LET'S BEGIN

Note that this online tool has been slightly modified from the published tool although the functionality has not been compromised.

1. Open the Access Database file.
2. Read the directions carefully. You may print the directions or refer back to them by clicking on the "Open Directions" button on the main form. These directions were provided by the original tool by George et al.
3. MRCI Additional Instructions were created during the research study to facilitate consistency among the different coders. Click here to access them: MRCI Additional Instructions
4. The main form will open. On the Top left, enter the patient ID in the input box labeled "ID".
5. The input box "ID (PDF)" may be used to enter the patient information to link the patient ID to the medical records.
6. The input box below that, Med Type, contains a drop down menu for the 3 medication types: Disease Rx; Other Rx; OTC. Begin with Disease Rx.
7. The second column starts with an input box labeled Med Count. Enter the number of medications related to the medication type selected. For example, if Disease Rx is selected, then the number of medications entered should be the number of Disease Rx medications only.
8. The input box Blank Freqs is used to track any frequencies missing from the electronic medical record.
9. The next column contains boxes that will automatically be calculated and no input will be accepted: Dosage Form; Frequency; Directions; Total Score.
10. Form is ready to accept medication regimen information input. See instructions for example patient regimens below.
11. After medication regimen information for the Disease Rx is entered, use the navigation buttons: Prev ID; Next ID; Prev Type; Next Type.
    a. Prev ID will go to the prior patient ID that has been input. Prev ID may be clicked numerous times.
    b. Next ID will move forward in the patient ID's that have been input. However, it will not move on to the next ID unless there is a medication count entered. A zero may be entered in the medication count in order to move from that record.
    c. Moving from different ID's can also be accomplished by entering the ID manually into the ID input box on the far top left and pressing enter.
    d. Prev Type will move to the previous medication type screen and Next Type will move forward to the next medication type in the following order: Disease Rx, Other Rx, OTC.
12. The Delete Current Record button will delete only the medication type record and not the entire patient ID.
13. The Score Summary Report button will display the culmination of data entered by patient ID. See screen shot at the end of the document.
14. The Special Notes section in the body of the form can be utilized as needed. For example comments regarding coding, comments specific to the patient or questions. The Special Notes Report will list in order of patient ID.

NOW WE ARE READY TO CODE

PATIENT 1

StudyID: DM0556 – Disease Cohort Diabetes		
Rx Name	**Rx Dose**	**Rx Frequency**
Sitagliptan (JANUVIA) 50 mg tablet	50	DAILY
Simvastatin (ZOCOR) 80 mg tablet	80	NIGHTLY AT BEDTIME
Gabapentin (NEURONTIN) 300 mg capsule	900	NIGHTLY AT BEDTIME
Omeprazole (PRILOSEC) 20 mg capsule	20	DAILY
Lancets (LANCETS,ULTRA THIN)	1	DAILY
Metformin (GLUCOPHAGE-XR) 500 mg 24 hr tablet	1000	2 TIMES DAILY
Propranolol (INDERAL) 40 mg tablet	20	2 TIMES DAILY
GlipiZIDE (GLUCOTROL XL) 10 mg 24 hr tablet	10	DAILY WITH BREAKFAST
Aspirin 81 mg Tab		DAILY
Blood-glucose meter (PRECISION XTRA MONITOR)	1	ONCE PRN
Blood sugar diagnostic (PRECISION XTRA TEST) strip	1	DAILY

1. Determine the number of medications in each medication type:
   Disease Rx: 3
   Other Rx: 3
   OTC: 2
2. Disease Rx Coding: Ensure Disease Rx is selected for Med Type.
   a. Sitagliptan (JANUVIA) 50 mg tablet
      i. Click Capsule/Tab under Section A – Dosage Forms
      ii. Click Once Daily "+" under Section B – Dosing Frequency
   b. Metformin (GLUCOPHAGE-XR) 500 mg 24 hr tablet
      i. Capsule/Tab is already selected. Dosage forms are selected only once for a particular medication type. Leave as is.
      ii. Click Twice Daily "+" under Section B – Dosing Frequency
      iii. Click Multiple units at once "+" under Section C – Additional Directions as the medication prescribed is 500mg and the prescribed dose is 1000mg
   c. GlipiZIDE (GLUCOTROL XL) 10 mg 24 hr tablet
      i. Capsule/Tab is already selected under Section A – Dosage Forms
      ii. Click Once Daily "+" under Section B – Dosing Frequency
      iii. Click Take at specified time "+" under Section C – Additional Directions as the prescription indicates taking with breakfast (time of day)
      iv. Click Relation with food/liquid "+" under Section C – Additional Directions as the prescription indicates taking with breakfast (meal)
   d. Lancets (LANCETS,ULTRA THIN), Blood-glucose meter (PRECISION XTRA MONITOR), Blood sugar diagnostic (PRECISION XTRA TEST) strip
      i. As the MRCI Additional Instructions #30 states, do not code medical supplies
   e. Disease Rx coding is complete. The total score for Disease Rx has been calculated as "8".
   f. See screen shot below:

ID: 1 | Med Count: 3 | Dosage Form: 1 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): DM0556 | Blank Freqs: 0 | Frequency: 4 | Prev Type | Next Type | Report 2: Special Notes
Med Type: Disease Rx | Directions: 3 | Delete Current Record | Report 3: Cohort Summary
Total Score: 8 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	1	Tapering/increasing:	0
Multiple units at once:	1	Variable dose:	0	Alternating dose:	0

3. Other Rx Coding: Click the Next Type button and the form will advance to “Other Rx” in the Med Type and the body of the form will be blank and ready for input.
    a. Simvastatin (ZOCOR) 80 mg tablet
        i. Click Capsule/Tab under Section A – Dosage Forms
        ii. Click Once Daily “+” under Section B – Dosing Frequency as the prescription indicates taking nightly
        iii. Click Take at specified time “+” under Section C – Additional Directions as the directions indicate taking nightly at bedtime (time of day)
    b. Gabapentin (NEURONTIN) 300 mg capsule
        i. Capsule/Tab is already selected under Section A – Dosage Forms
        ii. Click Once Daily “+” under Section B – Dosing Frequency as the prescription indicates taking nightly
        iii. Click Take at specified time “+” under Section C – Additional Directions as the directions indicate taking nightly at bedtime (time of day)
        iv. Click Multiple units at once “+” under Section C – Additional Directions as the medication prescribed is 300mg and the prescribed dose is 900mg
    c. Propranolol (INDERAL) 40 mg tablet
        i. Capsule/Tab is already selected under Section A – Dosage Forms
        ii. Click Twice Daily “+” under Section B – Dosing Frequency
        iii. Click Break/crush tablet “+” under Section C – Additional Directions as the prescribed medication is 40mg and the prescribed dose is 20mg
    d. Other Rx coding is complete. The total score for Other Rx has been calculated as “9”.
    e. See screen shot below:

ID: 1 | Med Count: 3 | Dosage Form: 1 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): DM0556 | Blank Freqs: 0 | Frequency: 4 | Prev Type | Next Type | Report 2: Special Notes
Med Type: Other Rx | Directions: 4 | Delete Current Record | Report 3: Cohort Summary
Total Score: 9 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	1	Take at specified time:	2	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	1	Variable dose:	0	Alternating dose:	0

4. Over-The-Counter (OTC) Coding: Click the Next Type button and the form will advance to “OTC” in the Med Type and the body of the form will be blank and ready for input.
    a. Omeprazole (PRILOSEC) 20 mg capsule
        i. Click Capsule/Tab under Section A – Dosage Forms
        ii. Click Once Daily “+” under Section B – Dosing Frequency
        iii. Note that the Omeprazole strength 20 mg is available as both Rx and OTC and thus according to the MRCI Additional Instructions #5 it should be coded as OTC.
    b. Aspirin 81 mg Tab
        i. Capsule/Tab is already selected under Section A – Dosage Forms
        ii. Click Once Daily “+” under Section B – Dosing Frequency
    c. OTC coding is complete. The total score for OTC has been calculated as “3”.
    d. See screen shot below:

ID:	1	Med Count:	2	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	DM0556	Blank Freqs:	0	Frequency:	2	Prev Type	Next Type	Report 2: Special Notes
Med Type:	OTC			Directions:	0	Delete Current Record		Report 3: Cohort Summary
				Total Score:	3			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 No Filter Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

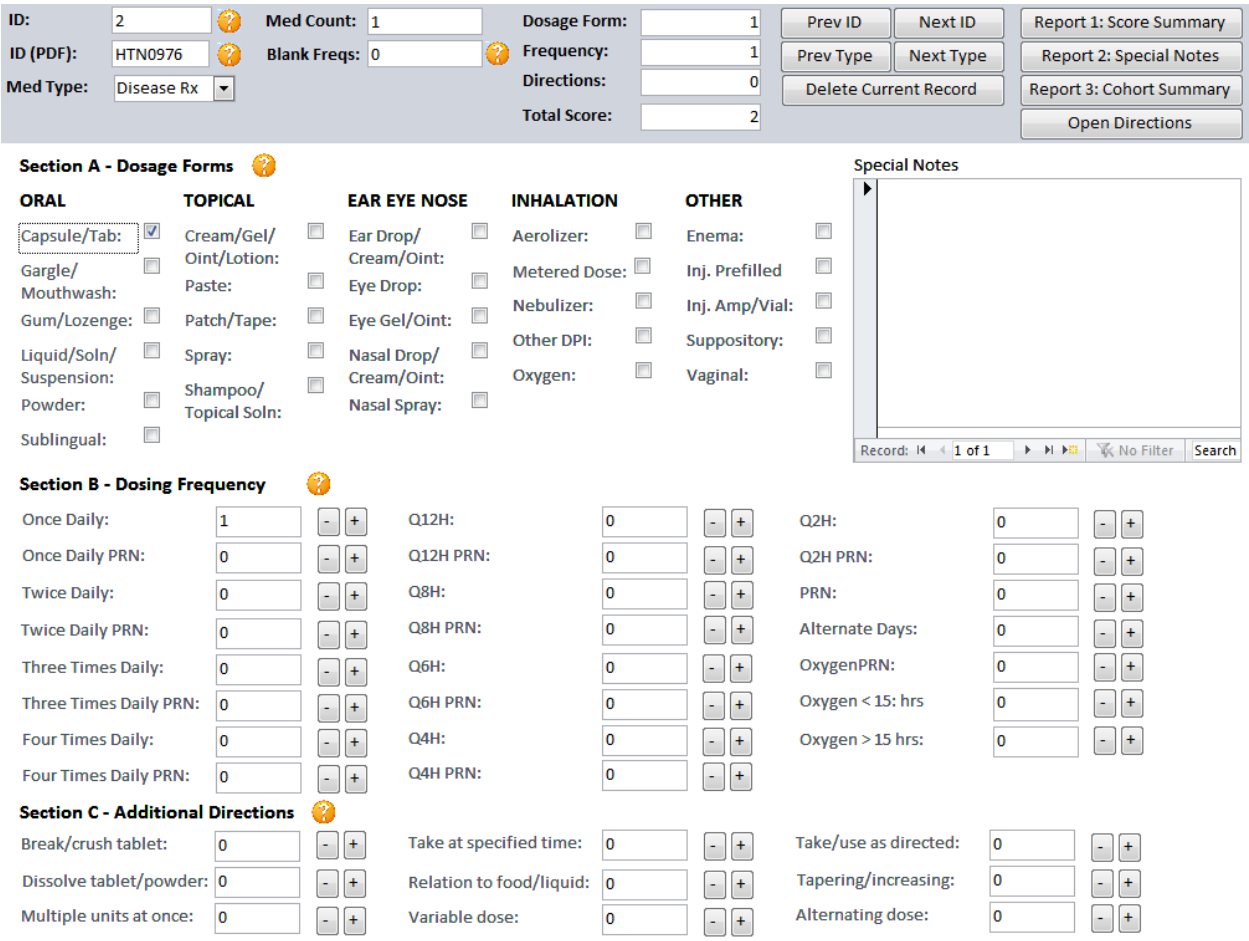
Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

5. The overall MRCI score for this patient's medication regimen is "20".

PATIENT 2

StudyID: HTN0976 – Disease Cohort Hypertension		
Rx Name	**Rx Dose**	**Rx Frequency**
Tadalafil (CIALIS) 10 mg tablet	10	PRN
Multivitamin (MULTIPLE VITAMIN) tablet		DAILY
AmLODIPine (NORVASC) 10 mg tablet	10	DAILY
Citalopram (CELEXA) 10 mg tablet	10	DAILY
Eszopiclone (LUNESTA) 3 mg tablet	3	NIGHTLY PRN
Lansoprazole (PREVACID) 30 mg capsule	30	EVERY 12 HOURS
Fluticasone (FLONASE) 50 mcg/Actuation nasal spray	2	DAILY
Tiotropium (SPIRIVA WITH HANDIHALER) 18 mcg inhalation capsule	18	DAILY
Aspirin 81 mg Tab		DAILY

1. Determine the number of medications in each medication type:
   Disease Rx: 1
   Other Rx: 6
   OTC: 2
2. Disease Rx Coding: Ensure Disease Rx is selected for Med Type.
   a. Amlodipine (NORVASC) 10 mg tablet
      i. Click Capsule/Tab
   b. Click Once Daily "+"
   c. Disease Rx coding is complete. The total score for Disease Rx has been calculated as "2".
   d. See screen shot below:



3. Other Rx Coding: Click the Next Type button and the form will advance to “Other Rx” in the Med Type and the body of the form will be blank and ready for input.
    a. Tadalafil (CIALIS) 10 mg tablet
        i. Click Capsule/Tab
        ii. Click PRN “+” under Section B – Dosing Frequency on the far right side
    b. Citalopram (CELEXA) 10 mg tablet
        i. Capsule/Tab is already selected
        ii. Click Once Daily
    c. Eszopiclone (LUNESTA) 3 mg tablet
        i. Capsule/Tab is already selected
        ii. Click Once Daily PRN “+”
        iii. Click Take at specified time “+”
    d. Lansoprazole (PREVACID) 30 mg capsule
        i. Capsule/Tab is already selected
        ii. Click Q12H “+”
    e. Fluticasone (FLONASE) 50 mcg/Actuation nasal spray
        i. Click Nasal Spray under Section A
        ii. Click Once Daily “+”
        iii. Click Multiple units at once “+” as prescribed dose indicates 2 sprays
    f. Tiotropium (SPIRIVA WITH HANDIHALER) 18 mcg inhalation capsule
        i. Click Other DPIs under Section A. See Attachment B “Guidance Regarding Inhalers” of the MRCI Additional Instructions.
        ii. Click Once Daily “+”
    g. Other Rx coding is complete. The total score for Other Rx has been calculated as 14.5”.
    h. See screen shot below:

ID: 2 | Med Count: 6 | Dosage Form: 6 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): HTN0976 | Blank Freqs: 0 | Frequency: 6.5 | Prev Type | Next Type | Report 2: Special Notes
Med Type: Other Rx | Directions: 2 | Delete Current Record | Report 3: Cohort Summary
Total Score: 14.5 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☑	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☑	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	3	Q12H:	1	Q2H:	0
Once Daily PRN:	1	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	1
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	1	Variable dose:	0	Alternating dose:	0

4. Over-The-Counter (OTC) Coding: Click the Next Type button and the form will advance to “OTC” in the Med Type and the body of the form will be blank and ready for input.
    a. Multivitamin (MULTIPLE VITAMIN) tablet
        i. Click Capsule/Tab
        ii. Click Once Daily “+”
    b. Aspirin 81 mg Tab
        i. Capsule/Tab is already selected
        ii. Click Once Daily “+”
    c. OTC coding is complete. The total score for OTC has been calculated as “3”.
    d. See screen shot below:

ID: 2 | Med Count: 2 | Dosage Form: 1 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): HTN0976 | Blank Freqs: 0 | Frequency: 2 | Prev Type | Next Type | Report 2: Special Notes
Med Type: OTC | Directions: 0 | Delete Current Record | Report 3: Cohort Summary
Total Score: 3 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

5. The overall MRCI score for this patient's medication regimen is "19.5".

PATIENT 3

StudyID: SD0028 – Disease Cohort Geriatric Depression		
Rx Name	**Rx Dose**	**Rx Frequency**
Docusate sodium (COLACE) 100 mg capsule	100	2 TIMES DAILY
Calcium carbonate (TUMS) 200 mg (500 mg) chewable tablet		
Senna (SENNA LAXATIVE) 8.6 mg tablet	1-2	NIGHTLY PRN
FLUoxetine (PROZAC) 20 mg capsule	20	DAILY
TraZODone (DESYREL) 50 mg tablet	25-50	NIGHTLY PRN
Multivitamin (HEXAVITAMIN) tablet		DAILY
Benzonatate (TESSALON) 100 mg capsule	100	
Omeprazole (PRILOSEC) 40 mg capsule	40	DAILY
Ezetimibe (ZETIA) 10 mg tablet	10	DAILY
Metformin (GLUCOPHAGE-XR) 750 mg 24 hr tablet	1500	EVERY MORNING
Aspirin 81 mg Tab		DAILY
Levothyroxine (LEVOXYL) 88 mcg tablet		DAILY
FentaNYL (DURAGESIC) 100 mcg/hr patch	1	EVERY 72 HOURS

1. Determine the number of medications in each medication type:
   Disease Rx: 2
   Other Rx: 6
   OTC: 4
2. Disease Rx Coding: Ensure Disease Rx is selected for Med Type.
   a. Fluoxetine (PROZAC) 20 mg capsule
      i. Click Capsule/Tab
      ii. Click Once Daily “+”
   b. Trazodone (Desyrel) 50 mg tablet
      i. Click Capsule/Tab
      ii. Click Once Daily PRN “+”
      iii. Click Take at Specified Time “+”
      iv. Click Variable Dose “+”
   c. Disease Rx coding is complete. The total score for Disease Rx has been calculated as “3.5”.
   d. See screen shot below:

ID: 3 | Med Count: 2 | Dosage Form: 1 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): SD0028 | Blank Freqs: 0 | Frequency: 1.5 | Prev Type | Next Type | Report 2: Special Notes
Med Type: Disease Rx | Directions: 1 | Delete Current Record | Report 3: Cohort Summary
Total Score: 3.5 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	1	Q12H:	0	Q2H:	0
Once Daily PRN:	1	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	1	Alternating dose:	0

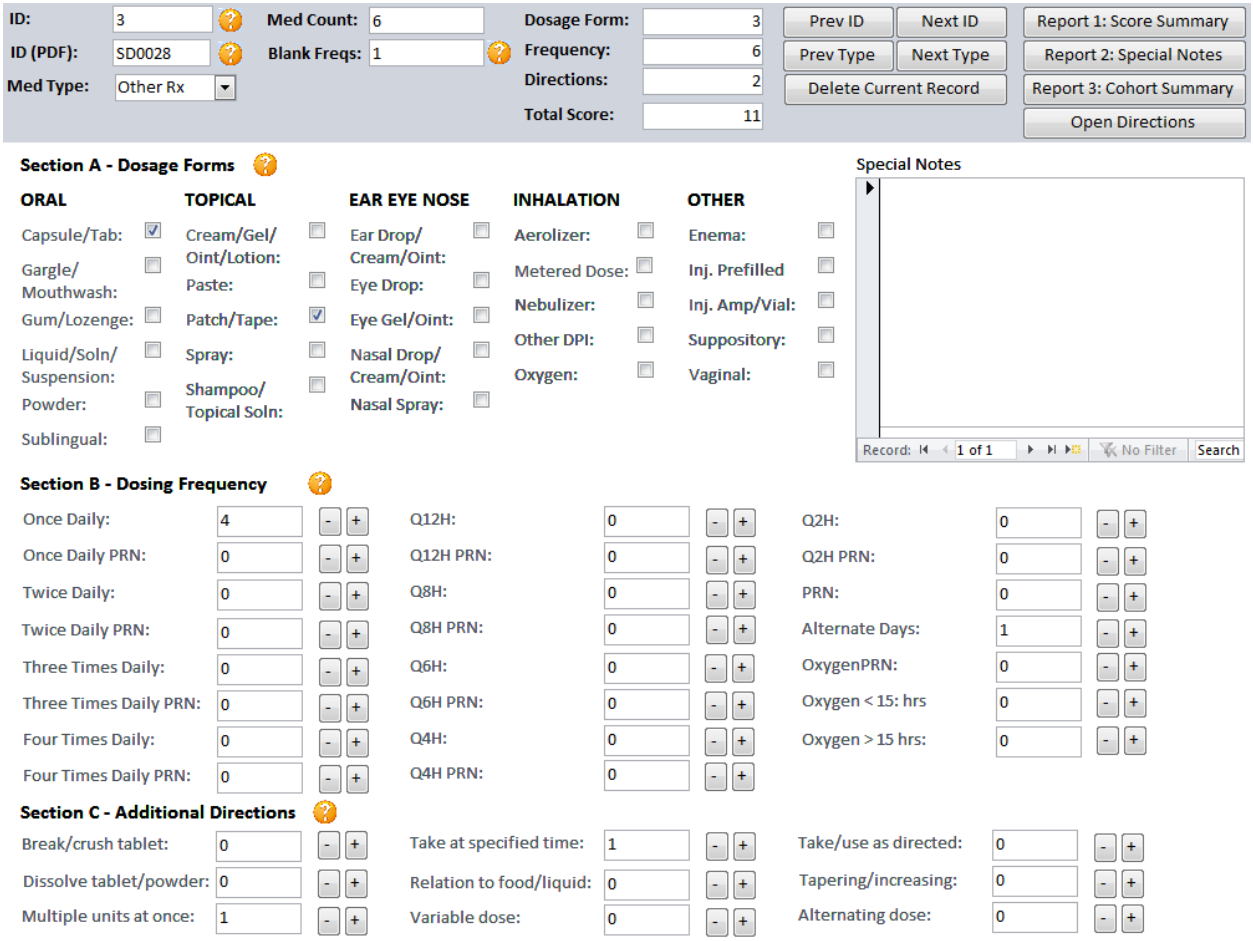
3. Other Rx Coding: Click the Next Type button and the form will advance to “Other Rx” in the Med Type and the body of the form will be blank and ready for input.
    a. Benzonatate (TESSALON) 100 mg capsule
        i. Capsule/Tab is already selected
        ii. There is no frequency given for this medication. Our study created the rule to account for only the dosage form in this situation, thus the 1 in the input box Blank Freqs at the top of the form
    b. Omeprazole (PRILOSEC) 40 mg capsule
        i. Capsule/Tab is already selected
        ii. Click Once Daily “+”
        iii. Note that the 40mg strength is not available OTC and thus is coded as Other Rx
    c. Ezetimibe (ZETIA) 10 mg tablet
        i. Capsule/Tab is already selected
        ii. Click Once Daily “+”
    d. Metformin (GLUCOPHAGE-XR) 750 mg 24 hr tablet
        i. Capsule/Tab is already selected
        ii. Click Once Daily “+”
        iii. Click Multiple units at once “+”as the medication prescribed is 750mg and the prescribed dose is 1500mg
        iv. Click Take at specified time “+”
    e. Levothyroxine (LEVOXYL) 88 mcg tablet
        i. Capsule/Tab is already selected
        ii. Click Once Daily “+”
        iii. Note that as a clinician, levothyroxine should be taken on an empty stomach and separated from food and other medications; however, because the electronic medical record did not

provide those additional directions, they were not coded. Per the original directions, “No assumptions are to be made based on clinical judgment”.

f. Fentanyl (DURAGESIC) 100 mcg/hr patch
   i. Click Patches
   ii. Click Alternate Days “+” under Section B – Dosing Frequency (on the far right). Alternate Days represents any dosing frequency less frequent than daily and not PRN.

g. Other Rx coding is complete. The total score for Other Rx has been calculated as “11”.

h. See screen shot below:



4. Over-The-Counter (OTC) Coding: Click the Next Type button and the form will advance to “OTC” in the Med Type and the body of the form will be blank and ready for input.
   a. Docusate sodium (COLACE) 100 mg capsule
      i. Click Capsule/Tab
      ii. Click Twice Daily “+”
   b. Calcium carbonate (TUMS) 200 mg (500 mg) chewable tablet
      i. When both the Rx Dose and Rx Frequency is missing it is considered and inactive drug and not included in the medication count or MRCI coding
   c. Senna (SENNA LAXATIVE) 8.6 mg tablet
      i. Capsule/Tab is already selected
      ii. Click Once Daily PRN “+”
      iii. Click Take at specified time “+”
      iv. Click Variable dose “+”
   d. Multivitamin (HEXAVITAMIN) tablet
      i. Capsule/Tab is already selected
      ii. Click Once Daily “+”

e. Aspirin 81 mg Tab
   i. Capsule/Tab is already selected
   ii. Click Once Daily "+"
f. OTC coding is complete. The total score for OTC has been calculated as "6.5".
g. See screen shot below:

ID: 3 | Med Count: 4 | Dosage Form: 1 | Prev ID | Next ID | Report 1: Score Summary
ID (PDF): SD0028 | Blank Freqs: 0 | Frequency: 4.5 | Prev Type | Next Type | Report 2: Special Notes
Med Type: OTC | Directions: 1 | Delete Current Record | Report 3: Cohort Summary
Total Score: 6.5 | Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	1	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	1	Alternating dose:	0

5. The overall MRCI score for this patient's medication regimen is "21".

PATIENT 4

StudyID: HTN1004 – Disease Cohort Hypertension		
Rx Name	**Rx Dose**	**Rx Frequency**
Cyclobenzaprine (FLEXERIL) 5 mg tablet	5	NIGHTLY AT BEDTIME
Simvastatin (ZOCOR) 40 mg tablet	40	DAILY
AmLODIPine (NORVASC) 10 mg tablet	10	DAILY
Meclizine (ANTIVERT) 25 mg tablet		PRN
Hydrocodone-acetaminophen (VICODIN) 5-500 mg per tablet		PRN
Naproxen (NAPROSYN) 500 mg tablet	500	EVERY 12 HOURS PRN
Clotrimazole (LOTRIMIN) 1 % cream		PRN
Fluorometholone (FML) 0.1 % ophthalmic suspension	1	2 TIMES DAILY IN EACH EYE
Donepezil (ARICEPT) 10 mg tablet	10	DAILY
Acyclovir (ZOVIRAX) 800 mg tablet		PRN
Acyclovir (ZOVIRAX) 200 mg capsule	200	DAILY
Lisinopril (PRINIVIL,ZESTRIL) 40 mg tablet	40	DAILY
Dexamethasone (DECADRON) 4 mg/mL injection		
Aspirin 81 mg Tab tablet	81	DAILY

1. The MRCI ***scores*** for this patient are:
   Disease Rx: 3
   Other Rx: 11.5
   OTC: 5
   Total MRCI: 19.5
2. Note that 1 eye drop in each eye is not considered multiple units at once per the MRCI Additional Instructions #9
3. The multiple mention of Acyclovir is considered one drug
4. See screen shots below:

ID:	4	Med Count:	2	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	HTN1004	Blank Freqs:	0	Frequency:	2	Prev Type	Next Type	Report 2: Special Notes
Med Type:	Disease Rx			Directions:	0	Delete Current Record		Report 3: Cohort Summary
				Total Score:	3			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 No Filter Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

ID:	4	Med Count:	7	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	HTN1004	Blank Freqs:	0	Frequency:	9.5	Prev Type	Next Type	Report 2: Special Notes
Med Type:	Other Rx			Directions:	1	Delete Current Record		Report 3: Cohort Summary
				Total Score:	11.5			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 No Filter Search

Section B - Dosing Frequency

Once Daily:	4	Q12H:	1	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	2
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

ID:	4	Med Count:	3	Dosage Form:	3	Prev ID / Next ID	Report 1: Score Summary
ID (PDF):	HTN1004	Blank Freqs:	0	Frequency:	2	Prev Type / Next Type	Report 2: Special Notes
Med Type:	OTC			Directions:	0	Delete Current Record	Report 3: Cohort Summary
				Total Score:	5		Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☑	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	1	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	2
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

PATIENT 5

StudyID: DM0583 – Disease Cohort Diabetes		
Rx Name	**Rx Dose**	**Rx Frequency**
Omeprazole (PROLOSEC) 20 mg capsule	20	EVERY MORNING BEFORE BREAKFAST
Ranitidine (ZANTAC) 150 mg tablet	150	DAILY
Hydrochlorothiazide (HYDRODIURIL) 50 mg tablet	25	DAILY
Testosterone (ANDROGEL) 1% (50mg/5g) gel		
Levothyroxine (SYNTHROID) 75 mcg tablet	75	DAILY
Warfarin (COUMADIN) 1 mg tablet	2	DAILY
Warfarin (COUMADIN) 5 mg tablet	5	DAILY
Amlodipine-benazepril (LOTREL) 5-10 mg per capsule	1	DAILY
Metoprolol (TOPROL-XL) 50 mg 24 hr tablet	25	DAILY
Atorvastatin (LIPITOR) 80 mg tablet	80	NIGHTLY AT BEDTIME
Oxycodone (ROXICODONE) 5 mg immediate release tablet	5-10	3 TIMES DAILY PRN
NitroGLYCERIN (NITROSTAT) 0.4 mg SL tablet	.4	EVERY 5 MIN PRN
Ergocalciferol, Vitamin D2, (DRISDOL) 50,000 unit capsule	50000	WEEKLY
Influenza vaccine tr-s 11, PF, (FLUZONE) 45 mcg (15 mcg x 3)/0.5 mL Syrg syringe	.05	IMM ONCE
Albuterol (VENTOLIN HFA) 90 mcg/Actuation inhaler	1-2	EVERY 4 HOURS PRN
Insulin lispro (HUMALOG) 100 unit/mL injection		3 TIMES DAILY BEFORE MEALS
Insulin syringe 1 mL 31 x 5/16" syringe		
Insulin glargine (LANTUS) 100 unit/mL injection	55	DAILY
Lidocaine 5%, 700 mg/patch, (LIDODERM) 5 %(700 mg/patch)	1	EVERY 24 HOURS

1. The MRCI ***scores*** for this patient are:
   Disease Rx: 9
   Other Rx: 27
   OTC: 5
   Total MRCI: 41
2. Warfarin 1 mg and warfarin 5 mg are considered 1 drug per the original directions
3. Nitroglycerin is coded as Take/use as directed under Section C – Additional Directions per #24 of the MRCI Additional Instructions
4. Ergocalciferol, Vitamin D2, (DRISDOL) 50,000 unit capsule Weekly is coded as Alternate Days
5. Albuterol dose of 1-2 is coded as Variable dose under Section C – Additional Directions
6. Lidocaine patch frequency of every 24 hours is coded as Once Daily as there is no option for Q24H.
7. Note that vaccines and medical supplies are not coded
8. See screen shots below:

ID:	5	Med Count:	2	Dosage Form:	4	Prev ID / Next ID	Report 1: Score Summary
ID (PDF):	DM0583	Blank Freqs:	0	Frequency:	4	Prev Type / Next Type	Report 2: Special Notes
Med Type:	Disease Rx			Directions:	1	Delete Current Record	Report 3: Cohort Summary
				Total Score:	9		Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☐	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☑
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	1	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	1	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	1	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

ID:	5	Med Count:	11	Dosage Form:	7	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	DM0583	Blank Freqs:	0	Frequency:	14	Prev Type	Next Type	Report 2: Special Notes
Med Type:	Other Rx			Directions:	6	Delete Current Record		Report 3: Cohort Summary
				Total Score:	27			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☑	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☑	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 No Filter Search

Section B - Dosing Frequency

Once Daily:	7	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	1
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	1	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	1		

Section C - Additional Directions

Break/crush tablet:	2	Take at specified time:	1	Take/use as directed:	1
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	1	Variable dose:	2	Alternating dose:	0

ID:	5	Med Count:	2	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	DM0583	Blank Freqs:	0	Frequency:	2	Prev Type	Next Type	Report 2: Special Notes
Med Type:	OTC			Directions:	2	Delete Current Record		Report 3: Cohort Summary
				Total Score:	5			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	0	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	1	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	1	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

PATIENT 6

StudyID: HIV0001 – Disease Cohort HIV		
Rx Name	**Rx Dose**	**Rx Frequency**
mycophenolate sodium (MYFORTIC) 180 mg EC tablet	360	2 TIMES DAILY
aspirin 325 mg EC tablet	325	DAILY
ascorbic acid (VITAMIN C) 250 mg tablet	250	DAILY
bethanechol (URECHOLINE) 10 mg tablet	10	2 TIMES DAILY
ammonium lactate (LAC-HYDRIN) 12 % lotion		
loratadine (CLARITIN,ALAVERT) 10 mg tablet	10	EVERY OTHER DAY
cholecalciferol (VITAMIN D-3) 2,000 unit capsule	2000	DAILY
sertraline (ZOLOFT) 100 mg tablet	150	EVERY MORNING
metoclopramide (REGLAN) 5 mg tablet	5	3 TIMES DAILY
sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet	1	THREE TIMES WEEKLY
Prednisone 5 mg DsPk	1	DAILY
lisinopril (PRINIVIL,ZESTRIL) 5 mg tablet	5	DAILY
lamivudine (EPIVIR) 150 mg tablet	150	EVERY MORNING
fluocinonide (LIDEX) 0.05 % ointment		2 TIMES DAILY
omeprazole (PRILOSEC) 20 mg capsule	20	2 TIMES DAILY
abacavir (ZIAGEN) 300 mg tablet	300	2 TIMES DAILY
efavirenz (SUSTIVA) 600 mg tablet	600	NIGHTLY AT BEDTIME
azithromycin (ZITHROMAX) 600 mg tablet	1200	EVERY 7 DAYS
atorvastatin (LIPITOR) 10 mg tablet	10	DAILY
methylphenidate (METHYLIN ER) 10 mg ER tablet	10	EVERY MORNING
testosterone cypionate (DEPO-TESTOTERONE) 200 mg/mL injection	200	EVERY 2 WEEKS
nystatin (MYCOSTATIN) 100,000 unit/mL suspension	50000	4 TIMES DAILY

1. The MRCI ***scores*** for this patient are:
   Disease Rx: 7
   Other Rx: 37
   OTC: 8
   Total MRCI: 52
2. Ammonium lactate (LAC-HYDRIN) 12 % lotion is considered an inactive drug as there is no dose or frequency per #4 of the MRCI Additional Instructions
3. Sertraline (ZOLOFT) 100 mg tablet is coded at Multiple units at once and not also Break/crush tablet per #31 of the MRCI Additional Instructions
4. Nystatin (MYCOSTATIN) 100,000 unit/mL suspension is coded as a liquid and the measurement of 50,000unit/mL is ignored
5. See screen shots below:

ID:	6	Med Count:	3	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	HIV0001	Blank Freqs:	0	Frequency:	4	Prev Type	Next Type	Report 2: Special Notes
Med Type:	Disease Rx			Directions:	2	Delete Current Record		Report 3: Cohort Summary
				Total Score:	7			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	2	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	0
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	2	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

ID:	6	Med Count:	13	Dosage Form:	8	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	HIV0001	Blank Freqs:	0	Frequency:	24	Prev Type	Next Type	Report 2: Special Notes
Med Type:	Other Rx			Directions:	5	Delete Current Record		Report 3: Cohort Summary
				Total Score:	37			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☑	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☑
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☑	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 No Filter Search

Section B - Dosing Frequency

Once Daily:	5	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	3	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	3
Three Times Daily:	1	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	1	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	2	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	3	Variable dose:	0	Alternating dose:	0

ID:	6	Med Count:	5	Dosage Form:	1	Prev ID	Next ID	Report 1: Score Summary
ID (PDF):	HIV0001	Blank Freqs:	0	Frequency:	7	Prev Type	Next Type	Report 2: Special Notes
Med Type:	OTC			Directions:	0	Delete Current Record		Report 3: Cohort Summary
				Total Score:	8			Open Directions

Section A - Dosage Forms

ORAL		TOPICAL		EAR EYE NOSE		INHALATION		OTHER	
Capsule/Tab:	☑	Cream/Gel/ Oint/Lotion:	☐	Ear Drop/ Cream/Oint:	☐	Aerolizer:	☐	Enema:	☐
Gargle/ Mouthwash:	☐	Paste:	☐	Eye Drop:	☐	Metered Dose:	☐	Inj. Prefilled	☐
Gum/Lozenge:	☐	Patch/Tape:	☐	Eye Gel/Oint:	☐	Nebulizer:	☐	Inj. Amp/Vial:	☐
Liquid/Soln/ Suspension:	☐	Spray:	☐	Nasal Drop/ Cream/Oint:	☐	Other DPI:	☐	Suppository:	☐
Powder:	☐	Shampoo/ Topical Soln:	☐	Nasal Spray:	☐	Oxygen:	☐	Vaginal:	☐
Sublingual:	☐								

Special Notes

Record: 1 of 1 | No Filter | Search

Section B - Dosing Frequency

Once Daily:	3	Q12H:	0	Q2H:	0
Once Daily PRN:	0	Q12H PRN:	0	Q2H PRN:	0
Twice Daily:	1	Q8H:	0	PRN:	0
Twice Daily PRN:	0	Q8H PRN:	0	Alternate Days:	1
Three Times Daily:	0	Q6H:	0	OxygenPRN:	0
Three Times Daily PRN:	0	Q6H PRN:	0	Oxygen < 15: hrs	0
Four Times Daily:	0	Q4H:	0	Oxygen > 15 hrs:	0
Four Times Daily PRN:	0	Q4H PRN:	0		

Section C - Additional Directions

Break/crush tablet:	0	Take at specified time:	0	Take/use as directed:	0
Dissolve tablet/powder:	0	Relation to food/liquid:	0	Tapering/increasing:	0
Multiple units at once:	0	Variable dose:	0	Alternating dose:	0

SCREEN SHOT OF THE SCORE SUMMARY REPORT

Report 1: Score Summary

Close Report

Cohort: Other

Mean Score: 28.8 **Median Score:** 20.5 **Score Range:** 19.5 to 52

Patient ID	FormType	Dosage Form	Frequency	Directions	Total Score	Med Count	Total Patient Score	Total Med Count	Total Blank Freqs
1	Disease Rx	1	4	3	8	3	20	8	0
1	Other Rx	1	4	4	9	3	20	8	0
1	OTC	1	2	0	3	2	20	8	0
2	Disease Rx	1	1	0	2	1	19.5	9	0
2	Other Rx	6	6.5	2	14.5	6	19.5	9	0
2	OTC	1	2	0	3	2	19.5	9	0
3	Disease Rx	1	1.5	1	3.5	2	21	12	1
3	Other Rx	3	6	2	11	6	21	12	1
3	OTC	1	4.5	1	6.5	4	21	12	1
4	Disease Rx	1	2	0	3	2	19.5	12	0
4	Other Rx	1	9.5	1	11.5	7	19.5	12	0
4	OTC	3	2	0	5	3	19.5	12	0
5	Disease Rx	4	4	1	9	2	41	15	0
5	Other Rx	7	14	6	27	11	41	15	0
5	OTC	1	2	2	5	2	41	15	0
6	Disease Rx	1	4	2	7	3	52	21	0
6	Other Rx	8	24	5	37	13	52	21	0
6	OTC	1	7	0	8	5	52	21	0