

# Refill Requests: What's new?

07/24/2024 7:50 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 is highlighted with a red box in the 'New' version, showing options to Approve, Replace, or Deny, along with a 'Total Fills' input field and an 'Update Patient Medications' checkbox.

Previous	New	
<b>Pharmacy Details</b> From: NYC Pharmacy 10.6MU Address: Phone:	<b>Request Log</b> Original request: received on August 6, 2021 2:28 PM	
<b>Patient Details</b> Name: Sex: M Date of Birth: Address: <i>Not available on prescription</i> Phone: <i>Not available on prescription</i>	<b>Pharmacy Details</b> From: Shollerberger Pharmacy Address: 2022 S. McDowell Blvd Ext., Petaluma, CA 94954 Phone: 7079845571	
<b>Medication Prescribed Details</b> 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	<b>Prescriber Details</b> To: Epica Test Address: TEST1 TEST TEWT, TEST2, Irvine, CA 92618 Phone: 3235946776	
<b>Medication Dispensed Details</b> 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	<b>Patient Details</b> <a href="#">View Patient Info</a> Name: Zachary Delaplaine Sex: M Date of Birth: 2010-12-01 Address: 901 Saub Blanc Blvd., Petaluma, CA 94952 Phone: <i>Not available on prescription</i> 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	
	<b>Medication Prescribed Details</b> 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	<b>Medication Dispensed Details</b> 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
	<b>Renewal Request Details</b> Total Fills Requested: 0 Note from Pharmacy: TEST FOR AUDIT, PLEASE NOT PRESCRIBE	
	<b>Your Response</b> Response <input checked="" type="radio"/> Approve <input type="radio"/> Replace <input type="radio"/> Deny Total Fills 0 <input checked="" type="checkbox"/> Update Patient Medications <a href="#">Approve</a>	

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  
Effective Date

29 / 140  
Use as directed every 6 hours

Dispense\*  Dispense Unit\*  DAW   Total Fills

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.

[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  
Effective Date

109 / 140  
Place one whole tablet on the tongue and allow it to disintegrate

Dispense\*  Dispense Unit\*  DAW   Total Fills

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.

[Patient's Prescriptions](#)

[Preview Prescription](#)

Show/hide legend

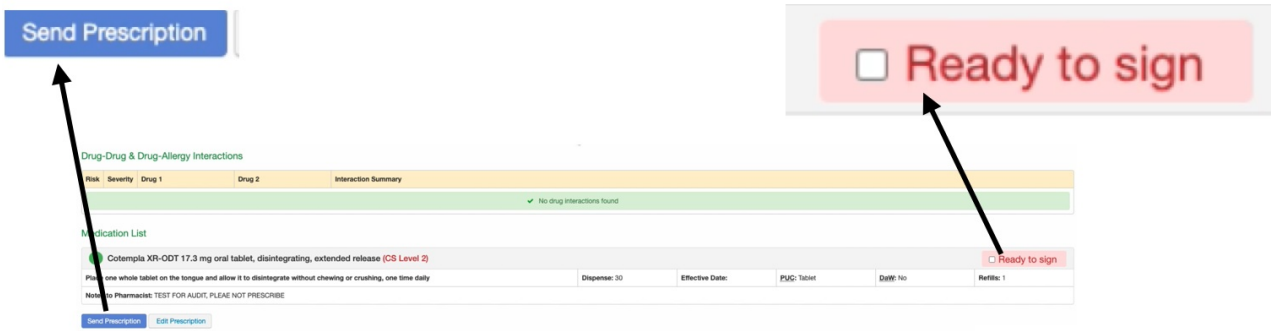
Benefits ✕

Display Benefits Alternatives Copay Coverage

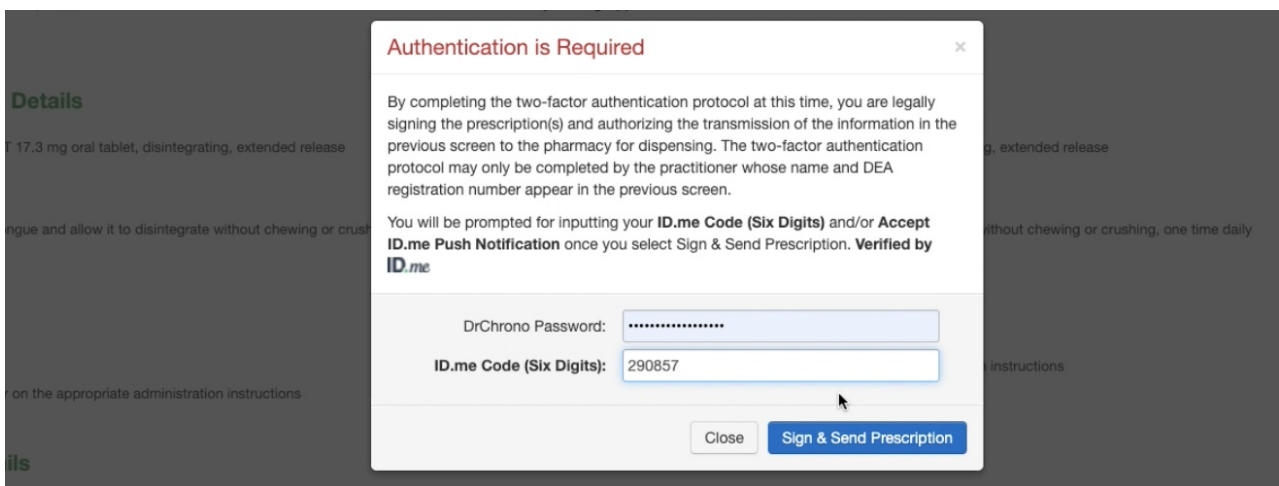
Prescription:  
Drug Name:  
Cotempla XR-ODT 17.3 mg oral tablet, disintegrating, extended release  
Dispense: 3

Patient Cost:  
No Prescription Benefit Available.

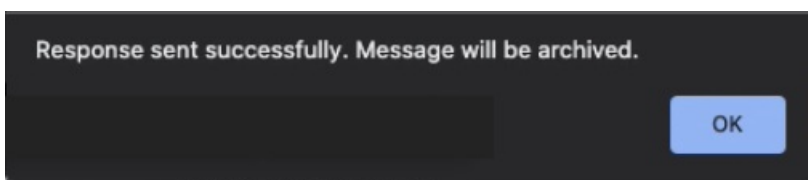
Once you select **Ready to Sign** and **Send Prescription**, you will be prompted to complete



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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