



# Kroll Version 10 Service Pack 35

Feature Release Notes

March 2026

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# Kroll Version 10 Service Pack 35 Feature Release Notes

This document is a compilation of new Features in Kroll Version 10 Service Pack 35. The purpose is to keep users informed of changes to the software and to help users implement and adapt to those changes.

## Important!

Kroll Service Pack 35 will only operate on main stations and workstations running Windows 10 or Server 2016 and newer; Kroll will NOT open or function on unsupported versions of Windows.

Please carefully read the details of KRL-18711 Warning Notification on page 33 and take special note of the subsequent hard stop in SP35.

## Adaptation

### [KRL-20341] Update existing Rx Adaptation screen to fully support Quebec regulations

#### Feature

The Rx Adaptation module now provides comprehensive support for Quebec-specific regulatory requirements. When the system province is configured to Quebec, pharmacists can document prescription adaptations using province-specific reason categories and supporting details that align with Quebec regulations. The adaptation screen presents four primary categories. Each category displays contextual subcategories that guide the pharmacist through the documentation process.

Adjust the dose for supporting therapies	The system prompts selection of the targeted therapy (such as anticoagulant therapy, asthma, chronic pain, diabetes mellitus, or other conditions) followed by the type of adjustment (Initial, Follow-Up, or Management Stopped). For dose adjustment therapies (excluding anticoagulant therapy), the system displays a warning when an initial interview for the same therapy has already been recorded on the same calendar day, though this does not prevent claim submission.
Modify therapy to improve health	Pharmacists select from specific justifications including correcting dosage errors, ensuring patient safety, factoring in organ function or weight, managing drug interactions, or reducing adverse effects.
Therapeutic Substitution	This requires documentation of the substitution reason, such as drug administration problems, patient safety risks, supply disruptions, or market withdrawals.
Deprescribe or stop treatment	Deprescribing actions capture the type of deprescribing as Initial, Follow-Up, or Management Stopped.

The system validates that all required reason fields contain valid entries before finalizing the adaptation, preventing submission with default "Not Answered" values.

All interface elements and validation messages are available in both English and French to support Quebec's bilingual requirements.

## Adjudication

### [KRL-20431] Mapping of FFS Submission Codes for Rx Adaptations in Quebec (via RAMQ)

#### Feature

The system now correctly populates Fee For Service claims when submitting prescription adaptations to RAMQ in Quebec. The adjudication service automatically maps the appropriate Drug Identification Numbers (DINs), intervention codes, service codes, and program codes using the data in the Drug Service Card based on the type of adaptation selected by the user. The system supports four major categories of prescription adaptations:

- Adjust Dose (including anticoagulation therapy and nine other therapeutic fields with initial, follow-up, and stop management service types)
- Modification to Pharmacotherapy (supporting eleven different modification reasons)
- Substitution (handling four different substitution scenarios with appropriate DIN selection from either the alternative or shorted medication)
- Deprescribing (with initial, follow-up, and stop management service types)

## API

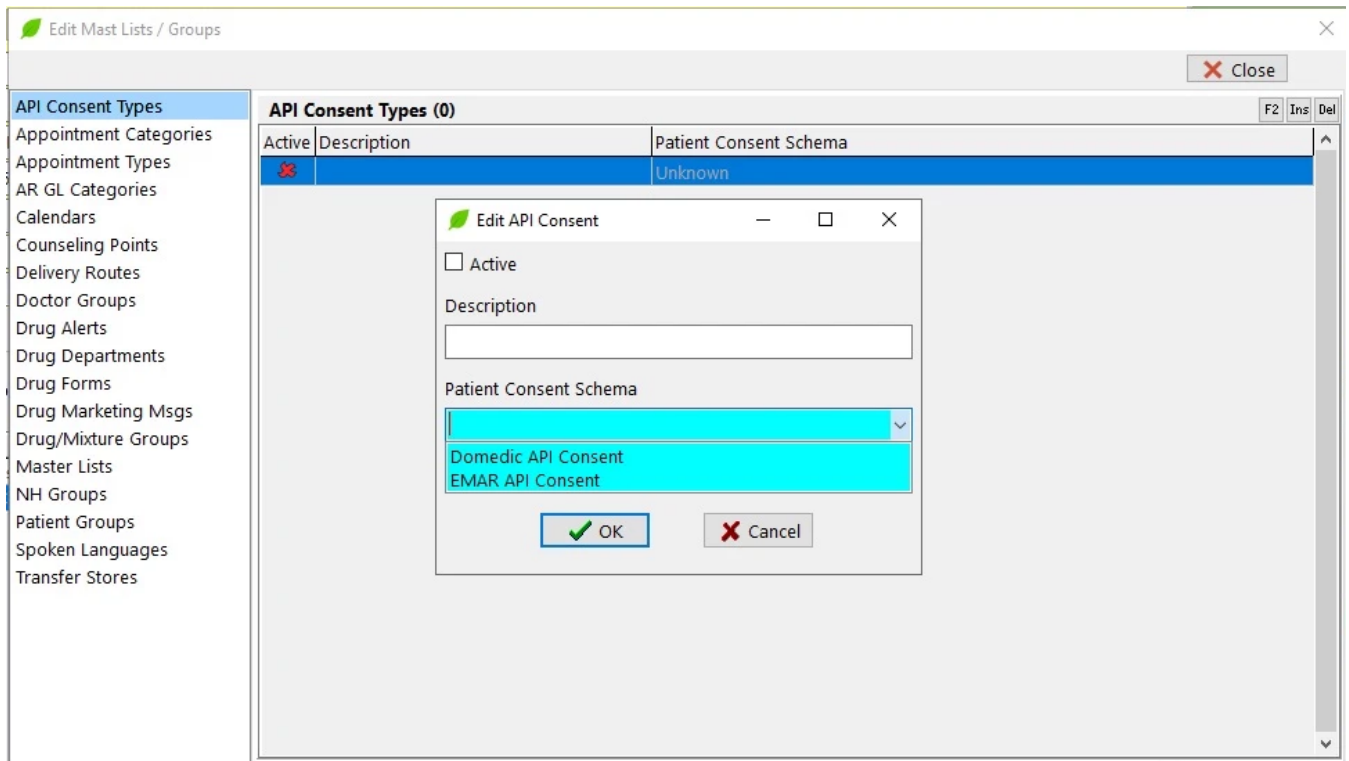
### [KRL-15741] eMAR API Consent Management

#### Feature

Kroll now supports eMAR API consent management for eMAR integrations. This feature enables compliant eMAR integrations with proper patient consent tracking and management for DOMedic and other eMAR systems.

To enable this feature, in **File > Configuration > Kroll > Modules**, select **Kroll API (EMAR)**. Kroll Super Users have full access to this setting.

To edit API User Consent Management options (eMAR consent types and schemas), a new screen has been added:



Access this screen from the main menu via **Edit > Lists**. This screen is only visible when the eMAR module is enabled by a superuser. Here you can create and manage multiple consent schemas for different API integrators and support multiple API users with shared or separate consent configurations. If the **Enhanced Consent** checkbox is unchecked you will not see the **EMar API Consent** option in the **Consents** dropdown.

When entering patient consent, you will see the following screen:



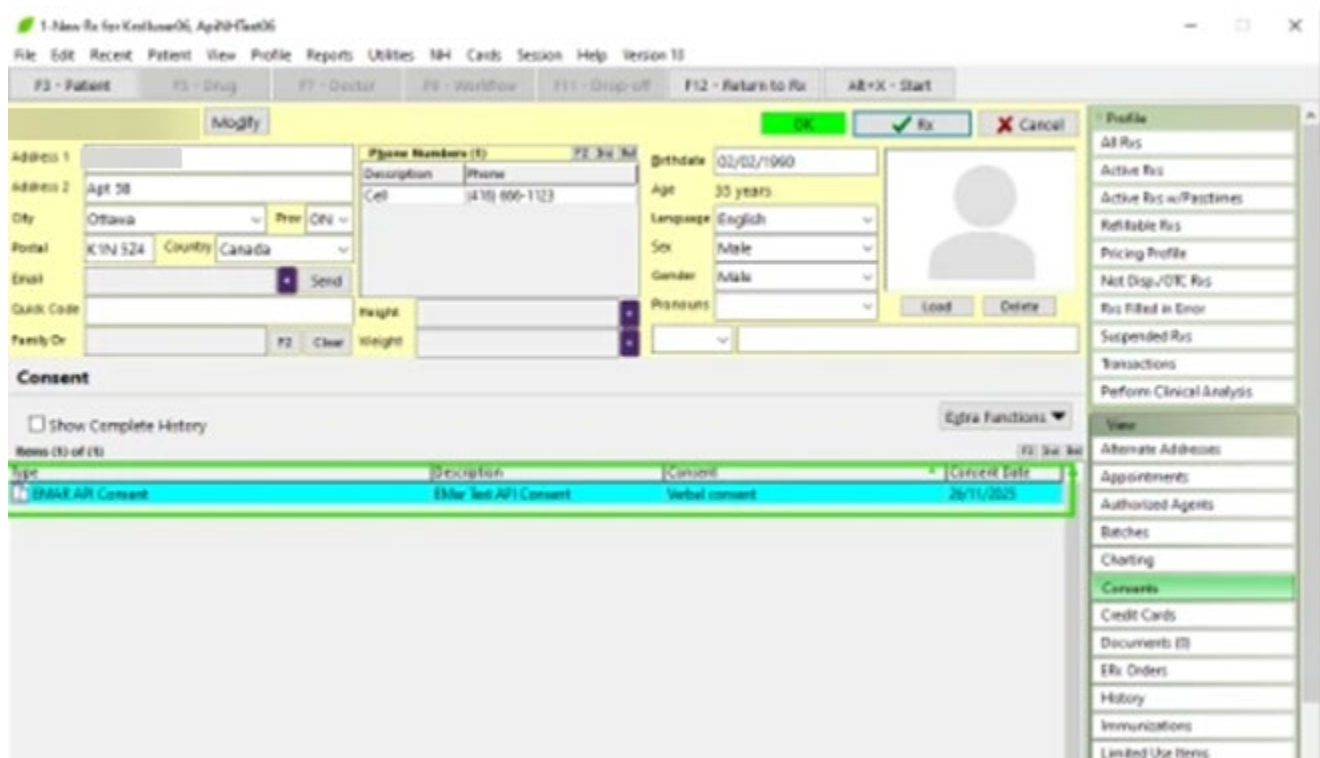
The screenshot shows a web application window titled "EMAR Test API Consent". The main content area has a header with a mobile phone icon and the text "EMAR API Consent". Below this, there are two dropdown menus: "Given by" (set to "Patient") and "Via" (with a dropdown menu open showing "Written", "Written", and "Verbal"). Underneath is a section titled "Patient Consent Response" with two radio buttons: "I consent" and "I do not consent". Below that is a section titled "API Consent: EMAR Test API Consent" with a "Comment" text area. At the bottom of the form are three buttons: "Save and Print" (with a green checkmark), "Save" (with a green checkmark), and "Cancel" (with a red X). On the right side, there is a sidebar with the following fields: "Recorded" (empty), "Recorded by" (set to "KP"), "Created" (set to "26/11/2025"), and "Last changed" (set to "26/11/2025").

Select who provided consent: **Patient**, **Agent**, or blank (default: Patient). When an agent provides consent on behalf of a patient, only authorized agents with legal signing permissions appear in dropdown. Expired, revoked, deceased, or unauthorized agents are automatically excluded.

When you specify the consent method, you have options of **Written** or **Verbal** (default: Written).

- **Written Consent:** Save creates a pending consent record. The record remains pending until a signed form is scanned and attached.
- **Verbal Consent:** Save immediately completes the consent record. The consent status is automatically set to **Verbal Consent** or **Verbal Guardian Consent**.

The consent description is automatically populated from the **API User Consent** configuration.



## [KRL-21002] Privacy Controls for eMAR Prescription Sharing

### Feature

We've enhanced prescription management with new privacy controls that give you better control over which medications are shared with the configured eMAR systems. Changes include:

- A new **Do Not Send** medication type option prevents prescriptions from being shared with eMAR when privacy is required.
- **Automatic prescription filtering** – Prescriptions marked as **Do Not Send** are automatically excluded from eMAR integration
- **Dynamic privacy management** – Change privacy settings at any time during prescription modifications or refills, and the system automatically updates what's shared with eMAR

When you mark a prescription with a **Do Not Send** medication type, it will be kept private and not transmitted to your eMAR system. If you later change your mind, simply update the medication type and the prescription will be shared accordingly.

The system intelligently handles changes throughout the prescription lifecycle:

- Switching a prescription to **Do Not Send** removes it from eMAR
- Removing **Do Not Send** status makes the prescription available in eMAR

## [KRL-20021] Enhanced eMAR Barcode Integration for Packaging Reports

### Feature

We've added comprehensive barcode printing capabilities across packaging reports to streamline integration with eMAR systems and improve medication tracking. The following features are now available:

- Dispill and Distrimed Reports now feature a **Print eMAR Barcode** option. This checkbox allows you to print reports with barcodes, patient ID, and ward information. You can choose between barcode-focused reports for eMAR scanning or standard detailed reports based on your needs.
- Vial Labels have a new enhanced barcode format. This new barcode type combines your Kroll ID and transaction number for precise prescription identification.

## Auto-Refill Consent

### [KRL-18498] Add new Auto-Refill consent type

#### Feature

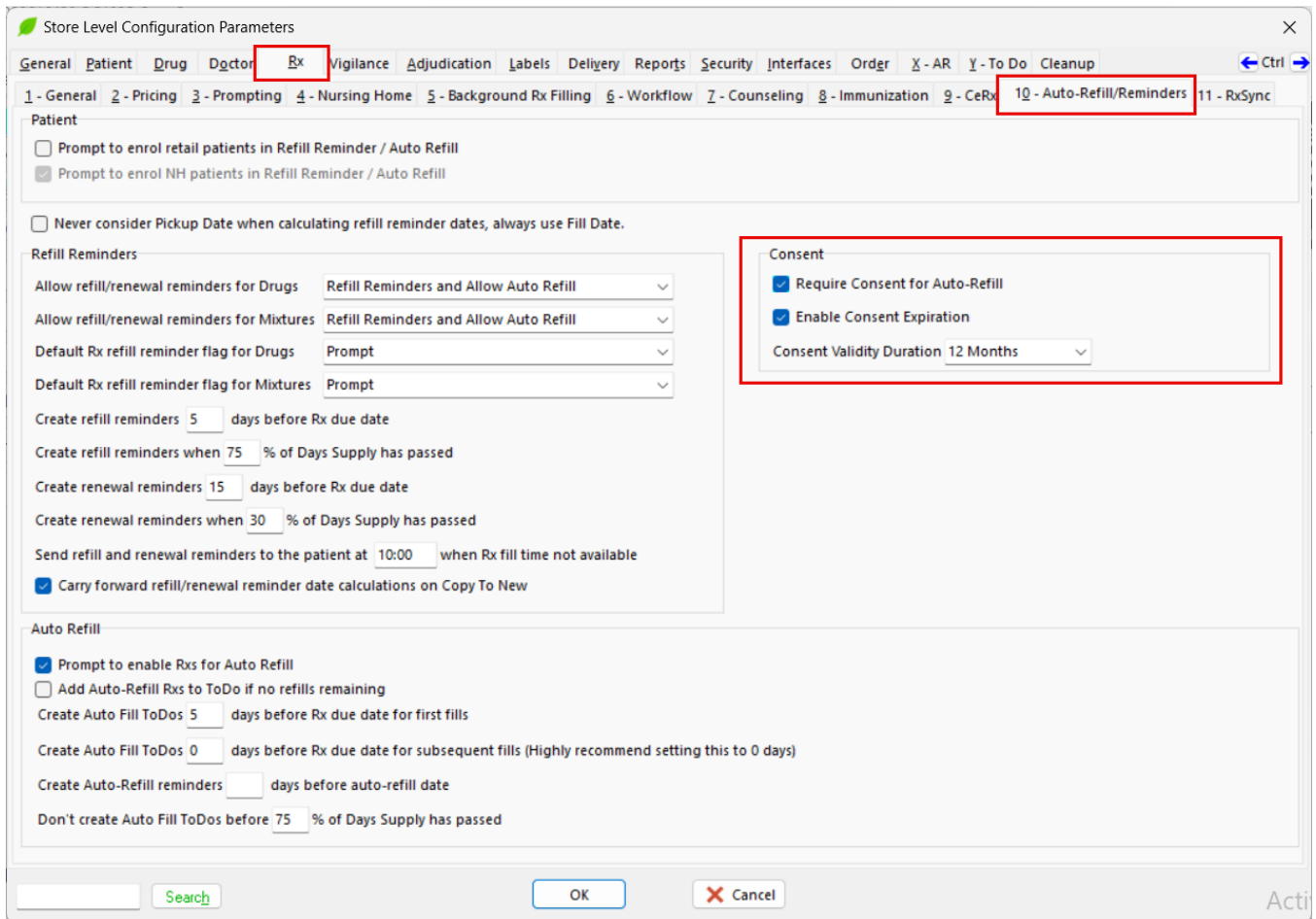
A new consent type was added to Kroll to provide enhanced consent capabilities for Auto-Refill functionality. This consent covers all methods of adding Auto-refill to a file, whether to a particular Rx via the auto-refill flag, through outbound communications, or through the new Enhanced RxSync feature (when enabled).

### [KRL-18496] Auto-Refill consent configuration

#### Feature

New consent configuration options for Auto-Refill enable pharmacy administrators to ensure regulatory compliance and maintain accurate patient consent records.

Store-level consent configuration settings can be found at **File > Configuration > Store > Rx > Auto-Refill**.



When **Require Consent for Auto-Refill** is enabled, it becomes mandatory to collect patient consent before Auto-Refill enrollment. The consent pop-up appears. When it is not enabled, consent is optional and the consent dialog does not appear unless you invoke the consent from the patient card. These settings apply immediately once configured, no restart is required.

When **Enable Consent Expiration** is enabled, the **Consent Validity Duration** field appears. You can set a consent validity period (12, 18, or 24 months). Otherwise, consent has no expiration date.

For Quebec, the default settings are to require consent and enable consent expiration, with a default validity of 12 months. For all other provinces, by default consent is not required and no consent expiration is configured.

### [KRL-18499] Auto-Refill Consent modal trigger (Enhanced RxSync workflow)

#### Feature

When a user selects **Yes** or **No** in the Auto-Refill consent section of the **Synchronize + Auto-Refill** screen, the Auto-Refill Consent modal launches so consent can be fully recorded.

Consent can be provided by a patient or their agent (guardian).

## [KRL-18500] Auto-Refill Consent modal trigger (Other Kroll triggered Auto-Refill workflows)

### Feature

When Auto-Refill consent is required in the store configuration and the user triggers an Auto-Refill workflow, the system checks for an existing valid consent record. If a valid consent record exists:

- If consent allows auto-refill (**I consent** status), the workflow proceeds as normal.
- If a consent record exists with "I Do Not Consent", the save is blocked. An error message appears: "Patient has previously declined auto-refill consent. A new consent must be obtained before enabling auto-refill functionality."

If no consent record exists, the Auto-Refill Consent modal launches so consent can be recorded. If the patient accepts Auto-Refill, the patient is enrolled or continues in the Auto-Refill program. If the patient declines or cancels their Auto-Refill consent, save is blocked and the patient is not enrolled in Auto-Refill, or prescriptions in the program are removed.

[KRL-18497] Auto-Refill consent questionnaire schema (Default TELUS version)

**Feature**

With this new consent schema, Kroll auto-links the Auto-Refill consent form to the correct patient and Auto-Refill Consent record and sets the consent status to completed.

[KRL-18502] Auto-Refill Consent Report support

**Feature**

The Patient Consent Report (**Reports > Patient > Patient Consent Report**) now supports filtering for Auto-Refill Consent records.

On the **Patient Consent Report** configuration screen's **Selection 2** tab, the **Consent Type** drop-down includes an **Auto-Refill Consent** option. You can choose consent statuses to include (Verbal, Written, None, etc.) and toggle to include revoked and/or expired consent records in the report.

The report includes patient name, consent status, date, and comments and supports both patient-signed and agent-signed (on behalf of dependent) consent scenarios.

**Patient Consent Report**  
AB

Report Parameters  
Auto-Refill Consent  
Consent: <Unknown>, Verbal Consent, Written Consent, No Consent, Agent Written Consent, Agent Verbal Consent  
Sort By: Patient

Patient Consent Report Printed on: 12-11-2025 19:47:34

Patient	Consent	Date	Given By	Person	User Initials	Comment
Macnally, Basabi	Written Consent		Patient		SU	h
Macnally, Basabi	Verbal Consent	08-Oct-2025	Patient		SU	v
Macnally, Basabi	Verbal Consent	08-Oct-2025	Patient		SU	g
Macnally, Basabi	Agent Verbal Consent	08-Oct-2025	Agent	Barkley, Winter	SU	m
Macnally, Basabi	Agent Written Consent-Revoked		Agent	Borrego, Annmarie	SU	hh
Macnally, Basabi	Agent Written Consent		Agent	Barkley, Winter	SU	f
Macnally, Basabi	No Consent	13-Oct-2025	Patient		SU	no
Macnally, Basabi	Agent Written Consent		Agent	Borrego, Annmarie	SU	
Macnally, Basabi	Agent Verbal Consent-Revoked	13-Oct-2025	Agent	Bussey, Jessi	SU	Yes
Macnally, Basabi	Agent Verbal Consent	13-Oct-2025	Agent	Burkett, Larhonda	SU	agent-verbal
Macnally, Basabi	Agent Written Consent-Revoked		Agent	Crosby, Brianna	SU	n
Macnally, Basabi	Verbal Consent	13-Oct-2025	Patient		SU	n
Macnally, Basabi	Verbal Consent-Revoked	14-Oct-2025	Patient		SU	hhh
Macnally, Basabi	Agent Verbal Consent-Revoked	14-Oct-2025	Agent	Beggs, Ala	SU	test
Macnally, Basabi	Agent Verbal Consent-Revoked	14-Oct-2025	Agent	Cathey, Judi	SU	t
Macnally, Basabi	No Consent-Revoked		Agent	Beggs, Ala	SU	g
Macnally, Basabi	Agent Verbal Consent-Revoked	14-Oct-2025	Agent	Beggs, Ala	SU	n
Macnally, Basabi	Agent Written Consent		Agent	Cathey, Judi	SU	yes
Macnally, Basabi	No Consent		Patient		SU	N
Macnally, Basabi	No Consent		Agent	Beggs, Ala	SU	tt
Macnally, Basabi	Verbal Consent-Revoked	16-Oct-2025	Patient		SU	n
Macnally, Basabi	Agent Verbal Consent	16-Oct-2025	Agent	Eatuseracceptancetest,Sharon	SU	h
Macnally, Basabi	Agent Written Consent-Revoked		Agent	Eatuseracceptancetest,Sharon	SU	h
Macnally, Basabi	Agent Verbal Consent	16-Oct-2025	Agent	Beggs, Ala	SU	ytt
Macnally, Basabi	Agent Verbal Consent	16-Oct-2025	Agent	Eatuseracceptancetest,Sharon	SU	rd

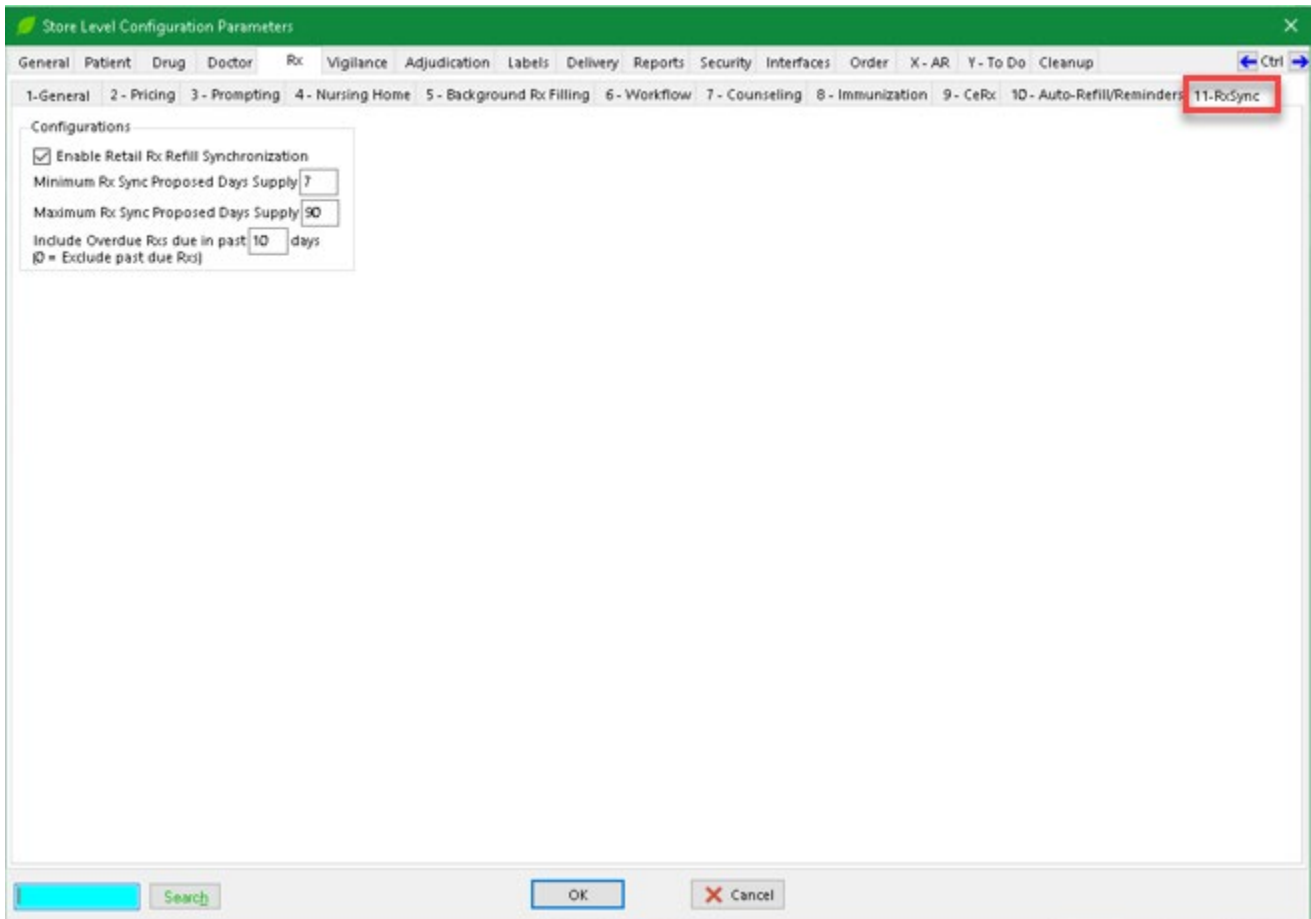
# Enhanced RxSync

Enhanced RxSync is a chargeable module. Contact your TELUS sales representative for more information.

## [KRL-16776] Moving Store-Level Configurations for RxSync to its own Tab

### Feature

RxSync settings now appear on their own dedicated **RxSync** tab (under **File > Configurations > Store > Rx** tab) for better organization and easier access. (These settings previously appeared at **File > Configurations > Store > Rx** tab > **General** tab.)



The following settings have moved to the new **RxSync** tab:

- Enable Retail Rx Refill Synchronization
- Minimum RxSync Proposed Days Supply

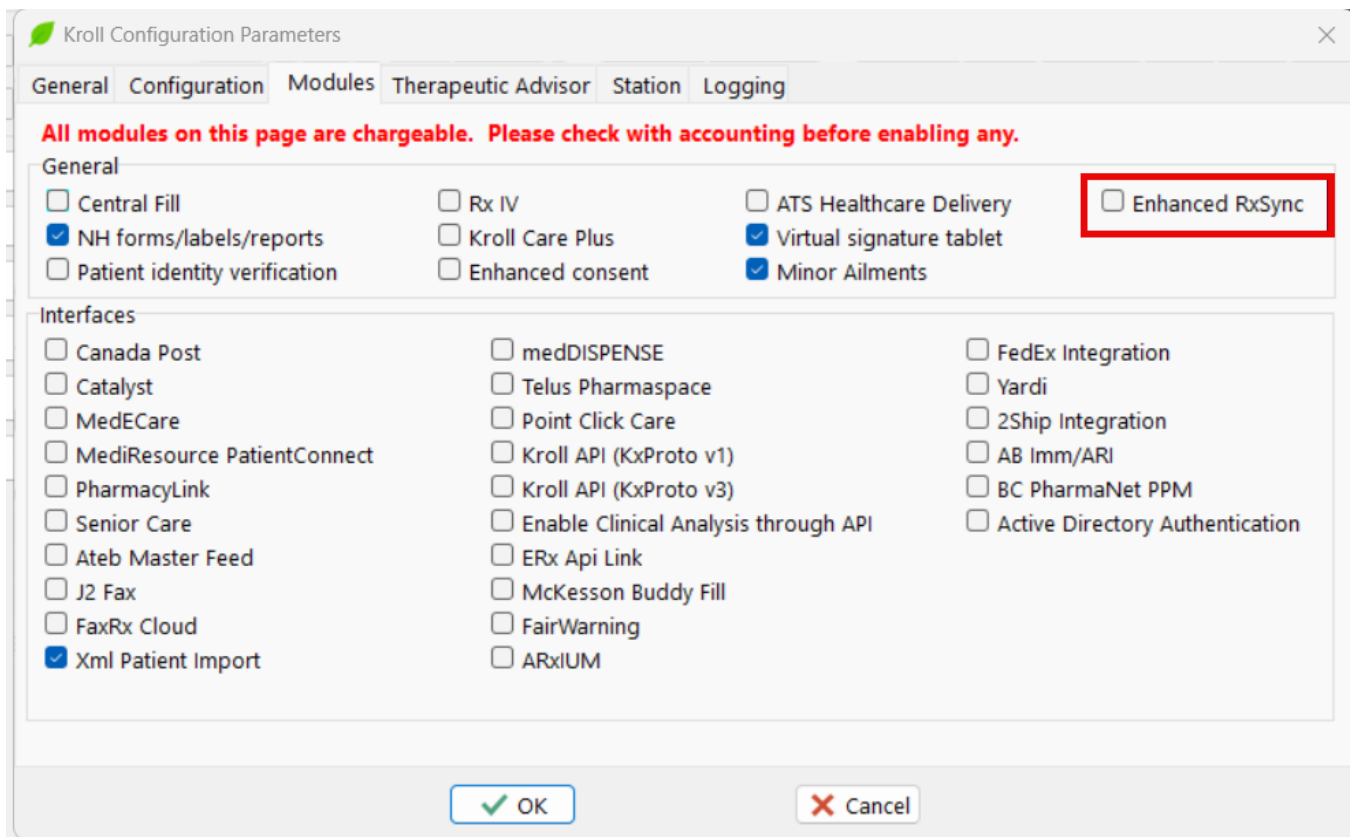
- Maximum RxSync Proposed Days Supply
- Include Overdue Rxs due in past X days

All settings retain their current values and functionality; only their location has changed.

## [KRL-16775] Kroll-Level Configuration for RxSync

### Feature

A new configuration option has been added to Kroll Config (**File > Configuration > Kroll > Modules**) to manage Enhanced RxSync functionality.



- **Enabled:** Users can access Enhanced RxSync config options in **Rx > RxSync Store Config**. Legacy configuration options will be suppressed.
- **Disabled:** Users can access only legacy RxSync config options in **Rx > RxSync Store Config**. Enhanced configuration options will be suppressed.

## [KRL-17238] Pre-qualification logic and Store-level configuration for Enhanced RxSync

### Feature

When Enhanced RxSync is enabled in Configuration settings, the store-level **RxSync** tab (**File > Configuration > Store > Rx > 11 – RxSync**) has the following options:

Store Level Configuration Parameters

General Patient Drug Doctor Rx FDB Adjudication Labels Delivery Reports Security Interfaces Order X - AR Y - To Do Cleanup

1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6 - Workflow 7 - Counseling 8 - Immunization 9 - CeRx 10 - Auto-Refill/Reminders 11 - RxSync

Enhanced RxSync Configurations

- Include Controlled drugs
- Include Narcotic drugs
- Include Targeted substances
- Include Unfilled prescriptions
- Include prescriptions renewed in the last 90 days
- Minimum number of qualifying prescriptions 3
- Use Enhanced RxSync when a new prescription is added to file

Minimum days' supply for new Rxs to trigger sync 30

Consent

- Require Consent for Enhanced RxSync
- Enable Consent Expiration







Search OK Cancel

You can choose whether or not to include the following in the qualification evaluation and in the prescriptions automatically enrolled in the sync/program:

- Controlled drugs
- Narcotic drugs
- Targeted substances
- Unfilled prescriptions
- Prescriptions renewed in the last [X] days

You can set the minimum number of qualifying prescriptions, and a minimum days' supply for new prescriptions to trigger re-sync.

When Enhanced RxSync is enabled for a store, based on the qualification evaluation based on the settings above, the **Enhanced RxSync** button in the Profile menu has a status indicator.

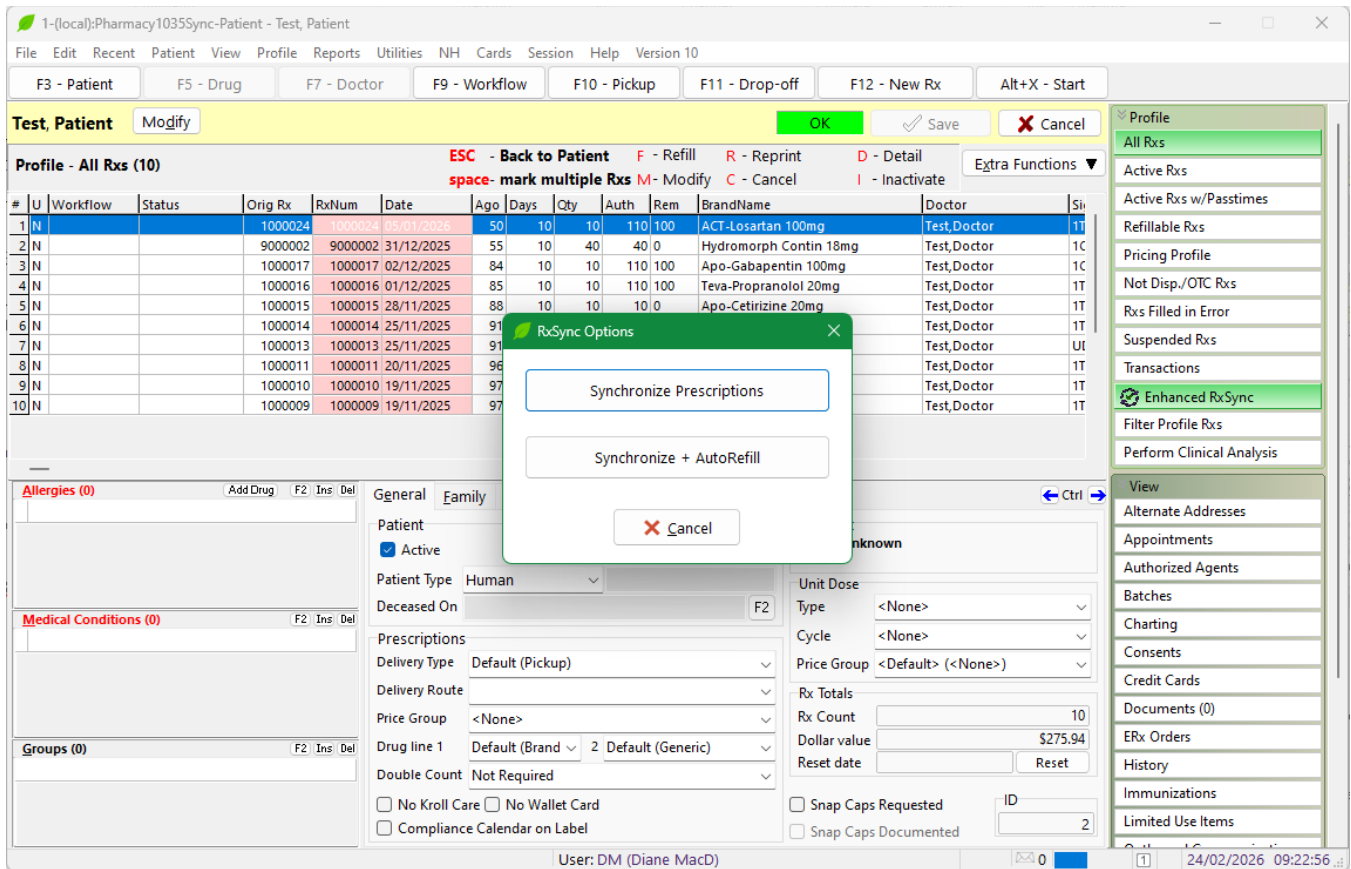
Icon	Status	Description
	Not qualified	The patient is not pre-qualified and has not enrolled in the RxSync program.
	Qualified	The patient is pre-qualified but not enrolled in RxSync. Requirements to be pre-qualified are listed in Patient eligibility.
	Active	The patient is enrolled in the RxSync program, with upcoming auto-refills.
	Declined	The patient declined enrollment (consent opted out) in the RxSync program from the start and has never been enrolled.
	On pause	The patient is enrolled in RxSync + Auto-Refill but the program is currently on pause (a temporary stop to the program). See Pause RxSync + Auto-Refill program for more information.
	Stopped	The patient was enrolled in the RxSync + Auto-Refill program but later decided to opt out (putting a complete stop to the program). See Stop RxSync + Auto-Refill program for more information.

### [KRL-16711] RxSync Options button and window

#### Feature

A new **Enhanced RxSync** button has been added to the **Profile** menu on the right side of the Patient Card to indicate a patient's RxSync qualification status or status in the program.

When you click the **Enhanced RxSync** button, an options window opens:



Options are:

- **Synchronize Prescriptions** - Perform a one-time prescription synchronization
- **Synchronize + Auto-Refill** - Sync prescriptions and enroll the patient in the Auto Refill program
- **Cancel** - Close the window without taking any action

**Note:** This feature is available when the Enhanced RxSync module is enabled for your location.

## [KRL-17710] RxSync-Only workflow

### Feature

This workflow lets users select a sync date and treatment duration, review eligible prescriptions, and either fill them immediately or queue them. Future refill values will be pre-populated automatically. Note that each column has a hover hint explaining the data shown in the screen. To complete the workflow, follow these steps:

1. Select **Enhanced RxSync** from the **Profile** menu.

The **RxSync Options** window appears.

2. Select **Synchronize Prescriptions**.

The **Synchronization Only** workflow opens.

3. Note patient consent.

If required in store configuration but not set on the patient card, the user will be prompted to enter it upon clicking on Synchronize.

4. Select a **Synchronization Date** and **Treatment Duration** (in days).

A prequalified list of prescriptions is shown in the **Enrolled Prescriptions** grid with system-calculated values.

5. Review and optionally add prescriptions from the **See all Rxs from profile** section.

Prescriptions can be removed from the **Enrolled Prescriptions** grid and moved to the bottom grid using the red X.

6. Click **Synchronize**.

The system prompts: Would you like to fill the prescriptions now or later?

7. Choose one of the following.

- **Fill Now:** Each prescription opens in the F12 screen with calculated quantity and days supply. User processes each Rx as usual
- **Queue for Later:** Prescriptions are grouped and added to a Work Order in the To-Do Queue, retaining synchronization logic

For all prescriptions, the system stores:

- Next Fill Quantity

- Next Fill Days Supply

These values will be used when the prescription is filled next time. The workflow closes.

## [KRL-17712] RxSync + Autofill workflow

### Feature

This workflow enrolls prescriptions into Auto-refill, in addition to synchronizing them to a common date. To complete the workflow, follow these steps:

1. Select **Enhanced RxSync** from the Profile menu.

The **RxSync Options** window appears.

2. Select **Synchronize + AutoRefill**.

The **Synchronization + Auto-Refill** workflow opens.

**Consent**

Does the patient consent to synchronization?  Yes  No

Does the patient consent to Auto-Refill?  Yes  No

**Synchronization Parameters**

Refill every 30 days starting from 24/02/2026

Refill every 1 months on the 24th of the month

Fill to (24/03/2026)

Fill to (24/04/2026)

**Enrolled Prescriptions**

Last Fill	Rx No	Product	Qty	Days	Refills Rem.	Pat On Hand	Sync Qty.	Sync Days	
09/01/2026	1000064	Apo-Hydro 25mg TAB (Tablet) TAKE 1 TABLET	30	30	3	0.00	30.00	30	✖
13/01/2026	1000068	ACT Ramipril 10mg CAP (Capsule) TAKE 1 CAPSULE	30	30	10	0.00	30.00	30	✖
13/01/2026	1000069	ACH-Atorvastatin Calcium 10mg TAB (Tablet) TAKE 1 TABLET	30	30	3	0.00	30.00	30	✖
13/01/2026	1000070	Teva-Alendronate 70mg TAB (Tablet) TAKE 1 TABLET WEEKLY	8	56	10	0.00	4.29	30	✖

See all Rx's from profile ▼

Last Fill	Rx #	Product	Qty	Days	Refills Rem.
13/01/2026	9000004	Tylenol With Codeine No.3 300/15/30mg TAB (Tablet) TAKE 1 TABLET EVERY 8 HOURS WHEN NEEDED FOR PAIN	30	10	1

**Comments**

You can add notes about the program, the patient preferences, or any other details about the patient prescriptions

Synchronize & Save Cancel

3. Note patient consent.

If required in store configuration but not set on the patient card, the user will be prompted to enter consent(s) upon clicking on **Synchronize & Save**.

4. Select a cycle duration and start date.

A prequalified list of prescriptions is shown in the **Enrolled Prescriptions** grid with system-calculated values.

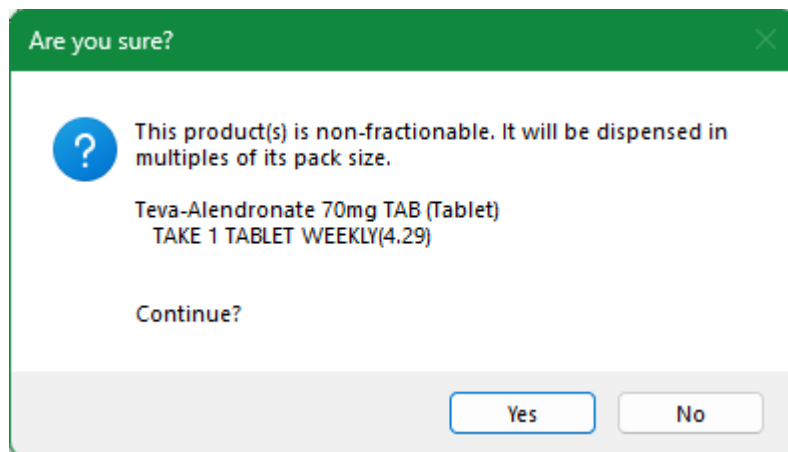
5. Click on the magic wand icon to use a system suggested sync date.

This suggestion will use the prescription for which the patient has the most on hand as the anchor med (the med to which all other prescriptions will be sync'd to).

Alternatively, click on the anchor icon of any prescription in the top grid to sync all medications to that prescription's estimated next fill date. The anchor med will be highlighted.

You can unlock individual **Qty** fields if you need to override the post-sync fill quantity (the next fill after the fill to sync the meds).

For drugs flagged as "dispense as pack" the system highlights fractional quantities and issues a warning for any that are found.



6. Review and optionally add prescriptions from the See all Rx's from profile section. Prescriptions can be removed from the **Enrolled Prescriptions** grid and moved to the bottom grid using the red X.

7. Click **Synchronize & Save**.

A confirmation dialog appears if fractional quantities are detected. Prescriptions can be either filled now or queued for later. All qualifying prescriptions are automatically enrolled in Auto Refill, and the Auto-Refill program becomes visible on patient profile.

The workflow closes.

## [KRL-18276] Post-Sync Program Management

### Feature

When a patient's program status is Active, clicking the **Enhanced RxSync** button will launch directly into a comprehensive **Program Management** screen that displays consent information, program setup details, comments section, and program history.

When you click **Enhanced RxSync** in a patient profile, if the patient has an existing program status, the new **Program Management** screen opens.

**Program Management**

**Consent**  
 Patient gave their consent to the RxSync program conditions (24/02/2026)  
 Patient gave their consent to the Auto-Refill program conditions (24/02/2026)

**Synchronization Parameters**  
 Next scheduled refill 25/05/2026.  
 This program is set to refill prescriptions every 90 days starting on 24/02/2026. ✎

**Enrolled Prescriptions**

Last Fill	Rx No	Product	Qty	Days	Refills Rem.	Pat On Hand	Sync Qty.	Sync Days	
24/02/2026 ↓	1000098	Apo-Metformin 500mg TAB (Tablet) TAKE 1 TABLET	90 ☞	90	10	30.00 ▾	60.00 ▾	60	✖

See all Rx's from profile ▼

	Last Fill	Rx #	Product	Qty	Days	Refills Rem.
+	24/02/2026	1000095	Apo-Cetirizine 20mg TAB (Tablet) TAKE 1 TABLET	90	90	0
+	24/02/2026	1000096	Apo-Atorvastatin 10mg TAB (Tablet) TAKE 1 TABLET	90	90	0
+	24/02/2026	1000097	Apo-Propranolol 10mg TAB (Tablet)	90	90	0

**Comments**  
*You can add notes about the program, the patient preferences, or any other details about the patient prescriptions*

⏸ Pause    ■ Stop    Synchronize & Save    ✖ Cancel

If the patient does not have an existing program status, the RxSync Options screen opens instead.

**RxSync Options** ✕

Synchronize Prescriptions

Synchronize + AutoRefill

✖ Cancel

[KRL-20450] Existing prescription management

**Feature**

When filling enrolled prescriptions, a message will appear in the F12 screen warning area.

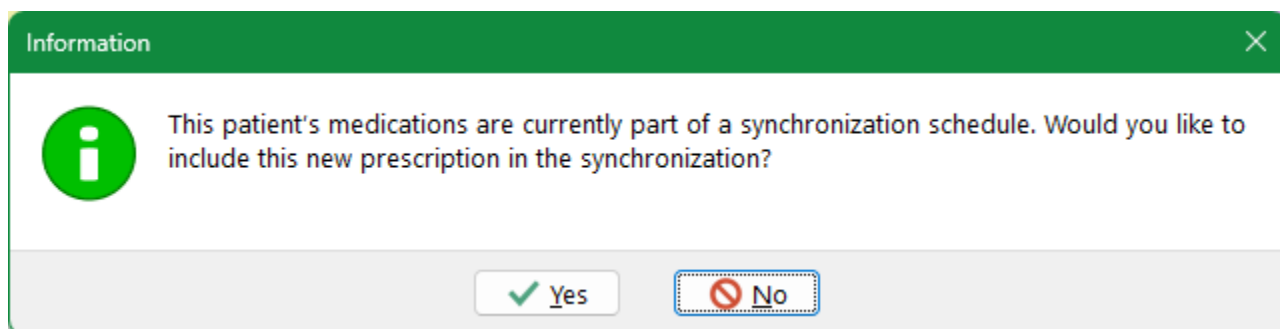
### ⚠ Synced Prescription. Changes will affect sync

If you make a change to a synced prescription, this does not block the workflow. When the Program Management screen is re-opened, dates are recalculated using existing logic if any modifications and/or an early fill is processed on the prescription.

## [KRL-16713] RxSync: Post-Sync Logic for New prescriptions

### Feature

After a patient has had an initial medication sync, when they have a new prescription, the system automatically initiates the appropriate flow (**Synchronize** or **Synchronize + Auto-Refill**).



- Select **No** and the current prescription will not be synced. This does not disable future prompts or affect prior consent.
- Select **Yes** to trigger the appropriate sync workflow based on patient program status. The system will present the user with a suggested synchronization quantity and days 'supply for the new prescription according to the already synced meds, and will include newly added prescriptions in the sync or program moving forward.

## [KRL-18341] Program Lifecycle Management (Pause/Stop/Restart)

### Feature

The Program Management screen can display **Pause**, **Stop**, and **Restart** buttons to manage the program lifecycle. You will always be asked to confirm if the action changes the functional state of the program.

- **Pause:** To Do records are removed and Auto-refills are discontinued until you manually reactivate the program. Patient consent will remain opted in.
- **Stop:** The program is terminated for the patient, and all data is lost. Patient consent is opted out.
- **Restart:** The paused program is reactivated.

## [KRL-17715] Program status reporting

### Feature

You can now include RxSync participation information directly in your Patient Listing Reports.

1. Navigate to Reports > Patient Listing Report.
2. In the **Selection 5** tab, choose a **Program Status** filter (All, Active, Declined, On Pause, Stopped).
3. (Optional) Select **Program Status** as a column via the F2 column selector.
4. Generate your report as usual.

The report will generate contents based on the **Program Status** selection. If a **Program Status** column was selected, this column will provide status information for each row of the report.

This feature is available in both English and French.

## [KRL-16720] Reporting RxSync Status

### Feature

You can now include RxSync status information directly in your Patient Profile Reports, making it easier to identify which medications are part of the synchronization program.

5. Navigate to Reports > Patient Profile Report.
6. In the Options tab, check the new Include **RxSync Status** checkbox.
7. Generate your report as usual.

A new **RxSync Status** column will appear in your report. Each prescription will show either:

- **Synchronized:** medication is part of the sync program
- **Not Synchronized:** medication is not synced

This feature is available in both English and French.

## Kroll Care Plus powered by RxVigilance

Kroll Care Plus powered by RxVigilance is a chargeable module. Contact your TELUS sales representative for more information.

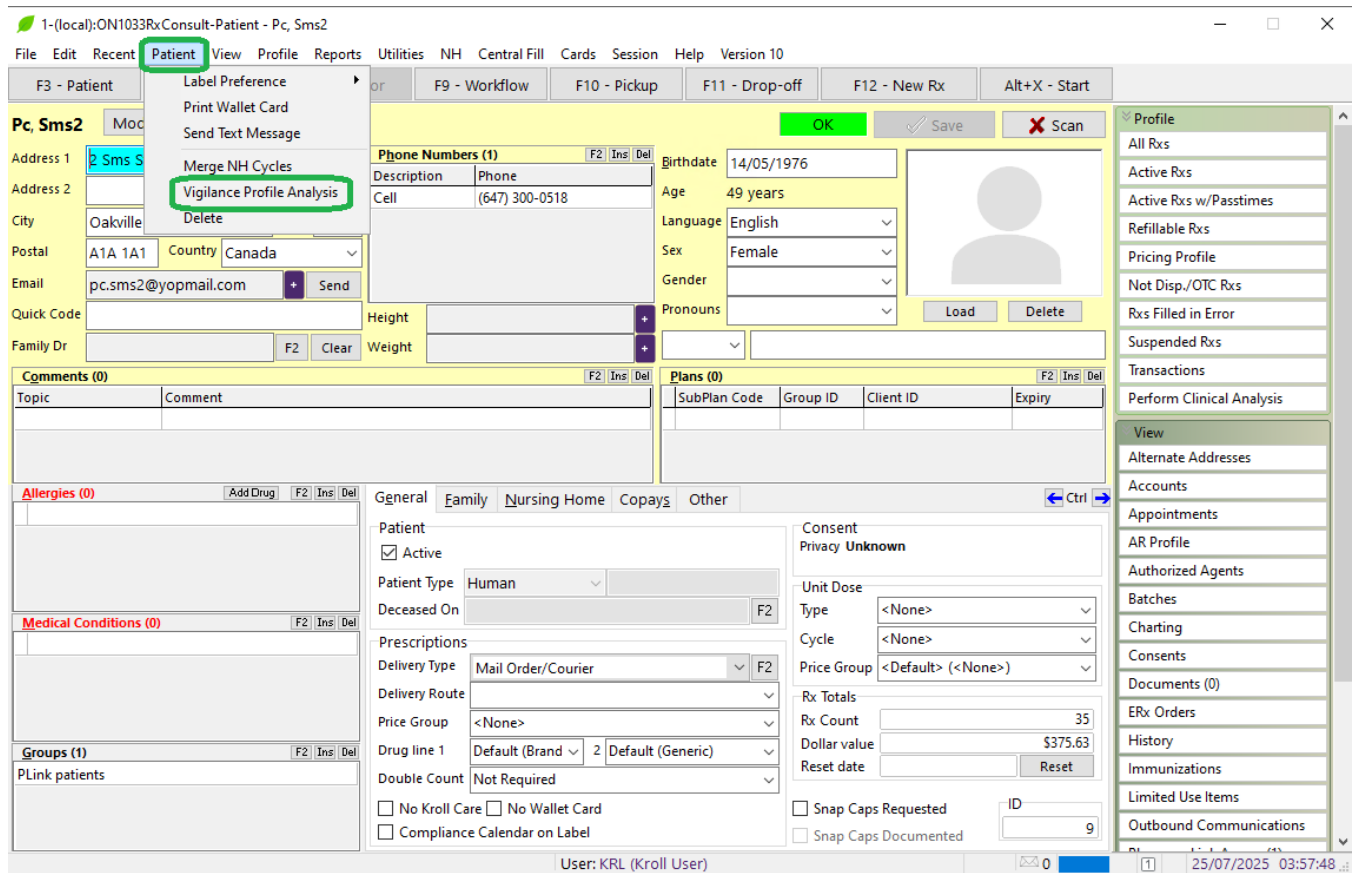
# [KRL-17497] RxvEngine | Support Vigilance's stand-alone Profile Analysis utility from the patient screen

## Feature

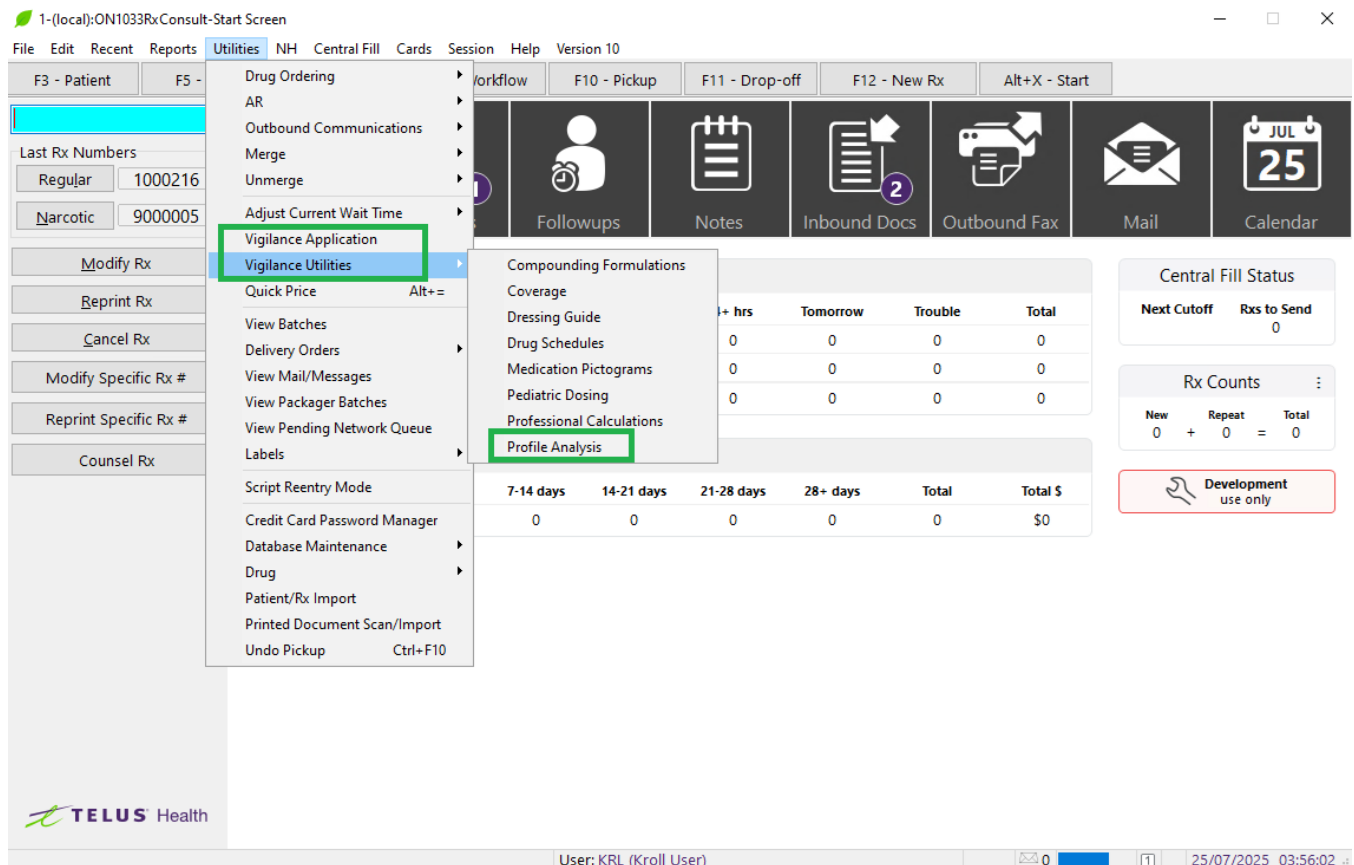
Vigilance has an open-ended Web-based analysis page that allows users to manually enter in details to perform drug interaction checking. They also support the ability to receive details from the store to pre-populate their tool and then allow the user to change details to see how the analysis changes. These changes do not impact the patient record, they are just a tool for simulation.

Stores that have purchased Kroll Care Plus do have the ability to access this tool through the **Utilities** menu. However, when the user selects this option, no patient details are included because there is no patient selected. Therefore, the tool always appears to the user in an empty state, forcing them to manually enter everything in.

A new option has been added to the **Patient** screen to allow a user to perform the analysis with the stand-alone utility. This way, the web screen appears already pre-populated with patient details.



The existing **Profile Editor** option accessed from the **Utilities > Vigilance Utilities** menu has been re-labelled **Profile Analysis**. Selecting this option from the **Utilities** menu will continue to behave as in previous releases. No patient information will be included and must be inputted manually when the web utility appears.



## Lab results

NOTE: This feature was originally implemented for QC in the DSQ Conformance branch, this case serves to make it available in all other provinces as well.

[KRL-18794] Add 'Lab Results' as a new document type on the scan screen

### Feature

A new functionality has been implemented to allow pharmacists to efficiently manage laboratory results by scanning them using the **Utilities > Printed Document Scan/Import** feature and saving them in the patient's record. This enhancement improves documentation, ensures better record-keeping, and provides easier access to historical lab results for patient care.

A new **Lab Results** option has been added to the **Document Type** dropdown. When **Lab Results** is selected:

- The **Patient selection** field is displayed (similar to when **Patient Document** is selected).
- The F3 button is available for patient selection.
- A **Title** field is displayed. Data entered in the **Title** field is saved as the document's title in the Documents view in the F3-Patient Card.

Processing a document with **Lab Results** selected saves it as a 'Lab Results' document in the patient's **Documents**.

The event (document added to patient Documents) is logged in the patient's history (**F3 - Patient > History view**).

In **F3 - Patient card > View > Patient Documents**, lab results appear under their own document type. When viewing a lab result from **Patient Documents**, users have the option to print the document and edit its description.

This new functionality allows pharmacists to properly manage lab results by scanning and processing these documents, which are then saved in the Patient Documents section of the patient profile. This improvement enhances record-keeping and provides easier access to historical lab results for patient care.

## Labels

[KRL-18920] Update Drug Expiry Date details on the Vial label for Quebec

### Improvement

The following changes have been made for all provinces:

- Automatically update the **Rx Drug Expiry Date** field when entering Lot/Expiry dates using the Immunization Module

The screenshot shows a 'Drug Form' interface with several tabs: Plans, Pricing, Dates, Comments, Indications, Images, and Other. The 'Dates' tab is active. The form contains the following fields:

- Written:** 04/01/2026
- Dispensing allowed period:**
  - Start: 04/01/2026
  - Stop: 04/01/2027
- Administration period:**
  - Start: 04/01/2026
  - Stop: [Empty]
- Drug expiry:** 04/01/2027 (highlighted with a red box)
- Ingest:** [Empty]
- Copy Information:**
  - Therapeutic start: [Empty]
  - From Rx: [Empty]
  - To Rx: [Empty]
- Transferred:**
  - In: [Empty]
  - Out: [Empty]

- Changed **Expiry date** to **Discard by** on the vial label for both laser and thermal labels

## Language Support

When multi-language support is enabled, the following areas now allow users to enter and view content in both English and French:

- [KRL-17087] Workflow queues
- [KRL-21223] NH Groups
- [KRL-20330] Workflow Action names
- [KRL-20332] Master lists
- [KRL-20334] Counselling points
- [KRL-20400] Drug groups
- [KRL-20402] Patient groups
- [KRL-20404] Doctor groups
- [KRL-20408] Drug department

When multi-language support is enabled, screen elements will now appear in both languages so users can operate in their preferred language.

When a store has Multi-Language disabled, only a single language field appears (i.e. database default).

When a store has Multi-Language enabled (English → French where Language 1=English and Language 2=French) if a user opens an element where multiple languages are supported, both English and French fields appear. The **English** field is marked as required and the **French** field is marked as optional.

### [KRL-17632] Search for and display allergies and conditions in the session's language

#### Feature

Previously, When running a French database and you load a session in English the user that is running in that language sees the conditions and allergies in French. The same would happen if you are running an English DB and then run a session in French the allergies and conditions will only show in English.

With this release, when using a Vigilance database, the following table applies:

Session language	Task	Descriptions/details language
French	inputting patient allergies and conditions	French
English	inputting patient allergies and conditions	French
English	If a patient already has an allergy or condition on their file	English
French	If a patient already has an allergy or condition on their file	French

Screens affected include the following:

- **Allergies** and **Conditions** lists on **Patient** card
- **Select an Allergy** screen
- **Select a Condition** screen
- **Patient Allergy Information** screen
- **Patient Condition Information** screen
- **Rx** card
- **Clinical Verification** workflow screen
- **Rx Counseling** workflow screen (**Counseling** tab and **Hardcopy** tab)
- **Medication Review Selection** screen (**Allergies** tab and **Medical Conditions** tab)
- **Immunization** workflow screen
- Embedded **multiple Rx operation** screen
- **ADT Message Overview** screen
- ADT patient allergies
- ADT patient allergies deletion
- ADT patient conditions
- ADT patient conditions deletion
- v2 PharmaNet adverse reaction list

If the database does not have Vigilance, then previous behaviour with FDB will apply.

## [KRL-17634] Provide the ability for users to easily launch a Kroll session in French or English

### Feature

Kroll always opens in **Session 1** in the language of the PC's operating system (either French or English). Sessions 2-8, which allow you to connect to various databases, are also in the same language. To open a Kroll session in the non-operating system language, follow these steps:

1. With Kroll open, from the main menu, choose **Session**.
2. Choose Open Session in French or Ouvrir la session en Anglais to open in the other language.

Session 1	Alt+1	Session 1	Alt+1
Session 2	Alt+2	Session 2	Alt+2
Session 3	Alt+3	Session 3	Alt+3
Session 4	Alt+4	Session 4	Alt+4
Session 5	Alt+5	Session 5	Alt+5
Session 6	Alt+6	Session 6	Alt+6
Session 7	Alt+7	Session 7	Alt+7
Session 8	Alt+8	Session 8	Alt+8
Touch / Pickup Session	Alt+9	Session de remise/toucher	Alt+9
Session Manager	Alt+0	Gestionnaire de session	Alt+0
<b>Open session in French</b>	<b>Alt+-</b>	<b>Ouvrir la session en Anglais</b>	<b>Alt+-</b>
Close All Sessions		Fermer toutes les sessions	

A new Kroll session opens. The currently loaded session does not change language.

3. Log into the new session.

Both the new session and the old session are open. You can close either session as needed without affecting the other session.

## [KRL-17869] Allow Doctor Facing reports to print in doctor's written language

### Feature

The following reports can now be printed in the patient's default language (English or French). The user can override the language selected.

- KRL-17499: Doctor Rx filled Report
- KRL-17500: Prescription Renewal Request
- KRL-17501: Patient / Primary Prescriber Ratio List
- KRL-20762: Pharmacist Adaptation Report

[KRL-16998] Allow reports to print in doctor’s or patient’s default language (English or French)

**Feature**

By default, the following reports now print in the doctor’s or patient’s default language (English or French). The user can override the language selected.

- KRL-16999: Patient Medical Expense report
- KRL-17000: Patient Medical Expense Invoice report
- KRL-17486: Patient Medical History report
- KRL-17488: Patient Tax Receipt report
- KRL-17489: Patient Compliance Label report
- KRL-17490: Patient AR Taxes BreakDown Report
- KRL-17491: Patient Profile Report
- KRL-17492: Patient AR Invoice Report
- KRL-17493: Patient AR Statement Report
- KRL-17494: Patient AR Summary Report
- KRL-17496: Patient Dispill Report

For reports about an individual patient, the following table applies:

	Patient Language set - English	Patient Language set - French	Patient Language other than EN/FR ex. Spanish	Patient Language not set
DB Language-English	Print Reports in English	Print Reports in French	Print reports in English (DB language)	Print Reports in English (DB language)
DB Language-French	Print Reports in English	Print Reports in French	Print Reports in French (DB language)	Print Reports in French (DB language)

For tables about multiple patients, the following table applies:

	Pat Lang=EN	Pat Lang=FR	Pat Lang≠ EN/FR ex. Spanish	Pat Lang not set	User sets Lang=EN	User sets lang=FR
DB Lang=EN	Reports in EN	Reports in FR	Reports in EN (DB lang)	Reports in EN (DB lang)	Reports in EN	Reports in FR
DB Lang=FR	Reports in EN	Reports in FR	Reports in FR (DB lang)	Reports in FR (DB lang)	Reports in EN	Reports in FR

[KRL-20942] Standardize translation for “General Counseling” across all areas of Kroll application

### Improvement

The French translation of “General Counseling” was standardized to “Consultation générale” in the following locations:

- Patient Encounter tile view
- Patient Encounter grid view
- Patient Encounter View screen
- Patient Dialog Report

[KRL-21862] F7 - Doctor translation

### Improvement

The French GUI for the F7 – Doctor card has now been fully translated.

## Operating System

[KRL-18711] Add an OS Check and Hard Stop for Unsupported Windows Version

### Feature

Kroll Service Pack 35 will only operate on main stations and workstations running Windows 10 or Server 2016 and newer; Kroll will NOT open or function on unsupported versions of Windows.

Upgrading Kroll on a server or workstation running an unsupported operating system will not complete. After SP35 is installed on the server/main station, at the time Fill is started on any workstation in the pharmacy, an operating system check is run. If the OS is earlier than Windows 10 or Server 2016, Kroll will not open. An explanatory message will appear onscreen.

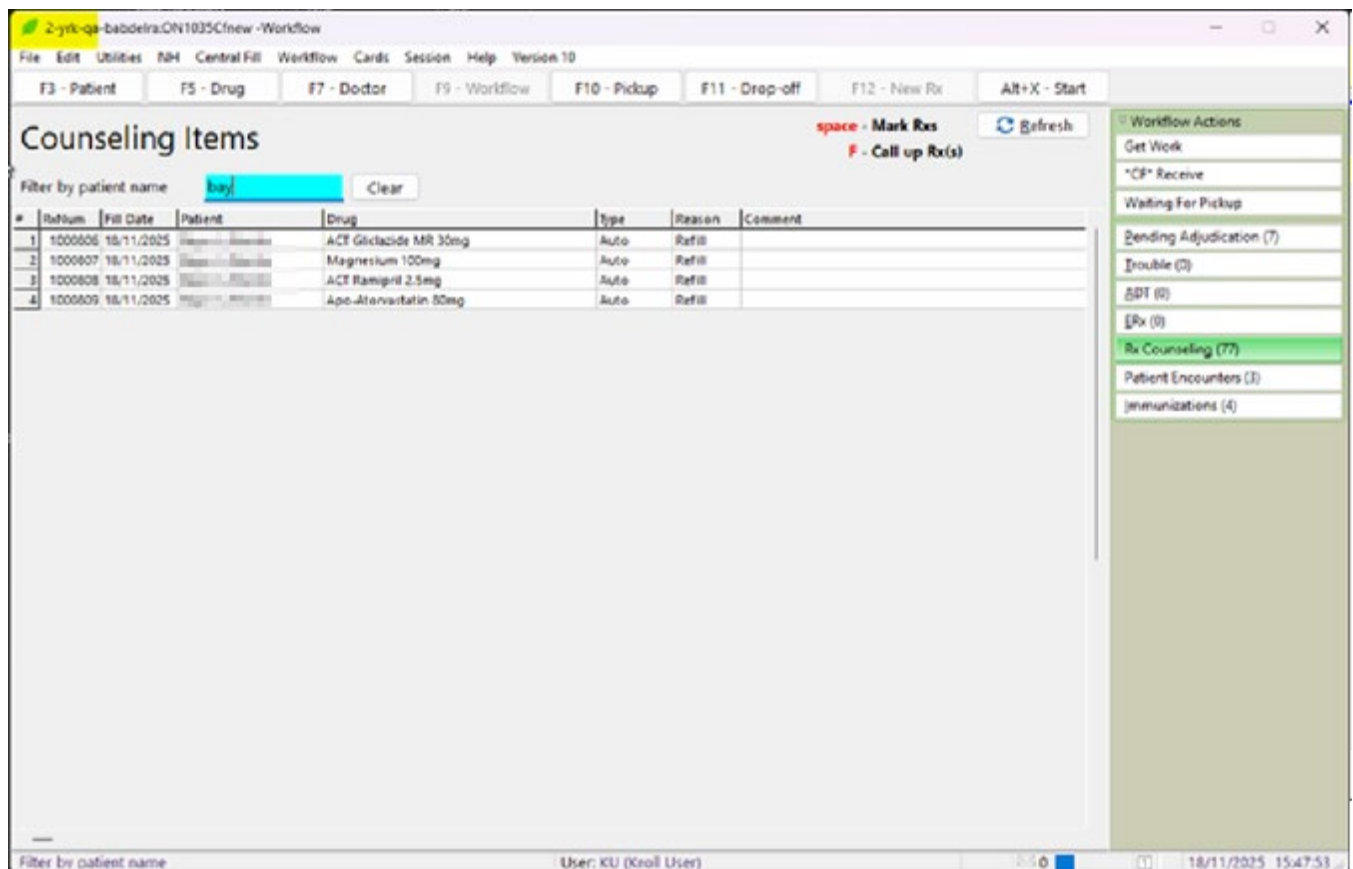
# Patient Counselling

[KRL-19383] Add Patient filter to Counselling Items workflow queue

## Feature

Pharmacists are able to triage and counsel patients for their medications from a Counseling workflow queue (accessed via the F9 option). There was no ability for the user to filter out and search for a specific patient. The user would have to sort the **Patient** column and search for the patient in question. This was cumbersome.

In this release, a new patient name filter has been added to this screen. Text typed in will return matches for both first and last name. The user can clear the filters by pressing **Clear** or **Refresh**.



[KRL-18474] Allow multiple counselling items to be actioned at the same time

## Feature

Pharmacists are able to triage and counsel patients for their medications from a Counseling workflow queue. In previous releases, the user could tag multiple items in that queue to select records for counselling. However, the user

had to counsel each record individually. When tagging multiple prescriptions for the same patient, this could become a bit tedious as the user had to repeat the counseling for each separately. Kroll has streamlined this process as follows:

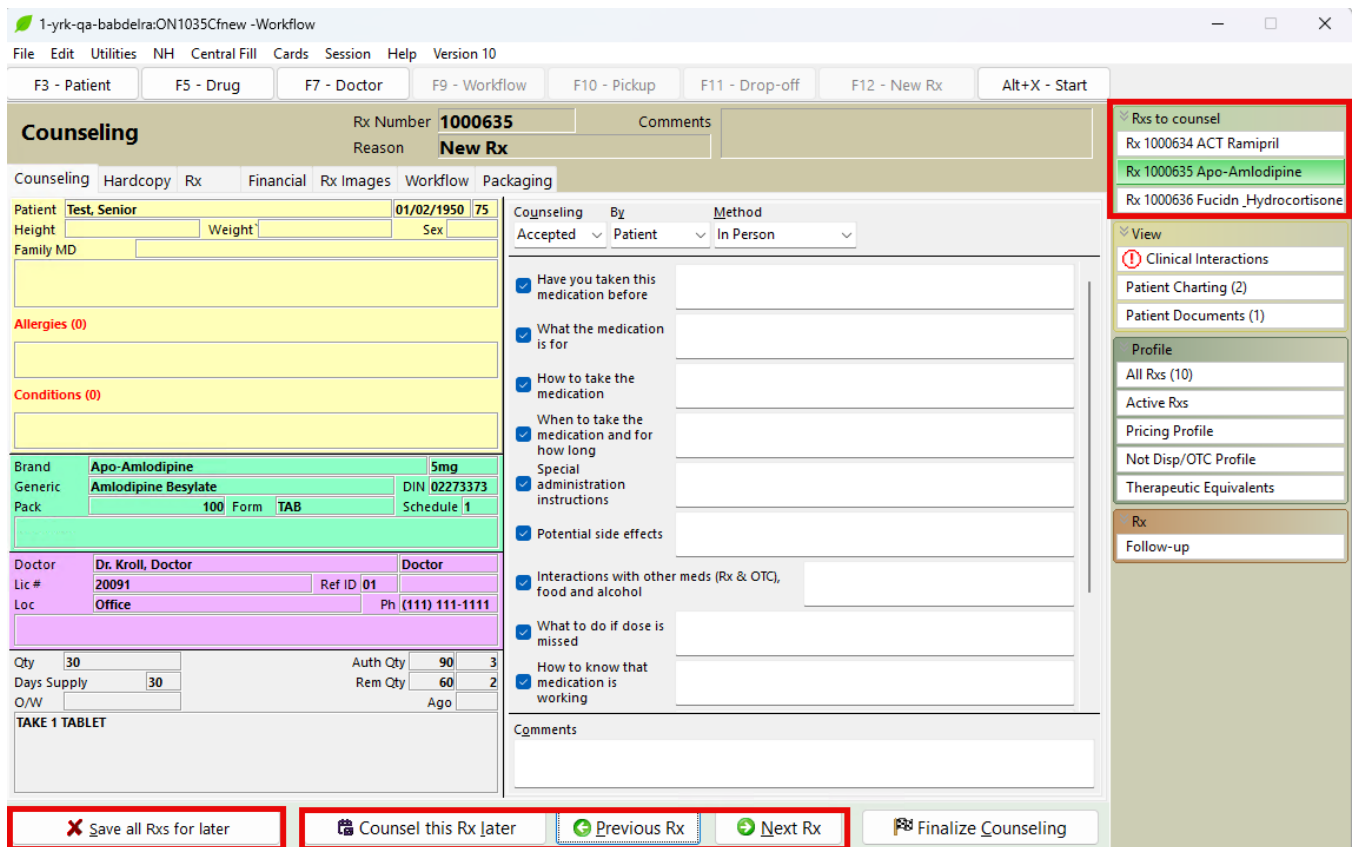
1. On the F9 Workflow screen, select Rx Counseling.
2. Select and open two or more Rxs (flag them with the spacebar).

When tagging rx's from the Counseling workflow queue, the system will combine all rxs for that same patient into one Counseling session.

The Save button becomes Save all Rxs for later.

A new **Rxs to Counsel** menu in the top right shows every prescription selected for this patient.

New Counsel this Rx later, Previous Rx and Next Rx buttons appear.



As you go through the process to finalize counselling; you can navigate between all Rxs to review each one.

- The **Next** button is only available if counselling has been accepted, and you are not currently reviewing the last Rx in the list.
- The **Previous** button is only available if you are not reviewing the first Rx.
- Click an item in the **Rxs to Counsel** menu to jump to that item.

When navigating between Rx's, the counseling information is saved. If you click **Save all Rx's for later**, you are returned to the grid, and whatever stage of data entry you were at is retained.

3. If any Rx cannot be completed for whatever reason, click **Counsel this Rx later**.

The prescription is removed from the list but stays in the main grid for future review. The menu option disappears, and if there were only two prescriptions selected for counseling, the screen reverts to single Rx mode.

4. Once ALL Rx's have been reviewed, click **Finalize Counseling**.

(The Finalize Counseling button is not enabled until counseling has been accepted for this patient AND each Rx has been reviewed.)

The screen closes, and those Rx's are updated individually and removed from the grid.

If you selected multiple Rx's for 2 or more patients, all Rx's for one patient can be reviewed in a list first, and then the next patient will be loaded with a list of Rx's to review. Each patient is handled separately, but each patient can have multiple Rx's reviewed in the same session.

## Quebec RAMQ Pricing

### [KRL-17011] Code Updates - RAMQ Special Plan codes

#### Improvement

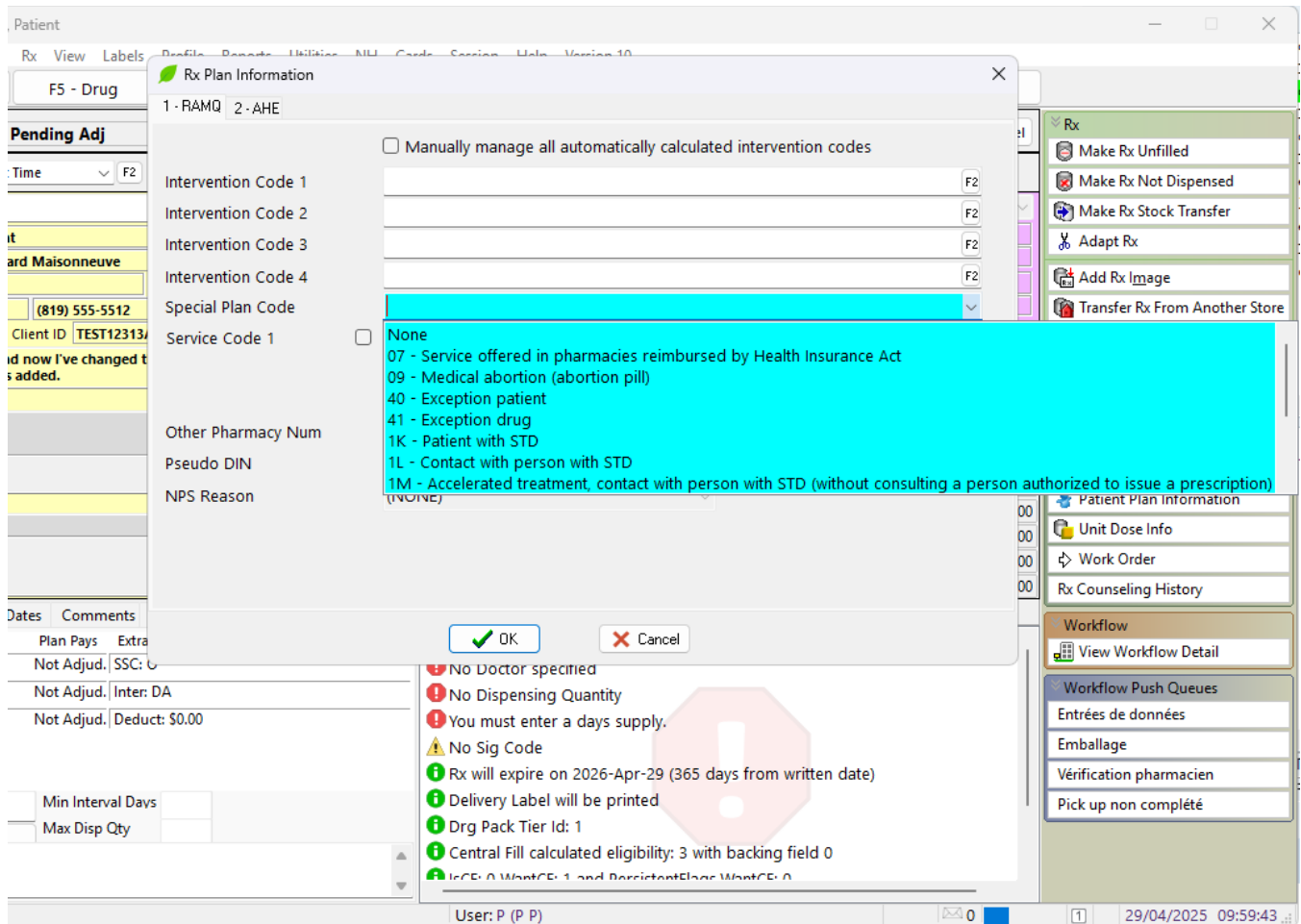
The RAMQ Special Plan Code selection has been updated to reflect current program requirements and improve interface usability.

Special plan code 04 for emergency contraception has been removed from the system as it is no longer in use.

Three missing special plan codes have been added:

- Code 09 for medical abortion (abortion pill).
- Code 2R for patients with ultra or multiresistant tuberculosis.
- Code 2S for contacts with persons with ultra or multiresistant tuberculosis.

Descriptions for all special plan codes have been reviewed and updated in both English and French to align with Kroll functionality and current RAMQ terminology.



All special plan codes populate the outbound RAMQ message CodPgmMed field with the appropriate code value when selected.

## [KRL-17012 & KRL-20223] RAMQ Fees Screen Enhancements and Service Code Description Updates

### Improvement

The RAMQ Fees screen now provides enhanced fee code configuration capabilities and updated service code terminology for Quebec pharmacy billing.

- Users can configure fee codes M2 and M3 through dedicated popup windows that present three separate fee entry options for mixture preparations, including capsule-specific pricing for preparations made with or without capsule filling devices.
- The W fee code section has been restructured into three distinct frames for W, W1, and W2, each supporting initial and follow-up service entries for therapeutic target adjustments and deprescription services.

Service code descriptions and labels throughout the RAMQ billing interface have been updated to reflect current terminology standards:

Service Code	New label/description	Old label/description
Service code 5	Retroactive claim of service(s) delivered	Retroactive
Service code E	Nutritional Formula	Dietetic
Service code Q	NaCl Syringing	NaCl Inj.
Service code 6	Chronic less than 7 days	Half-Fee

Mixture service codes M1, M2, and M3 now include category identifiers in their descriptions.

These description updates apply consistently across the **RAMQ Fees** screen and **Drug Plan** and **Plan Information** screen service code selection.

French translations have been integrated throughout all modified screens to support bilingual operation.

[KRL-17154] Adjustment to the Patient Plan Information Screen to make checkboxes more visible

### Improvement

The **Patient Plan Information** screen interface has been enhanced to improve checkbox visibility and user interaction. The **Always Use in Rx** checkbox now includes five pixels of padding above and below the control area, providing spacing equivalent to text box label formatting standards.

Patient Plan Information

Plan **RAMQ - RAMQ** Plan Info

Always Use in Rx  Inactive

Order Primary Link To...

Carrier ID Relationship 0-Cardholder

Group ID Deduct Type Dollar amount

Client ID LEDM86510515 Deduct Value 0

CPHA Pat Code Expiry Date

Card Holder

Patient Override Values

Last Name Birthday

First Name Sex Patient Sex

Comment

Save Cancel

This adjustment increases visual clarity and reduces interface crowding in the plan configuration section, making the checkbox control more readily identifiable during plan setup and modification workflows.

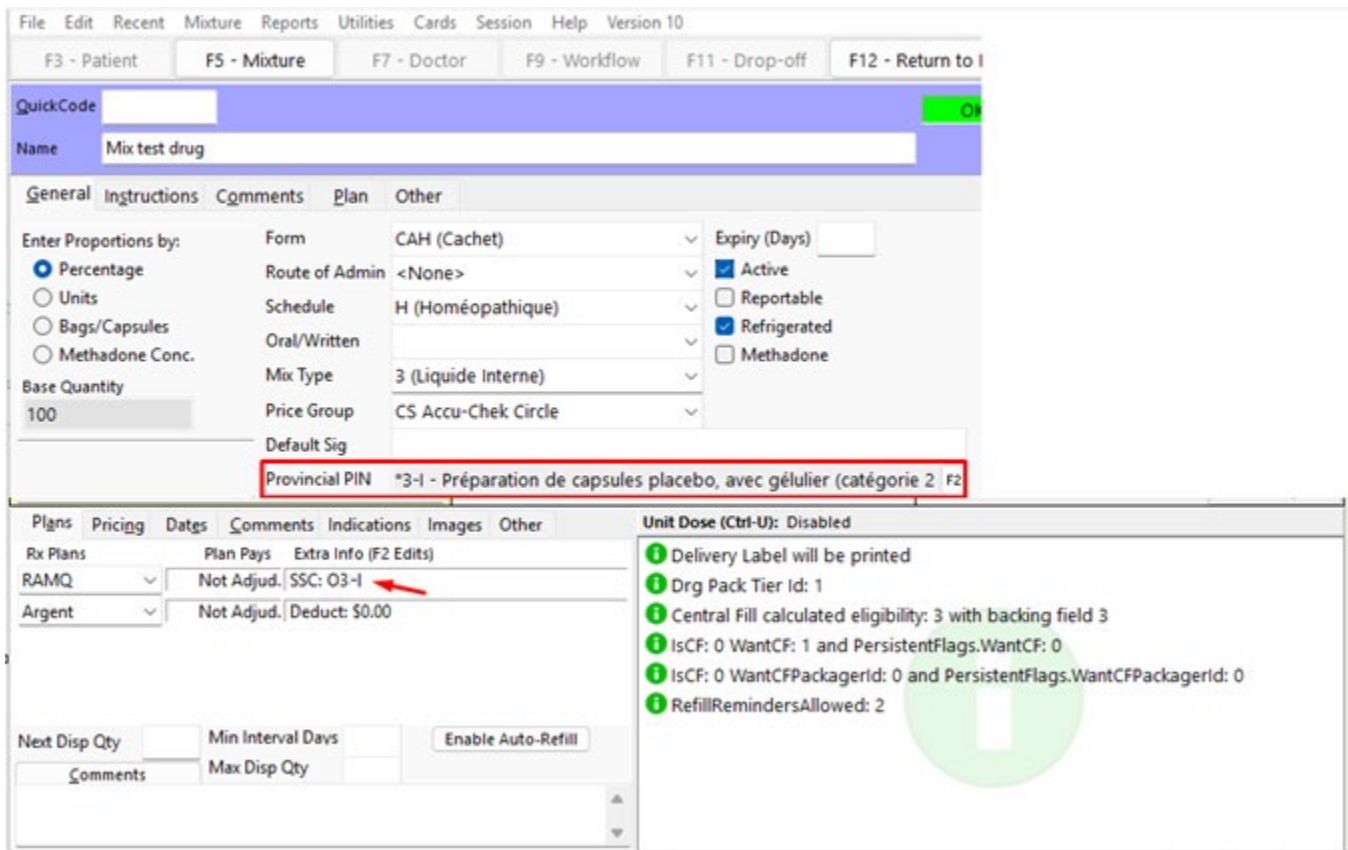
[KRL-17226, KRL-17227, KRL-17228, KRL-17229] Addition of support for encapsulated mixture pricing calculations

### Feature

The RAMQ mixture billing system now supports encapsulated mixture fee calculations with category-specific pricing for manually prepared and filler-prepared capsules. Eight new provincial PIN options have been added to the drug mixture card screen for Category 2 and Category 3 preparations, including the following options for each category:

- Prepared placebo capsules manual
- Prepared capsules manual
- Prepared placebo capsules using a filler
- Prepared capsules using a filler

The mixture plan screen for RAMQ has been restructured into three functional frames organizing plan details, pricing configuration, and drug details, with the pricing frame displaying first when the subplan is RAMQ. The service code combination field now separates into distinct **SSC Code** and **SSC Type** fields when mixture-specific codes are selected, with the **SSC Type** field appearing for codes M1, M2, M3, \*2, \*3, \*4, and \*5 (\* is a wild card placement for O, N, 6, P, G) while the PDIN/DIN fields become hidden. This was also expanded to non-mixture-specific codes J, Q, R, T, VA, V, W2, W1, and W as they too require **SSC Types** to be associated. In a mixture, when Provincial PIN selections are made, the selections are automatically populated in the **SSC Code** and **SSC Type** fields in the format code-type and the combined values are stored in the SSC backend field.



Fee calculation logic has been implemented for twenty new encapsulated mixture service codes across five base service codes.

Base service code	Calculation logic
Base code O	The system calculates fees O2 through O5 by adding the base code fee to the category-specific per-capsule fee multiplied by dispensed quantity, accounting for new versus refill status and threshold conditions.
Base code N	Calculations N2 through N5 apply the base code fee plus category-specific per-capsule fees multiplied by dispensed quantity with threshold and maximum value considerations.

Base code 6	Calculations 62 through 65 add the base code fee determined by new or refill status and threshold to the category-specific per-capsule fee multiplied by dispensed quantity.
Base code P	Calculations P2 through P5 apply the base code fee scaled by days supply intervals to the category-specific per-capsule fee multiplied by dispensed quantity.
Base code G	Calculations G2 through G5 add the base code fee scaled by days supply intervals and threshold conditions to the category-specific per-capsule fee multiplied by dispensed quantity.

The **Rx Plan Information** screen **Service Code 1** dropdown now includes all twenty encapsulated mixture codes with proper SSC mapping. Encapsulated mixture codes are restricted to mixture drug types and cannot be applied to standard drug products.

French translations have been implemented for all new provincial PINs, service codes, and interface elements.

[KRL-17230, KRL-20366, KRL-20484, KRL-20485] Quebec therapeutic adjustment billing support with enhanced Service code functionality for RAMQ

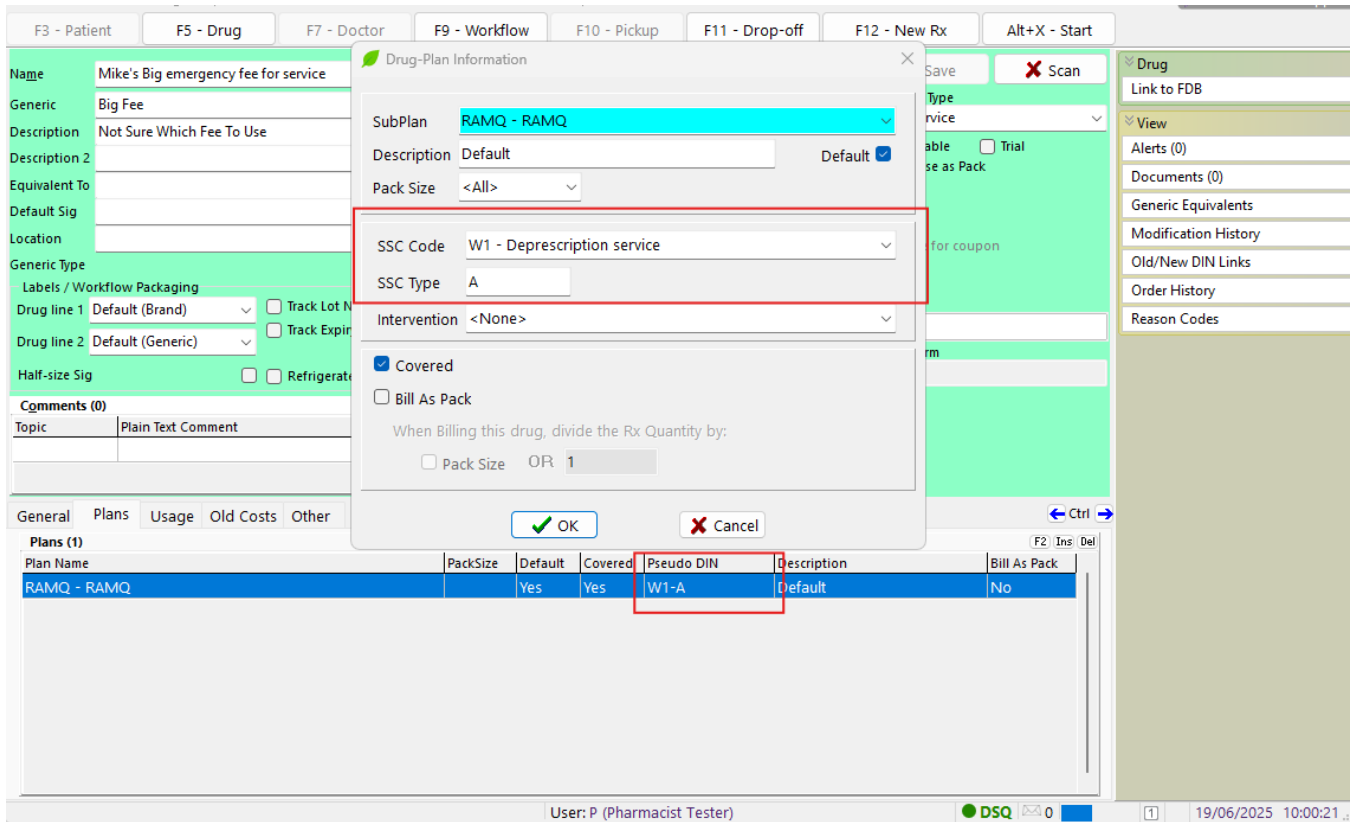
### Feature

The system now supports comprehensive Quebec-specific therapeutic adjustment billing through enhanced Service Code functionality for RAMQ claims. Users can configure and bill therapeutic adjustment services using three distinct service codes:

- W for anti-coagulation therapy adjustments
- W1 for deprescription services
- W2 for dose adjustments across multiple therapeutic fields

The system calculates fees dynamically for initial and follow-ups as per the current RAMQ Fee Schedule.

The **Drug Plan Information** screen has been reorganized for Fee for Service drug cards when RAMQ is selected. A new **SSC Type** field appears when applicable service codes are selected.



Service code descriptions for the Therapeutic Adjustment codes have been updated across all RAMQ fee screens for accuracy in both English and French. The **RAMQ Fees** screen has been optimized for fee code controls within the **Therapeutic Adjustment** group box to accommodate extended description text. The **VA - Vaccination** group box was repositioned to reduce vertical scrolling.

The system now includes the DIN from adapted prescriptions in the outbound RAMQ message within the ListProduits segment when the Adaptation Module is used to create Fee for Service claims for W1 deprescription services. For all three service codes, the system will:

- Validate that intervention codes are present and display warnings when missing

Code	Intervention code
W	KG
W2	KA, KB, KC, KD, KE, KF, KH, KI, KJ, or QI

- Automatically apply Special Plan Code 07 when W, W1, or W2 code is selected
- Enforce that prescriptions must be marked as **Written, Faxed, or e-Rx**

## [KRL-17231] RAMQ service code and service type override capability in plan information screen

### Feature

The **RAMQ Plan Information** screen now provides pharmacy users with the ability to override both **Service Code** and **Service Type** values for prescriptions requiring non-standard RAMQ billing configurations. A **Service Type** text field displays for specific service codes that require type designation, while maintaining the **Provincial DIN (PDIN)** and **DIN** combination fields for service codes that do not utilize service type classification.

- When users enable the **Service Override** checkbox, both the **Service Code** and **Service Type** fields become editable, allowing manual specification of billing parameters.
- The **Service Type** field appears exclusively when the selected **Service Code** is one of the following: Q, R, M1, M2, M3, T, J, VA, V, W2, W1, W, CV, or encapsulated mixture variant codes (O2, O3, O4, O5, N2, N3, N4, N5, 62, 63, 64, 65, P2, P3, P4, P5, G2, G3, G4, G5).

Override functionality applies to both fields simultaneously, with changes reverting to drug card defaults or prescription logic when the override checkbox is unchecked.

The screenshot shows the 'Rx Plan Information' window with the following fields and controls:

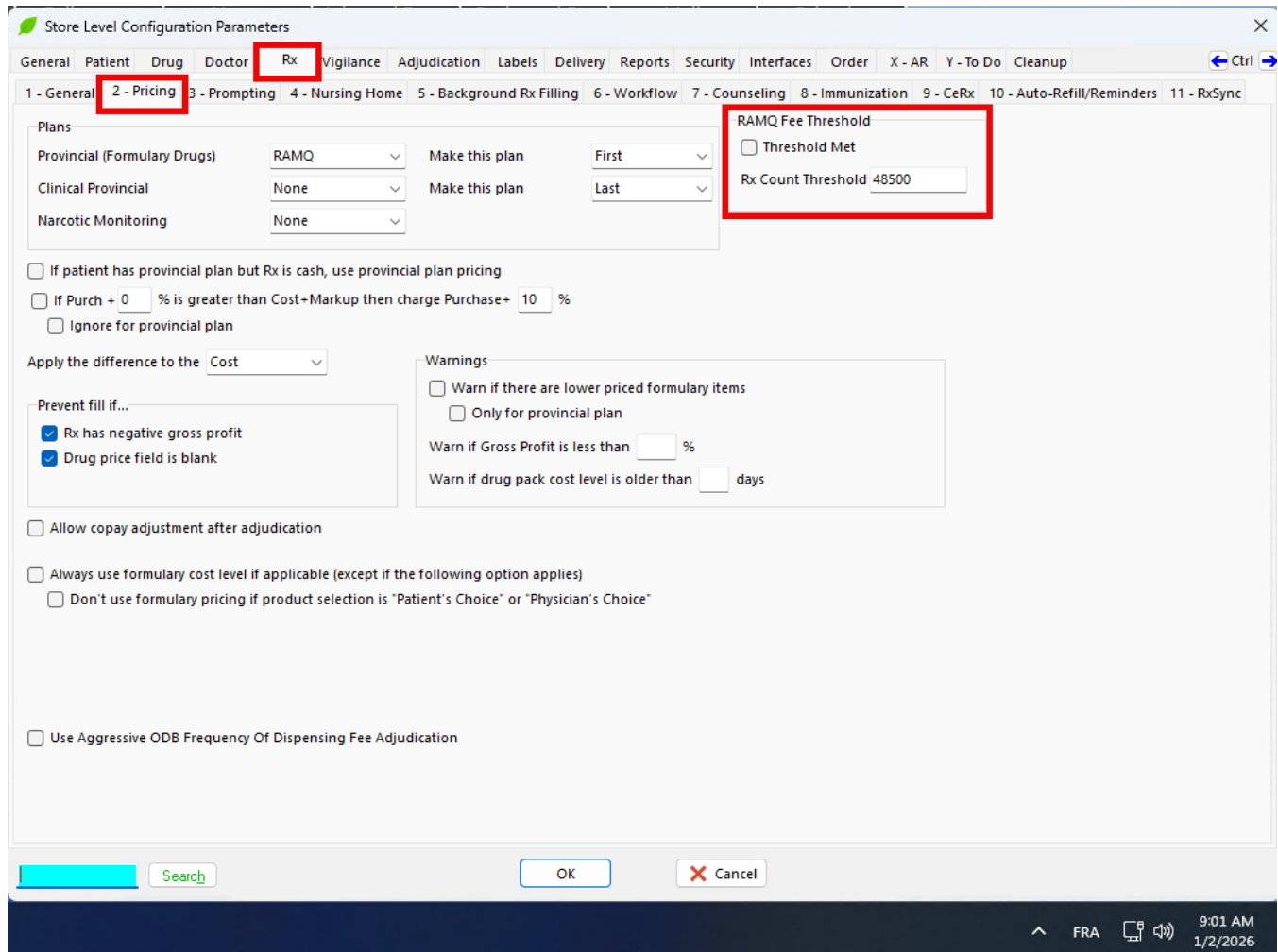
- Manually manage all automatically calculated intervention codes
- Intervention Code 1: [Redacted] F2
- Intervention Code 2: [Redacted] F2
- Intervention Code 3: [Redacted] F2
- Intervention Code 4: [Redacted] F2
- Special Plan Code:  07 - Service offered in pharmacies reimbursed by Health Insurance Act
- Service Code 1:  W - Adjust to therapeutic targets (anticoagulation)
- Service Type 1: G
- Other Pharmacy Num: [Redacted] Reason Code: [Redacted]
- Pseudo DIN: PDIN [Redacted] Drug DIN: [Redacted]

At the bottom, there are 'OK' and 'Cancel' buttons.

## [KRL-17678 & KRL-20763] RAMQ fee threshold configuration relocated to store-level settings

### Feature

RAMQ fee threshold controls have been relocated from **Edit > RAMQ Fees** to **File > Configuration > Store > Rx > Pricing**. The **Threshold Met** checkbox and associated threshold configuration now appear within a new **RAMQ Fee Thresholds** frame on the **Pricing** screen, visible only for Quebec-configured Kroll instances.



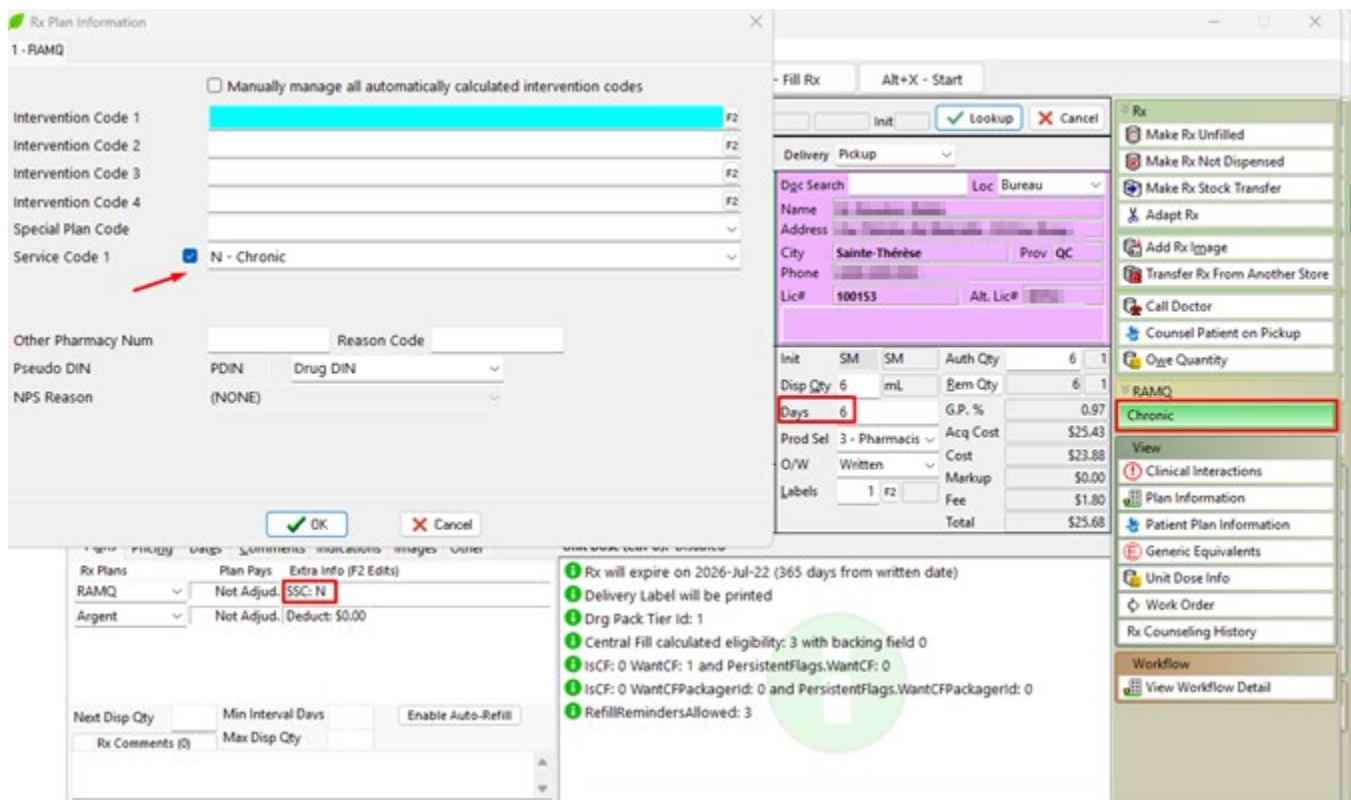
This relocation ensures threshold settings remain store-specific and are not managed by Kroll Central Maintenance (KCM), as threshold status varies independently from store to store. When the **Threshold Met** checkbox is enabled, post-threshold pricing values are applied for applicable RAMQ service codes during claims adjudication.

The checkbox automatically resets to unchecked status at the beginning of each calendar year, requiring manual re-enablement when threshold conditions are met. Session restart is required after modifying threshold settings for changes to take effect during adjudication processing.

## [KRL-17679 & KRL-17969] Enhanced chronic medication service code selection for RAMQ billing with days supply evaluation

### Feature

The **Chronic** button functionality for RAMQ billing now provides pharmacy users with improved service code selection capabilities when processing chronic medication prescriptions. The **Chronic** button now only displays for applicable service codes (O, N, 6, and encapsulated mixture variants) while remaining hidden for services, non-encapsulated mixtures, and pill pack prescriptions.



When users activate the **Chronic** button for prescriptions with a days supply of less than seven days, the system now presents a **Chronic Code Selection** prompt requiring explicit user selection between **Service Code N** and **Service Code 6**, rather than automatically defaulting to Code 6.

- **Service Code N** applies to prescriptions for health problems or medical conditions requiring treatment for ninety days or more in solid oral dosage forms.
- **Service Code 6** applies to subsequent prescriptions for chronic medical conditions with days supply of less than seven days in cases provided for in RAMQ rules 25 and 19 (first fills require code O).

For encapsulated mixtures, the system will automatically apply the appropriate variant codes (N2, N3, N4, N5, 62, 63, 64, 65) based on the selected base code and mixture category.

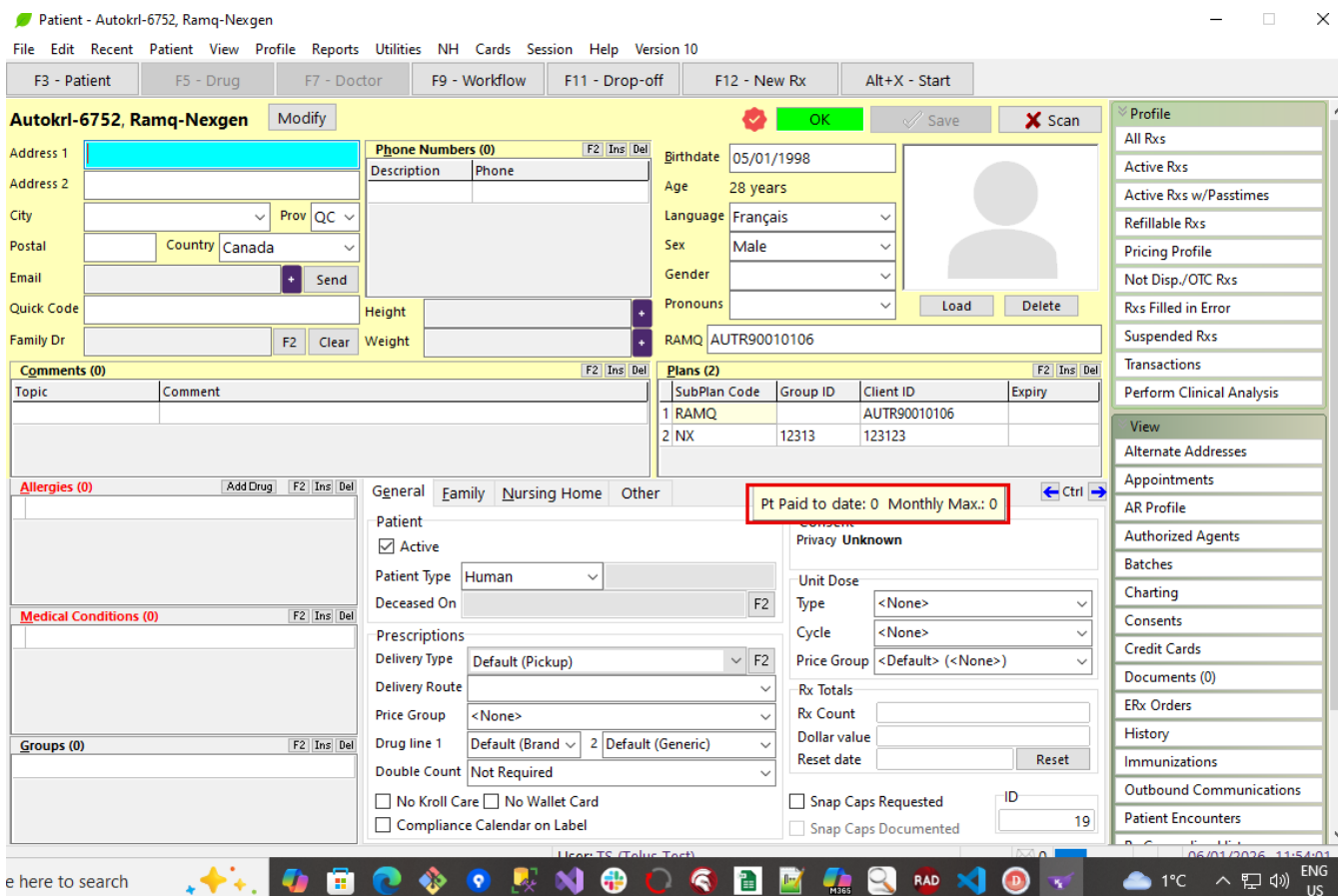
The **Go Back** button (or closing the prompt via the ESC key) returns users to the prescription screen without applying changes, deactivating the **Chronic** button and reverting to the previously assigned service code. Users can invoke selections via button click or keyboard shortcuts (**N** key for Service Code N, **6** key for Service Code 6).

For prescriptions with seven or more days supply, the system continues to apply **Service Code N** automatically as previously implemented. The **Chronic** button now remains visible and accessible when **Service Code 6** or **Service Code N** is applied, so users can deactivate chronic status, remove the service code override, and apply the default code from the drug card or the standard code for the drug type.

[KRL-18054] View patient's current RAMQ monthly contribution and maximum amount via a hover hint on the patient card

### **Feature**

A hover hint was added to the patient card for Quebec pharmacy users to display the patient's current RAMQ monthly contribution and maximum amount, enabling faster assessment of prescription requests and more accurate patient payment information.



[KRL-18441] RAMQ mixture proportion validation expanded to support Units measurement for specific service codes

## Improvement

RAMQ mixture billing validation now accepts **Units** as a valid proportion measurement type for prescriptions utilizing the following service codes:

- I (Insulin Syringing)
- Q (NaCl Syringing)
- R (Ophthalmic)
- T (Parenteral)

These service codes were previously exclusively restricted to mixtures configured with **Bags/Capsules** proportion type. The validation logic now permits both **Bags/Capsules** and **Units** as acceptable proportion measurement types.

Rx Start Date: 11/07/2025 | Latest Fill: 0 | Qty: | Init:

Priority: Default Wait Time: F2 Due: in 19 mins Fill Rx F2 Work Order: 0 F2 Delivery: Pickup

<b>Patient Search</b> Name: <input type="text"/> Age: 85 Address: <input type="text"/> Female City: <input type="text"/> Prov: QC Phone: <input type="text"/> Plan: RAMQ Client ID: <input type="text"/>	<b>Mixture Search</b> Name: Capsule Form: CAP (Capsule g�tatineuse) Sched: 1 (Annexe 1 [F PrcGrp: <None> CmpdType: 8 (Suppositoire)	<b>Dgc Search</b> Loc: Bureau Name: <input type="text"/> Address: <input type="text"/> City: Sainte-Th�r�se Prov: QC Phone: <input type="text"/> Lic#: 100153 Alt. Lic#: <input type="text"/>																																																
<b>Allergies (0)</b> <hr/> <b>Conditions (0)</b> <hr/>	Sig UD TEL QUE PRESCRIT Route of Admin: <input type="text"/> Dosage Form: Capsule	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Init</td> <td>JF</td> <td>JF</td> <td>Auth Qty</td> <td>7</td> <td>1</td> </tr> <tr> <td>Disp Qty</td> <td>7</td> <td>CAP</td> <td>Rem Qty</td> <td>7</td> <td>1</td> </tr> <tr> <td>Days</td> <td>7</td> <td>G.P. %</td> <td></td> <td>99.98</td> <td></td> </tr> <tr> <td>Prod Sel</td> <td>3 - Pharmacia</td> <td>Acq Cost</td> <td></td> <td>\$0.02</td> <td></td> </tr> <tr> <td>O/W</td> <td></td> <td>Cost</td> <td></td> <td>\$0.02</td> <td></td> </tr> <tr> <td>Labels</td> <td>1 F2</td> <td>Markup</td> <td></td> <td>\$0.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Fee</td> <td></td> <td>\$119.98</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total</td> <td></td> <td>\$120.00</td> <td></td> </tr> </table>	Init	JF	JF	Auth Qty	7	1	Disp Qty	7	CAP	Rem Qty	7	1	Days	7	G.P. %		99.98		Prod Sel	3 - Pharmacia	Acq Cost		\$0.02		O/W		Cost		\$0.02		Labels	1 F2	Markup		\$0.00				Fee		\$119.98				Total		\$120.00	
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		Total		\$120.00																																														

Plans Pricing Dates Comments Indications Images Other

Rx Plans	Plan Pays	Extra Info (F2 Edits)
RAMQ	Not Adjud.	SSC: R
Argent	Not Adjud.	Deduct: \$0.00

Next Disp Qty:  Min Interval Days:    
 Comments:  Max Disp Qty:

**Unit Dose (Ctrl-U): Disabled**

- ❗ Mixture proportions must be set to Units or Bags/Capsules
- ❗ The PSEUDOIN R- for plan RAMQ is not valid
- ✅ Rx will expire on 2026-Jul-11 (365 days from written date)
- ✅ Delivery Label will be printed
- ✅ Drg Pack Tier Id: 1
- ✅ Central Fill calculated eligibility: 3 with backing field 0
- ✅ IsCF: 0 WantCF: 1 and PersistentFlags.WantCF: 0
- ✅ IsCF: 0 WantCFPackagerid: 0 and PersistentFlags.WantCFPackagerid: 0
- ✅ RefillRemindersAllowed: 2

When users attempt to bill mixtures using service codes I, Q, R, or T with proportion types other than **Bags/Capsules** or **Units**, a validation message prevents submission until the mixture proportion configuration is corrected.

English validation message	French validation message
Mixture proportions must be set to Units or Bags/Capsules	Les proportions de la magistrale doivent �tre saisies en Unit�s ou Sacs/Capsules

This adjustment accommodates RAMQ billing requirements for mixtures that require unit-based measurement while maintaining validation controls to ensure appropriate proportion type selection for specialized pharmaceutical preparations including insulin syringes, sodium chloride preparations, ophthalmic formulations, and parenteral nutrition solutions.

[KRL-18442] Automatic service type L assignment for encapsulated mixtures billed under RAMQ special program code 40

**Feature**

The system now automatically applies **Service Type L** (compound medication under special program 40) when pharmacy users select RAMQ special program code 40 for encapsulated mixture prescriptions.

When users access the **Plan Information** screen and apply program code **40 - Patient with exception** to prescriptions containing mixture service codes M1, M2, M3, or encapsulated mixture variant codes (O2, O3, O4, O5, N2, N3, N4, N5, 62, 63, 64, 65, P2, P3, P4, P5, G2, G3, G4, G5), the system automatically enables the service override checkbox and populates the **Service Type** field with code L. This automatic assignment ensures compliance with RAMQ billing requirements that restrict special program code 40 claims for compound medications to **Service Type L** exclusively.

The screenshot shows the 'Rx Plan Information' dialog box with the following details:

- Tab: 1 - RAMQ
- Checkbox:  Manually manage all automatically calculated intervention codes
- Intervention Code 1: [Empty] F2
- Intervention Code 2: [Empty] F2
- Intervention Code 3: [Empty] F2
- Intervention Code 4: [Empty] F2
- Special Plan Code:  40 - Exception patient
- Service Code 1:  O4 - Prepared capsules, manual (Category 3)
- Service Type 1: L (highlighted with a red box)
- Other Pharmacy Num: [Empty]
- Reason Code: [Empty]
- Buttons: OK, Cancel

When users remove or modify the special program code 40 designation, the system automatically unchecks the service override and reverts the **Service Type** to the value stored in the mixture drug card plan, or to M1 if no plan information exists.

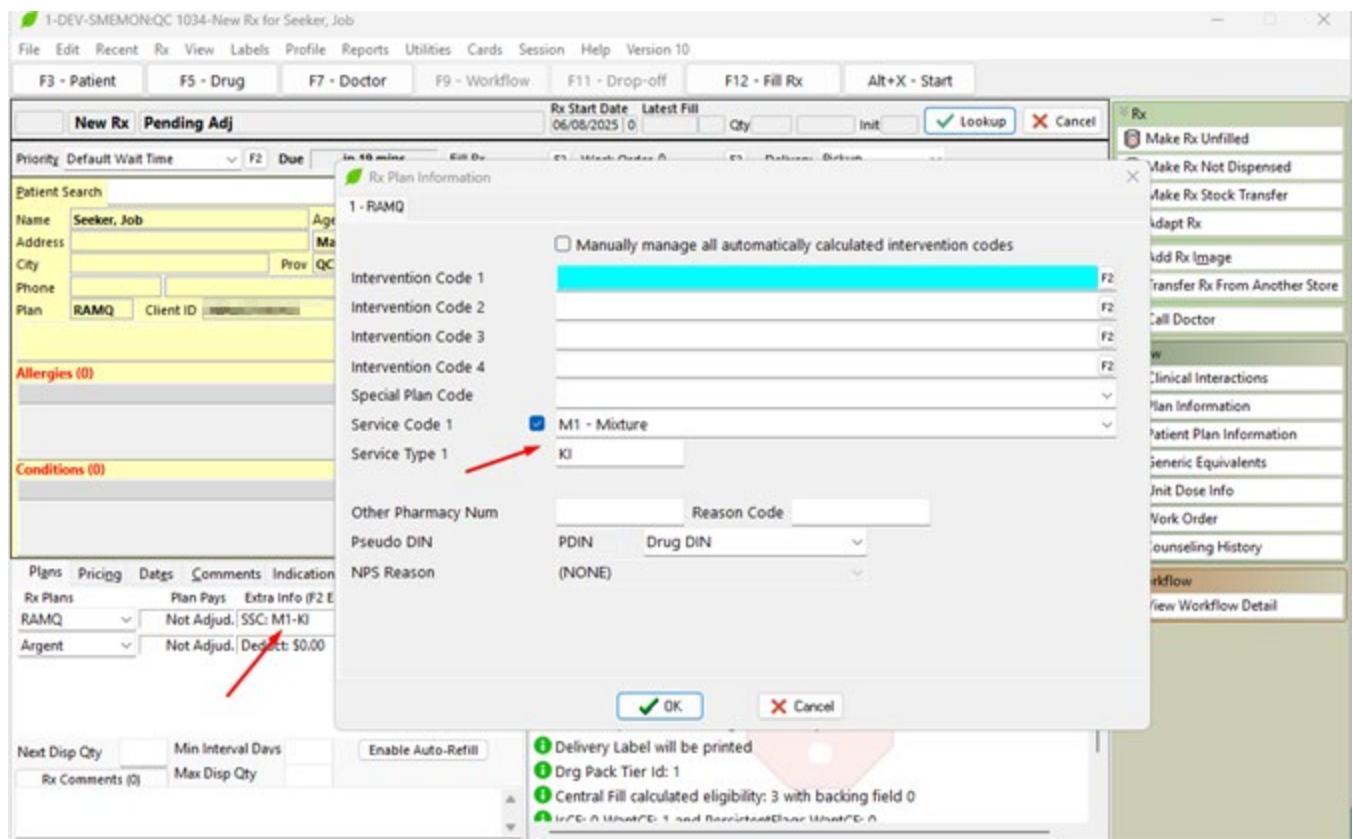
If users manually change the **Service Code** selection to a value outside the mixture code categories while special program code 40 remains active, the system removes **Service Type L** while maintaining the override checkbox in checked status. Manual **Service Type** modifications override the automatic L assignment regardless of special program code status.

The prescription validation engine enforces the **Service Type L** requirement at the prescription screen level, preventing submission of encapsulated mixture prescriptions with special program code 40 when the **Service Code** and **Service Type** combination does not match the required pattern of mixture code with **Service Type L**, displaying the error message **Invalid Service Code [code] for plan RAMQ** when validation fails. Canceling or closing the **Plan Information** screen without confirmation discards all service code and service type changes, preserving the original plan information settings.

## [KRL-18650] Decouple the usage of PDIN for the storage of Service Codes and Types

### Improvement

The storage and management of **Service Codes** and **Service Types** has been separated from the **Pseudo DIN (PDIN)** field. This provides more flexibility and efficiency in handling **Service Codes** and **Service Types** independently of the PDIN field.



The decoupling of PDIN from **Service Codes** and **Service Types** offers the following benefits:

- Improved data management: By separating these elements, it becomes easier to maintain and update **Service Codes** and **Service Types** without affecting the PDIN field.
- Reduced dependencies: Decoupling these elements reduce potential conflicts or limitations that arise from tying **Service Codes** and **Service Types** directly to the PDIN field.

## [KRL-18869] Migration of PDIN Data to SSC Code and Type Fields for RAMQ

### Feature

Service codes stored in the PDIN field have been transferred to the **SSC Code** and **SSC Type** fields for RAMQ pricing changes. The migration process evaluates drug, mixture, and service cards according to specific rules.

The screenshot displays a software interface for managing drug prescriptions. The main window shows details for a prescription of Myl Buprenorphine/Naloxon. A 'Drug-Plan Information' dialog box is open, showing the following fields:

- SubPlan: RAMQ - RAMQ (RAMQ)
- Description: Default
- Pack Size: <All>
- SSC Code: J - Opioid Addiction (highlighted with a red box)
- SSC Type: (empty)
- Intervention: <None>
- PDIN - Pseudo DIN: (dropdown menu, highlighted with a red box)
- Covered:
- Bill As Pack:

The 'Plans (1)' table at the bottom of the main window shows the following data:

Plan Name	PackSize	Default	Covered	Pseudo DIN	SSC Code	Description	Bill As Pack
RAMQ - RAMQ		Yes	No		J	Default	No

When the PDIN field contains a valid service code in the format 'X-X' (e.g., W-A, M1-B), the system automatically:

- Populates the **SSC Code** and **SSC Type** fields with the corresponding service code information
- Clears the original **PDIN** field contents
- Maintains the connection between SSC codes and Provincial PINs (mixtures)
- Applies the migrated SSC codes to active prescriptions, refills, and drugs in progress of being filled

The migration ensures proper evaluation of pricing rules, service code types, and fee calculations for RAMQ claims processing while preserving existing functionality for other plans.

## [KRL-18870] RAMQ Vaccination Service Code VA Workflow Simplification and Special Program Code 07 Automation

### Improvement

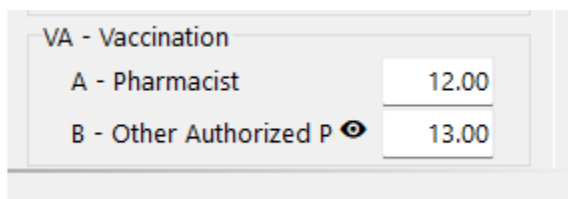
Vaccination billing workflows for RAMQ service code VA have been simplified by:

- Removing deprecated pandemic-related validation logic
- Automating special program code assignment

Pandemic-specific fee types (VA-C, VA-D, VA-E, VA-F) and associated validation checkboxes (**Under pandemic conditions only** and **For Influenza**) have been removed from the **RAMQ Fees** screen, streamlining the interface to support only current vaccination billing scenarios.

The service type VA-B label has been updated to reflect current RAMQ terminology for vaccination administration by authorized healthcare professionals other than pharmacists.

Old label	New label – English	New label - French
B – Nurse	B – Other Authorized Person	B – Autre personne habilitée



The following were removed:

- Hardcoded DIN-based validation logic that previously evaluated specific influenza vaccine products
- Prescriber designation checks that determined service type based on whether the prescriber on the Rx was designated as a pharmacist or nurse

Fee calculation now relies solely on service type designation (A or B) being added, with the CodTypServMed value in RAMQ claim requests set to the user-specified service type rather than being derived from the prescriber designation.

A new **Special Program Code Override** checkbox has been added to the **Plan Information** screen, so users can control automatic special program code 07 assignment.

- When the override checkbox is unchecked and service code VA (or V, SP, DC, Y, W, W1, W2, IU, 4) is applied, the system automatically assigns special program code 07.
- When the override checkbox is checked, users can manually specify alternative special program codes without automatic assignment.

A warning appears when service code VA (or V, SP, DC, Y, W, W1, W2, IU, 4) is used without special program code 07, allowing users to proceed with submission while maintaining awareness of standard requirements.

English warning	French warning
Service Code [Code] usually requires special plan code 07 for plan RAMQ	Le code de service [Code] requiert généralement le code de programme 07 pour RAMQ

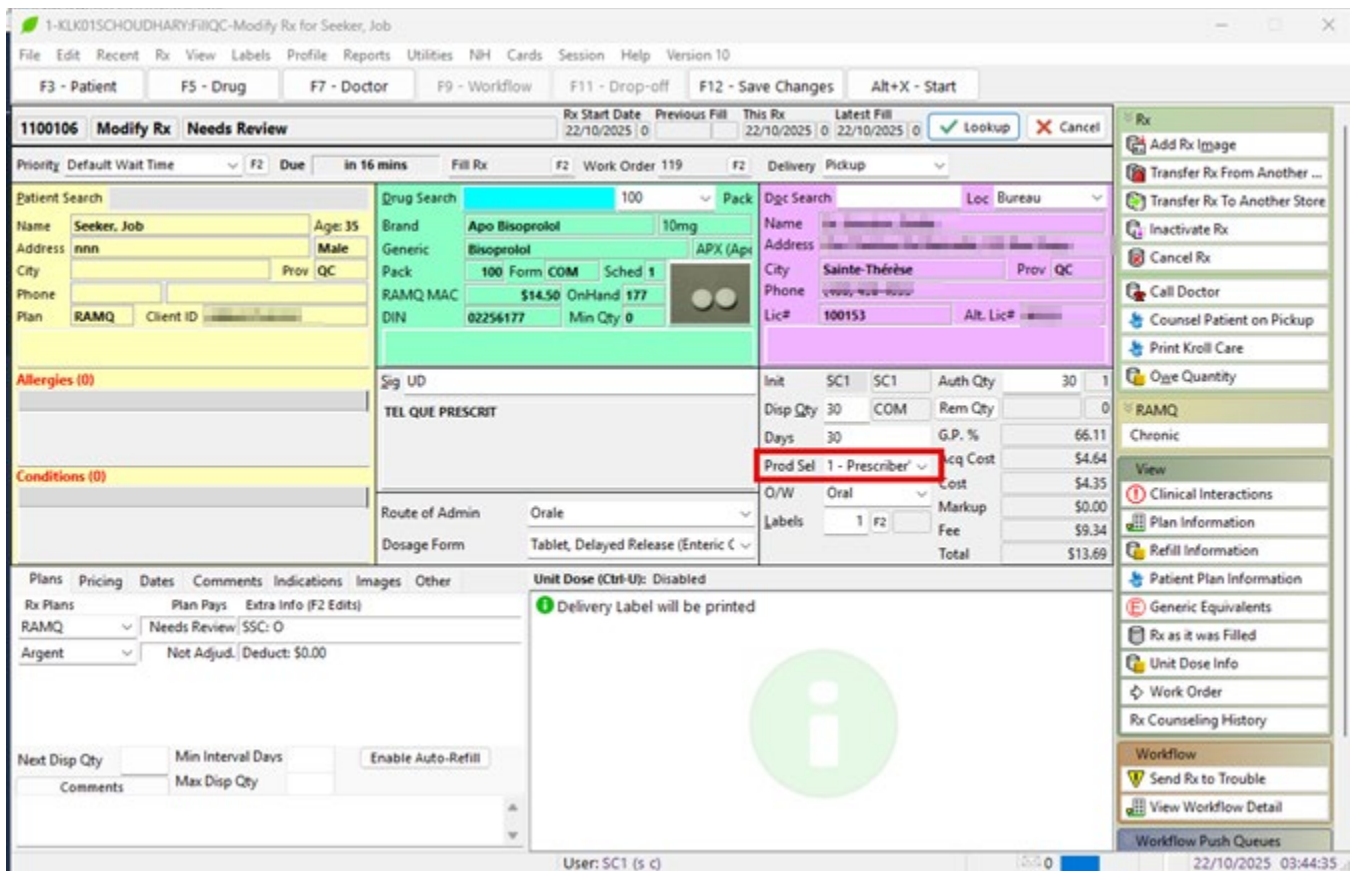
Service type validation enforces the requirement for type specification, presenting an error when service code VA is applied without a type designation.

English error	French error
Service Code VA requires service type for Plan RAMQ	La RAMQ exige un type de service pour le code de service VA

## [KRL-18901] RAMQ Product Selection Handling for "Prescriber's Choice" | INFOLETTRES-067

### Feature

The system now supports streamlined product selection handling for RAMQ claims when **1 - Prescriber's choice** is selected. When users select this option during prescription entry for RAMQ patients, the **CodSelecMed** value is automatically set to "1" in the outbound claim request without prompting for additional NPS (Do not substitute) reason input. The **NPS Reason** popup has been suppressed for this selection, and the **NPS Reason** field has been removed from the RAMQ **Plan Information** screen.



This change aligns with RAMQ's updated reimbursement rules that no longer accept alternative NPS reason codes (A, B, C, or D) and require only numeric product selection codes. The system continues to handle other product selection options (**2 - Patient's choice**, **3 - Pharmacist's choice**, **4 - Existing Therapy**, and **None**) with their respective CodSelectMed values transmitted to RAMQ as specified.

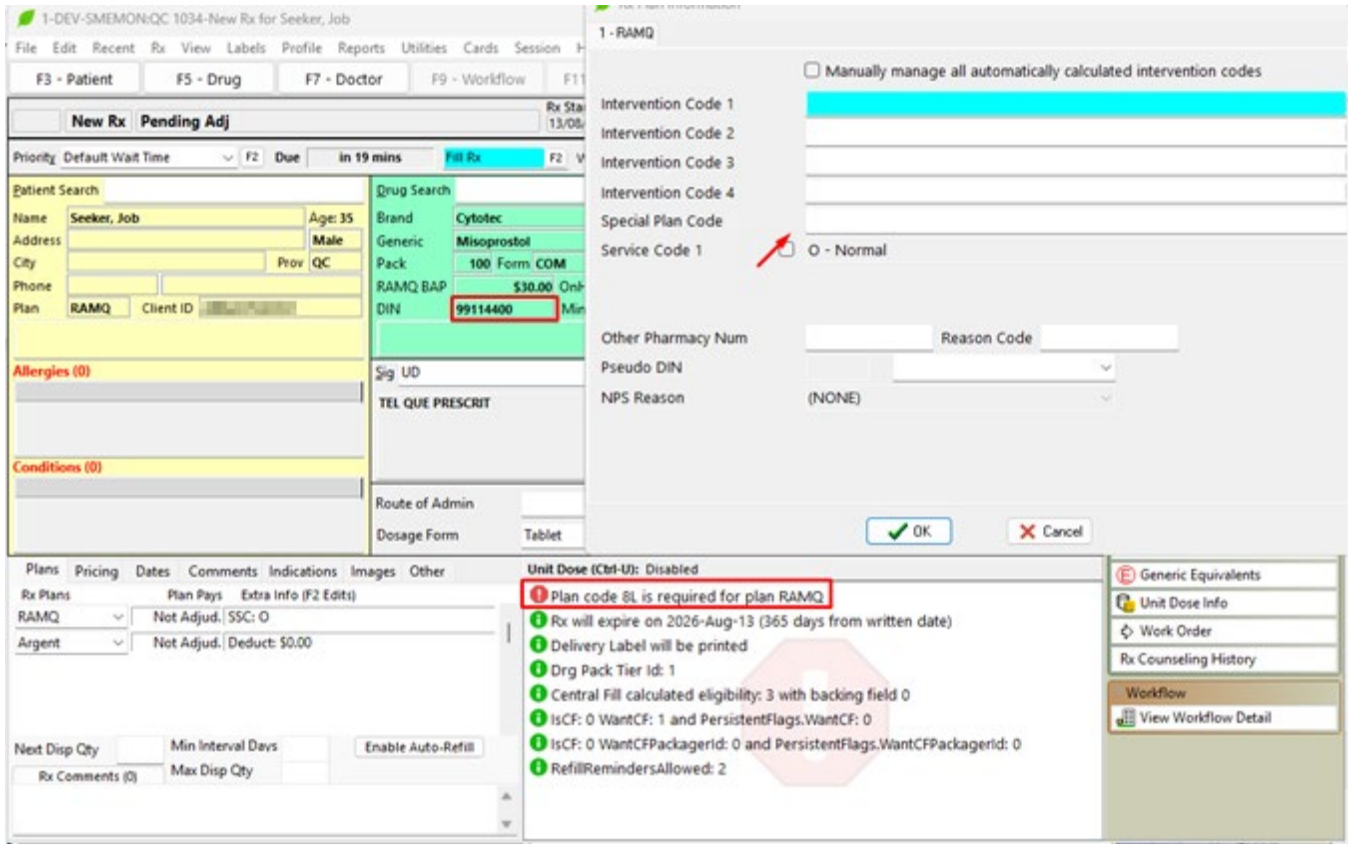
## [KRL-18902] RAMQ Naloxone Program DIN Expansion and Service Code Label Update

### Improvement

Additional Drug Identification Numbers (DINs) for RAMQ special programs 8K and 8L related to naloxone products are now supported.

Validation list	New DINs
Program 8K	02511568 02548194
Program 8L	99114400 99114401

The system continues to enforce program code requirements, presenting validation errors when prescriptions for these DINs are processed without the appropriate 8K or 8L program code designation, or when these program codes are applied to non-qualifying DINs.



Additionally, the service code EN label has been updated across multiple interface locations to reflect current program terminology.

Old label	New English label	New French label
EN - Naloxone Consultation	EN - Naloxone Education	EN – Enseignement sur la naloxone

This label change appears on the **Edit > RAMQ Fees** screen and in the **SSC** combo box on both the **Drug/Mixture Card** and **Plan Information** screens.

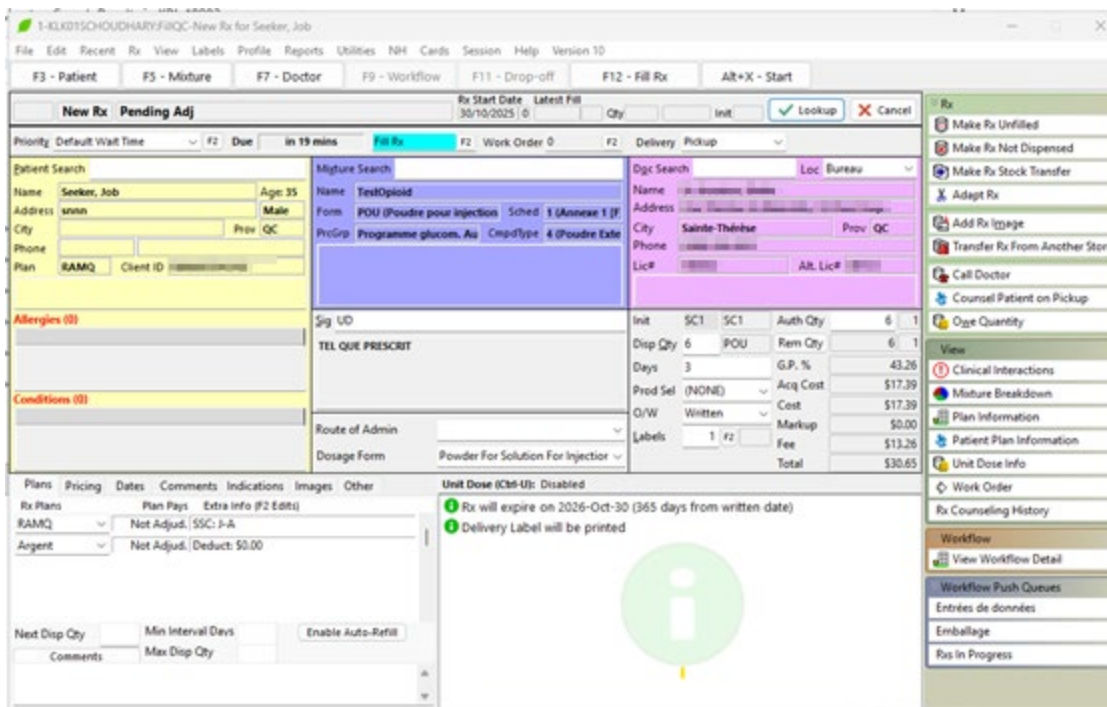
### [KRL-18903] RAMQ Opioid Treatment Service Code J Handling Enhancement

#### Improvement

The system now provides enhanced flexibility for RAMQ service code J (Treatment of opioid use disorder) by removing hardcoded Suboxone-specific logic and enabling user-controlled service type designation.

Previously, service type B was automatically applied when using service code J with Suboxone drugs and service type A was applied for other opioid medications. Users can now explicitly specify the appropriate service type (A, B, or C) through:

- The Provincial PIN selection for mixtures
- The **SSC Code** and **SSC Type** fields on the Drug card for RAMQ plans
- By override in the **Plan Information** screen



The **CodTypServMed** value transmitted in claim requests now reflects the user-selected type rather than drug-based automatic assignment. Service code J validation has been refined to require service type specification, presenting an error when the type is missing.

English Error	French Error
Service Code [Code] requires service type for Plan RAMQ	La RAMQ exige un type de service pour le code de service [Code]

Interface labels have been updated across the **RAMQ Fee** screen and **Provincial PIN** list to reflect current terminology:

Old display term	New English display term	New French display term
J-A	J - Opioid Supervised (A)	J – TUO – Supervision (A)
J-B	J - Opioid Different Strengths (B)	J – TUO – Teneurs différentes (B)
J-B Provincial PIN description	Opioid use disorder treatment (different strengths)	Traitement du trouble lié à l'utilisation d'opioïdes (teneurs différentes)

## [KRL-19047] RAMQ Service Code Y Label Update and Special Program Code 07 Requirement Removal

### Improvement

The system previously required special program code 07 to be applied in conjunction with service code Y before RAMQ claim submission, presenting the error **Invalid Service Code Y for Plan RAMQ** when code 07 was absent. This validation requirement has been removed, as special program code 07 is now only applicable during specific scenarios such as vaccination services and emergency situations.

Updated terminology for RAMQ service code Y now displays across all interface locations. A mandatory requirement for special program code 07 when service code Y is applied has been removed.

Old display terminology	New English	New French
Y - Spacing Chamber Mask	Y - Supply without Fees	Y – Fourniture sans honoraires

The updated service code Y label appears on the **RAMQ Fees** screen, the **Drug/Mix Card plan** screen, and the **RAMQ Plan Information** screen. This label change reflects current RAMQ program terminology for supply transactions that do not include professional fees.

The screenshot shows the 'RAMQ Fees' window with the following data:

Rx Count Threshold	48500	Threshold Met			
< Threshold > Threshold					
N - Normal (Chronic)	0.30	0.28	1 - RefusalToFill	8.96	
Maximum	27.00	25.20	2 - Profile	8.96	
O - Normal (New)	9.34	8.74	3 - Opinion	19.79	
O - Normal (Refill)	8.96	8.37	A - OnCall	28.79	
G - Pillpac (Règle 25)	2.24	2.09	P - PillPak	4.39	
E - Dietetic	6.93	5.97	F - Syringe/Needle	2.77	
J - Opioid Supervised (A)	14.26	13.26	5 - Retroactive	1.13	
J - Opioid Different Strengths (B)	9.34	8.74	<b>Y - Supply without Fees</b>	0.00	
K - Dilution	8.96	8.37	Q - NaCl Inj. (First)	5.60	
0 - Trial Rx (First 7 Days)	0.00	0.00	Q - NaCl Inj. (Subsequent)	2.81	
0 - Trial Rx (Subsequent)	0.00	0.00	4 - Initiation of emergency oral contraception	18.02	
6 - Half-Fee (New)	4.67	4.37	8 - Freight	5.74	
6 - Half-Fee (Refill)	4.48	4.19	S - Monthly	20.00	
R - Ophthalmic	8.96	8.37	V - Prescribing a drug or initiating drug ther	Fees	
Per Unit	15.86		Z - Rx Extension	12.50	
X - Spacing Chamber	8.96	8.37	M1 - Mixture	0.00	
			M2 - Mixture	Fees	
			M3 - Mixture	Fees	
			AD - Modification of drug therapy	0.00	
			CP - Medical Abortion Consultation	0.00	
			CV - Pandemic Service	Fees	
			EN - Naloxone Education	0.00	
			DC - Request for consultation with a phar	0.00	

T - Parenteral	with preparation	without preparation
Gravity Bags		
First Unit A	14.00	B 12.15
Next Units A	6.53	B 6.53
Bags for Pump		
First Unit C	18.69	D 14.00
Next Units C	9.34	D 7.48
Cassettes 50 ml		
First Unit E	14.00	F 12.15
Next Units E	6.53	F 6.53
Cassettes 100 ml		
First Unit G	18.69	H 15.86
Next Units G	11.20	H 10.28
Elastometric Prefusor		
First Unit I	18.69	J 13.39
Next Units I	14.92	J 10.88
Syringes		
First Unit K	6.53	L 5.60
Next Units K	2.81	L 2.81
W2 - Adjust to therapeutic target		
A - Initial		0.00
B - Follow-up		0.00
W - Adjust to therapeutic target		
D - Initial		18.50
E - Follow-up		16.00

Users can now submit RAMQ claims with service code Y independently, with or without special program code 07 designation, based on the specific clinical context of the transaction.

## [KRL-19048] RAMQ Service Code DC Validation and Special Program Code 07 Automation

### Improvement

The system now enforces enhanced validation requirements and automates special program code assignment for RAMQ service code DC (Billing for a Request for Consultation Addressed to a Pharmacist). When service code DC is applied to a prescription, either through the drug card or manual override in the **Plan Information** screen, special program code 07 is automatically applied if the special plan code field is not in override mode.

A warning appears when service code DC is used without special program code 07, allowing users to proceed with submission while maintaining awareness of standard requirements.

English Warning	French Warning
Service Code [Code] usually requires special plan code 07 for plan RAMQ	Le code de service [Code] requiert généralement le code de programme 07 pour RAMQ

Intervention code validation has been implemented to display a warning when no intervention code is specified, though users may still submit claims as RAMQ performs final intervention code validation.

English Warning	French Warning
Service Code DC requires an intervention code for Plan RAMQ	Le code de service DC requiert un code d'intervention pour RAMQ

The system now requires **Written, Faxed, or e-Rx** designation in the **Oral/Written** field when service code **DC** is applied, presenting the error **You must specify Written, Faxed or e-Rx for this drug** when other selections are made. This validation is suppressed for drug cards configured with **Oral or Written** or **Written Only** settings when service code DC is active.

The RAMQ fee cost for service code **DC** is now applied and included in outbound claim transmissions, with the prescriber requesting the consultation placed in the **NoDispPresc** tag (based on the doctor card used in the F12 screen) and the pharmacist conducting the consultation placed in the **NoPharmDispServ** tag (based on the initials of the pharmacist on the F12 screen) within the claim message structure.

## [KRL-19049] RAMQ Service Code V Type Assignment and Validation Enhancement

### Improvement

Previously, the system automatically determined and applied service type values (A, B, or C) when service code V was used, deriving the type from intervention code selections. The system now transmits the user-specified SSC type value directly in the **CodTypServMed** field of RAMQ claim requests without automatic type derivation.

The system now requires explicit service type specification for RAMQ service code V (Prescribing a drug or initiating drug therapy) and has removed automatic type assignment logic based on intervention codes and service fee types.

When service code V is applied without an associated service type, an error message prevents claim submission until the type is specified.

English error message	French error message
Service Code V requires service type for Plan RAMQ	La RAMQ exige un type de service pour le code de service V

Intervention code validation has been implemented to display a warning when no intervention code is provided, though users may proceed with submission as RAMQ performs final intervention code validation.

English Warning	French Warning
Service Code V requires service type for Plan RAMQ	Le code de service V requiert un code d'intervention pour RAMQ

The system continues to automatically apply special program code 07 when service code V is used (allowing a user override if necessary), maintaining consistency with RAMQ requirements for vaccination and emergency service scenarios. Users must now explicitly configure service type (A, B, or C) on drug cards or through manual override in the **Plan Information** screen to satisfy claim submission requirements for service code V transactions.

## [KRL-19051] RAMQ Service Code F Label Update and Intervention Code Validation Enhancement

### Improvement

The system now displays updated terminology for RAMQ service code F and implements generic intervention code validation.

The service code F label has been changed across all interface locations including the RAMQ Fees screen, the Service Code 1 combo box on the **Plan Information** screen, and the **SSC Code** combo box on the **Drug Card plan** screen.

Old label	New English label	New French label
F - Needle	F - Syringe/Needle	F – Seringues et aiguilles

This label change reflects current RAMQ program terminology for syringe and needle supply services.

Rx Plan Information

1 - RAMQ

Manually manage all automatically calculated intervention codes

Intervention Code 1: LA - Insuline et autre médicament injectable (F2)

Intervention Code 2: (F2)

Intervention Code 3: (F2)

Intervention Code 4: (F2)

Special Plan Code:  (v)

Service Code 1:  F - Syringe/Needle (v)

Other Pharmacy Num: [ ] Reason Code: [ ]

Pseudo DIN: PDIN Drug DIN (v)

OK Cancel

Intervention code validation now presents a generic warning when service code F is applied without any intervention code, replacing the previous hardcoded intervention code list validation.

English Warning	French Warning
Service Code F requires an intervention code for Plan RAMQ	Le code de service F requiert un code d'intervention pour RAMQ

This warning allows users to proceed with claim submission, as RAMQ performs final validation of intervention code accuracy. When an intervention code is provided, regardless of whether it matches current RAMQ-accepted codes (LA, LB, LC, LD, LE, LF), the system clears the warning and permits claim submission.

This approach accommodates any changes to intervention code requirements without necessitating code modifications, as the system validates presence rather than specific code values.

### [KRL-19052] RAMQ Service Code SP Special Program Code 07 and Prescription Type Validation

#### Improvement

The system now enforces automatic special program code 07 assignment and prescription type validation requirements for RAMQ service code SP (Management of palliative care patients).

The screenshot shows a software dialog box titled "Info sur l'assureur pour la Rx". It contains several input fields and checkboxes. A red rectangular box highlights two specific rows in a list:

- Code d'assurance spécial  07 - Services offerts en pharmacie remboursés par la LAM
- Code d'intervention 1  SP - Prise en charge en soins palliatifs

Other visible elements include:

- Checkbox:  Gérer manuellement les codes d'intervention calculés automatiquement
- Fields for Code d'intervention 1, 2, 3, and 4, each with an F2 key indicator.
- Fields for Autre numéro de pharmacie, Code de raison, and Pseudo-DIN (with PDIN and Drug DIN options).
- Buttons for OK (with a green checkmark) and Annuler (with a red X).

When service code SP is applied to a prescription, either through the drug card configuration or manual override in the **Plan Information** screen, special program code 07 is automatically applied if the special plan code field is not in override mode. A warning appears when service code SP is used without special program code 07, allowing users to proceed with submission while maintaining awareness of standard requirements.

English Warning	French Warning
Service Code SP usually requires special plan code 07 for plan RAMQ	Le code de service SP requiert généralement le code de programme 07 pour RAMQ

Prescription type validation requires **Written, Faxed, or e-Rx** designation in the **Oral/Written** field when service code SP is applied, presenting the error **You must specify Written, Faxed or e-Rx for this drug** when other selections are made. This validation is suppressed for drug cards configured with **Oral or Written** or **Written Only** settings when service code SP is active, while maintaining the validation for all other service codes.

These enhancements align service code SP handling with existing special program code 07 automation logic implemented for other RAMQ service codes.

## [KRL-20085] RAMQ Service Code T Fee Calculation Base Rate Correction and Elastomeric Infuser Label Updates

### Improvement

The system now calculates RAMQ service code T (Parenteral Therapy billing) fees using the correct base rate for new prescriptions rather than refill prescriptions.

Previously, the base rate for prescription refills was applied when calculating fees for service code T, which resulted in incorrect fee amounts. The system now uses the base rate for new prescriptions, aligning with RAMQ pricing agreement specifications that establish service code T fees at the same base rate as service code O for new prescriptions. This correction affects all service code T type variations (A through L).

Additionally, Provincial PIN and RAMQ Fee Screen labels for elastomeric infuser services have been updated from "Elastometric Prefusor" terminology to current RAMQ standards:

Elastometric Prefusor Service type	New English display	New French display
T-I	Elastomeric infusers with preparation	Perfuseurs élastomériques avec préparation
T-J	Elastomeric infusers without preparation	Perfuseurs élastomériques sans préparation

The system continues to enforce service type validation, presenting an error when service code T is applied without a type designation.

English Error	French Error
Service Code T requires service type for Plan RAMQ	La RAMQ exige un type de service pour le code de service T

## [KRL-20173] RAMQ Intervention Code Validation Standardization for Multiple Service Codes

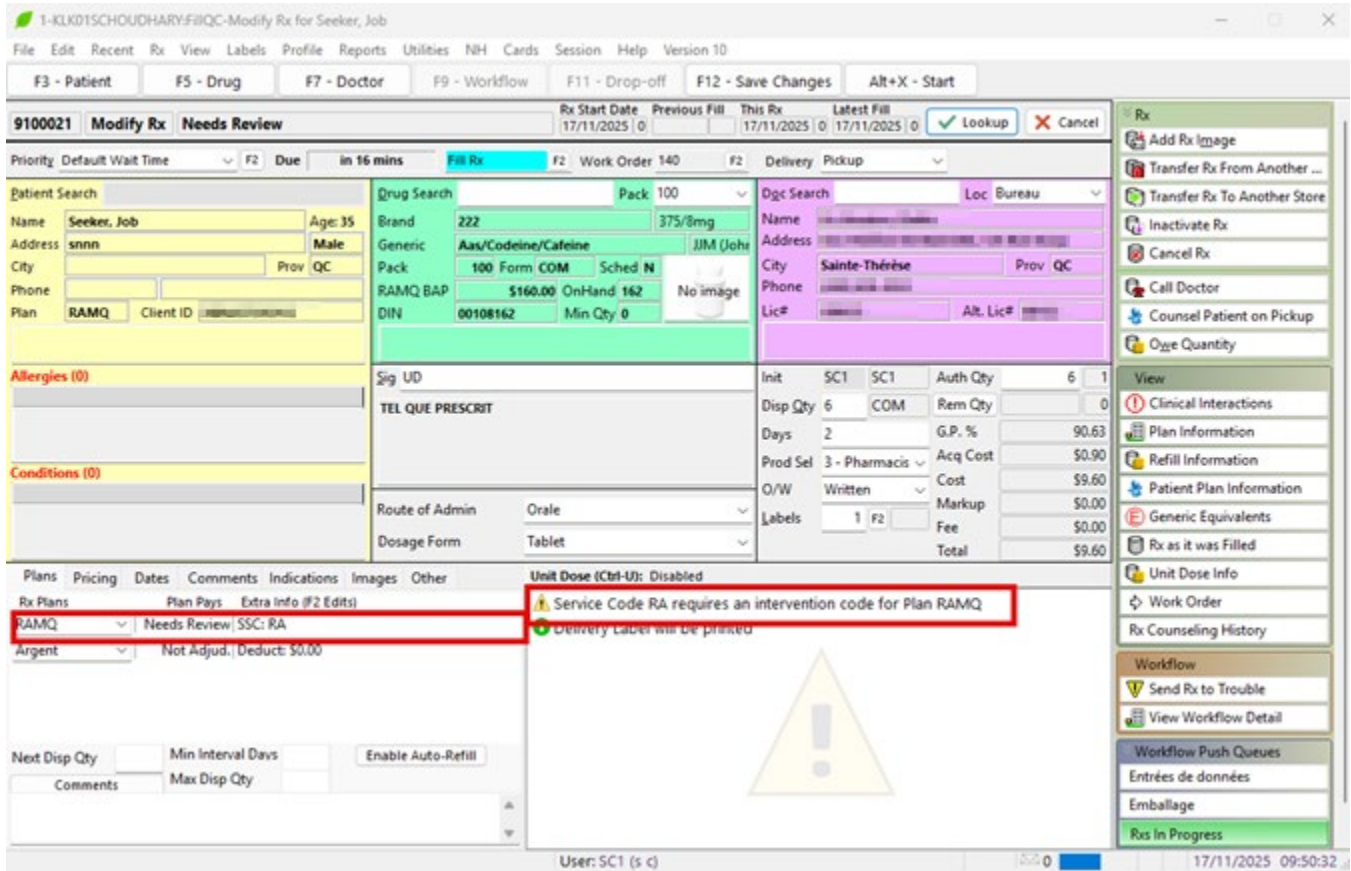
### Improvement

Previously, the system displayed service-code-specific errors that listed accepted intervention codes for service codes. These hardcoded intervention code lists required software releases whenever RAMQ added intervention codes, potentially blocking users from submitting valid claims with newly approved codes.

Standardized intervention code validation has been implemented across multiple RAMQ service codes, replacing code-specific validation messages with a unified generic warning that accommodates frequently changing RAMQ intervention code requirements.

A generic warning appears for all service codes requiring intervention code designation: V, F, DC, 7, W, W1, W2, RA, AD, and PH.

English Warning	French Warning
Service Code [Code] requires an intervention code for Plan RAMQ	Le code de service [Code] requiert un code d'intervention pour RAMQ



This warning validates intervention code presence rather than specific code values, allowing users to proceed with claim submission when any intervention code is provided, regardless of whether it matches previously hardcoded lists. RAMQ performs final validation of intervention code accuracy during claim adjudication.

When an intervention code is applied through drug card configuration or manual entry in the **Plan Information** screen, the system clears the warning and permits claim submission. This approach eliminates the need for software releases to accommodate RAMQ's evolving intervention code requirements while maintaining user awareness of intervention code necessity for applicable service codes.

## [KRL-20175] RAMQ Service Code I Label Update for Insulin Syringe Preparation

### Improvement

The system now displays updated terminology for RAMQ service code I to accurately reflect insulin syringe preparation services.

The service code I label has been changed across all interface locations including the **RAMQ Fees** screen, the **Service Code 1** combo box on the **Plan Information** screen, and the **SSC Code** combo box on the **Drug Card plan** screen.

Old label	New English label	New French label
I - Insulin	I - Insulin Syringing	I – Mise en seringue d'insuline

On the **RAMQ Fees** screen, the quantity-based fee labels have been updated to provide clearer service identification.

Old label	New English label	New French label
1-16	I - Insulin Syringing (1-16)	I – Mise en seringue d'insuline (1-16)
17 or more	I - Insulin Syringing (16 or more)	I – Mise en seringue d'insuline (17 ou plus)

RAMQ Fees

Rx Count Threshold **48500**  Threshold Met

< Threshold > Threshold

N - Normal (Chronic)	0.30	0.28	1 - RefusalToFill	8.96
Maximum	27.00	25.20	2 - Profile	8.96
O - Normal (New)	10.00	8.74	3 - Opinion	19.79
O - Normal (Refill)	8.96	8.37	A - OnCall	28.79
G - Pillpac (Règle 25)	2.24	2.09	P - PillPak	4.39
E - Dietetic	6.93	5.97	F - Syringe/Needle	2.77
J - Opioid Supervised (A)	14.26	13.26	5 - Retroactive	1.13
J - Opioid Different Strengths (B)	9.34	8.74	Y - Supply without Fees	0.00
K - Dilution	8.96	8.37	Q - NaCl Inj. (First)	5.60
0 - Trial Rx (First 7 Days)	0.00	0.00	Q - NaCl Inj. (Subsequent)	2.81
0 - Trial Rx (Subsequent)	0.00	0.00	4 - Initiation of emergency oral contraception	18.02
6 - Half-Fee (New)	4.67	4.37	8 - Freight	5.74
6 - Half-Fee (Refill)	4.48	4.19	S - Monthly	20.00
R - Ophthalmic	8.96	8.37	V - Prescribing a drug or initiating drug ther	Fees
Per Unit	15.86		Z - Rx Extension	12.50
X - Spacing Chamber	8.96	8.37	M1 - Mixture	0.00
			M2 - Mixture	Fees
			M3 - Mixture	Fees
I - Insulin Syringing			AD - Modification of drug therapy	0.00
I - Insulin Syringing (1-16)	10.43		CP - Medical Abortion Consultation	0.00
if mix, add	2.77		CV - Pandemic Service	Fees
I - Insulin Syringing (17 or more)	0.64		EN - Naloxone Education	20.00
if mix, add	2.77		DC - Request for consultation with a pharma	0.00

T - Parenteral		with preparation	without preparation
Gravity Bags			
First Unit A	14.00	B	12.15
Next Units A	6.53	B	6.53
Bags for Pump			
First Unit C	18.69	D	14.00
Next Units C	9.34	D	7.48
Cassettes 50 ml			
First Unit E	14.00	F	12.15
Next Units E	6.53	F	6.53
Cassettes 100 ml			
First Unit G	18.69	H	15.86
Next Units G	11.20	H	10.28
Elastomeric infuser			
First Unit I	18.69	J	13.39
Next Units I	14.92	J	10.88
Syringes			
First Unit K	6.53	L	5.60
Next Units K	2.81	L	2.81
W2 - Adjust to therapeutic target			
A - Initial			0.00
B - Follow-up			0.00
W - Adjust to therapeutic target			
D - Initial			18.50
E - Follow-up			16.00

OK Cancel

These label changes reflect current RAMQ program terminology for insulin syringe preparation services. The system continues to calculate fees based on the number of syringes dispensed, applying the appropriate fee tier for 1-16 syringes or 17 or more syringes for both standard insulin dispensing and insulin mixture preparations. For prescriptions involving multiple insulin types or multiple syringe types, each combination is billed on a separate claim line as required by RAMQ billing protocols.

## [KRL-20224] RAMQ Service Code CV Pandemic Services Removal

### Improvement

RAMQ service code CV (Pandemic Services) and all associated functionality have been removed from the application, reflecting the discontinuation of pandemic-related billing requirements.

Service code CV and its type variations (A, B, C, D) have been removed from all interface locations including the **RAMQ Fees** screen, the **SSC Code** combo box on the **Drug Card plan** screen, and the **Service Code 1** combo box on the **Plan Information** screen. The **RAMQ Fees** configuration screen no longer displays the **CV - Pandemic Services** fee entry or the associated fee detail screen for type-specific fee configuration. For drug cards configured

with service code **CV** prior to this update, validation has been implemented to prevent the use of invalid service codes.

When a drug card containing service code **CV** is opened, a warning dialog appears:

	English	French
Warning title	Invalid Code	Code non valide
Warning message	[code] is not a valid SSC Code	[code] n'est pas un code CSS valide

Upon acknowledgment of this warning, the **Drug Card plan** screen displays with the **SSC Code** combo box reset to (None) and the service type field cleared. When the drug card is saved, the invalid service code CV value is removed and stored as blank, preventing the deprecated code from being applied to prescriptions. The system treats drug cards with invalid service codes as if no service code is present, ensuring that prescription processing continues without attempting to apply the removed pandemic service code functionality.

## [KRL-20299] RAMQ Service Code Prescription Type Validation for Written Prescription Requirement

### Improvement

The system now enforces prescription type validation for RAMQ service codes that require written prescription designation according to RAMQ's "Nature and expression of N" requirements. The system validates that the **Oral/Written** field contains a selection of **Written**, **Faxed**, or **e-Rx** when any of the following service codes are applied to a prescription:

- J (Treatment of opioid use disorder)
- FE (Medication administration)
- IU (Prescription and administration in emergency)
- RA (Therapeutic drug substitution)
- AD (Modification of drug therapy)
- PH (Post-hospitalization care management)
- DC (Request for consultation addressed to pharmacist)
- W (Anti-coagulation therapy)
- W1 (Deprescription service)
- W2 (Dose adjustments)

- Z (Evaluation service for prescription extension)
- SP (Palliative care)
- V (Prescribing drug or initiating therapy)

When these service codes are used without an appropriate prescription type designation, a **You must specify Written, Faxed or e-Rx for this drug** error appears, preventing claim submission until the requirement is satisfied.

The screenshot shows the 'Rx Plan Information' dialog box for plan '1 - RAMQ'. The 'Service Code 1' dropdown is set to 'DC - Request for consultation with a pharmacist' and is highlighted with a red box. Below the dialog, a validation error message is displayed in a red box: 'You must specify Written, Faxed or e-Rx for this drug'. Other messages include: 'Service Code DC requires an intervention code for Plan RAMQ', 'Rx will expire on 2026-Nov-05 (365 days from written date)', 'This is a Fee for Service Prescription', and 'Delivery Label will be printed'. A large red octagonal warning sign is overlaid on the error messages.

This validation operates independently of drug card configuration settings, applying at the service code level rather than the product level. When service codes other than those listed are used, the existing drug card-based Oral/Written validation behavior is maintained.

This implementation ensures compliance with RAMQ requirements that these service codes represent new prescriptions requiring written authorization and are not eligible for oral prescription or refill processing.

## [KRL-20486] RAMQ Service Code IU Automatic Assignment for Emergency Medication Administration

### Feature

The system now supports automated service code assignment for RAMQ service code **IU (Prescription and administration of a medication in an emergency situation)** when emergency medication administration is initiated through the immunization module.

When a prescription is triggered from the **Add Epi shot** right-click action in the **Immunizations** screen of the patient profile, the prescription screen is automatically populated with service code IU, service type A, and special program code 07 upon completion of the immunization module workflow.

The screenshot shows the 'Rx Plan Information' dialog box with the following fields and options:

- Manually manage all automatically calculated intervention codes
- Intervention Code 1: [Redacted] F2
- Intervention Code 2: [Redacted] F2
- Intervention Code 3: [Redacted] F2
- Intervention Code 4: [Redacted] F2
- Special Plan Code:  07 - Service offered in pharmacies reimbursed by Health Insurance Act
- Service Code 1:  IU - Emergency Intervention**
- Service Type 1: A
- Other Pharmacy Num: [Redacted] Reason Code: [Redacted]
- Pseudo DIN: PDIN Drug DIN: [Redacted]

Buttons:

The prescription screen is pre-filled with patient information, prescriber (pharmacist) designation, and drug details, streamlining the emergency medication process. If a drug card contains service code configuration, the drug card settings take precedence over automatic assignment.

When service code IU is applied through drug card configuration or manual entry in the **Plan Information** screen, special program code 07 is automatically assigned if the special plan code field is not in override mode.

Service type validation enforces the requirement for type specification, presenting an error when service code IU is used without a type designation.

English error	French error
Service Code IU requires service type for Plan RAMQ	La RAMQ exige un type de service pour le code de service IU

Prescription type validation requires **Written, Faxed, or e-Rx** designation in the **Oral/Written** field, presenting the error **You must specify Written, Faxed or e-Rx for this drug** when other selections are made.

Users retain the ability to override service code, service type, and special program code assignments as needed for specific clinical scenarios. This functionality requires the **Enable Electronic Immunizations** checkbox to be enabled in **Store Config > Rx > Immunization** settings.

## [KRL-20487] RAMQ Packaging and Transportation Billing Modules for Emergency and Exceptional Circumstances

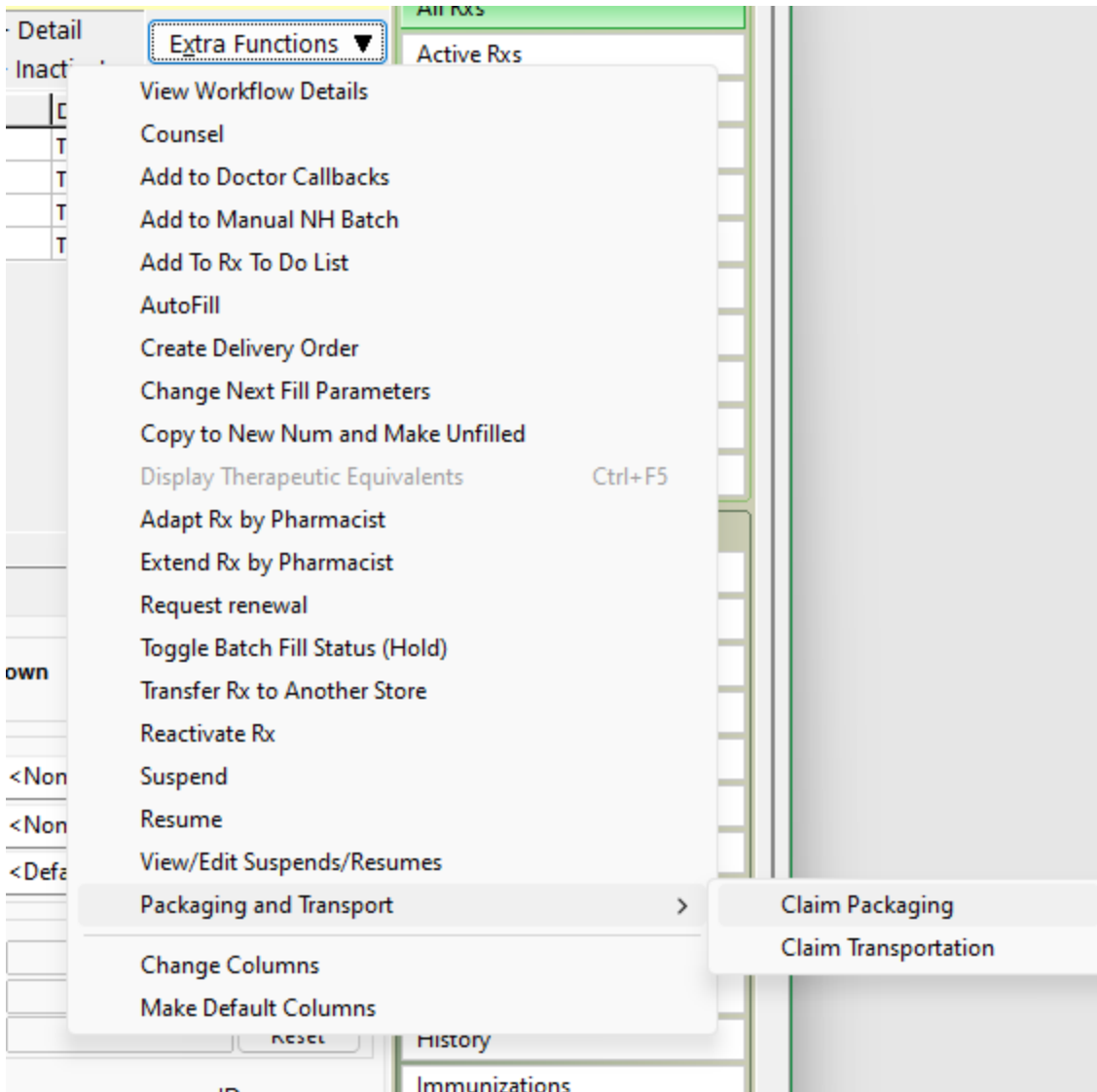
### Feature

Dedicated billing modules are now provided for RAMQ service codes 7 (Emergency or exceptional transport costs) and 8 (Packaging charges for transport), enabling streamlined claim submission for packaging and transportation services linked to existing prescriptions.

Two new extra functions are available from the **Patient Profile** prescription list for Quebec stores:

English	French
Claim Packaging	Facturer un emballage
Claim Transportation	Facturer un transport

Both are accessible through both right-click context menu and the **Extra Functions** combo box under a new **Packaging and Transport** (French: "Emballage et transport") submenu. These functions are available only for mixture prescriptions that are not in **Dropoff, Clinical verification, Unfilled, Non-dispensed, Expired, or Stopped** status.



When **Claim Packaging** is selected, the system navigates directly to a pre-filled prescription screen with service code 8, automatically populating the pharmacist as prescriber and displaying a comment in the general comments section.

English comment	French comment
Packaging fee for RxNum: [prescription rxnum]	Frais d'emballage pour la RX [prescription rxnum]

The system searches for DIN 00989002 (Packaging charges for transport) and applies the drug card if exactly one match is found.

When **Claim Transportation** is selected, the system presents a new **Rx Transportation** module (French: "Transport de Rx") containing read-only prescription tracking information including RxNum, patient details, drug information, and refills remaining (labeled "Renouv." in French), along with editable fields for transportation cost and intervention code selection. The **Transportation Details** section requires users to enter a transportation cost (validated to be greater

than \$0) and select an intervention code before the **Finalize** button becomes enabled. Upon finalization, the system creates a to-do item, stores the prescription number, remaining refills, fee amount, and intervention code, then navigates to a pre-filled prescription screen with service code 7 and DIN 00989004 (Emergency or exceptional transport costs).

Both modules transmit the linked prescription's RxNum in the **NoOrdnc** field of RAMQ claim requests while sending zero as the DIN, enabling RAMQ to associate packaging and transportation charges with the original prescription. The system validates that service codes 7 and 8 originate from their respective modules, presenting errors when these codes are applied through other means:

English error	French error
Not from Transportation Module	Ne provient pas du module Transport
Not from Packaging Module	Ne provient pas du module Emballage

Intervention code validation for service code 7 displays a warning when no intervention code is provided, though users may proceed with submission as RAMQ performs final validation.

English warning	French warning
Service Code 7 requires an intervention code for Plan RAMQ	Le code de service 7 requiert un code d'intervention pour RAMQ

## [KRL-20840] Modification of a Drug Therapy (AD)

### Feature

The system now supports billing for the modification of drug therapy using the Adaptation Module with service code AD in compliance with RAMQ regulations.

When processing an AD service code, the system automatically defaults the fee amount based on the number of times the AD service code has been billed for the patient during the current calendar day. The system performs validation checks to ensure an intervention code is present when required and verifies that the prescription nature is set to Written, Faxed, or e-Rx. Users receive appropriate warnings when attempting to bill AD more than four times in a single day, as RAMQ will reject fifth and subsequent claims for the calendar day.

## [KRL-20976] ] Extend Pricing strategy logic to support formulary determination for federal plans in Quebec

### Feature

The system now evaluates formulary status for drugs under federal plans (RCMP, VET, NIHB, DND, IFHP) in Quebec-configured instances. When processing transactions with federal plan coverage, Kroll determines if a drug is formulary by verifying that the drug card is covered by a RAMQ plan and includes a value in the usercost2 variable

(RAMQ BAP). Based on this formulary determination, the system applies the appropriate pricing strategy configured in the federal plan for either formulary or non-formulary drugs.

This functionality enables consistent pricing strategy application across both RAMQ and federal plans while maintaining existing RAMQ formulary determination logic without modification.

### [KRL-22151] Allow user to push addition Pill Pack fee to patient for service code G

#### **Feature**

Kroll can now bill patients for supplementary unit dose fees when processing RAMQ prescriptions using Service Code G (pill pack service code for patients ineligible under Rule 24).

The system now evaluates unit dose patient price group strategies configured with markup values and applies these additional fees on top of the standard RAMQ base fee calculation. When a patient has a unit dose price group assigned and the prescription is processed with unit dose enabled and RAMQ Service Code G, Kroll calculates the combined fee (RAMQ base fee plus the configured markup) and submits this total to RAMQ for adjudication. Following adjudication, the remaining fee amount, combined with any drug costs not covered by RAMQ, is presented to the user as the patient-billable amount.

This functionality operates exclusively for RAMQ Service Code G and does not apply to Service Code P or other RAMQ service codes. The unit dose price group strategy supplements rather than replaces the RAMQ plan pricing strategy, adding only the markup value to the fee calculation. This enhancement enables pharmacies to recover additional unit dose preparation costs from patients who are not eligible for full RAMQ coverage under pill pack regulations while maintaining compliance with RAMQ billing requirements.

## Rx Number

### [KRL-19813] Changing a regular Rx number to a Narcotic Rx number when a Narcotic drug is filled

#### **Feature**

When a user tries to change a regular prescription number to a narcotic prescription number or vice versa, an error message now appears in both Refill and Modify modes.

Refilling Rx for Kroll, Harsh

File Edit Recent Rx View Labels Profile Reports Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F10 - Pickup F11 - Drop-off F12 - Fill Rx Alt+X - Start

1000056 Refill Pending Adj Rx Start Date 09/12/2025 Latest Fill 09/12/2025 Qty 1 \$10.60 Init KT Lookup Cancel

Priority Default Wait Time F2 Due in 19 mins Fill Rx F2 Work Order 0 F2 Delivery Pickup

Patient Search Name Kroll, Harsh Age: 35 Address Address Line 1 Female City Toronto Prov ON Phone Plan Client ID

Drug Search 100 Pack Apo-Oxybutynin 5mg Generic Oxybutynin Chloride APX (Ap Pack 100 Form TAB Sched 1 Purch \$9.86 OnHand 999 DIN 02163543 Min Qty 0

Doc Search Loc Office Name Dr. Brigget, David Address Ddress 1 City Prov ON Lic# 99 Alt. Lic#

Auth Qty 101 101 Rem Qty 100 100 G.P. % 99.06 Acq Cost \$0.10 Cost \$0.11 Markup \$0.00 Fee \$10.49 Total \$10.60

Refilling Rx for Kroll, Harsh

You cannot change this Drug from a regular drug to a narcotic drug.

OK

Route of Admin Oral Labels 0 F2 Dosage Form Tablet

Allergies (0) Conditions (0)

Rx Copy to New Rx Add Rx Image Call Doctor Counsel Patient c Print Kroll Care Owe Quantity View Clinical Interactio Refill Information Generic Equivaler Nursing Home In Work Order Rx Counseling Histo Workflow View Workflow D

## RxConsult

RxConsult is a chargeable module. Contact your TELUS sales representative for more information.

[KRL-10004] Integrate Follow-ups entered in RxConsult and automatically add to Kroll after service finalized

### Feature

Stores using Minor Ailments have always added follow-ups via the Professional Service view after completing the assessment via RxConsult. RxConsult actually supports the ability to enter a follow-up in their system. However, Kroll was never integrated with that part of their web utility. This has been changed.

Kroll is now integrated with the Follow-up logic contained in RxConsult. This means that the user can now enter the follow-up while doing the assessment in their web utility, and when the user is returned to Kroll, a follow-up record will automatically be created and associated to the minor ailment professional services record.

To support this properly in Kroll, the Follow-Up screen for all Professional Service records (aka Patient Encounters) has been modernized including:

- General Counseling
- Medication Reviews

- Professional Notes
- Minor Ailments
- Rx Adaptations
- Rx Extensions

The Follow-up options have been consolidated into a drop down, where a new **Follow-up at any time** option has been added. This option supports the way follow-ups are completed in RxConsult. The Follow-Up Due Date will not display if this method is selected (as the follow-up does not have an inherent date associated to it).

When you enter in a follow-up in RxConsult, it will automatically create the follow-up in Kroll. You can create multiple follow-ups in RxConsult, which will create the same number of records in Kroll.

You can still manually create follow-ups in Kroll.

## [KRL-15624] Map Quebec-specific billing codes to FFS claims in Kroll when output message received from RxConsult

### Feature

New logic was added to the system to automatically populate the Rx Plan Information screen with details received from Vigilance's RxConsult engine when the user in Kroll has initiated a minor ailment assessment/pharmacist service from the **Professional Services** module in the patient card.

This change is specific for Quebec, as mapping has already occurred for the other provinces. Quebec uses a different set of codes, so now that Kroll is launching this utility in Quebec, these mapping changes need to occur.

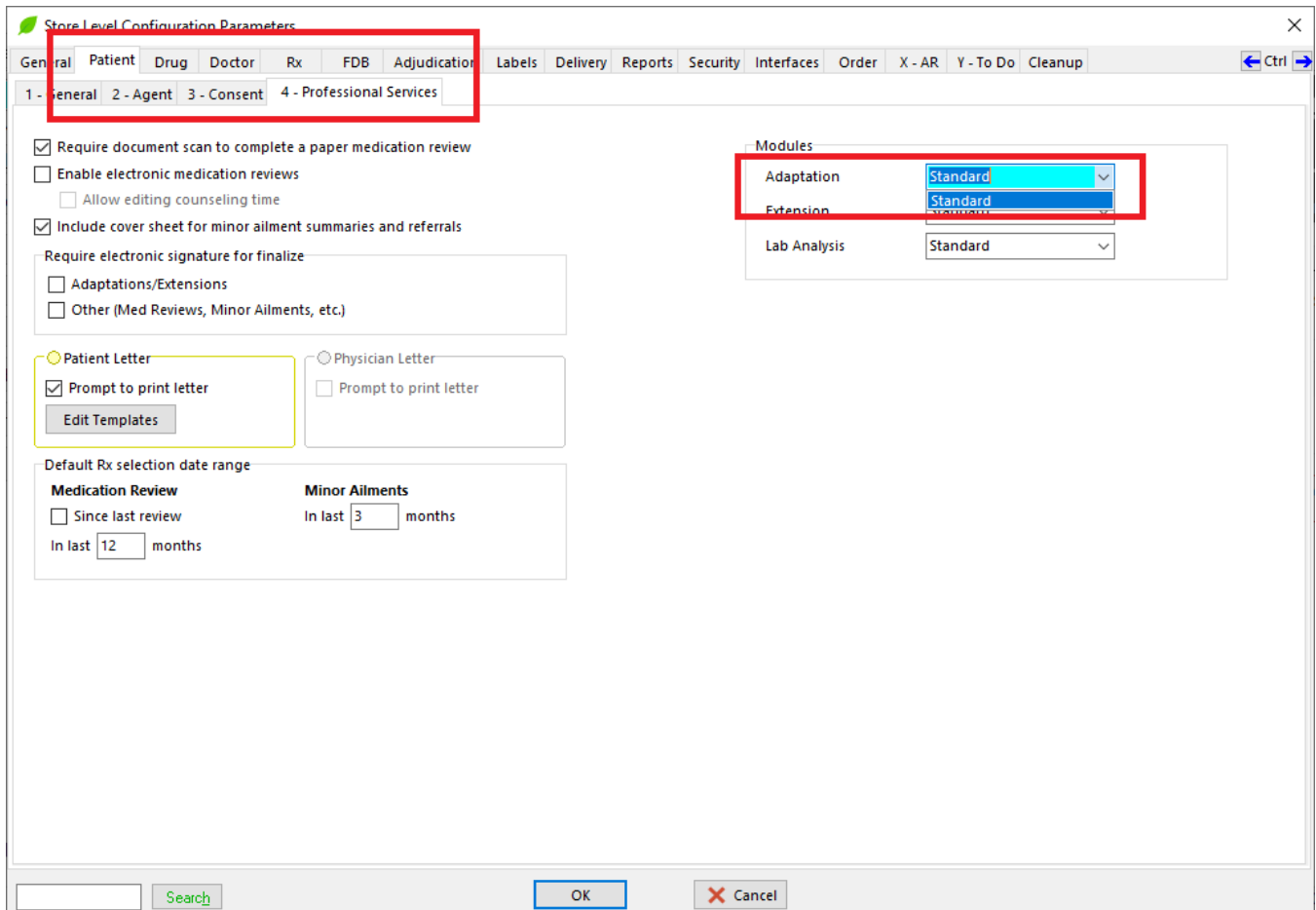
Once the user has completed the assessment in **RxConsult**, the message sent back to the pharmacy will contain the proper codes and details needed to be sent to the provincial plan/ These will automatically be included when submitting the claim for reimbursement, without requiring the user to add these details manually.

## [KRL-15710] Update Rx Adaptations to integrate with RxConsult in Quebec

### Feature

Kroll now integrates with RxConsult for prescription adaptations in Quebec. When enabled, you can record prescription adaptations directly in the RxConsult web interface instead of using Kroll's built-in adaptation screen.

To enable, our store must be configured for **Minor Ailments (File > Configuration > Kroll > Modules)** and set to **Quebec province (File > Configuration > Kroll > General)**. Go to **File > Configuration > Store > Patient > Professional Services** and set **Rx Adaptation** to **RxConsultAction**.



To start an adaptation do either of the following:

- From a patient's prescription profile, right-click on the prescription and select **Adapt Rx by Pharmacist**
- From Prescription Filling (F12), select **Adapt Rx**

In RxConsult:

1. Select the type of adaptation:
  - Adjust Dose
  - Modify Pharmacotherapy
  - Substitute Medication
  - Deprescribing
2. Answer the guided questions.
3. Use **Re-prescribe** to make changes to the prescription.
4. Press **F2** to update who provided consent.
5. Complete the assessment.

You are returned to Kroll automatically.

6. Back in Kroll, submit the Fee for Service claim (automatically created in your To Do queue).
7. Fill the adapted prescription (automatically created in your To Do queue).

All documentation from RxConsult is saved to the Professional Services record

## [KRL-15742 ] Update Rx Extensions to integrate with RxConsult in Quebec

### Feature

Kroll now integrates with RxConsult for prescription extensions in Quebec. When enabled, you can record prescription extensions directly in the RxConsult web interface instead of using Kroll's built-in extension screen.

Your store administrator can enable this feature:

1. Go to File > Configuration > Store > Patient > Professional Services.
2. Set **Rx Extension** to **RxConsultAction**.

**Note:** Your store must be configured for Minor Ailments and set to Quebec province.

To start an Extension:

1. From a patient's prescription profile, right-click on the prescription and select **Extend Rx by Pharmacist**.
2. In RxConsult, select **Renewal**.
3. Answer the guided questions.
4. Use Re-prescribe to make changes to the prescription.
5. Press F2 to update who provided consent.
6. Complete the assessment.

You'll be returned to Kroll automatically.

7. Submit the Fee for Service claim (automatically created in your To Do queue).
8. Fill the extended prescription (automatically created in your To Do queue).

All documentation from RxConsult is saved to the **Professional Services** record.

## [KRL-15764] Update laboratory analysis to integrate with RxConsult in Quebec

### Feature

Kroll now integrates with RxConsult for prescribing and updating lab tests in Quebec (called Laboratory Analysis). When enabled, you can record lab requests and results directly in the RxConsult web interface instead of using Kroll's built-in screens.

Your store administrator can enable this feature:

1. Go to **File > Configuration > Store > Patient > Professional Services**.

## 2. Set **Laboratory Analysis** to **RxConsultAction**.

**Note:** Your store must be configured for Minor Ailments and set to Quebec province.

To start a Lab request/update:

1. From a patient's Patient Encounter view, select: All Patient Encounters → INS → Laboratory Analysis.
2. In RxConsult, Select Lab prescribe/Lab record.
3. Answer the guided questions.
4. Complete the assessment.

You'll be returned to Kroll automatically. All documentation from RxConsult is saved to the Professional Services record.

## [KRL-15784] Properly support languages for Patient sheets and content generated by RxConsult

### Feature

There was an issue when sending language settings to RxConsult when performing Minor Ailments and related services. RxConsult is able to produce content that is intended for both the store and for the patient. In the message documentation returned, these are supposed to appear in the language of either the user's running session, or the patient's preferred language. The problem is that when Kroll sends the initial message to RxConsult, it is using only the user's session language setting to populate the store's preferred language. It is not populating either the patient's preferred language. This is wrong.

Please note, that for providers, Kroll will also send the Preferred language selected in the doctor record, but Vigilance will still only return any physician-facing document in the language of the user session. This is beyond the control of Kroll.

The system will continue to send the user session's language in the correct place, but for the patient and provider portion of the message, the actual preferred language of the both will now be sent instead. This means that RxConsult will return proper documentation based on the language of the selected recipient.

Note: RxConsult only supports two patient-specific languages:

- English
- French

Kroll is able to support the above two patient languages properly. For patient languages in Kroll not supported by RxConsult, the message will default to the store's database language instead.

## [KRL-15891] Update KCM to include AQPP Laboratory Analysis as a fee for service on the drug card

### Feature

A new **AQPP Laboratory Analysis** Fee For service type has been added to the drug card when entering a Fee For Service record:

This type can be used in the province of Quebec when submitting a lab requisition fee to the private payor AQPP (if supported for that type of request).

KCM has been altered to reflect this additional option when setting up drug cards by a system administrator.

## [KRL-16740] Force follow-ups in RxConsult for Minor Ailments, Adaptations, Extensions, and Lab Analysis

### Feature

Several new configuration options have been added to the Professional Services Configuration screen to control whether or not follow-ups are required when a user at the pharmacy is accessing RxConsult (*aka Minor Ailments*). The following options have been added:

- A specific option for Minor Ailments. This option applies to all provinces, including Quebec
- Options for three modules in Kroll that can be configured to be used in the province of Quebec and only if RxConsult has been enabled for that store:
  - Adaptations
  - Extensions
  - Laboratory Analysis

When enabled, the user must complete at least one follow-up prior to completing the assessment in RxConsult.

## [KRL-16825] Add Patient Configuration options to support Professional Services modules for RxConsult in Quebec

### Feature

RxConsult has been integrated with Kroll in Quebec. You can now configure the following three modules in Kroll:

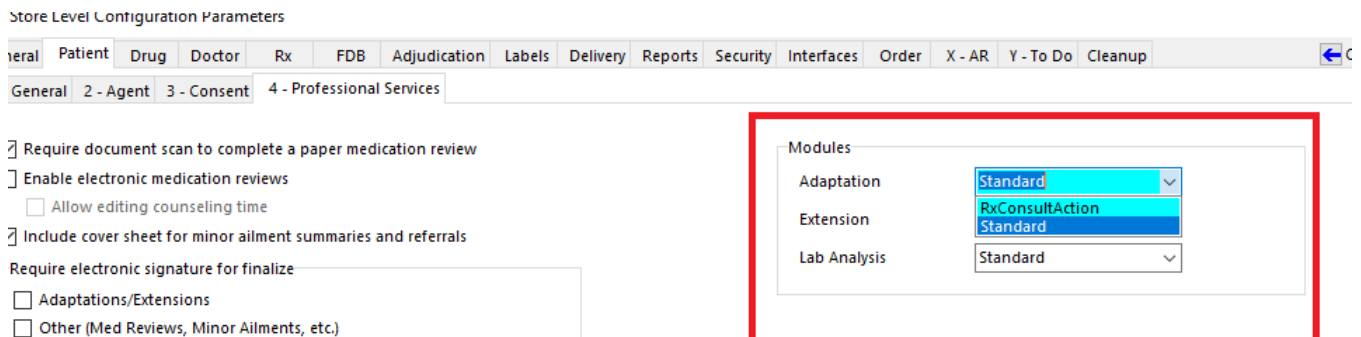
- Adapt a prescription - Change the dispensing of a prescription based on what the provider originally ordered
- Extend a prescription - Renew a prescription in situations where authorization from the provider cannot wait

- Laboratory Analysis - Create a Lab Requisition and record results later - This is strictly used in Quebec only

All of the **Professional Services** options have been removed from the **Rx > Counseling** screen. A new **Professional Services** sub-tab screen has been added to the **Patient** screen. All of the fields that were on the **Counseling Configuration** screen are now on the new tab.

A new **Module** section has three menus to support the ability to indicate if the system should use the regular functionality in Kroll versus RxConsult.

- Adaption
- Extension
- Laboratory Analysis



**RxConsultAction** is only a viable choice if the system is enabled for **Minor Ailments** and set to the province of Quebec.

If any of these modules are set to **RxConsultAction** and **Minor Ailments** is disabled in Kroll Configuration, then they will be automatically reset to their default settings.

## [KRL-16860] Add Immunization Configuration option for RxConsult in Quebec

### Feature

RxConsult has been integrated with Kroll in Quebec. You can now configure the **Immunization** module in Kroll:

To accommodate this change, the **Enable electronic immunizations** checkbox has been removed from the **File > Configuration > Store > Rx > 8 - Immunization** screen.

A new **Module** dropdown indicates which type of Immunization module the store opts to use:

- **Paper** - The system will revert to the basic Immunization logic where a paper must be printed out to ask all questions and then scanned back in

- **Electronic** - The system will use the existing logic where the immunization questionnaire is within Kroll itself (former functionality of the **Enable electronic immunizations** checkbox)
- **RxConsultAction** - The system will interact with Vigilance's RxConsult web engine when performing an immunization

**RxConsultAction** is only a viable choice if the system is enabled for **Minor Ailments** and set to the province of Quebec. **Note:** This option may appear in 10.35, but it will not be functional until the next release (10.36).

If the Immunization module is set to **RxConsultAction**, but **Minor Ailments** is disabled at that store, then the system will automatically set the above option back to the initial default (i.e. Paper).

## [KRL-20956] Allow new medication to be entered in RxConsult for Adaptations

### Feature

Users of Kroll in Quebec can adapt prescriptions using an integration with Vigilance's RxConsultAction. Adaptations are always started in Kroll using an existing prescription.

When in the RxConsultAction web utility, the user can manually enter in a new medication to adapt. Then when the store receives the message from RxConsultAction, the reference to the original prescription is gone. A new "unfilled" inactivated prescription is not created in Kroll to reference to the new prescription.

To help solve this, an Rx Comment will be added to the new prescription that the original Rx was adapted to. This comment will only appear in the case where the use originated the adaptation in Kroll, and then unchecked that medication in RxConsultAction, and then manually entered in a medication in that utility.

As a best practice in Quebec, users should always adapt the medication that they started from in Kroll, and to not change or add new medications while adapting that prescription in RxConsultAction.

## RxSync Consent

The following consent options are only visible to pharmacies who have purchased the Enhanced RxSync module. Contact your TELUS sales representative for more information.

### [KRL-16712] RxSync Consent Configurations

#### Feature

New configuration options are now available in **File > Configuration > Store > Rx > RxSync** tab to help you manage patient consent requirements for Enhanced RxSync.

The screenshot shows the 'RxSync' configuration window with the following settings:

- Enhanced RxSync Configurations:**
  - Include Controlled drugs
  - Include Narcotic drugs
  - Include Targeted substances
  - Include Unfilled prescriptions
  - Include prescriptions renewed in the last  days
  - Minimum number of qualifying prescriptions
  - Use Rx-Sync when a new prescription is added to file
  - Minimum days' supply for new Rxs to trigger RxSync
- Consent (highlighted with a red box):**
  - Require Consent for Enhanced RxSync
  - Enable Consent Expiration
  - Consent Validity Duration

Options are:

- **Require Consent for Enhanced RxSync** - Choose whether patients must provide actual consent before using RxSync.
- **Enable Consent Expiration** - Set whether consent expires automatically over time
- **Consent Validity Duration** - Choose how long consent remains valid (12, 18, or 24 months)

Your settings will automatically start with defaults based on your province:

- **Ontario:** Consent required by default
- **Quebec:** Consent expiration enabled (12 months) by default
- **Other provinces:** No consent requirements by default

**Note:** You can customize any of these settings regardless of your province.

Changes take effect immediately - no restart required.

## [KRL-18427] Update Patient Consent report to include Enhanced RxSync consent records

### Feature

The following report option is only visible to pharmacies who have purchased the Enhanced RxSync module. Contact your TELUS sales representative for more information.

You can now generate Patient Consent reports filtered specifically for Enhanced RxSync Consent records, giving you better visibility into patient consent data for the Enhanced RxSync program. Data in each record includes patient name, consent status, date, and comments. The report supports both patient-signed and agent-signed (on behalf of dependent) consent scenarios.

To generate a Patient Consent report:

1. Navigate to Reports > Patient > Patient Consent Report.
2. On the Selection 2 tab, select Enhanced RxSync Consent from the Consent Type dropdown.
3. Choose your desired consent statuses (Verbal Consent, Written Consent, No Consent, etc.)
4. (Optional) Toggle **Include revoked** and **Include expired** checkboxes to include or exclude these records.
5. Run the report as usual.

**Note:** This feature is only available when Enhanced RxSync is enabled in your Kroll configuration.

## [KRL-18429] Add New Enhanced RxSync Consent type

The following consent options are only visible to pharmacies who have purchased the Enhanced RxSync module. Contact your TELUS sales representative for more information.

### Feature

Implemented EnhancedRxSyncConsent type with enhanced modes, including revocation, and expiry workflows.

## [KRL-18431] Integrate RxSync Consent with Document and Network Scan Queues

### Feature

Users can now scan and attach signed Enhanced RxSync Consent forms directly through the **Document Scan** and **Network Scan** queues, streamlining the process of associating paper consent forms with digital patient records.

You can print Enhanced RxSync Consent forms with embedded 2D barcodes that automatically link scanned documents to the correct patient and consent record.

**Auto-Complete Workflow:** When a valid barcode is scanned back in, the system automatically links it to the patient record and associates it with the correct Enhanced RxSync Consent record. The consent status is updated to **Completed** and the patient's information (name, address, DOB) is populated. Consent details (type, status, date) are displayed.

**Manual Processing Option:** If a barcode is missing or unreadable, you can manually search and select the patient (F3), then choose from pending Enhanced RxSync Consent records and review and confirm consent details before processing.

### Document Management

- Non-PDF scans (JPEG, TIFF) are automatically converted to PDF format
- Attached consent documents are locked and cannot be deleted, protecting signed legal documents
- Users can preview and reprint signed forms at any time

### Workflow Enhancements

- Only pending (not completed, revoked, or expired) consents appear in the selector
- Users must confirm consent response before processing if status is **Unknown**.
- Process completion via **Process Pending Documents** (Document Scan) or **Save** (Network Scan)

To use this feature, the store must be configured for **Enhanced Consent** (**File > Configuration > Store > Rx > RxSync**) and Document or Network scanning.

## [KRL-18723] Create RxSync Consent Questionnaire Schema (Default KCM Version)

### Feature

Added Schema document for Enhanced RxSync Consent.

# Provinces

## Quebec

[KRL-20916] Kroll properly supports Management Stopped for prescription adaptations in Quebec

### Improvement

Kroll has been enhanced to properly handle prescription adaptations in Quebec when management of a medication is stopped through the Kroll Rx Adaptation feature. Previously, when performing any adaptation, the system would create an inactive prescription linked to a new prescription. For "Management Stopped" scenarios, this behavior was inappropriate as no new prescription should be created.

The system now recognizes when a prescription adaptation results in stopping management of a medication and responds accordingly. When the user selects the **Management Stopped** option on the **Rx Adaptation** screen, the system disables the adapted prescription information fields at the bottom of the screen and suppresses data validation warning messages for required fields such as Doctor, Dispense Quantity, Days Supply, and Directions.

Upon finalizing the adaptation, the system leaves the referenced prescription active with no status changes, creates the Professional Services record with **Completed** status, generates a To Do record for the Fee For Service claim when applicable, and does not create a new To Do record for a new prescription or prompt the user to dispense a prescription. This ensures proper workflow handling when medication management is discontinued rather than modified through the adaptation process.

## Saskatchewan

[KRL-18132] Implement selecting a Pharmacist Prescribe Reason for Regular, Compound, and Unfill Rxs that are part of a Batch filling process

### Improvement

When copying a prescription for a compound or a regular drug to a new number and making it unfilled then adding the pharmacist as the doctor, claims were being rejected on the batch process form because no pharmacist prescribe reason was added.

The process has been updated. Now, if no pharmacist prescribe reason has been provided, a validate message appears:

You must specify a pharmacist prescribe reason.

The user must add the pharmacist prescribe reason to proceed. The Rx completes successfully.

