

Pharma Enhancements

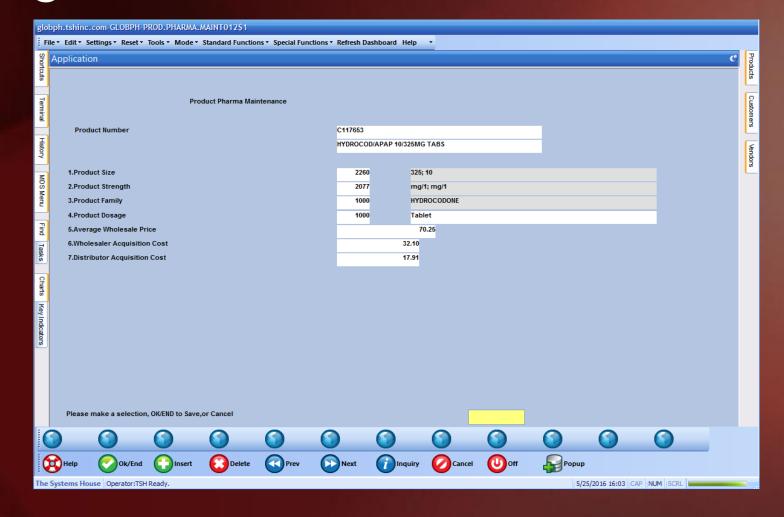
MDS User Meeting 2016

Agenda

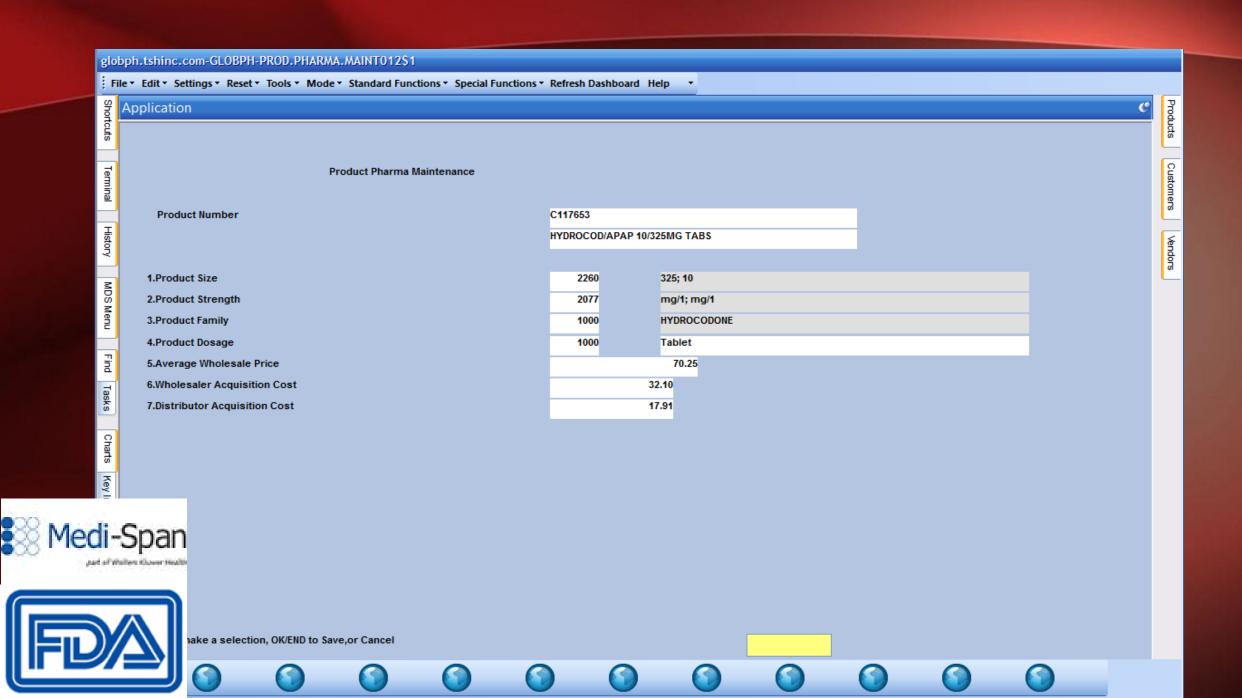
- Integration of FDA and Medispan product catalogs
- HDMA EDI 856/E-Pedigree Track and Trace
- Suspicious Order Monitoring System (Excessive Product Usage)
- New Options on the Sale of an Item
- Updated Track and Trace Operations
- Pedigree Lot Transfer Posting
- ARCOS and Reporting Updates
- Moving Pedigree Items to Different Locations



- Used in conjunction with your product database
- Updates product images and product pharma information
- Benefits:
 - Enhanced product searches for your customers and sales staff
 - More detailed reporting
 - Detailed product information loaded into pedigrees







Integration Of FDA And Medispan Product Catalogs Optionally Can Be Added To Search Filters

Field Name	Field Description
FDANAME	Name
FDASUFF	Suffix
FDAGENNAME	Generic Name
FDADOSAGE	FDA Dosage
FDAROUTE	Route
FDALABELER	Labeler
FDASUBSTANCE	FDA Substance
FDASTRENGTH	FDA Strength
FDASTRUNIT	FDA Strength Unit
FDAPHARM	FDA Pharm
FDASCHED	FDA Schedule
FDAPACK	FDA Package
FDAPRODUCTID	FDA ProductID

Field Name	Field Description
FDAAPP	FDA App Number
mspan.dosage	MEDISPAN Dosage
MSPAN.MFG	MEDISPAN Mfg
MSPAN.IMPRINT	MEDISPAN Imprint
MSPAN.CATDESC	MEDISPAN Category Descriptions
MSPAN.DESCRDESC	MEDISPAN Standard Descriptions
MSPAN.BASICDESC	MEDISPAN Basic Descriptions
MSPAN.LTEXT	MEDISPAN Addl Text
DRUG.DOSAGE	Product Dosage Form

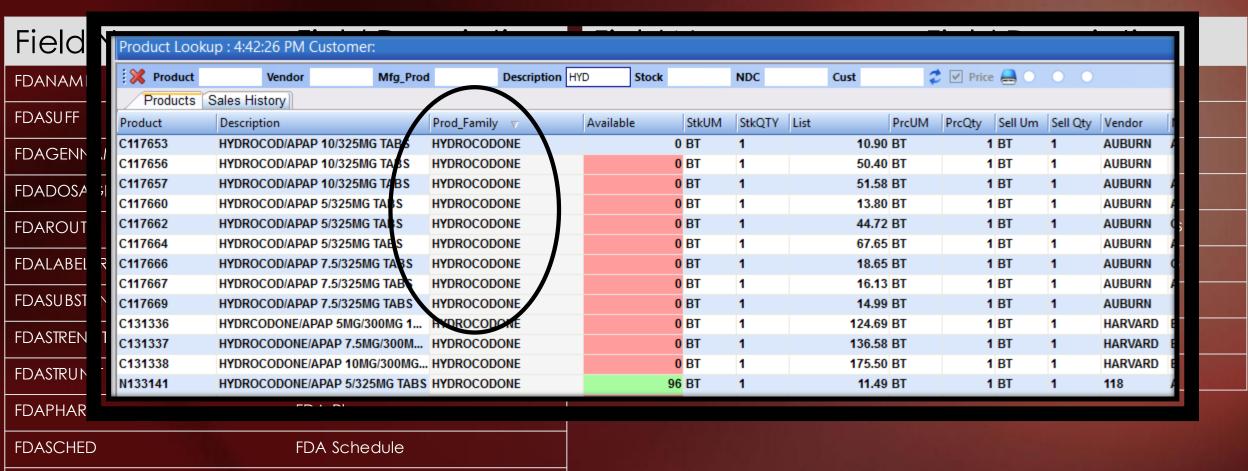
Optionally Can Be Added To Search Filters

FDA Package

FDA ProductID

FDAPACK

FDAPRODUCTID



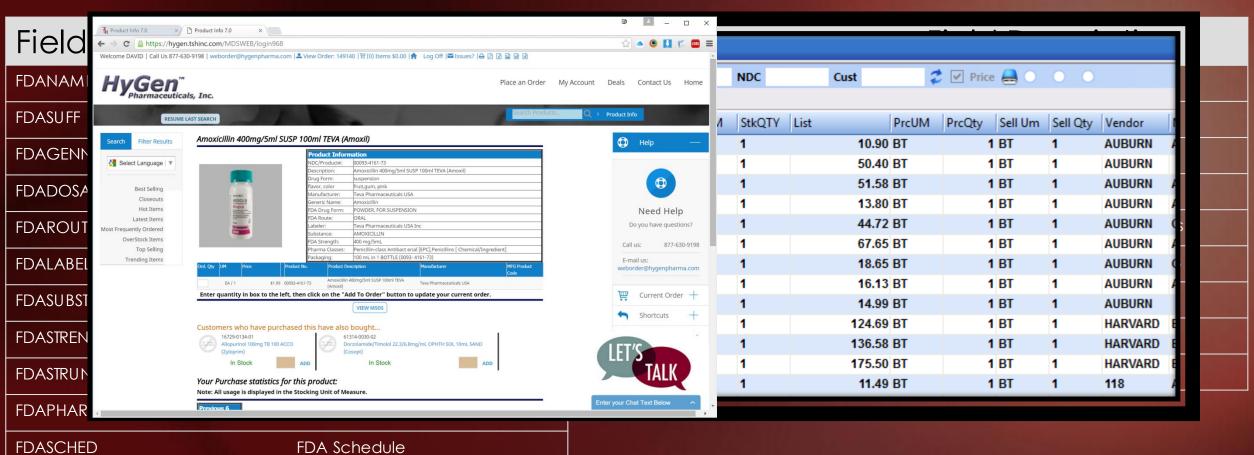
Optionally Can Be Added To Search Filters

FDA Package

FDA Product ID

FDAPACK

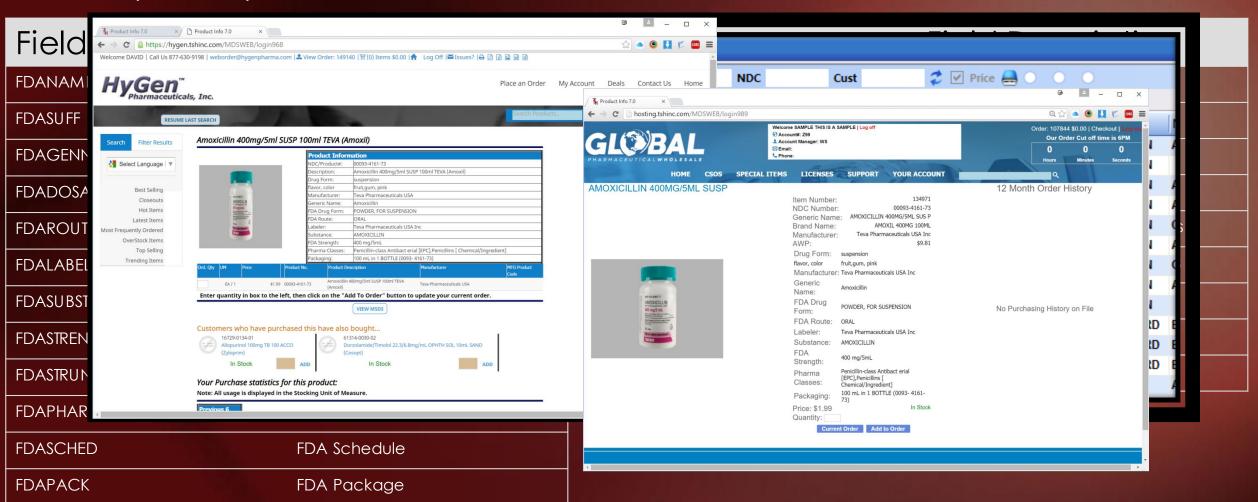
FDAPRODUCTID



Optionally Can Be Added To Search Filters

FDA Product ID

FDAPRODUCTID



Integration Of FDA And Medispan Product Catalogs More Detailed Reporting – DEA Product Transaction Report



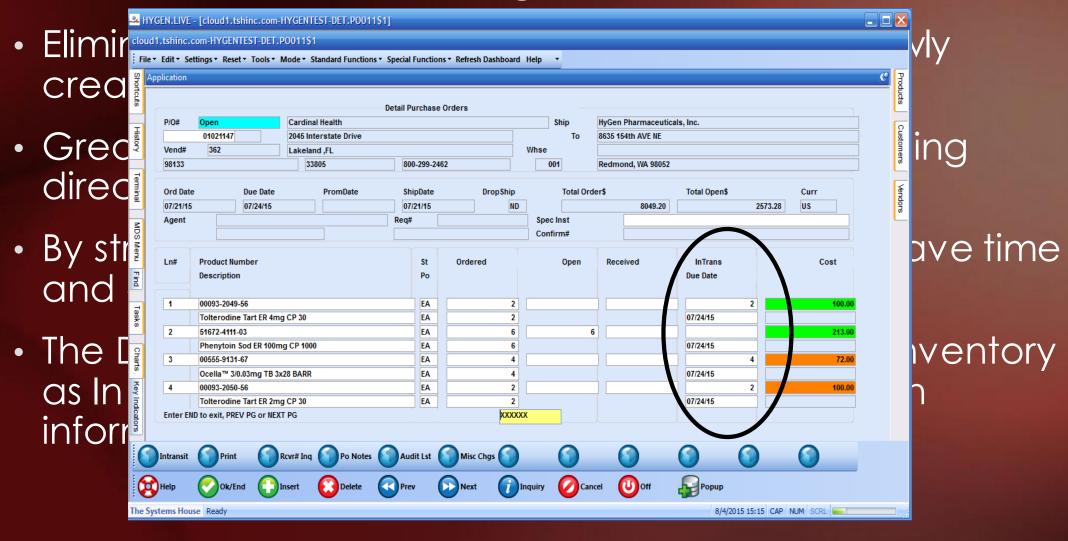
A	В	С	D	Е	F	G	Н	I	J	K	L	M N	0	Р	Q
1 Cust Name	Vend Name	Cust DEA	Vend DEA	Trans Type	Trans Date	Trans Qty R	cpt/Inv#	NDC#	Prod #	Description 1	Description 2	DEA Form # Prod Family	Prod Strength	Prod Size	State Ship
2	AUBURN PHARMA	ACEUTICAL	RA0186014	POR	4/21/2016	5	2366	62107-0051-10	115472	TACTINAL 500MG CAPLETS	TYLENOL 500MG 1000CT	Rx Required	mg/1	500	0
3	KEYSOURCE MEDI	CALINC		POR	2/29/2016	144	8206	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0
4	KEYSOURCE MEDI	CALINC		RPA	2/29/2016	-144	8206	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0
5	KEYSOURCE MEDI	CALINC		RPA	2/29/2016	144	8206	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0
6	KEYSOURCE MEDI	CALINC		POR	4/29/2016	144	8556	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0
7	CAMBER PHARMA	ACEUTICALS INC		POR	4/14/2016	24	8463	31722-0534-05	115547	METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT	Rx Required	mg/1	750	0
8	CAMBER PHARMA	ACEUTICALS INC		RPA	4/14/2016	-24	8463	31722-0534-05	115547	METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT	Rx Required	mg/1	750	0
9	CAMBER PHARMA	ACEUTICALS INC		RPA	4/14/2016	24	8463	31722-0534-05	115547	METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT	Rx Required	mg/1	750	0
10 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/1/2016	-2	1180210001	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0 MI
11 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/10/2016	-1	1182061001	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0 MI
12 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/22/2016	-3	1184307001	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0 MI
13 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	4/5/2016	-3	1187180001	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	0 MI
14 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	4/6/2016	-3	1187557002	55111-0158-10	115526	OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT	Rx Required	20mg	1000	
15 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	2/12/2016	-4	1177164001	23155-0178-01	115540	ISOSORBIDE MONO ER 60MG TABS	IMDUR 60MG 100CT	Rx Required	mg/1	60	0 MI
16 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/24/2016	-2	1184902001	23155-0178-01	115540	ISOSORBIDE MONO ER 60MG TABS	IMDUR 60MG 100CT	Rx Required	mg/1		0 MI
17 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/23/2016	-1	1184651001	31722-0534-05	115547	METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT	Rx Required	-		0 MI
18 VENOY MEDICAL PH	HARMACY	BV613120		INV	3/21/2016	-1	1184032001	00781-1123-05	119324	TRIAM/HCTZ 37.5/25MG TABS	MAXZIDE 37.5/25MG 500CT	Rx Required	0, , 0,	25; 37.5	MI
19 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/24/2016	-3	1184753001	00378-3066-77	127924	FENOFIBRATE 145MG TABS	TRICOR 145MG 90CT	Rx Required	mg/1	145	5 MI
20 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/14/2016	-2	1182797001	00591-0676-01	128087	DICLOFENAC SOD ER 100MG TABS	VOLTAREN XR 100MG 100CT	Rx Required	mg/1		0 MI
21 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	2/4/2016	-3	1175689001	00591-0900-30	128115	GLIPIZIDE ER 2.5MG TABS	GLUCOTROL XL 2.5MG 30CT	Rx Required	-		5 MI
22 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/21/2016	-4	1184079001	00591-0900-30	128115	GLIPIZIDE ER 2.5MG TABS	GLUCOTROL XL 2.5MG 30CT	Rx Required	mg/1		5 MI
23 VENOY MEDICAL PH	HARMACY	BV613120		INV	3/2/2016	-5	1180408001	00591-2468-01	128135	METOCLOPRAMIDE 10MG TABS	REGLAN 10MG 100CT	Rx Required	mg/1		0 MI
24 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	4/5/2016	-2	1187180001	00591-2468-05	128136	METOCLOPRAMIDE 10MG TABS	REGLAN 10MG 500CT	Rx Required	mg/1		0 MI
25 VENOY MEDICAL PH	HARMACY	BV613120		INV	4/11/2016	-10	1188522001	00591-3797-83	128207	ALBUTEROL SULF 0.083% SOL	PROVENTIL 0.083% 25X3ML	Rx Required	mg/3mL		5 MI
26 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/22/2016	-2	1184307001	00603-6161-21	128343	TRAZODONE 100MG TABS	DESYREL 100MG 100CT	Rx Required	mg/1		0 MI
27 VENOY MEDICAL PH	HARMACY	BV613120		INV	3/24/2016	-2	1184902001	00603-6161-21	128343	TRAZODONE 100MG TABS	DESYREL 100MG 100CT	Rx Required	mg/1		0 MI
28 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/28/2016	-2	1185463001	00603-6161-21	128343	TRAZODONE 100MG TABS	DESYREL 100MG 100CT	Rx Required	mg/1		0 MI
29 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	2/26/2016	-1	1179697001	00781-7077-87	128398	METRONIDAZOLE 0.75% VAG GEL	METROGEL 0.75% 70GM	Rx Required	mg/g	7.5	5 MI
30 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	3/7/2016	-1	1181236001	13668-0047-05	128718	LAMOTRIGINE 100MG TABS	LAMICTAL 100MG 500CT	Rx Required	mg/1	100	0 MI
31 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	4/28/2016	-2	1192540001	13668-0047-05	128718	LAMOTRIGINE 100MG TABS	LAMICTAL 100MG 500CT	Rx Required	mg/1	100	0 MI
32 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	5/17/2016	-4	1196720001	13668-0049-60	128722	LAMOTRIGINE 200MG TABS	LAMICTAL 200MG 60CT	Rx Required	mg/1	200	0 MI
33 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	2/5/2016	-1	1175926001	13668-0134-01	128754	FELODIPINE ER 10MG TABS	PLENDIL ER 10MG 100CT	Rx Required	mg/1	10	0 MI
34 VENOY MEDICAL PH	HARMACY	BV613120	5	RA	3/9/2016	1	1178242004	13668-0134-01	128754	FELODIPINE ER 10MG TABS	PLENDIL ER 10MG 100CT	Rx Required	mg/1	10	0 MI
35 VENOY MEDICAL PH	HARMACY	BV613120	5	INV	2/22/2016	-1	1178714001	16729-0006-17	128844	SIMVASTATIN 40MG TABS	ZOCOR 40MG 1000CT	Rx Required	mg/1	40	0 MI

Integration Of FDA And Medispan Product Catalogs More Detailed Reporting – DEA Product Transaction Report



A	В	С	D	E	F	G	Н І	J K	L	М	N	0	Р	Q
Cust Name	Vend Name	Cust DEA	Vend DEA	Trans Type	Trans Date Tr	ans Qty R	cpt/Inv# NDC#	Prod # Description 1	Description 2	DEA Form #	Prod Family	Prod Strength	Prod Size	State Ship
2	AUBURN PHARMACEUTICAL		RA0186014	POR	4/21/2016	5	2366 62107-0051-10	115472 TACTINAL 500MG CAPLETS	TYLENOL 500MG 1000CT		Rx Required	mg/1	500)
3	KEYSOURCE MEDICAL INC			POR	2/29/2016	144	8206 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000)
4	KEYSOURCE MEDICAL INC			RPA	2/29/2016	-144	8206 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000)
5	KEYSOURCE MEDICAL INC			RPA	2/29/2016	144	8206 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000)
5	KEYSOURCE MEDICAL INC			POR	4/29/2016	144	8556 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000)
7	CAMBER PHARMACEUTICALS INC			POR	4/14/2016	24	8463 31722-0534-05	115547 METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT		Rx Required	mg/1	750)
3	CAMBER PHARMACEUTICALS INC			RPA	4/14/2016	-24	8463 31722-0534-05	115547 METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT		Rx Required	mg/1	750)
9	CAMBER PHARMACEUTICALS INC			RPA	4/14/2016	24	8463 31722-0534-05	115547 METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT		Rx Required	mg/1	750)
0 VENOY MEDICAL PHARMACY		BV6131205		INV	3/1/2016	-2	1180210001 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000	MI
1 VENOY MEDICAL PHARMACY		BV6131205		INV	3/10/2016	-1	1182061001 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000	MI
2 VENOY MEDICAL PHARMACY		BV6131205		INV	3/22/2016	-3	1184307001 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000	MI
3 VENOY MEDICAL PHARMACY		BV6131205		INV	4/5/2016	-3	1187180001 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000	MI
4 VENOY MEDICAL PHARMACY		BV6131205		INV	4/6/2016	-3	1187557002 55111-0158-10	115526 OMEPRAZOLE 20MG DR CAPS	PRILOSEC 20MG 1000CT		Rx Required	20mg	1000	MI
5 VENOY MEDICAL PHARMACY		BV6131205		INV	2/12/2016	-4	1177164001 23155-0178-01	115540 ISOSORBIDE MONO ER 60MG TABS	IMDUR 60MG 100CT		Rx Required	mg/1		MI
6 VENOY MEDICAL PHARMACY		BV6131205		INV	3/24/2016	-2	1184902001 23155-0178-01	115540 ISOSORBIDE MONO ER 60MG TABS	IMDUR 60MG 100CT		Rx Required	mg/1	60	MI
7 VENOY MEDICAL PHARMACY		BV6131205		INV	3/23/2016	-1	1184651001 31722-0534-05	115547 METHOCARBAMOL 750MG TABS	ROBAXIN 750MG 500CT		Rx Required	mg/1	750	MI
8 VENOY MEDICAL PHARMACY		BV6131205		INV	3/21/2016	-1	1184032001 00781-1123-05	119324 TRIAM/HCTZ 37.5/25MG TABS	MAXZIDE 37.5/25MG 500CT		Rx Required	mg/1; mg/1	25; 37.5	MI
9 VENOY MEDICAL PHARMACY		BV6131205		INV	3/24/2016	-3	1184753001 00378-3066-77	127924 FENOFIBRATE 145MG TABS	TRICOR 145MG 90CT		Rx Required	mg/1	145	5 MI
0 VENOY MEDICAL PHARMACY		BV6131205		INV	3/14/2016	-2	1182797001 00591-0676-01	128087 DICLOFENAC SOD ER 100MG TABS	VOLTAREN XR 100MG 100CT		Rx Required	mg/1	100	MI
1 VENOY MEDICAL PHARMACY		BV6131205		INV	2/4/2016	-3	1175689001 00591-0900-30	128115 GLIPIZIDE ER 2.5MG TABS	GLUCOTROL XL 2.5MG 30CT		Rx Required	mg/1	2.5	5 MI
2 VENOY MEDICAL PHARMACY		BV6131205		INV	3/21/2016	-4	1184079001 00591-0900-30	128115 GLIPIZIDE ER 2.5MG TABS	GLUCOTROL XL 2.5MG 30CT		Rx Required	mg/1	2.5	5 MI
3 VENOY MEDICAL PHARMACY		BV6131205		INV	3/2/2016	-5	1180408001 00591-2468-01	128135 METOCLOPRAMIDE 10MG TABS	REGLAN 10MG 100CT		Rx Required	mg/1	10	MI
4 VENOY MEDICAL PHARMACY		BV6131205		INV	4/5/2016	-2	1187180001 00591-2468-05	128136 METOCLOPRAMIDE 10MG TABS	REGLAN 10MG 500CT		Rx Required	mg/1	10	MI
5 VENOY MEDICAL PHARMACY		BV6131205		INV	4/11/2016	-10	1188522001 00591-3797-83	128207 ALBUTEROL SULF 0.083% SOL	PROVENTIL 0.083% 25X3ML		Rx Required	mg/3mL	2.5	5 MI
6 VENOY MEDICAL PHARMACY		BV6131205		INV	3/22/2016	-2	1184307001 00603-6161-21	128343 TRAZODONE 100MG TABS	DESYREL 100MG 100CT		Rx Required	mg/1	100	MI
7 VENOY MEDICAL PHARMACY		BV6131205		INV	3/24/2016	-2	1184902001 00603-6161-21	128343 TRAZODONE 100MG TABS	DESYREL 100MG 100CT		Rx Required	mg/1	100	MI
8 VENOY MEDICAL PHARMACY		BV6131205		INV	3/28/2016	-2	1185463001 00603-6161-21	128343 TRAZODONE 100MG TABS	DESYREL 100MG 100CT		Rx Required	mg/1		MI
9 VENOY MEDICAL PHARMACY		BV6131205		INV	2/26/2016	-1	1179697001 00781-7077-87	128398 METRONIDAZOLE 0.75% VAG GEL	METROGEL 0.75% 70GM		Rx Required	mg/g	7.5	5 MI
0 VENOY MEDICAL PHARMACY		BV6131205		INV	3/7/2016	-1	1181236001 13668-0047-05	128718 LAMOTRIGINE 100MG TABS	LAMICTAL 100MG 500CT		Rx Required	mg/1	100	MI
1 VENOY MEDICAL PHARMACY		BV6131205		INV	4/28/2016	-2	1192540001 13668-0047-05	128718 LAMOTRIGINE 100MG TABS	LAMICTAL 100MG 500CT		Rx Required	mg/1	100	MI
2 VENOY MEDICAL PHARMACY		BV6131205		INV	5/17/2016	-4	1196720001 13668-0049-60	128722 LAMOTRIGINE 200MG TABS	LAMICTAL 200MG 60CT		Rx Required	mg/1	200	MI
3 VENOY MEDICAL PHARMACY		BV6131205		INV	2/5/2016	-1	1175926001 13668-0134-01	128754 FELODIPINE ER 10MG TABS	PLENDIL ER 10MG 100CT		Rx Required	mg/1	10	MI
4 VENOY MEDICAL PHARMACY		BV6131205		RA	3/9/2016	1	1178242004 13668-0134-01	128754 FELODIPINE ER 10MG TABS	PLENDIL ER 10MG 100CT		Rx Required	mg/1	10	MI
5 VENOY MEDICAL PHARMACY		BV6131205		INV	2/22/2016	-1	1178714001 16729-0006-17	128844 SIMVASTATIN 40MG TABS	ZOCOR 40MG 1000CT		Rx Required	mg/1	40	MI

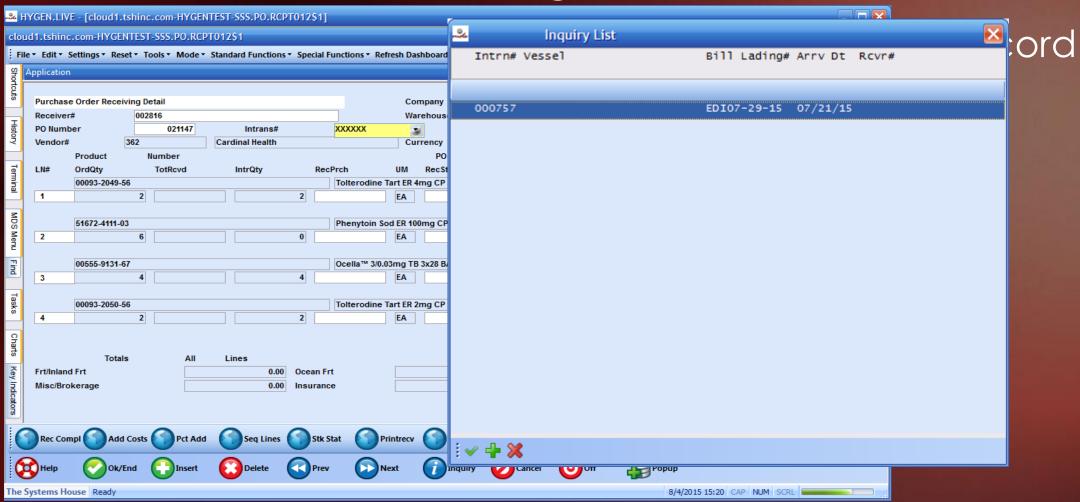
- Eliminates the need to manually update the newly created pedigree
- Greater level of accuracy, as information is coming directly from your vendor/manufacturer
- By streamlining this process, your company will save time and effort
- The Detail Purchase Order Inquiry will show the inventory as In Transit and the Expected Deliver Date when information has been received



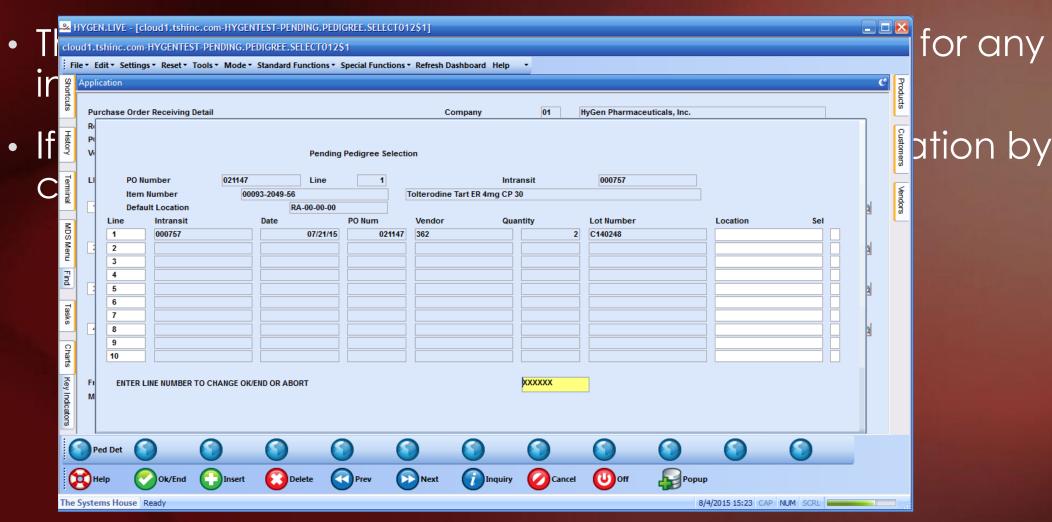
 At PO Receving time, you will select the Intransit record that was created

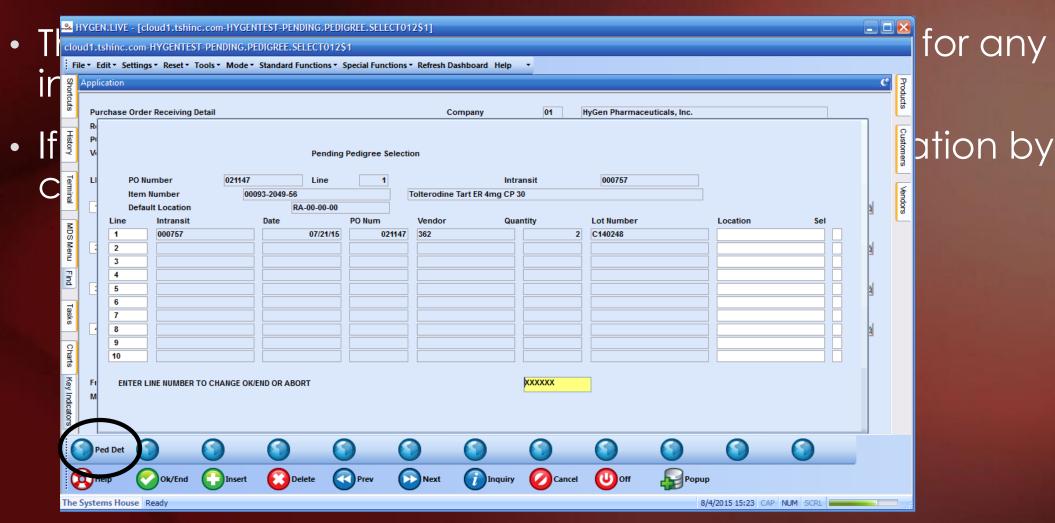


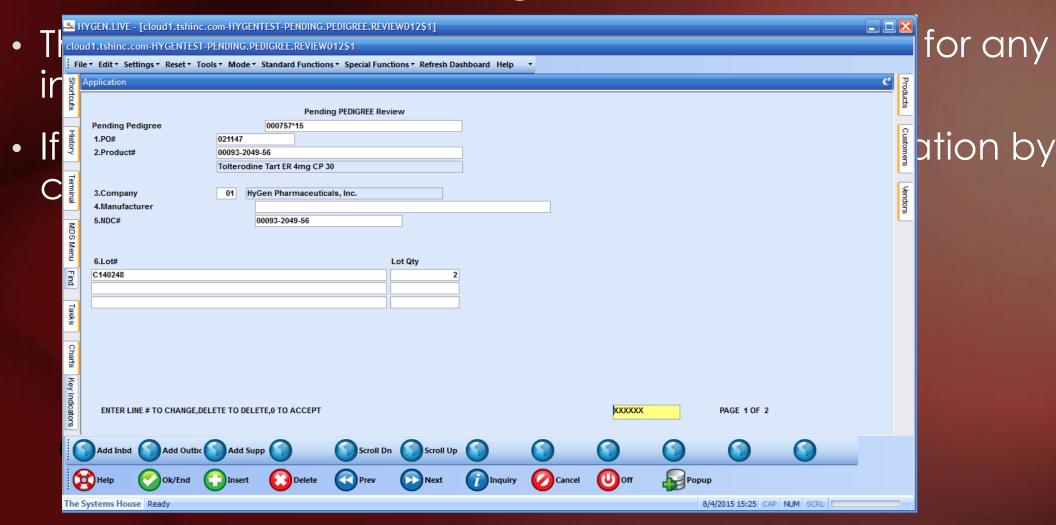
nsit record



- The Pending Pedigree Selection screen will show for any incoming Pedigree items
- If desired, you can see detailed Pedigree information by clicking on the Pedigree Detail button



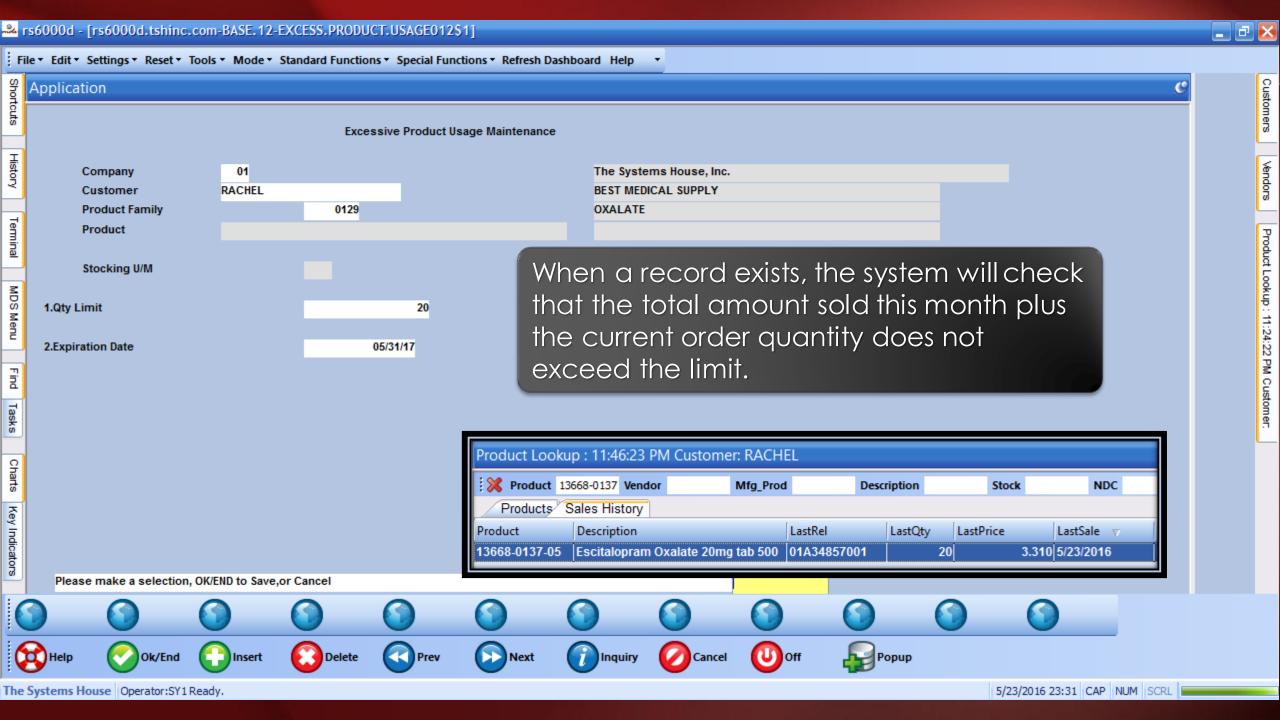




Suspicious Order Monitoring System (Excessive Product Usage)

- Typically used to monitor and control the quantity of controlled substances sold to a customer
- Can also be used for customer allocations to limit the amount of stock customer's can order. By doing this, you will be able to fulfill multiple customer orders, instead of one customer wiping out your stock
- This is constantly being updated, as we now have expanded the options for its usage:
 - By specific customer
 - By specific product family
 - By specific product





New Options On The Sale Of An Item

- For those selling controlled drugs:
 - Utilizing CSOS Integrated system with Legisym and their product Express222
 - MDS optional module
- Minimum Days to Expire
- Review of an Invoice
- Updated Reorder Labels



New Options On The Sale Of An Item Utilizing CSOS



New Options On The Sale Of An Item Utilizing CSOS

```
SORT CSOS.PARTNER DEA.NO PARTNERID USERNAME ID-SUPP LPTR 05:47:56pm 25 May 2016 PAGE 1
DEA#.... Partner ID Username......
```

FM2503692 102878 102871

1 records listed.

New Options On The Sale Of An Item Utilizing CSOS

SORT CSOS.XREF CSOS.TRACKNO FILEKEY FILENAME E222ORDERID SIGNED.DATE SENT.DATE ID-SUPP LPTR 05:54:07pm 25 May 2016 PAGE 1
Tracking Number File Key. File CSOS Order Id Date.... Date Shipped

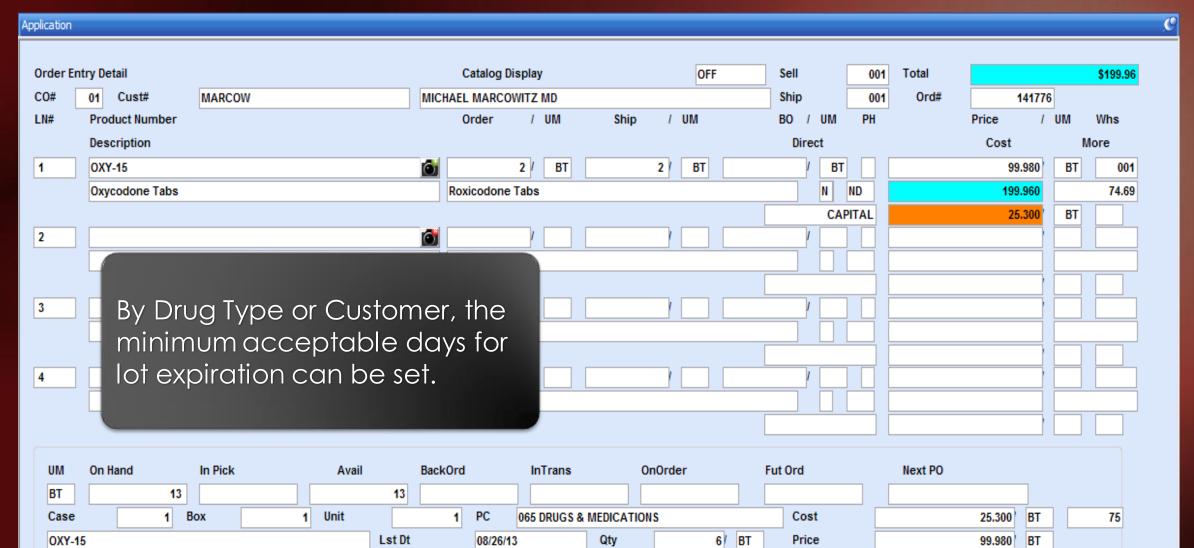
03/04/16

16XN00001 142091 WEB.ORDER 765174 16XN00002 142168 WEB.ORDER 766237

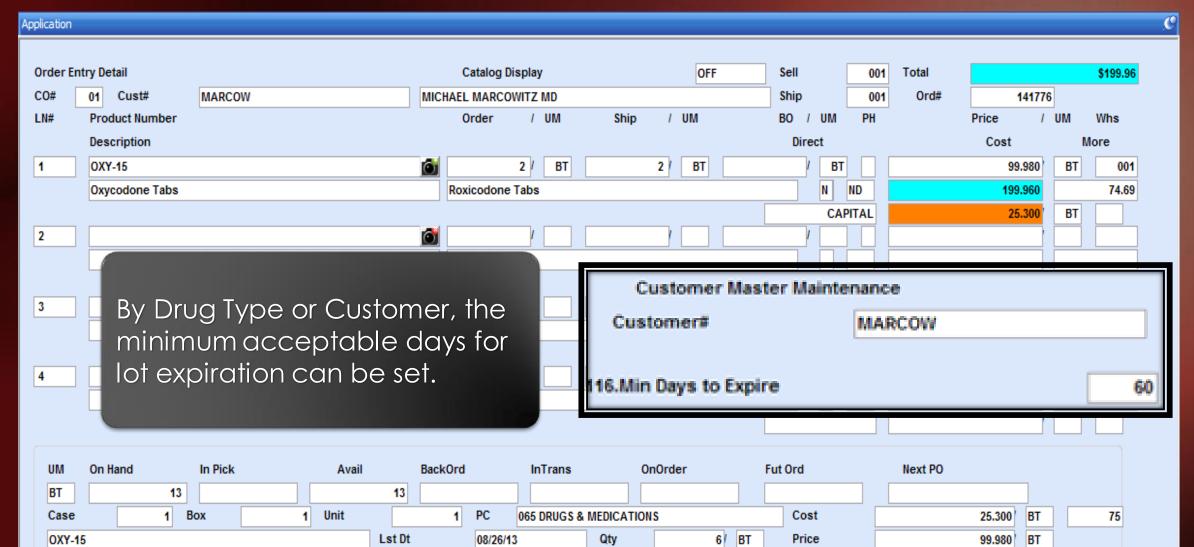
2 records listed.

The CSOS Order Report will show all incoming orders with their tracking numbers, date placed and shipped.

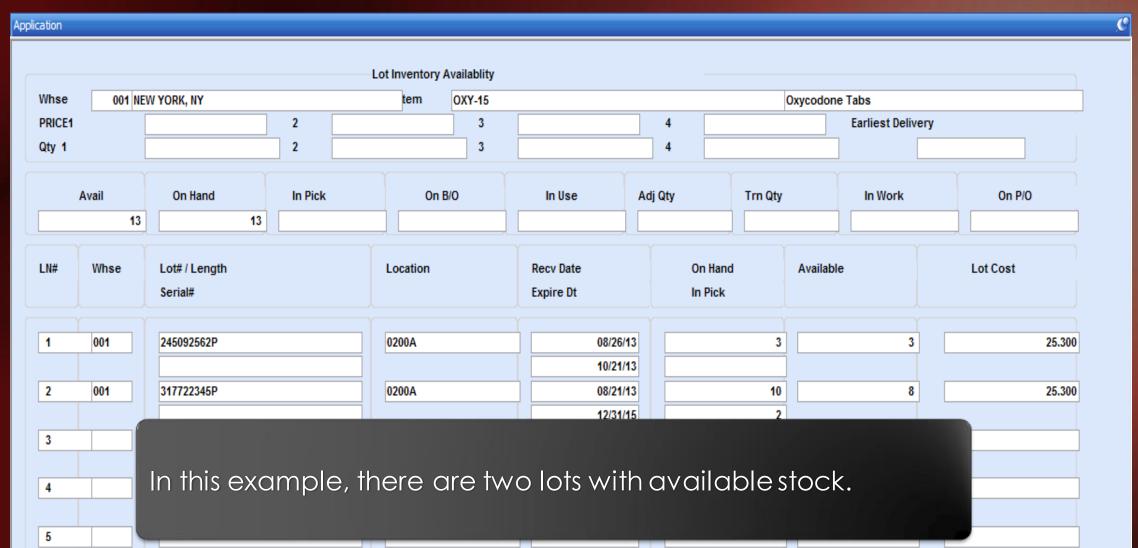
New Options On The Sale Of An Item Minimum Days To Expire



New Options On The Sale Of An Item Minimum Days To Expire



New Options On The Sale Of An Item Minimum Days To Expire



New Options On The Sale Of An Item Minimum Days To Expire

Applica	ation														(
Ord	der Entr	y Detail			Catalog Di	splay		OFF	Sell	001	Total			\$199.96	
CO	#	01 Cust#	MARCOW		MICHAEL MARCO	WITZ MD			Ship	001	Ord#		141776		
LN#	#	Product Number			Order	/ UM	Ship	/ UM	BO / UM	PH		Price	/ UM	Whs	
		Pro		Order I	Entry Lot Changes								1		
	LN#		t assigned Ustomer re						e to the	fie	ldin	2	Cost 25.3	A 00	
	3 4						+					4			
	5														
	7														
						Total Qua	antity		2		2				
		Enter line# to Chang	ge or 0 to Accept				XXXXX								

New Options On The Sale Of An Item

The Invoice

The state license and any additional licenses are printed.

Invoice

Remit To: THE SYSTEMS HOUSE 1033RT 46 E CLIFTON, NI 07013 Inv Number 01A02176 Page: 1

www.tshinc.com support@tshinc.com

** REPRINT(1) **

Tel: 973-777-8050 Fax: 973-777-3063

Bill-to: RACHEL

BEST MEDICAL SUPPLY
1033 RT 46
HOWELL NJ 07731

THE SYSTEMS HOUSE 1033 Route 46 E.

STE 202

ZZ9000059

Cartons: 0

Clifton, NJ 07013 Tel: 973-777-8050

Fax: 973-777-3063

Ship-to: 001 SY1

BEST MEDICAL SUPPLY
1033 RT 46
HOWELL NJ 07731

Invoice Date:	05/23/16	Salesman:	Inhouse Sales							
Ship Date:	05/23/16	Ship Via:	UPS - Next Day AM							
Our Order No:	01A34857001	Cardonar Grain Fr	1. 1000000							
		Terms:	2/10 NET 30							
License	CUST.MAST Exp: 01/11/	18 DE	A # BB4704753 Exp:12/31/17 LicExp:01/11/18							
Instructions:										

	•								
Line		Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
	13668-0137-05 Escitalopram Oxalate 20mg tab NDC#: 13668-0137-05 Prod Size: 500 Prod Family: OXALATE AMF: 82,257.30 Lot #: WIJD21 Expiration Date: 12/31/18	5 20	EA	20	50	0	3.310	EA	66.20
(SUB TOTAL Additional License Information State License for NJ - Origin 1154646 Exp 12/31/17 State License for NJ - Destina GB T. MAST Exp 01/11/18			\cap					66.20 \$66.20

Weight 0.0 *Non-Taxable

New Options On The Sale Of An Item

The Invoice

NDC#, Drug Form#, Size, Family and AWP print on the forms.

Invoice

THE SYSTEMS HOUSE 1033 Route 46 E. STE, 202 Clifton, NJ 07013 Tel: 973-777-8050 Tel: 973-777-8050 Fax: 973-777-3063 Fax: 973-777-3063

Remit To: THE SYSTEMS HOUSE 1033RT 46 E CLIFTON, NJ 07013

Inv Number 01A02176 Page: 1

www.tshinc.com support@tshinc.com

Bill-to: RACHEL BEST MEDICAL SUPPLY 1033 RT 46 HOWELL NJ 07731

ZZ9000059

Ship-to: 001 3Y1 BEST MEDICAL SUPPLY 1033 RT 46 HOWELL NJ 07731

Invoice Date:	05/23/16	Salesman:	Inhouse Sales						
Ship Date:	05/23/16	Ship Via:	UPS - Next Day AM						
Our Order No:	01A34857001	Customer Order #	#: 1320323						
		Terms:	2/10 NET 30						
License	CUST.MAST Exp: 01/11/	18 D	EA # 884704753 Exp:12/31/17 LicExp:01/11/18						
special nstructions:									

=									
Line	Item Number / Description	Olume	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
	1 13668-0137-05 Escitalopram Oxalate 20mg tab NDCS: 13668-0137-05 Prod Size: 500 Prod Family: OXALATE AMP: \$2,257.30 Lot W: W1JD21	5 20	EA	20		0	3.310	EA	66.20
	ration Date: 12/31/18								
	SUB TOTAL								66.20
	INVOICE TOTAL								\$66.20
	Additional License Information State License for NJ - Origin								
	1154646 Exp 12/31/17								
	State License for NJ - Destina CUST.MAST Exp 01/11/18	tion							
	Cost. Note that the cost of the cost								
Cod	one: 0 Woight 0 0								* Non-Taxable

Cartons: 0 Weight 0.0

** REPRINT(1)

Reorder Label

This is an example of a Reorder Label. This type of label is typically used for retail pharmacies.

NDC# 13668-0137-05
Escitalopram Oxalate 20mg tab
500
TORRENT PHARMA INC.
Cost \$3.310

AWP \$225.730 973-777-8050

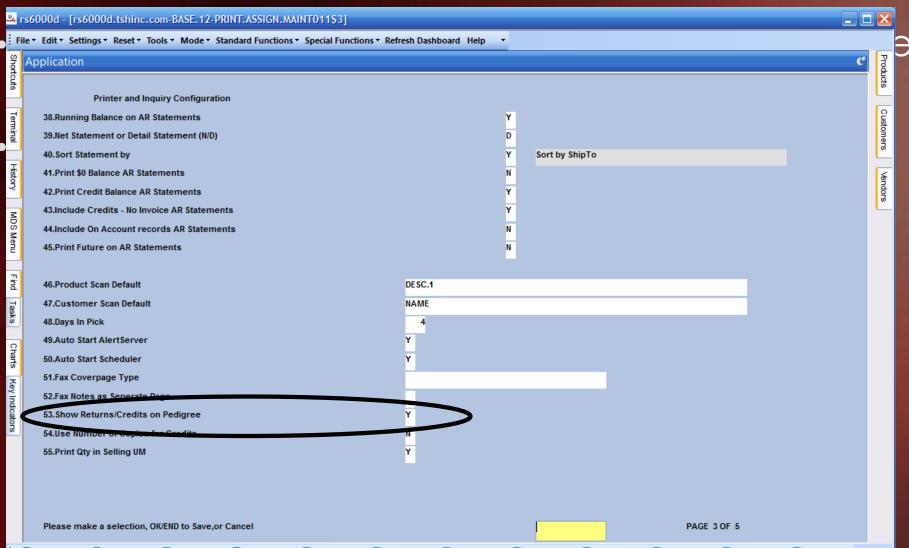
Updated Track and Trace Operations The Pedigree (T3)

- Option to show credits/returns on the printed Pedigree
- Options on when to print the Pedigree
- Now added the option for Repackaging
 - MDS optional module
- The three sections of the Pedigree
 - Transaction Information (TI)
 - Transaction History (TH)
 - Transaction Statement (TS)

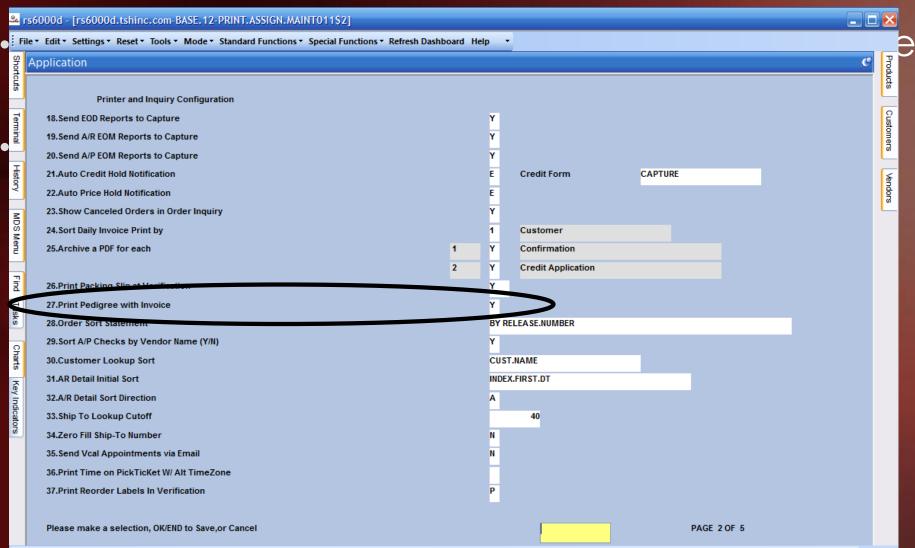
Updated Track and Trace Operations The Pedigree (T3)

- Option to show or not show credits/returns on the pedigree
- When to print the pedigree

Updated Track and Trace Operations The Pedigree (T3)



Updated Track and Trace Operations The Pedigree (T3)



Updated Track and Trace Operations The Pedigree (T3) – Customer Option

rs6000d.tshinc.com-BASE.12-CUST.MAST.MAINT011S3 File * Edit * Settings * Reset * Tools * Mode * Standard Functions * Special Functions * Refresh Dashboard Help Application **Customer Master Maintenance** NOTES 100083 Internal # Customer# BEST Manifest/Routing Info 83.Call Day 84.Primary Route Stop 85. Secondary Route RT4 7 ROUTE 4 Stop Customer 94.Intl Customer Flag 95.Bill to Print Flag Form Flags 86.Ship Label Template 96.Combined Statement 87.Pack Slip Template 97.Print Statement 88.Pick Slip Price 89.Pick Slip Copies 98.Sort In 90.Pack Slip Copies Fax Form Fax Number 99.Prt Ped w/Inv 91.Invoice at Packing 100.Pickslip: 973-777-1481 973-777-1482 92.Conf Popup in OE 101.Packslip: 93.Invoice Copies 102.Invoices: 973-777-3063 **EMail Form** 103.Statement: 973-777-3063 EMail Address 104.Pickslip JOHNSENR@TSHINC.COM 105.Packslip 106.Invoices JOHNSENR@TSHINC.COM JOHNSENR@TSHINC.COM 107.Statement 108.Conf PAGE 3 OF 7

Updated Track and Trace Operations The Pedigree (T3)

For those using Remotenet, your customer's can view and print their Pedigree's directly from the website.



The Systems House, Inc.

Drug Supply Chain Security Act Document Doc#0000001015

(TI) Transaction Information

| Drug Name, Strength, Dosage Form, Container Size:
Escitalopram Oxalate 20mg tab 500 , 20 mg/1, TABLET, 500 TABLET in 1 BOTTLE (13668-137-05)	O1A02176				
NDC: 13668-0137-05	Document Type:	Invoice			
Lot Number	Quantity	Unique Serial #	W1JD21	20	O5/23/16
Reference Date:	O5/23/16	O5/23/16			

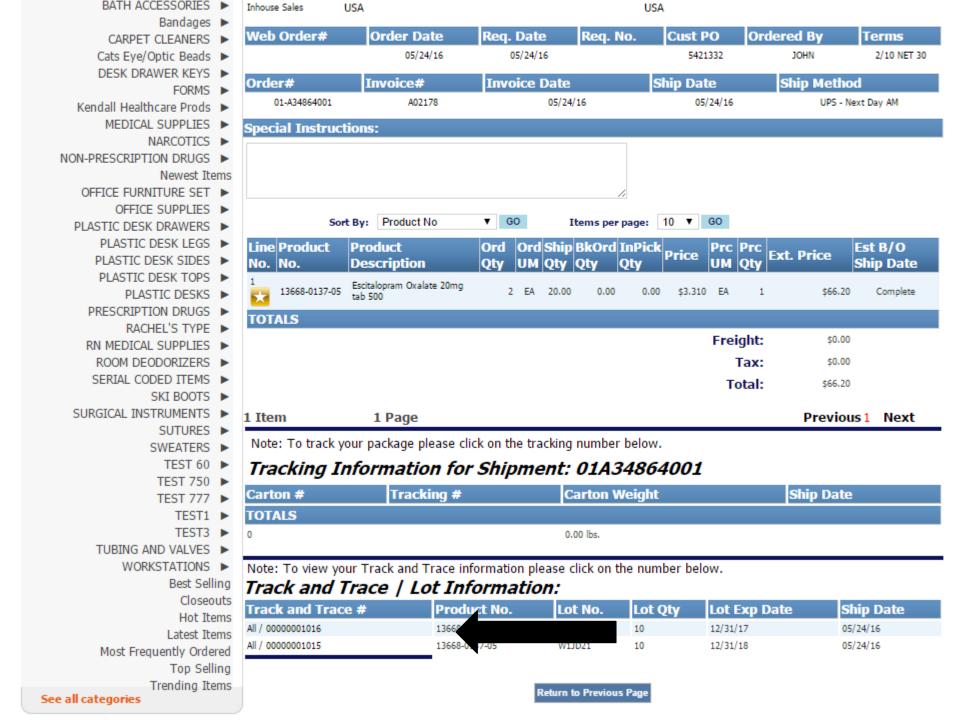
(TH) Transaction History

Manufacturer's Name: 1366 Manufacturer's information:

SOLD TO: Name: ALCOR Address: 121 1ST ST	SHIPPED TO: Name: ALCOR Address: 121 1ST ST CHICAGO IL 55555 Date Received & Ref:
SOLD TO: Name: The Systems House, Inc. Address: 1033 Route 46 E. Clifton NJ 07074 Date Purchased & Ref: 05/23/16 PO#01135960	SHIPPED TO: Name: The Systems House, Inc. Address: 1033 Route 46 E. Clifton NJ 07074 Date Received & Ref: 05/23/16 RC#008610
SOLD TO: Name: BEST MEDICAL SUPPLY Address: 1033 RT 46	SHIPPED TO: Name: BEST MEDICAL SUPPLY Address: 1033 RT 46 HOWELL NJ 07731 Date Received & Ref : 05/23/16 01A34857001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



Our Specials + | -

Current Order + |
Product Qty UM Price Ext. Price

Showing Last 5 items 0 Items

Check Out

Total

\$0.00

Live Help

Do you have questions?

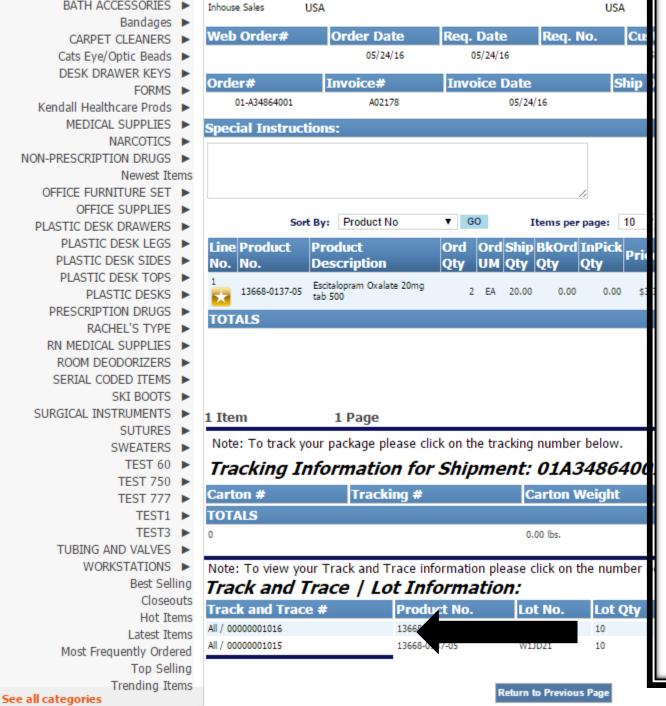
Call us: 973-777-8050

E-mail us: support@tshinc.com

Your Account Representative

Sales Contact : Fred Smith

Call: 973-777-8050 E-mail: 12345FFF



Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Escitalopram Oxalate 20mg tab 500, 20 mg/1, TABLET, 500 TABLET in 1 BOTTLE (13668-137-05) 01A02176 Reference Number: Invoice NDC: 13668-0137-05 Document Type:

Lot Number Quantity Unique Serial # Reference Date: W1JD21 20

(TH) Transaction History

Manufacturer's Name: Manufacturer's information:

SOLD TO: SHIPPED TO: Name: ALCOR ALCOR Address: 121 1ST ST Address: 121 1ST ST CHICAGO IL 55555 CHICAGO IL 55555 Date Purchased & Ref : 05/18/16 21031112 Date Received & Ref SOLD TO: SHIPPED TO: The Systems House, Inc. The Systems House, Inc. Address: 1033 Route 46 E. Address: 1033 Route 46 E. Clifton NJ 07074 Clifton NJ 07074 Date Purchased & Ref: 05/23/16 PO#01135960 Date Received & Ref: 05/23/16 RC#008610 SHIPPED TO: SOLD TO: BEST MEDICAL SUPPLY BEST MEDICAL SUPPLY Address: 1033 RT 46 Address: 1033 RT 46 HOWELL NJ 07731 HOWELL NJ 07731 Date Purchased & Ref: 05/23/16 01A34857001 Date Received & Ref: 05/23/16 01A34857001 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref Date Received & Ref SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref Date Received & Ref

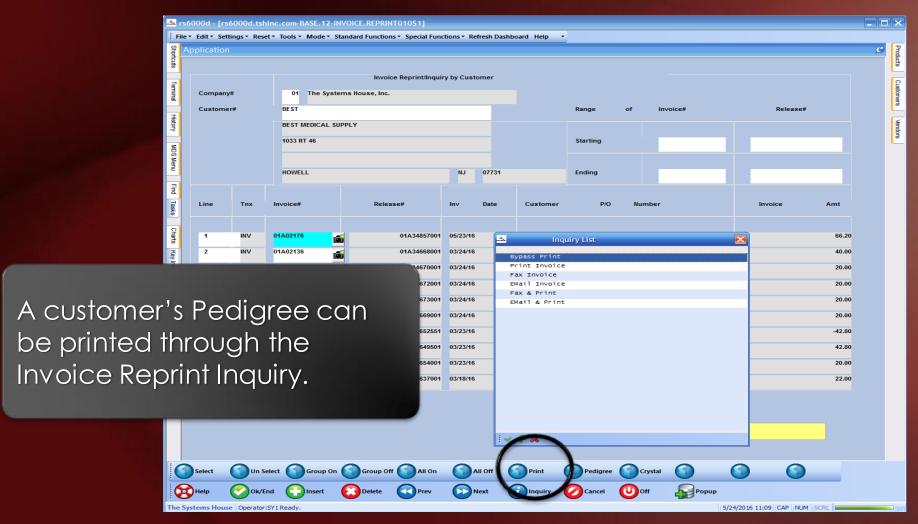
(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582:
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

of 1

05/23/16

Updated Track and Trace Operations The Pedigree (T3) - Invoice Reprint Inquiry



Updated Track and Trace Operations Repackaging Pedigree

	(US) MED SOURCE	US MedSource, LL		ecurity Act	(Repackager's Name) Document Doc# 00000001366	
	(TI) Transaction Information: Description of the Control of the Co	iner Size: LIDOCAINE	HCL 2% MDV INJECT ce, LLC, Sarasota, FL	-	-4414	
	(TI) Transaction information: Description of Drug Received	(TH) Transaction H Manufacturer's Name Manufacturer's inform	HOSPIRA WOR		IE MOUNTAIN, GA 30083 877-946-7747	
	Product Information: USE HOS-0427702 Lot#: 41-407-DK-01 Cby: 25 Supplier: GENERAL INJECTIBLES & VAC BO SUMMIT VIEW LANE BASTIAN, VA 24314	SOLD TO: Name: US MEDSO Address: 2280 TRAIL SARASOTA Date Purchased & Re	MATE DRIVE A FL 34243	LOT 000026	SHIPPED TO: Name: US MEDSOURCE SARASOTA Address: 2280 TRAILMATE DRIVE SARASOTA FL 34243 Date Received & Ref: 06/08/15	OC 01001014001
Utilizina the	Date Received/Refe: 05/06/15	::SOLD TO: Name: THOMAS.G	SERIO, MD SUKEE COMMONS EE FL 32308 : 01/14/16	DR 01110644001	SHIPPED TO: Name: THOMAS G SERIO, MD Address: 1802 MICCOSUKEE COMMONS DI TALLAHASSEE FL 32308 Date Received & Ref: 01/14/16 01	R I110644001
System, you					SHIPPED TO: Name: Address:	
implement	repackaging	9			Date Received & Ref :	
directly thro	ough MDS.				SHIPPED TO: Name: Address:	
	2280 TRAILMATE DRIVE SARASOTA, FL 34243 Date Purchased/Ref#: 06/03/15 DOC 2017? NDC#: 00409427702 Unique Sertal #:	(A) is authorized as requ (B) received the product	tement: This Compar ared under the Drug Supply from a person that is author	Chain Security Act; tized as required under th	Date Received & Ref : ach applicable subsection of FDCA Sec. 581 be Drug Supply Chain Security Act; or owner of the product, as required under section 582:	1 (27) (A) – (G)

(D) did not knowingly ship a suspect or illegitimate product;

(F) did not knowingly provide false transaction information; and

(E) had systems and processes in place to comply with verification requirements under section 582;

Page: 1

The Pedigree The Three Sections Of The Pedigree

- TI Transaction Information -The description of the drug
- TH Transaction History Tracks each step of the supply chain, back to the manufacturer
- TS Transaction Statement Provides the legal statement of compliance

The Systems House, Inc.

Drug Supply Chain Security Act Document Doc# 00000001015

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Escitalopram Oxalate 20mg tab 500, 20 mg/1, TABLET, 500 TABLET in 1 BOTTLE (13668-137-05) 01A02176 Reference Number:

NDC: 13668-0137-05

Lot Number	Quantity	Unique Serial #
W1JD21	20	

Document Type: 05/23/16 Reference Date:

(TH) Transaction History

SOL

SOLD TO:

Name:

Address:

Manufacturer's Name: Manufacturer's information:

SOLD TO:	SHIPPED TO:
Name: ALCOR	Name: ALCOR
Address: 121 1ST ST	Address: 121 1ST ST
CHICAGO IL 55555	CHICAGO IL 55555
Date Purchased & Ref: 05/18/16 21031112	Date Received & Ref :

.D TO:	SHIPPED TO:
10: The Systems House Inc	N Tho

vame:	The Systems House, Inc.		Name:	rne Systems House, in
ddress:	1033 Route 46 E.		Address:	1033 Route 46 E.
	Clifton NJ 07074			Clifton NJ 07074
	D OF looks	DO#0440F000		D

RC#008610 Date Purchased & Ref : 05/23/16 PO#01135960 Date Received & Ref

DLD T	0:	SHIPPE	D TO:
me:	BEST MEDICAL SUPPLY	Name:	BEST MEDICAL SUPPLY

Address: 1033 RT 46

HOWELL NJ 07731 Date Purchased & Ref: 05/23/16 01A34857001 Date Received & Ref: 05/23/16

SHIPPED TO:

Name: Address:

Address: 1033 RT 46

HOWELL NJ 07731

01A34857001

The Pedigree The Three Sections Of The Pedigree

TI – Transaction Information -

The Systems House, Inc.

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
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- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Document Doc# 00000001015

3668-137-05)

01A02176

Invoice

05/23/16

 TS – Transaction Statement – Provides the legal statement of compliance

Manufacturer's Name: Manufacturer's information:

SOLD TO: Name: ALCOR Address: 121 1ST ST

CHICAGO IL 55555

Date Purchased & Ref: 05/18/16

SOLD TO: The Systems House, Inc.

Address: 1033 Route 46 E. Clifton NJ 07074

Date Purchased & Ref: 05/23/16

SHIPPED TO:

SHIPPED TO:

The Systems House, Inc. Address: 1033 Route 46 E.

CHICAGO IL 55555

Clifton NJ 07074

ALCOR

Address: 121 1ST ST

Date Received & Ref:

RC#008610 Date Received & Ref: 05/23/16

SOLD TO: BEST MEDICAL SUPPLY Name:

Address: 1033 RT 46

Address:

HOWELL NJ 07731

Date Purchased & Ref: 05/23/16 01A34857001 SHIPPED TO:

BEST MEDICAL SUPPLY Address: 1033 RT 46

HOWELL NJ 07731

Date Received & Ref: 05/23/16 01A34857001

SOLD TO: SHIPPED TO: Name:

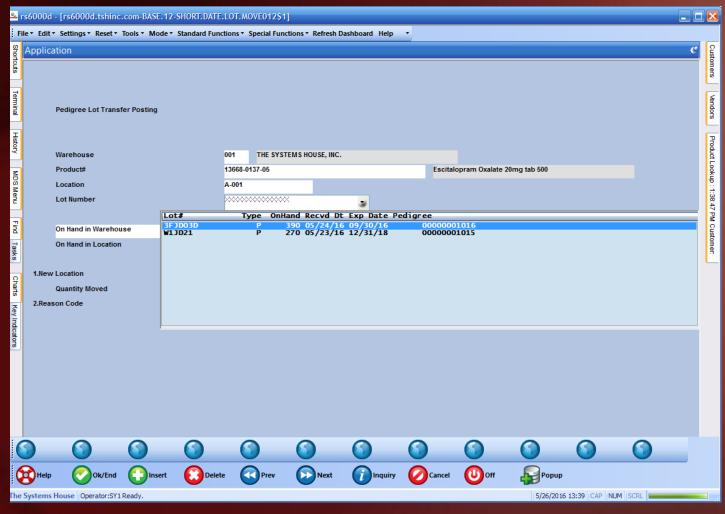
21031112

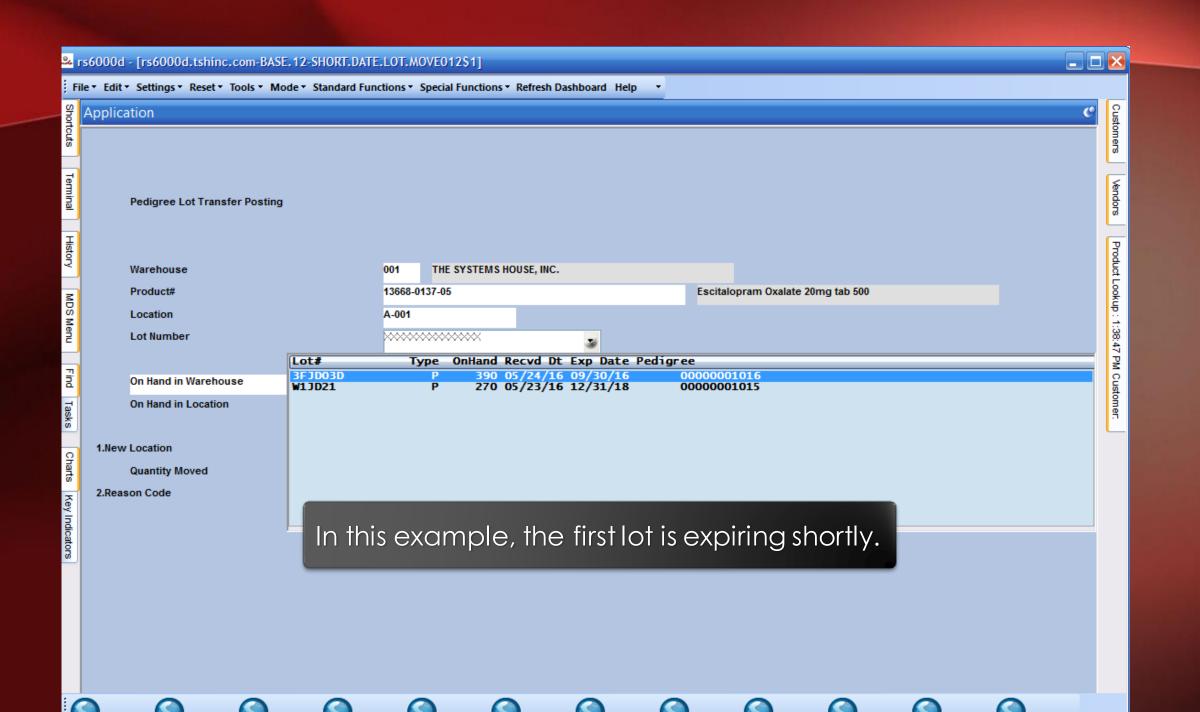
PO#01135960

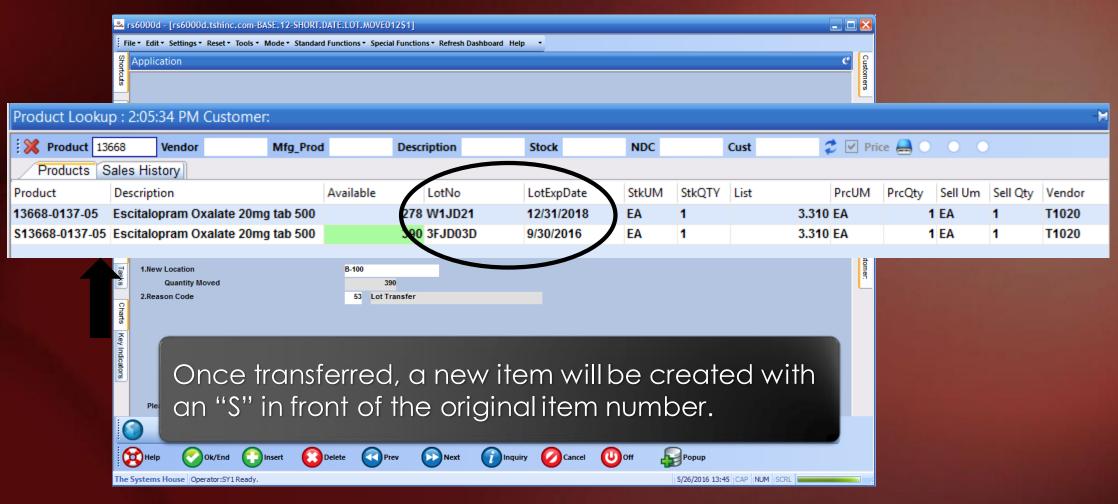
Name: Address:

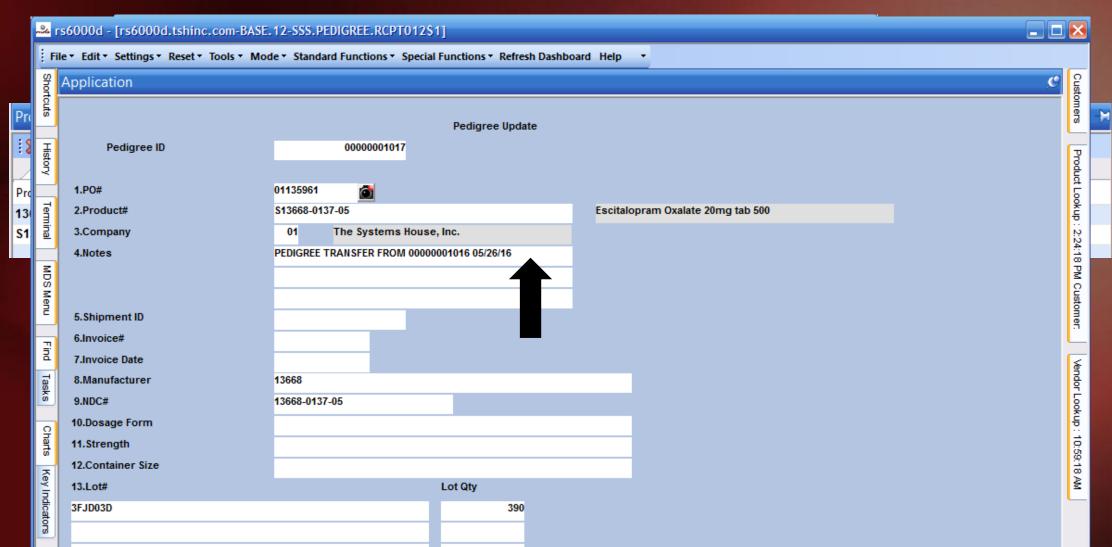
- New option to sell inventory that is near the expiration date
- This option provides the ability to split the inventory of one item into multiple items
- A new pedigree is created for the newly created, short dated item
- Pricing and Costing can be different than the original item.
 One reason, the different price and cost will not affect the original item
- Most common use is for specials, deals, and EDI Partners, such as Pharmsaver and Surecost

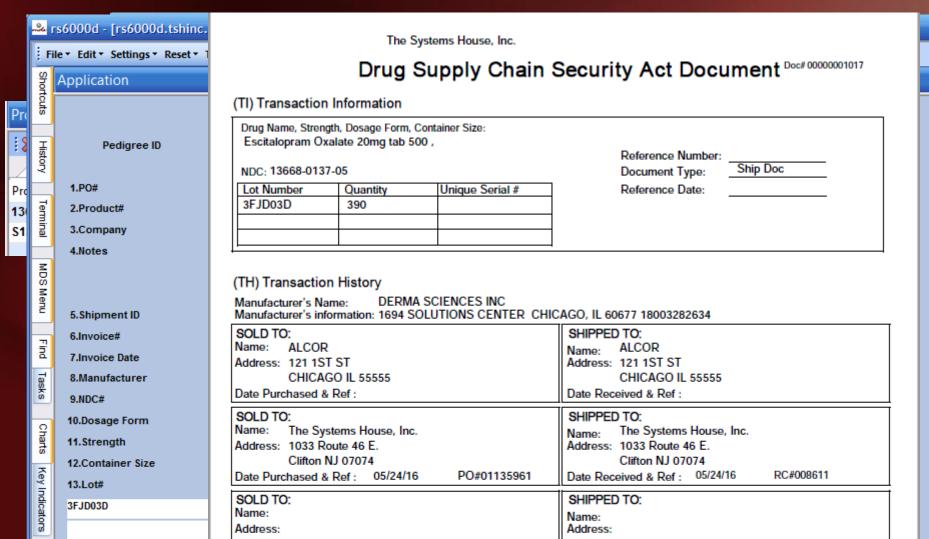












Customers

Product Lookup

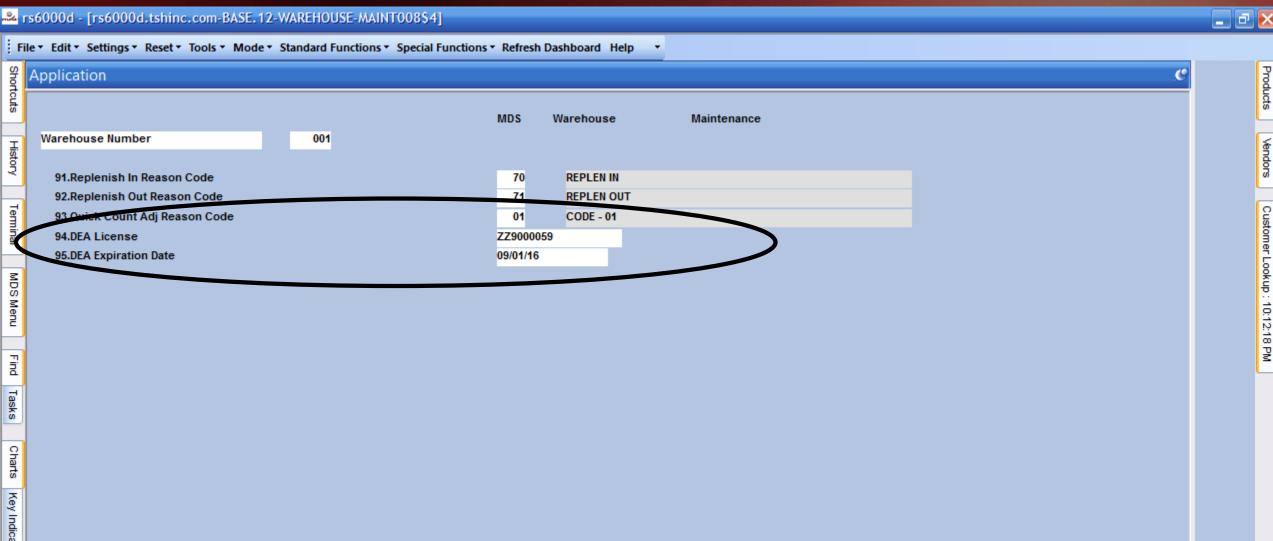
2:24:18 PM Customer.

Vendor Lookup: 10:59:18 AM

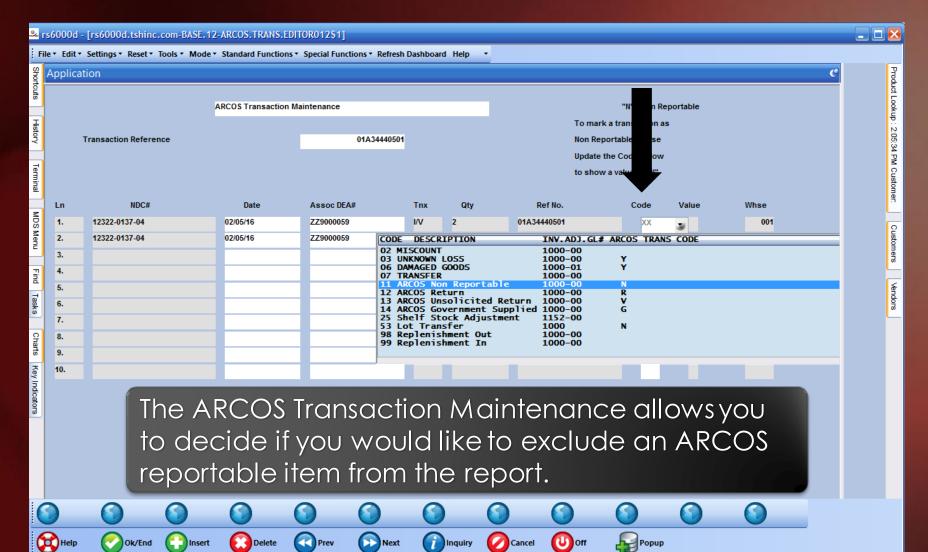
ARCOS Reporting and Updates

- Separate DEA# by Warehouse
- ARCOS Transaction Maintenance
- DSCSA Licensing Reports
 - Track licenses and keep information up-to-date
 - Use Verification forms for quarterly or annual review
 - Now on the website
- Location Lot Movement

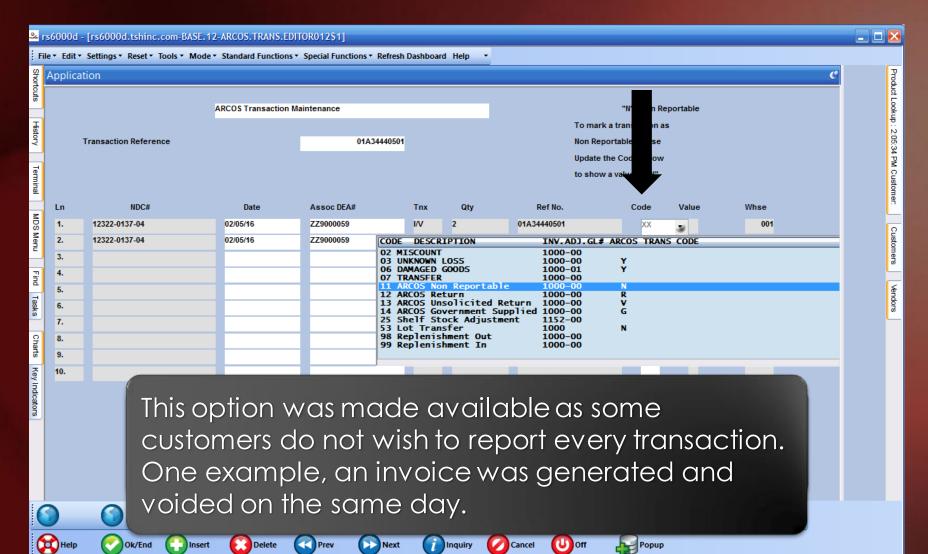
ARCOS Reporting and Updates Separate DEA# By Warehouse



ARCOS Reporting and Updates Arcos Transaction Maintenance



ARCOS Reporting and Updates Arcos Transaction Maintenance





DRUG SUPPLY CHAIN SECURITY ACT

DSCSA Licensing Reports

- Customer, Ship To, Vendor, and Company licensing reports
 - Reports options to see expiration dates for DEA, Wholesale License, or Additional Licenses
 - Specify the Expiration Date cutoff

Date: 05/26/16 : 1		Customer License Expiration Re	eport	Page
		By License Expiration Date For Dates 08/31/16 to 08/31/16	6	
Customer	DEA#/Lic/Desc	Exp Dt Addl License	Exp Dt Lic Name	Prt
CCFW2 CAROLINA CENTER FOR WOMEN ATTN: DIANA 421 N WENDOVER RD CHARLOTTE, NC 28211 Ph: 704-367-2255 Em:sandy@ccfw.net	BC5960782 32026 DARRYL PEARSON MD	08/31/16 08/31/16		
CDCHC COUNTRY DOCTOR COMMUNITY HEALTH 500 19TH AVENUE EAST SEATTLE , WA 98112 Ph: 206-299-1937 En:olbrown@cdchc.org	MD 00031275 SARAH BBITH HUFBAUER MD	08/31/16		
CFPC1 VISTA FAMILY HEALTH CENTER ATTN ORANGE CLINIC 3569 ROUND BARN CIRCLE	BW8473477 A80946 LISA MARIA WARD	05/31/18 08/31/16		



DRUG SUPPLY CHAIN SECURITY ACT

DSCSA Licensing Reports

- Customer, Ship To, Vendor, and Company licensing reports
 - Reports options to see expiration dates for DEA, Wholesale License, or Additional Licenses
 - Specify the Expiration Date cutoff

Date: 05/26/16 : 1		Customer License Expiration Re	eport	Page
		By License Expiration Date For Dates 08/31/16 to 08/31/16	6	
Customer	DEA#/Lic/Desc	Exp Dt Addl License	Exp Dt Lic Name	Prt
CCFW2 CAROLINA CENTER FOR WOMEN ATTN: DIANA 421 N WENDOVER RD CHARLOTTE, NC 28211 Ph: 704-367-2255 Em:sandy@ccfw.net	BC5960782 32026 DARRYL PEARSON MD	08/31/16 08/31/16		
CDCHC COUNTRY DOCTOR COMMUNITY HEALTH 500 19TH AVENUE EAST SEATTLE , WA 98112 Ph: 206-299-1937 En:olbrown@cdchc.org	MD 00031275 SARAH BBITH HUFBAUER MD	08/31/16		
CFPC1 VISTA FAMILY HEALTH CENTER ATTN ORANGE CLINIC 3569 ROUND BARN CIRCLE	BW8473477 A80946 LISA MARIA WARD	05/31/18 08/31/16		



DRUG SUPPLY CHAIN SECURITY ACT

DSCSA Licensing Reports

Customer and Vendor Verification forms

HPSRX ENTERPRISES INC

Vendor/Shipto License Verification Request

Page:

Vendor/Shipto

Date: 05/26/16

DEA#/Lic/Desc

RH0314271

0219000843

Exp Dt Addl License

10/31/15

02/29/16

Exp Dt Lic Name

HOSPIRA HOSPIRA WORLDWIDE INC

75 Remittance Drive

Ste 6136

CHICAGO, IL 60675-6136

Ph: 877-946-7747

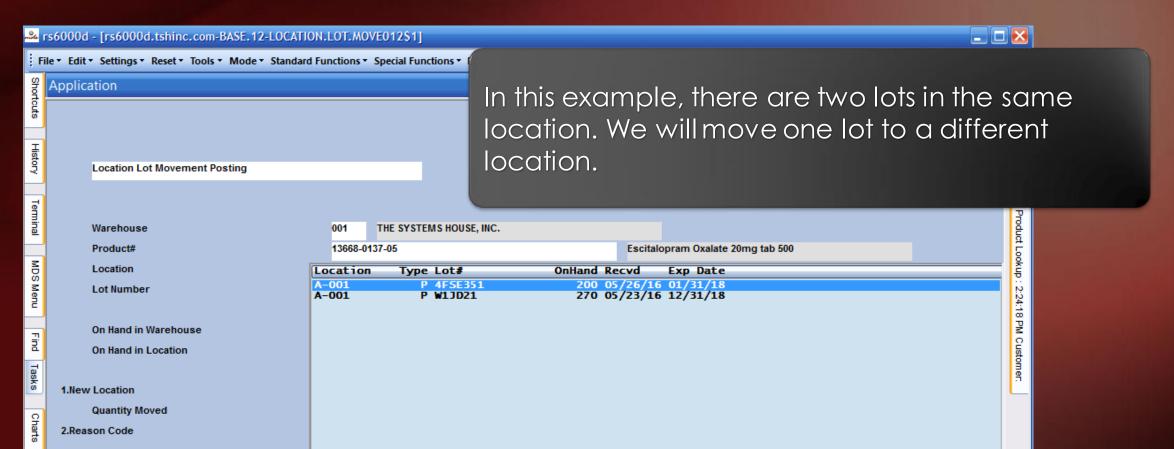
Please review the license information we currently have on file for your account and advise us of any changes as soon as possible.

Moving Pedigree Items To Different Locations Location Lot Movement

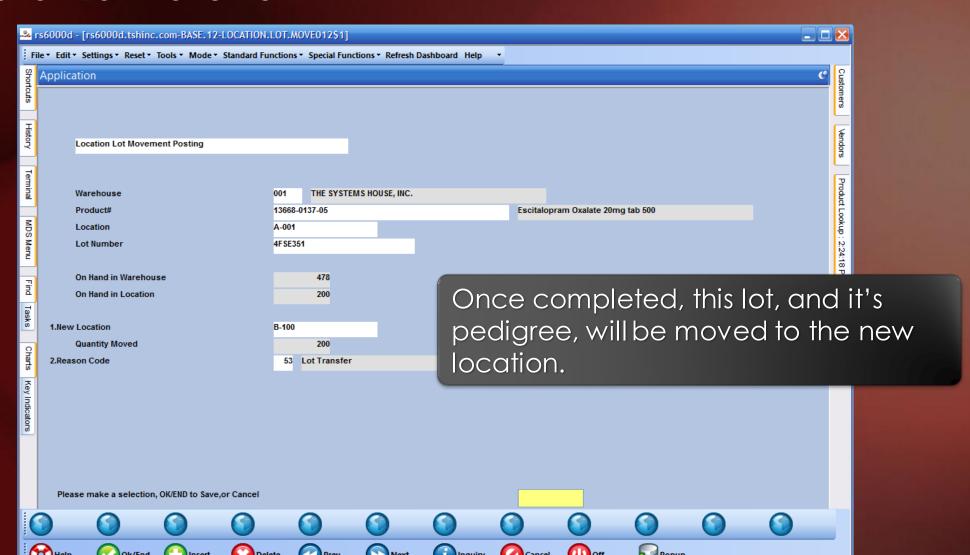
 Provides the ability to move specific lots from one location to another

Moving Pedigree Items To Different Locations Location Lot Movement

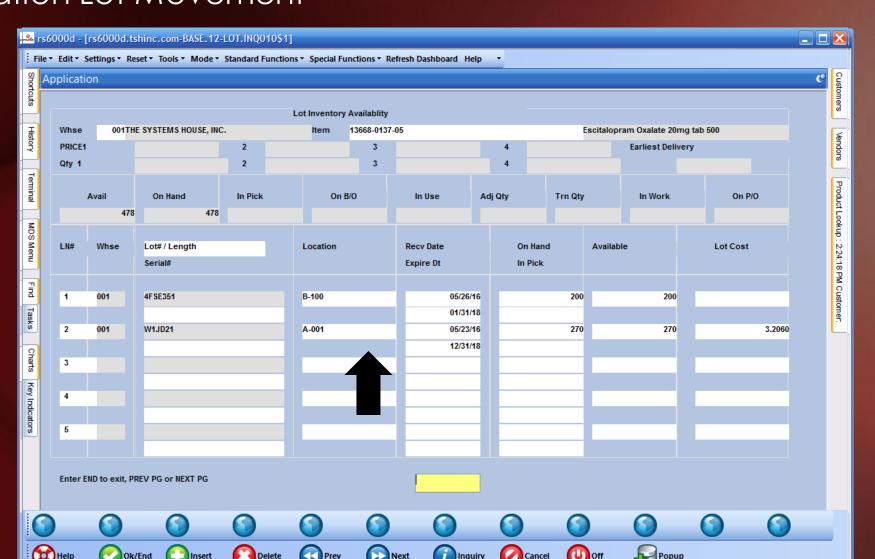
 Provides the ability to move specific lots from one location to another



Moving Pedigree Items To Different Locations Location Lot Movement



Moving Pedigree Items To Different Locations Location Lot Movement



Pharma Enhancements Recap

- Integration of FDA and Medispan product catalogs
- HDMA EDI 856/E-Pedigree Track and Trace
- Suspicious Order Monitoring System (Excessive Product Usage)
- New Options on the Sale of an Item
- Updated Track and Trace Operations
- Pedigree Lot Transfer Posting
- ARCOS and Reporting Updates
- Moving Pedigree Items to Different Locations

