

# Refill Requests: What's new?

07/08/2024 7:26 pm EDT

DrChrono recently updated and improved our integration with Surescripts which brings enhancements to the refill request process. For more specific information, see our articles on refill requests for [eRx](#) and [EPCS](#).

The new workflow includes more patient details like recent appointment information and height, weight. DrChrono pulls the latest measurements to include in the prescription.

You can also click on the **View Patient Info** button. For eRx, you can adjust total fills and approve the prescription.

The image compares two versions of a prescription request interface. The 'Previous' version (left) shows a form with sections for Pharmacy Details, Patient Details, Medication Prescribed Details, and Medication Dispensed Details. The 'New' version (right) includes a Request Log, Pharmacy Details, Prescriber Details, Patient Details (with a 'View Patient Info' button), Medication Prescribed Details, Medication Dispensed Details, and Renewal Request Details. A 'Your Response' section in the new version allows for 'Approve', 'Replace', or 'Deny' actions, along with a 'Total Fills' input field. The 'Previous' version has a 'Note' field and buttons for 'Approve', 'Deny', 'Edit Prescription', 'Approve With Changes', and 'Deny Followed By NewRx'. The 'New' version has an 'Approve' button.

**Previous**

**Pharmacy Details**  
From: NYC Pharmacy 10.6MU  
Address: :  
Phone: :

**Patient Details**  
Name:  
Sex: M  
Date of Birth:  
Address: *Not available on prescription*  
Phone: *Not available on prescription*

**Medication Prescribed Details**  
Drug Description: Eliquis 5 mg oral tablet  
Quantity-Potency Unit Code: Each  
Quantity-Value: 60  
Directions: TAKE ONE TABLET BY MOUTH TWICE DAILY (P)  
Total Number of Dispensings Requested: 12  
Substitutions: Allowed  
Date Written: 2019-11-14

**Medication Dispensed Details**  
Drug Description: Eliquis 5 mg oral tablet  
Quantity-Potency Unit Code: Each  
Quantity-Value: 28  
Directions: TAKE ONE TABLET BY MOUTH TWICE DAILY (P)  
Total Number of Dispensings Requested: 12  
Substitutions: Allowed  
Date Written: 2019-11-14  
Note: PATIENT IS OUT PLEASE REFILL

Note

Update Patient Medications

Approve Deny Edit Prescription Approve With Changes Deny Followed By NewRx

**New**

**Request Log**  
Original request: received on August 6, 2021 2:28 PM

**Pharmacy Details**  
From: Shollerberger Pharmacy  
Address: 202 S. McDowell Blvd Ext., Petaluma, CA 94954  
Phone: 7079845571

**Prescriber Details**  
To: Epica Test  
Address: TEST1 TEST TEWT, TEST2, Irvine, CA 92618  
Phone: 3235946776

**Patient Details** [View Patient Info](#)

Name: Zachary Delaplaine  
Sex: M  
Date of Birth: 2010-12-01  
Address: 901 Saub Blanc Blvd., Petaluma, CA 94952  
Phone: *Not available on prescription*

Weight: 62 LBS recorded on 2021-08-05  
Height: 4'3" recorded on 2021-08-05  
Last Appointment Date:  
Upcoming Appointment Date: 2021-08-02

**Medication Prescribed Details**  
Drug Description: Pramox 1% topical gel  
Quantity Unit of Measure: Gram  
Quantity Value: 1  
SIG: Use as directed every 8 hours  
Days Supply: None  
Substitutions: Allowed  
Effective Date:  
Date Prescribed: 2021-08-06  
Number of Refills Prescribed: 0  
Note: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

**Medication Dispensed Details**  
Drug Description: Pramox 1% topical gel  
Quantity Unit of Measure: Gram  
Quantity Value: 1  
SIG: Use as directed every 6 hours  
Days Supply: None  
Substitutions: Allowed  
Effective Date:  
Date Prescribed: 2021-08-06  
Note: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

**Renewal Request Details**  
Total Fills Requested: 0  
Note from Pharmacy: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

**Your Response**

**Response**  
 Approve  
 Replace  
 Deny

**Total Fills**

Update Patient Medications

Approve

Another new feature is: a patient's address must be recorded in the chart to send a prescription.

If you choose to replace the prescription, you can complete the process within the message. Previously, you would be taken to the patient's chart to complete the prescription.

## Renewal Request Details

Number of Refills Requested: 2

Note from Pharmacy: TEST FOR AUDIT, PLEASE NOT PRESCRIBE

## Your Response

### Response

- Approve
- Replace
- Deny

Medication Favorite medications

Type\* **Medication** Compound Supply

Medication\* ▲ Controlled Substance Level 0  
Pramox 1% topical gel

SIG\* N/A: U Brand OTC  
Use as directed every 6 hours Effective Date

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Dispense\* Dispense Unit\* DAW Total Fills  
2 Gram Yes **No** 4

Add to Favorites  Add to Medication List

Notes to Pharmacist  
\* Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or Dispense Unit in this field.  
TEST FOR AUDIT, PLEASE NOT PRESCRIBE

Patient's Prescriptions

Preview Prescription

Show/hide legend

Benefits ×

Display **Benefits** Alternatives Copay Coverage

**Prescription:**  
Drug Name:  
Pramox 1% topical gel  
Dispense: 2

**Patient Cost:**  
No Prescription Benefit Available.

For controlled substances, when you replace with a new prescription, you can complete the request in the message without having to navigate to the patient chart. The **Total Fills** box will appear instead of refills. It will default to 1 for levels 1 and 2 controlled substances.

## Your Response

This medication is a controlled substance. You can only replace with a new eRx or deny it.

### Response

- Replace with new eRx
- Deny

Medication Favorite medications

Type\* **Medication** Compound Supply

Medication\* ▲ Controlled Substance Level 2  
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release

SIG\* N/A: U Brand RX  
Place one whole tablet on the tongue and allow it to disintegrate Effective Date

109 / 140

Dispense\* Dispense Unit\* DAW Total Fills  
32 Tablet Yes **No** 1

Add to Favorites  Add to Medication List

Notes to Pharmacist  
\* Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or Dispense Unit in this field.  
Instruct the patient or caregiver on the appropriate administration instructions

Patient's Prescriptions

Preview Prescription

Show/hide legend

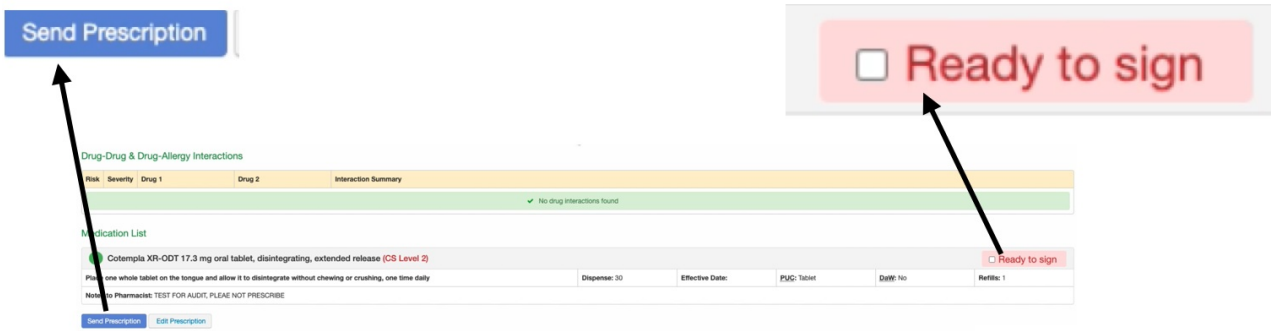
Benefits ×

Display **Benefits** Alternatives Copay Coverage

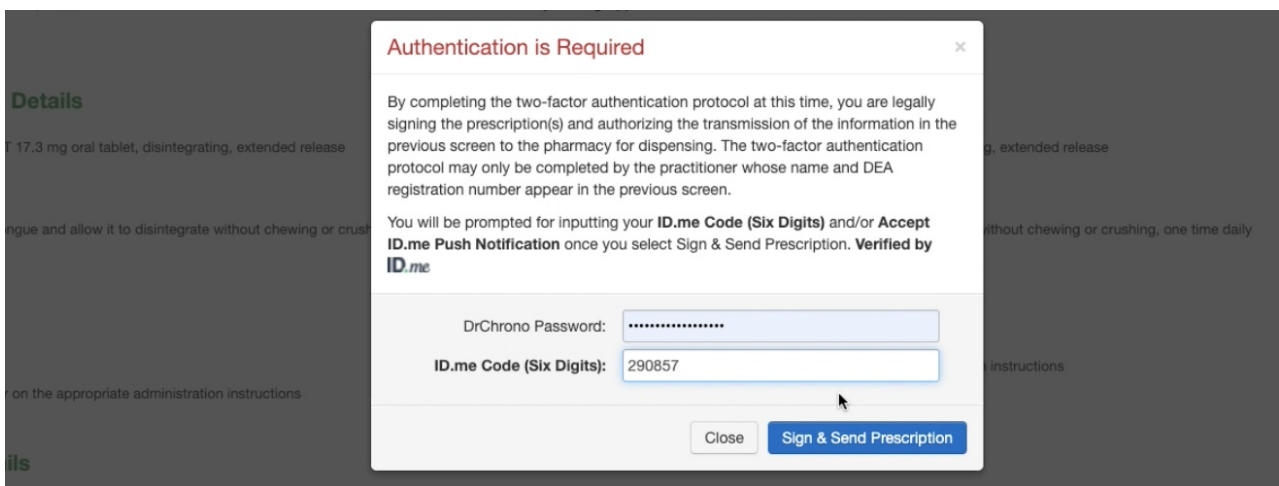
**Prescription:**  
Drug Name:  
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release  
Dispense: 3

**Patient Cost:**  
No Prescription Benefit Available.

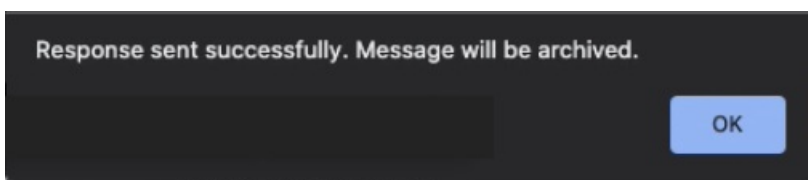
Once you select **Ready to Sign** and **Send Prescription**, you will be prompted to complete



You will be prompted to validate the prescription with two-factor authentication. Enter your DrChrono password, the code sent to your device, and click **Sign & Send Prescription**.



Once the prescription is sent the refill request message will be archived.



**Upcoming Appointment Date:** 2021-08-02

### Medication Dispensed Details

**Drug Description:** Cotelpla XR-ODT 17.3 mg oral tablet, dis

**Quantity Unit of Measure:** Tablet

**Quantity Value:** 30

time daily

**SIG:** Place one whole tablet on the tongue and allow it to disir

**Days Supply:** None

**Substitutions:** Not Allowed

**Effective Date:**

**Date Requested:** 2021-08-03

**Note:** Instruct the patient or caregiver on the appropriate adm

Pharmacies can also send follow-up refill requests.

### Follow-up eRx Renewal Request for Zachary Delaplaine

**From:** Shollenberger Pharmacy    **Wednesday, August 04, 2021 5:15 PM**

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#### **Request Log**

**1st follow-up request:** received on August 04, 2021 5:20 PM

**Original request:** received on August 04, 2021 5:15 PM

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DrChrono's updated integration with Surescripts also uses the NDC code to match prescriptions to reduce duplicate medications in the patient's medication list.

When a prescribed drug's name does not match the name of a dispensed drug in a RxRenewal message:

1. an 'Approve'/'Approve with changes' response will update the respective medication in active medications
  2. a 'Replace' response using the same NDC code will update the respective medication in active medications (sig, amount, unit)
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