	Pressing the *Rx Status* function button opens the Group Rx Status Preferences window. This window allows you to select the group Rx statuses that will appear in the batch, and on the MAR, Partial MAR, TAR and TMR reports. This window also allows you to customize the order in which the group Rx statuses will appear on the reports. Refer to Appendix B for a detailed explanation of the group Rx statuses.
Sort	Provides the ability to sort the order in which items are listed on the screen. This button is available in the Schedule, Patients and Notes tabs.
Filter	Provides the ability to filter out specific information on the window. This button is on the Schedule and Patients tabs. After the using the Filter function, REMEMBER TO TURN THE FILTER OFF. Follow these steps: 1. Press the *Filter* action button 2. Delete everything that is entered in the Filter window. 3. Press the *OK* function button.
Add	Available in the Notes tab, the *Add* action button adds a new note line to the window.
Delete	Available in the Notes tab, the *Delete* action button deletes the highlighted note.
Save	Press the *Save* action button to save all changes that have been made to the Groups folder.
Revert	Press the *Revert* action button to undo any changes or additions that have been made since the last time the data in the folder was saved.

Notes:

APPENDIX B: Group Rx Statuses

The following tables indicate the combinations of group Rx statuses and prescription statuses that will appear on the MAR, Partial MAR, TAR and TMR reports. These tables are based on the PharmaClik Rx defaults. Please note that these are pharmacy-level defaults that can be customized in the Group Rx Status Preferences.

Important Points to Remember

- Transferred prescriptions, including the original, will not be included on any of the reports.
- Government and Treatment prescription statuses CANNOT be refilled. This includes the following group Rx statuses: F, G, N, R, T and V.
- Prescriptions with a group Rx status of C or P will have no cost when they are refilled.
- Group Rx status Z is intended for submitted government supplied claims to Ontario Drug Benefit and bills with $0.00 price.

Notes:

A – Active Regular Dose

Billing is generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

C – First Fill Print Only External

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	NO	NO	YES
Hold	YES	NO	NO	YES

Pending	NO	NO	NO	NO
Cancelled	YES	NO	NO	YES
Amend	YES	NO	NO	YES
Amend Next	Original Rx = YES Amend Next =NO	NO	NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

D – Daily (Monthly NH Only)

Billing is generated; prints a daily label set if the Rx is filled for Monthly home

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

F – Inactivate Government

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	NO	NO	NO	NO
Hold	NO	NO	NO	NO
Pending	NO	NO	NO	NO
Cancelled	NO	NO	NO	NO
Amend	NO	NO	NO	NO
Amend Next	NO	NO	NO	NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

If the prescription is active and Rx action Amend Next is performed on the prescription to change it to an Inactivate Government prescription the original prescription will still print on the MAR, Partial MAR and TMR.

G – Active Government Regular Dose

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	NOT APPLICABLE			
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next = NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

I – Inactivate Regular

Billing is generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	NO	NO	NO	NO
Hold	NO	NO	NO	NO
Pending	NO	NO	NO	NO
Cancelled	NO	NO	NO	NO
Amend	NO	NO	NO	NO
Amend Next	NO	NO	NO	NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

N – Active Government Non-Drug

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	NOT APPLICABLE			
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next = NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

O – Active Non-Drug

Billing is generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

Notes:

P – First Fill Print Only

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

R – Active Government PRN Dose

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	NOT APPLICABLE			
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next = NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

T – Active Treatment

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	NOT APPLICABLE			
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next = NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

V – Active Government External

No billing generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	NO	YES	YES
Hold	YES	NO	YES	YES
Pending	NO	NO	NO	NO
Cancelled	NOT APPLICABLE			
Amend	YES	NO	YES	YES
Amend Next	Original Rx = YES Amend Next = NO	NO	Original Rx = YES Amend Next = NO	
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

W – Active PRN Dose

Billing is generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

X – Active External

Billing is generated

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	NO	YES	YES
Hold	YES	NO	YES	YES
Pending	NO	NO	NO	NO
Cancelled	YES	NO	YES	YES
Amend	YES	NO	YES	YES
Amend Next	Original Rx = YES Amend Next = NO	NO	Original Rx = YES Amend Next = NO	
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

Notes:

Z – Adjudicate to $0.00

Used for Ontario Government stock, billing is generated using $0.00

Rx Status	MAR	Partial MAR	TAR	TMR
Complete	YES	YES	NO	YES
Hold	YES	YES	NO	YES
Pending	NO	NO	NO	NO
Cancelled	YES	YES	NO	YES
Amend	YES	YES	NO	YES
Amend Next	Original Rx = YES Amend Next =NO		NO	Original Rx = YES Amend Next = NO
Incomplete	NO	NO	NO	NO
Queue	NO	NO	NO	NO
Transferred	NO	NO	NO	NO

Notes:

Pharmacy Technology Solutions

Pharmaclik RX

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