

May 2026 Release Notes

Version 3.55 | May 2, 2026

Introducing Therapeutic Interchange Management

iKnowMed Generation 2 will support Therapeutic Interchange Management (TIC), giving practices the tools to define preferred drug selections within therapeutic groups and to apply payer-specific rules that automatically align regimen orders with insurance requirements.

What's new

Access to TIC is governed by the Therapeutic Interchange permission in the user profile. After this permission is granted, navigate to **Manage > Therapeutic Interchange** to view the therapeutic groups available for configuration.

Select a therapeutic group and click **View** to designate a preferred selection and configure payer-specific rules that will apply to patient regimen orders entered at your practice.

Therapeutic Interchange

Therapeutic group	Practice Preferred	Status	Last Modified Date/Time	Last Modified By	
Trastuzumab DN4-15		ACTIVE	--	--	VIEW
adalimumab-Humira		ACTIVE	--	--	VIEW
bevacizumab-Avastin		ACTIVE	04/15/2026 02:44 PM	Super, Shilpa	VIEW
denosumab-Prolia-Xgeva		ACTIVE	--	--	VIEW
eculizumab-Soliris		ACTIVE	--	--	VIEW
filgrastim-Neupogen		ACTIVE	--	--	VIEW
pegfilgrastim-Neulasta		ACTIVE	04/15/2026 04:14 PM	phy, user1phy1	VIEW
rituximab-Rituxan	Rituximab-arrx IV	ACTIVE	04/16/2026 10:11 PM	Jeha, Natalie	VIEW
tocilizumab-Actemra		ACTIVE	--	--	VIEW
trastuzumab-Herceptin		ACTIVE	04/16/2026 12:12 PM	qa2, Hariharan	VIEW

A Practice Preferred drug can be configured for selection in place of the selected order in the regimen template. If no Practice Preferred drug is configured for the therapeutic group, the drug specified in the regimen template remains selected in the patient order.

TIC managers can also create payer-specific rules that override the practice's preferred drug selection, ensuring compliance with requirements from payers. If no configured rule applies to the patient's active insurance entries, the Practice Preferred drug is selected for the patient regimen order.

Therapeutic Interchange > bevacizumab-Avastin

bevacizumab-Avastin

NEW PAYER RULE

MANAGE PREFERRED [P]

Medication Name	Preferred Effective Date	Medication Status	Last Modified By
> Bevacizumab IV	--	Active	--
> Bevacizumab-adcd IV	--	Active	--
> P Bevacizumab-awwb IV	04/21/2026 to 05/31/2026	Active	Jeha, Natalie
> Bevacizumab-bvzr IV	06/01/2026 to 08/31/2026	Active	Jeha, Natalie
> Bevacizumab-maly IV	--	Active	--
∨ bevacizumab-nwgd IV	--	Active	Jeha, Natalie

Payer ID	Effective Date	Reason	Comments
0281 UNITED HEALTHCARE / PO BOX 30555	04/21/2026 to 05/31/2026	--	EDIT

Please Note: Clinicians can change the selected order when TIC settings have been applied. They will be presented with a screen where they must document the reason for the change. That reason is visible to downstream users in the workflow for clarity, while they retain full control over patient treatment decisions.

Regimen orders with drugs impacted by TIC settings are identified in the regimen draft and applicable worklist queues with colored icons:

- **Blue TIC Icon:** Practice preferred drug or payer-based rule applied
- **Orange OTIC Icon:** Clinician override of a drug selected by a TIC setting

The screenshots illustrate the application of TIC settings. The first screenshot shows a medication list where drugs like Utenya, Fulgita, and Nevepla are highlighted with a blue icon, indicating a practice preferred drug or payer-based rule. The second screenshot shows a detailed view of a regimen order for 'Testing, 55 [M]', with a blue icon next to the drug name. The third screenshot shows a detailed view of a regimen order for 'Utenya (Pegfilgrastin-cho) Subcutaneous', with a blue icon next to the drug name. The fourth screenshot shows a detailed view of a regimen order for 'Fulgita (Pegfilgrastin-pdb) Subcutaneous', with an orange icon next to the drug name, indicating a clinician override.

Why this matters

For practices navigating expanding therapeutic alternatives and shifting payer preferences, TIC helps ensure therapy aligned with the practice and payer preferences is selected at the point of new regimen order entry, reducing downstream rework, denials, and delays.

TIC supports a clear and transparent workflow by displaying the rationale for applied substitutions, capturing any clinician overrides with documented reasons, and reducing the operational burden on practices.

Resources

For more information on how to use this feature, [visit the Help site](#).

New Orders Redesign: Enable for users with Non-Medication Orders permission at once

Practice administrators can now activate the New Orders Redesign for all active users with the Non-Medication Orders permission set to Full in their practice simultaneously, rather than enabling it one user at a time.

What's new

Previously, enabling the New Orders Redesign required updating each user's settings individually through user permissions (documented in the [Admin configurations guide](#)). In version 3.55, practices can enable the feature for their entire user base in a single step.

To get started, your practice can either submit a [ServiceNow](#) ticket directly or contact your Account Manager, who can open the ticket on your behalf.

Indicate in the ticket whether provider users should also receive the [New Orders Customization permission](#), which enables them to [manage user defined order sets and panels](#) within the redesigned order entry experience.

Once the ticket is received, our team will update the New Orders Redesign permission and, if specified, the New Orders Customization permission for active users at your practice who have the Non-Medication Orders permission. The permission update completion date will be communicated directly to the ticket requester.

Why this matters

This removes the burden of configuring the New Orders Redesign user by user, making practice-wide rollout faster and more consistent so your team can take full advantage of the redesigned experience without delay.

Admixture: NDC and Waste hard stop extended to Apply Special Schedule button

What's changing

The **Apply Special Schedule** button in the Admix Planning queue will now be grayed out — just like the Save button — until the required **NDC** and **Waste** fields are completed.

Previously, the Save button was correctly blocked but users could bypass the requirement by clicking Apply Special Schedule and placing the order without the necessary billing information.

This applies only to practices with the following settings enabled:

- **Practice Preferences > Charge Capture > Show Warning for Missing NDC and Waste in Admix Planning**
- The medication's definition setting: **Billing Related > NDC and Waste Required for Billing**

The screenshot displays the 'Admix Planning' interface for the date 04/27/2026. On the left, a table lists planned orders with columns for Date and Status. The main area shows detailed planning for two medications:

Regimen Display Name	Cycle/Day	Business Office Approval	Clinical Approval	Description
Docetaxel D1,8,15,22,29,36 Q56D (Breast)	C1D15	Not obtained	Business Office Approval Required	
Famotidine IV10 mg/mL solution <input type="checkbox"/> Planned <input type="checkbox"/> Skip Double Check Print Label				
Famotidine IV10 mg/mL solution 20 mg, intravenously Insurance PRN Dispense Data				
NDC (NDC needed for billing)	Dose Form Description	Amount	UOM	Amount in mL Waste (Waste needed for billing)
--Select NDC--	10 mg/mL solution	20	mg	mL mg Add another NDC
Admix Fluid	Select an Admixture Fluid	Admix Fluid Volume	mL	Total Volume mL Administer Over Select Enter Bag Details
Hydrocortisone IV <input type="checkbox"/> Planned <input type="checkbox"/> Skip Double Check Print Label				
Hydrocortisone IV 100 mg, intravenously Insurance PRN Dispense Data				
NDC	Dose Form Description	Amount	UOM	Amount in mL Waste
--Select NDC--	--Select Dose Form--	100	mg	mL mg Add another NDC
Admix Fluid	Select an Admixture Fluid	Admix Fluid Volume	mL	Total Volume mL Administer Over Select Enter Bag Details

Why this matters

Ensuring NDC and Waste information is captured before an order is placed regardless of how it is saved helps practices avoid incomplete billing data and reduces downstream charge errors.

Texas Practices: 72-Hour hold on test results for SB 922 compliance

To comply with Texas Senate Bill 922, certain sensitive test results will be held from display in the Ontada Health patient portal for 72 hours, unless a provider signs off earlier.

What's new

SB 922 requires physicians to delay electronic release of certain “sensitive test results” by three days (72 hours) after finalization. This applies to pathology or radiology reports with a reasonable likelihood of malignancy, or genetic marker tests.

Labs, imaging, and other applicable results will be withheld from the Ontada Health portal until 72 hours have passed or the provider signs off on the result before that window closes.

Note: If a patient's chart includes a “**Do not release results until review**” alert, or an individual result is configured under **Admin > Lab, Imaging & Service** with the **Patient Portal Hold Until Reviewed** checkbox selected, results will only be released after provider sign-off regardless of the 72-hour window. For more information, visit the [iKnowMed 3.54 release notes](#).

Why this matters

This update keeps Texas practices in compliance with state law regarding the disclosure of sensitive health information, while preserving provider control over when results are shared with patients.

Orders: PDMP availability for multi-practice providers

What's changing

Providers who work across multiple practices will now see PDMP availability based on the practice they are currently signed into.

When logged into a PDMP-enabled practice, the functionality will be available. When the active practice is not PDMP-enabled, PDMP will not be shown. There is no change for single-practice providers.

Why this matters

For providers who work across multiple practices, PDMP access is now more predictable and consistent. Aligning PDMP availability with the currently active practice helps ensure providers see the right information at the right time, supporting compliance with state PDMP requirements.

Demographics: Insurance Plan Name syncs from PMS

What's changing

iKnowMed can now update a patient's insurance **Plan Name** in **Demographics > Insurance** automatically based on information from your practice management system (PMS), keeping insurance data consistent across both systems.

To enable this integration, please contact your PMS Admin and Account Manager.

Edit Insurance * required

Note: Choose a new file to upload. If you don't choose a new file it will preserve the existing file.

Document Type:

Type:

Insurer's Name:

Policy Number:

Insured Name:

Member ID:

Subscriber Name:

Subscriber ID:

Patient Relationship to Subscriber:

Effective Date:

Expiration Date:

Medicare Part A?: Yes No Unknown

Medicare Part B?: Yes No Unknown

File Uploaded:

Group Name:

Group ID:

Plan Name:

Plan ID:

Select a File:

Comments:

Why this matters

Manually maintaining insurance plan names across systems is time-consuming and prone to discrepancies. This integration helps ensure patient insurance information stays accurate and up to date without additional manual effort.

Fix: MAR accurately reflects Lynx dispense activity

What's changing

Dispense, return, and re-dispense actions performed in Lynx will now consistently and accurately update the iKnowMed Medication Administration Record (MAR). Previously, some pharmacy actions were not reflected in the MAR at all, only partially updated, or displayed outdated dispense data.

Note: This functionality is dependent on the May 7 Lynx release. This will be a phased rollout. Your Lynx or Ontada Account Manager will be in touch prior to your practice rollout.

Why this matters

An accurate MAR is essential to safe and effective clinical documentation. When pharmacy actions in Lynx weren't correctly reflected in the MAR, it created gaps in the patient's medication record and disrupted downstream clinical workflows. This fix ensures the MAR stays current and reliable after any dispense activity.

Fix: Molecular Results in iKnowMed

Our team has made an update to refine how molecular results are delivered to iKnowMed Generation 2. In very rare instances historical results may display as a new result with the original date of service.