Cost-effective Alternative TIP

Cost-effective Alternative TIPs trigger a consultation between a pharmacist and a patient to discuss a cost-saving opportunity. These TIPs, based on the plan’s formulary, become available for patients who are filling a prescription medication with an equally effective, but less expensive, alternative.

Cost-effective Alternative TIP Example

Claim Documentation for a successful intervention for a Cost-effective Alternative TIP

<table>
<thead>
<tr>
<th>Required Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Cost-effective Alternative</td>
</tr>
<tr>
<td>Action</td>
<td>Prescriber Consultation</td>
</tr>
<tr>
<td>Result</td>
<td>Initiated Cost-effective Drug</td>
</tr>
</tbody>
</table>
| Questions                     | • Upon consultation, did the prescriber and patient agree to the cost-effective alternative? *Yes or No*  
• Does the patient have a new, valid prescription for the cost-effective alternative? *Yes or No*  
• Has the prescription for the higher cost medication been deactivated/discontinued/closed? *Yes or No* |
| Date the outcome was determined | The day you received a response to your recommendation from the prescriber |
| New or recommended prescription | The new, lower-cost medication                                 |
| Severity level                | For cost TIPs, the severity level is preselected as *Level 2 – Reduced Medication Costs* because a successful change should result in lower medication costs. |
Working through a **Cost-effective Alternative TIP**

**Review TIP**
Is the patient currently taking the targeted medication?

- **Yes**
  - Is one of these statements true for the patient?
    - Patient has tried and failed suggested med
    - Patient has adverse event/allergy to suggested med
    - Patient is taking an AB rated generic of the targeted med
    - **Yes** Select Remove - No Intervention Needed
    - **No** Talk to the patient
  - **Talk to the patient**
    - Discuss cost-effective alternative(s)
    - Offer to speak to the prescriber about changing to a lower cost medication
    - **Patient accepts**
    - **Consult with the prescriber**
      - Is the prescriber willing to change the patient to a lower cost medication?
        - **Yes** Prescriber accepts and new medication is on file
        - **No** Prescriber indicates patient no longer needs this medication nor an alternative
        - Submit claim as Prescriber Refused Recommendation
      - **Consult with the prescriber**
        - Cannot reach prescriber after 3 attempts
        - **Submit claim as Unable to Reach Prescriber after 3 Attempts**
    - **Patient refuses**
      - **Submit claim as Patient Refused**
  - **Cannot reach patient after 3 attempts**
    - **Submit claim as Unable to Reach Patient after 3 Attempts**

- **No**
  - Submit claim as Unable to Reach Prescriber after 3 Attempts

**Submit claim**
- What service was provided (Action)?
  - Prescriber Consultation
- What was the outcome of the service (Result)?
  - Initiated Cost-effective Drug
  - Close the prescription for the higher cost med.

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*When submitting your MTM claim, be sure to include the correct medications. Under New or Recommended Medication, use the *exact* name of the dispensed medication—not the brand name medication. For example, if the patient was started on atorvastatin, do not submit the claim under Lipitor.*