

# The “Change Request” Function in the E Jellybean

As of late March, 2020, the total number in the E jellybean changed to include the “Change Request” and “Cancel Response” messages in addition to the “Refill Request” total. Although these other areas have been hidden in the E jellybean for a couple of years, they were not included in the number that appeared in the E jellybean total until March, 2020.

Some providers saw their E jellybean total suddenly jump into the hundreds – a bit disconcerting.

TYPE	STATUS	PROVIDER	PATIENT	PHARMACY	DRUG DESCRIPTION
Refill Requests	Received	KNEY, BRADFORD	Patient Name	RITE AID - 233 S. MAIN ST.	Spironolactone 50 MG Tablet
Refill Requests	Received	KNEY, BRADFORD	Patient Name	Walmart Pharmacy 2953	OMEPRAZOLE 20MG CAP
Refill Requests	Received	KNEY, BRADFORD	Patient Name	STOP & SHOP PHARMACY #71	PERFORMOMIST 20MCG/2ML NEBU
Refill Requests	Received	KNEY, BRADFORD	Patient Name	RITE AID - 233 S. MAIN ST.	Amlodipine Besylate 5 MG Tablet
Refill Requests	Received	KNEY, BRADFORD	Patient Name	CVS STORE 01041	AMLODIPINE BESYLATE 10 MG TAB
Refill Requests	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00207	SUMATRIPTAN SUCC 100 MG TABLET
Refill Requests	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00685	HYDROXYCHLOROQUINE 200 MG TAB
Refill Requests	Received	KNEY, BRADFORD	Patient Name	WALGRE 5 DRUG STORE #06850	OMEPRAZOLE 20MG CAPSULES
Refill Requests	Received	KNEY, BRADFORD	Patient Name	CVS STORE 07140	ALBUTEROL HFA (VENTOLIN) INH
Refill Requests	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00610	MONTELUKAST SOD 10 MG TABLET
Refill Requests	Received	KNEY, BRADFORD	Patient Name	STOP & SHOP PHARMACY #71	PERFORMOMIST 20MCG/2ML NEBU
Refill Requests	Received	KNEY, BRADFORD	Patient Name	WALGREENS DRUG STORE #11885	ATORVASTATIN 20MG TABLETS
Refill Requests	Received	KNEY, BRADFORD	Patient Name	WALGREENS DRUG STORE #10802	LISINAPRIL 20MG TABLETS
Change Request	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00335	LOSARTAN-HCTZ 100-25 MG TAB
Change Request	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00335	LOSARTAN-HCTZ 100-25 MG TAB
Cancel Response	Approved	Kney, Bradford	Patient Name	CVS/pharmacy #7140	Verapamil HCl ER 360 MG Capsule Extended Release 24 Hour

From the screenshot above and below, it is clear that NOW the total in the E jellybean is including the totals from all the subfolders – much like the total in the T jellybean includes Actions, Claims, TCM notifications, and P2P notifications, as well as telephone and web encounters.

All Messages (16)	Refill Request (13)	Change Request (2)	Fill Notification (0)	Cancel Response (1)	Error/Failed/Not Filled (0)
-------------------	---------------------	--------------------	-----------------------	---------------------	-----------------------------

To access the “Change Request”, click on the patient's name.

The screen that opens looks very much like a refill request screen – but in this case, it is labeled as a “Therapeutic Interchange” request. This might be due to many reasons, but in this case, the pharmacy reported that the “Product Backordered/Unavailable” (see the last line in the big red box). In this case, the pharmacy identified 6 alternatives, though in most cases, there will be only 1 alternative.

Clicking on the “Alternatives” link opens a list of options.

Change Rx Alternatives					
<b>Original Order</b>					
Drug Description	LOSARTAN-HCTZ 100-25 MG TAB	Refills	3	Substitute Allowed	yes
Direction	TAKE 1 TABLET BY MOUTH EVERY DAY	Quantity	90	Days Supply	90
<b>Pharmacy's Best Match</b>					
Drug Description	Losartan Potassium-HCTZ	Refills	3	Substitute Allowed	no
Direction	TAKE 1 TABLET BY MOUTH EVERY DAY	Quantity	90	Days Supply	90
<b>Alternatives (6) Notes: Product Backordered/Unavailable:THIS IS ON BACK ORDER. WE CAN FILL THEM SEPARATELY IF YOU SEND OVER THE SCRIPTS</b>					
Drug Name	OLMESARTAN-HCTZ 40-25 MG TAB	Refills	0	Substitute Allowed	yes
Direction	Please specify directions, refills and quantity	Quantity	1	Days Supply	
Drug Name	TELMISARTAN-HCTZ 80-25 MG TAB	Refills	0	Substitute Allowed	yes
Direction	Please specify directions, refills and quantity	Quantity	1	Days Supply	
Drug Name	VALSARTAN-HCTZ 160-25 MG TAB	Refills	0	Substitute Allowed	yes
Direction	Please specify directions, refills and quantity	Quantity	1	Days Supply	
Drug Name	CANDESARTAN-HCTZ 32-25 MG TAB	Refills	0	Substitute Allowed	yes
Direction	Please specify directions, refills and quantity	Quantity	1	Days Supply	
Drug Name	LOSARTAN POTASSIUM 100 MG TAB	Refills	0	Substitute Allowed	yes
Direction	Please specify directions, refills and quantity	Quantity	1	Days Supply	
Drug Name	HYDROCHLOROTHIAZIDE 25 MG TAB	Refills	0	Substitute Allowed	yes
<b>New Rx Selected</b>					
No Rx Selected					

In this case, the combination losartan-HCTZ was no longer available – so I chose to split them into separate pills. I chose the losartan 100 mg from the list of alternatives.

In this case, eCW did not automatically create the directions – so I had to change this to “Approved with Changes” to populate the directions field.

Pharmacy Change Request

Last Appt: 2020-03-09 16:10:00 Next Appt: 2020-09-23 15:45:00

Provider Name: Kney, Bradford  
 Pharmacy  
 CVS/pharmacy #0335  
 266 RTE 44, RAYNHAM, MA-02767

Pharmacist Observation:  
 Payor Benefit used by pharmacy:  
 Payer Name: CAREMARK BIN 004336

Therapeutic Interchange

	Original Order	Alternatives (5 of 6)
Drug Description:	LOSARTAN-HCTZ 100-25 MG TAB	LOSARTAN POTASSIUM 100 MG TAB
Direction:	TAKE 1 TABLET BY MOUTH EVERY DAY	Please specify directions, refills and quantity
Quantity:	90 Tablet	1 Tablet
Days Supply:	90	
Refills:	3	0
Substitute Allowed:	yes	yes
Notes:	Product Backordered/Unavailable:THI	Product Backordered/Unavailable:THI

Response:  Approved  Approved with Changes  Denied

code

Notes for Pharmacy

Provider DEA: Select provider DEA

Best Matched Prescription

Quick Search < > ☆ ⌵ Current Rx

Pharmacy's Best Match	New Rx [Approved]
Losartan Potassium HCTZ 100-25 MG	Losartan Potassium 100 MG Tablet
TAKE 1 TABLET BY MOUTH	Please specify directions, refills and quantity
90 Tablet	1 Tablet
90	
3	0
yes	yes
Product Backordered/Unavailable:THI	

Now with the directions, dispense number, and refill number entered, the prescription can be sent.

Response:  Approved  Approved with Changes  Denied

code

Notes for Pharmacy  
 I will send a prescription for HCTZ 25 mg in the next few minutes.

Provider DEA: Select provider DEA

Best Matched Prescription

Quick Search < > ☆ ⌵ Current Rx

Pharmacy's Best Match	New Rx [Approved with Changes]
Losartan Potassium HCTZ 100-25 MG	Losartan Potassium 100 MG Tablet
TAKE 1 TABLET BY MOUTH	Take 1 tablet by mouth once a day
90 Tablet	90 tablets
90	90 days
3	3
yes	yes
Product Backordered/Unavailable:THI	I will send a prescription for HCTZ 25 mg in the next few minutes

interaction Allergies Send ePrescription

The screenshot below is from a video made by eCW showing a “Change Request” for generic substitution.

**Generic Substitution**

	Original Order	Alternatives (1 of 1)
Drug Description:	Procardia XL 30 MG Oral Tablet	Adalat CC 30 MG Oral Tablet
Direction:	Take 1 tablet a day by mouth for sev	Take 1 tablet a day by mouth for sev
Quantity:	53 Tablet	53 Tablet
Days Supply:	30	
Refills:	0	0
Substitute Allowed:	no	yes
Notes:		

**New Rx [Approved]**  
Adalat CC 30 MG Tablet Extended Release 24 Hour  
Take 1 tablet a day by mouth for seven days, then take 2 t  
53 Tablet  
30  
0  
no

The following screenshot is also from a video created by eCW – this example shows a request for a prior authorization. If a PA was approved, the PA number can be entered and the script sent back to the pharmacy.

**Prior Authorization Request**

	Original Order
Drug Description:	Macrobid 100 MG Oral Capsule
Direction:	Take 1 capsule by mouth every 12 hours for 7 days.
Quantity:	14 Capsule
Days Supply:	7
Refills:	0
Substitute Allowed:	no
Notes:	

**Prior Auth No**

**Pharmacy's Best Match**  
Macrobid 100 MG Capsule  
Take 1 capsule by mouth every 12 hours for 7 days.  
14 Capsule  
7  
0  
no

Alternatively, the Change request can be denied.

**Pharmacy Change Request**

Duro, Paula, F  
 Hub Enc  
 4011 Whispering Pines Circle, Dallas, TX-75240  
 DOB: 1989-08-16  
 Last Appt: 2018-02-21 13:00:00 Next Appt:

**Provider Name:** Branson, Thomas  
 Pharmacy  
 TX Pharmacy 10.6MU  
 W136 N7084 Texans Way, Houston, TX-77001

**Pharmacist Observation:**

**Prior Authorization Request**

	Original Order
Drug Description:	Macrobid 100 MG Oral Capsule
Direction:	Take 1 capsule by mouth every 12 hours for 7 days.
Quantity:	14 Capsule
Days Supply:	7

**Response**  
 Approved  Approved with Changes  Denied

**Denied Reason**

- code
- Notes for Pharm
- Best Match
- Pharmacy's B

Denied Reason dropdown options:  
 Patient unknown to the Prescriber  
 Patient never under Prescriber care  
 Patient no longer under Prescriber care  
 Patient has requested refill too soon  
 Medication never prescribed for the patient  
 Patient should contact Prescriber first  
 Refill not appropriate  
 Patient has picked up partial fill of prescription  
 Patient has not picked up prescription, drug returned to stock  
 Change not appropriate  
 Patient needs an appointment  
 Prescriber not associated with this practice or location  
 No attempt will be made to obtain Prior Authorization  
 Request already responded by other means (e.g. phone or fax)

If a prescription is canceled after it has been sent...

**ePrescription**

Category: All Sent Rx  
 Current Log: All  
 Patient: Search by Name  
 Date: 04/13/2020

ADDR	CANCEL	TYPE	STATUS	PROVIDER	PATIENT	PHARMACY	DRUG DESCRIPTION
	Cancel	Refill Resp...	Success	KNEY, BRADFORD		Walmart Pharmacy 2953	OMEPRAZOLE 20MG CAP
	Cancel	Refill Resp...	Success	KNEY, BRADFORD		RITE AID - 233 S. MAIN ST.	Spironolactone 50 MG Tablet
	Cancel	Refill Resp...	Success	Kney, Bradford		OPTUMRX MAIL SERVICE	LISINAPRIL 20MG TAB
	Cancel	Refill Resp...	Success	KNEY, BRADFORD		CVS STORE 07140	ALBUTEROL HFA (VENTOLIN) INH

...it will show up in the "Cancel Response" list – which now increments the E jellybean total. I have not found a way to remove these from my E jellybean list. I do think they eventually drop off after a period of time (?1 year).

Change Request	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00335
Change Request	Received	KNEY, BRADFORD	Patient Name	CVS STORE 00335
Cancel Response	Approved	Kney, Bradford	Patient Name	CVS/pharmacy #7140

Brad Kney, MD  
 April 13, 2020