

Point of sale dose optimization edit for select fee-for-service prescriptions effective July 11, 2022

Starting July 11, 2022, the Oregon Health Authority (OHA) fee-for-service pharmacy point of sale system will deny payment for prescriptions that are for:

- Select medications that have a clinically appropriate dose of once daily, **and**
- A strength/quantity that can be changed to a single daily dose for the medication.

This edit gives pharmacies the opportunity to optimize the dose using the smallest number of whole tablets/capsules per dose if clinically appropriate.

- For example, to optimize a prescription for “Atorvastatin 10 mg, 2 tabs by mouth once daily,” pharmacies can change the prescription to “Atorvastatin 20 mg, 1 tab by mouth once daily.”
- This substitution does **not** require a call to the prescriber. Oregon Revised Statute 689.515 part (2), subsections (a) and (b) allow this substitution.

Why is this happening?

Certain medications are flat-priced across various dosage strengths. Using the minimum number of tablets/capsules per dose can significantly reduce costs for these prescriptions. Dose optimization also supports patient adherence to their prescription therapy.

What should you do?

If the prescription denies and dose optimization is clinically appropriate:

- Resubmit the claim using the smallest number of whole tablets/capsules per dose.
- If the prescription then denies because prior authorization (PA) is required (e.g., for non-preferred drugs or those meeting clinical PA criteria), call the Oregon Pharmacy Call Center to get the patient’s existing PA transferred to the new strength/quantity.
- Notify the prescriber by completing and sending them the form on page 2 of this fax.
- Counsel the patient on the new dosage strength.

If the prescription denies and any of the following applies, call the Oregon Pharmacy Call Center to override the denial. A prior authorization from the prescriber is **not** required.

- Patient is actively titrating/cross-titrating medications up or down.
- Optimization would require schedule change (e.g., do not change Atorvastatin 10 mg by mouth **twice** daily to 20 mg by mouth **once** daily).
- Prescriber has specifically written not to change the dosage unit.
- Dispensing pharmacist feels dose optimization is clinically inappropriate for the patient (e.g., patient may be unable to comply or be confused by the change).
- Pharmacy cannot optimize the dose because the appropriate strength is out of stock.
- Patient has difficulty swallowing larger-sized doses (and cannot safely crush tablet or open capsule).

Questions?

- **About overrides for fee-for-service prescriptions:** Call the Oregon Pharmacy Call Center at 888-202-2126.
- **About physical health prescriptions for patients in a coordinated care organization (CCO):** Contact the CCO.

Date:

To: (Prescriber Name)

From: (Dispensing Pharmacy)

Subject: Dose consolidation for (PATIENT NAME, PRESCRIPTION ID)

At the request of Oregon Health Plan's fee-for-service pharmacy program, we have optimized the dose for following prescription as permitted by Oregon Revised Statute 689.515 part (2), subsections (a) and (b) which permits this substitution.

Why is this happening?

Certain medications are flat-priced across various dosage strengths. Using the minimum number of tablets/capsules per dose can significantly reduce the cost of these prescriptions. Dose optimization also supports patient adherence to prescription therapy.

What should you do?

- Update the home medication list in your clinic's electronic medical record to include this change.
- If you think this change was made in error, please contact us at PHONE NUMBER.

Rx

Discontinued the following prescription:

Drug/Strength: _____

Instructions: _____

Quantity: _____

Refills: _____

New prescription:

Drug/Strength: _____

Instructions: _____

Quantity: _____

Refills: _____

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