

TuftsMedicine

Guidelines for ordering medication

- When tiger texting for request for script signature, please provide the following information in the Tiger Text:
 - Patient name
 - Hospice diagnosis
 - Urgency of script (for instance stat, for today, for tomorrow...)
- Please be sure to enter a note to pharmacy that indicates when the delivery should occur and any other notes using the format below that begins with the current date, such as:
 - 9/22 – deliver to HPH tonight
 - 9/22 – deliver tomorrow before 6pm
 - 9/22 – urgent deliver tonight – patient aware of late delivery
- When entering orders for script signature, please address hospice coverage (if we are ordering from LTPS, the medication should be related and covered).
 - Be sure to uncheck prior authorization box and clear the name of the pharmacy in that section, if any.

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Note to Pharmacy: [+ Add Note to Pharmacy \(F6\)](#)

Hospice Coverage: **Covered** Not Covered

Class: Normal Normal Print Phone In No Print Sample

Pharmacy Coverage: **Not Reimbursable**
 Coverage: Prior Authorization, Quantity Limit: 2400 Quantity per 30 Day
 Send prior authorization request to payer:

Renewal Provider:

[Next Required](#) Accept Cancel

Note to Pharmacy: [+ Add Note to Pharmacy \(F6\)](#)

Hospice Coverage: Covered Not Covered

Class: Normal Normal Print Phone In No Print Sample

Pharmacy Coverage: **Not Reimbursable**
 Coverage: Prior Authorization, Quantity Limit: 2400 Quantity per 30 Day
 Send prior authorization request to payer:

⚠️ Prior authorization needed. The request for authorization will not be sent electronically. Payer: None Invalid items: Payer Details...

⚠️ A payer has not been selected.

Renewal Provider:

[Show Additional Order Details](#)

[Next Required](#) Accept Cancel

- Avoid using special characters in the note to pharmacy, like exclamation points, that trigger the “invalid characters” error. This error will prevent the prescription from being transmitted electronically to the pharmacy.
- Do not enter a duration.
 - As a final step, please check the pharmacy to ensure that it is the correct pharmacy (LTPS-OP).

Sig Method: Specify Dose, Route, Frequency | Taper/Ramp | Combination Dosage

Doser: 0.5-1 mg 2 mg 4 mg

The patient does not have an active pain agreement on file.

Prescribed Dose: 0.5-1 mg
 Prescribed Amount: 0.5-1 mL
 Maximum MME/Day: 24-48 MME/Day for this order (116.98-140.98 MME/Day for signed and unsigned orders)

Route: oral

Frequency: Every 2 hour PRN | Once | q3h PRN | q4h PRN | q6h PRN

PRN reasons: pain score 4-6 pain score 7-10

PRN comment: pain/sob

Duration: Doses Days 3 days 5 days 7 days 10 days

Starting: 6/26/2022 Ending: 9/24/2022 First Fill: 6/26/2022

Dispense: Days/Fill: Full (90 Days) 30 Days 90 Days

Quantity: 30 mL Refill: 0 0

Do not send renewal requests to me
 Dispense As Written

Mark long-term: HYDROMORPHONE HCL

Dx Association Edit Multiple Estimate Options

After Visit

morphine 20 mg/mL PCA
 Inject 0.2 mL (4 mg) under the skin continuously.
 Normal, Disp-100 mL, R-0
 Morphine CADD pump (20mg/ml concentration) Basal rate = 4mg/hr
 Bolus dose = 2mg q20mins prn Lockout interval = 3 doses/hr STAT
 delivery please. Thanks!
 Hospice covered, Maximum MME/Day: Unknown for this order

The patient does not have an active pain agreement on file.

prochlorperazine (Compazine) 25 mg suppository
 Insert 1 suppository (25 mg) into the rectum every 8 (eight)
 hours if needed for nausea or vomiting for up to 7 days.
 Normal, Disp-21 suppository, R-0
 Please deliver STAT with the Morphine CADD pump. Thank you!!
 Hospice covered

prochlorperazine
 ↑ Daily dose of 75 mg (25 mg Every 8 hours PRN) exceeds recommended
 maximum of 50 mg by 50%
 ↑ Frequency of 3 doses/day exceeds recommended maximum of 2 doses/day

LTPS - OP - Lowell, MA - 225 Stedman Street 978-458-4000

PEND SIGN ORDERS (2)

- When re-ordering, please pay attention to the note to pharmacy and the pharmacy when entering a re-order as the re-order copies the previous script verbatim—for instance, if the patient was at the HPH and the previous script requested that the medication be sent to the HPH, that message will need to be changed to the patient’s current address. Please also check in the status that “normal” is checked- otherwise, the prescription will not be transmitted electronically to the pharmacy.

Report: **Common sizes:**
Bottle: 30 mL | **Syringe:** 0.5 mL, 1 mL

Class: **Normal**

Note to Pharmacy: [+ Add Note to Pharmacy \(F6\)](#)

Pharmacy: **Preferred Level 6**

Coverage: **Copay: Tier 1 (of 3) (Any Pharmacy)**

Hospice Coverage: **Covered** Not Covered

Renewal:

Provider:

Pharmacy Address: [Redacted]