



LOWER DRUG COSTS FOR YOUR PATIENTS ARE ON THE WAY

DEAR PRESCRIBERS:

Your time is valuable, so this is a quick note to announce a **new drug benefit service** to help you find the lowest-cost drug for your patients and help save them money at the pharmacy.

Effective on May 01, 2024, this program from RazorMetrics™ will not disturb your practice nor take you out of your normal workflow. There is no application, and there are no extra websites or clicks in the Electronic Health Record (EHR). This solution will come to you like a normal refill request but with other lower-cost prescription options. We ask that you choose the best option for your patient. In addition, we help you identify prescription issues, including recalls, shortages, and polypharmacy, giving you a larger view of your patient's prescriptions, including those from other physicians.

All you need to do to help patients connect with the lowest-cost medication is review refill requests, choose the best option, and fax the form back to us. We will only recommend alternative drug(s) for an enrolled patient and we avoid recommending changes that were already tried and rejected.

Below is an image of an example change order request.

You will receive this **Prescription Change Order** via fax and you need to review, make the appropriate selection for prescription change, sign, date, and fax back to the indicated number to generate the savings for your patient and the client's plan.

Patient Identifying Information

Prescription to Discontinue

Switch to one of many option in prescription for patient and plan savings.

Additional Notes and EHR Submissions Option

Sign and date.

RazorMetrics		ACTION REQUIRED!		ambetter HEALTH	
PRESCRIPTION CHANGE ORDER REQUEST					
1. PATIENT INFORMATION					
Member_Name	*Member_ID*	*Member_Plan*	DOB: xx/xx/xxxx	PHONE: xxx-xxx-xxxx	
REF: xxxxxxxx-xxxx			Fax this completed form to (512) 501-1054		
<input type="checkbox"/> Patient is NOT with this Prescriber.			<input type="checkbox"/> Provider is NOT at this Practice.		
A COST SAVING PRESCRIPTION HAS BEEN IDENTIFIED BELOW.					
• The drugs mentioned in the fax are Controlled Substances. STATE LAW REQUIRES YOU SUBMIT THIS VIA EHR AND FAX BACK TO (512) 501-1054 if you choose a medication below. If not, please write a reason and fax this back.					
• Please review the medication to ensure it is still clinically indicated for your patient. If not, consider discontinuing it.					
2. DISCONTINUE NEXT REFILL					
VYVANSE		Capsule	20 MG		
3. CHOOSE MEDICATION BELOW:					
<input type="checkbox"/> METHYLPHENIDATE (RITALIN GENERIC) (TABLET) <input type="checkbox"/> 5 MG <input type="checkbox"/> 10 MG <input type="checkbox"/> 20 MG					
SIGS: <input type="checkbox"/> Take 1 tablet by mouth once a day					
DAYS (Select One): <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90					
COST SAVINGS: High*					
<input type="checkbox"/> AMPHETAMINE SALT COMBO (ADDERALL GENERIC) (TABS) <input type="checkbox"/> 5 MG <input type="checkbox"/> 7.5 MG					
SIGS: <input type="checkbox"/> Take 1 tablet by mouth once a day					
DAYS (Select One): <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90					
COST SAVINGS: Med*					
REFILL (Select One): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other:					
<input type="checkbox"/> Submitted via EHR and fax back to (512) 501-1054					
Submission Date:					
Additional Instructions OR Reason for Decline:					
4. AUTHORIZATION:					
<Provider Name>			REF: xxxxxxxx-xxxx		
Prescriber Signature:			NPI #: 1629307277		
			Date:		

* COST SAVINGS: High > 75%, Med = 25% to 75%, Low < 25%

Thank you for all you do to help the patients in your practice. We are happy to bring you another tool to make life easier, happier, and healthier.

Sincerely,
<Fill in>