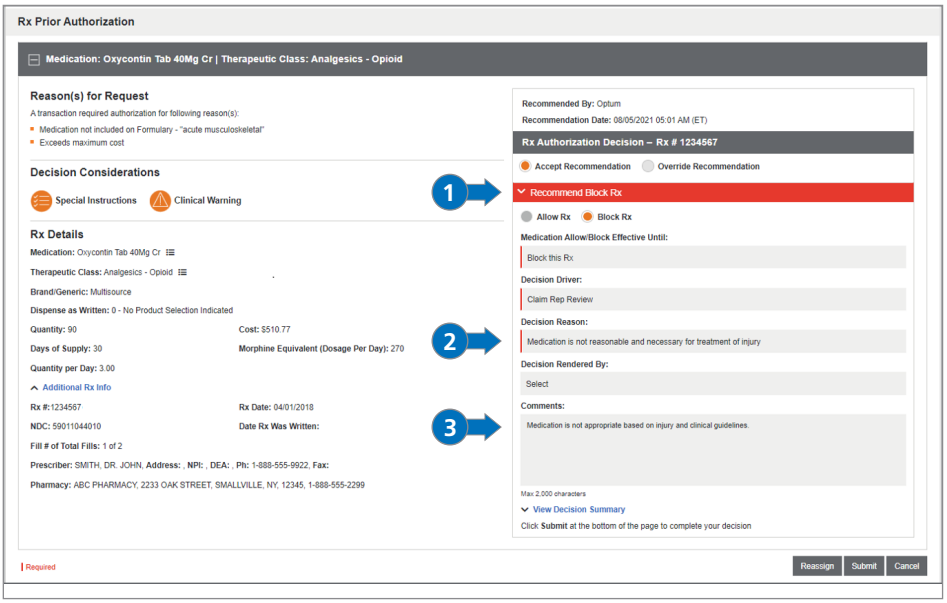
Render an Rx Prior Authorization Decision

In the Optum OWCP VitalPoint® portal, DOL staff will render authorization decisions for pending pharmacy transactions in the Prior Authorization work queue. Each item will contain a clinical/expert recommendation to allow or deny the transaction, and the claims professional can either accept or override the recommendation.

REVIEW RECOMMENDATION



1. The color-coded banner displays the recommendation.



Red for Block/Deny



Green for Allow/Authorize

2. A reason for recommendation is provided.

3. The clinical/expert reviewer has included written commentary to describe the rationale of the decision.

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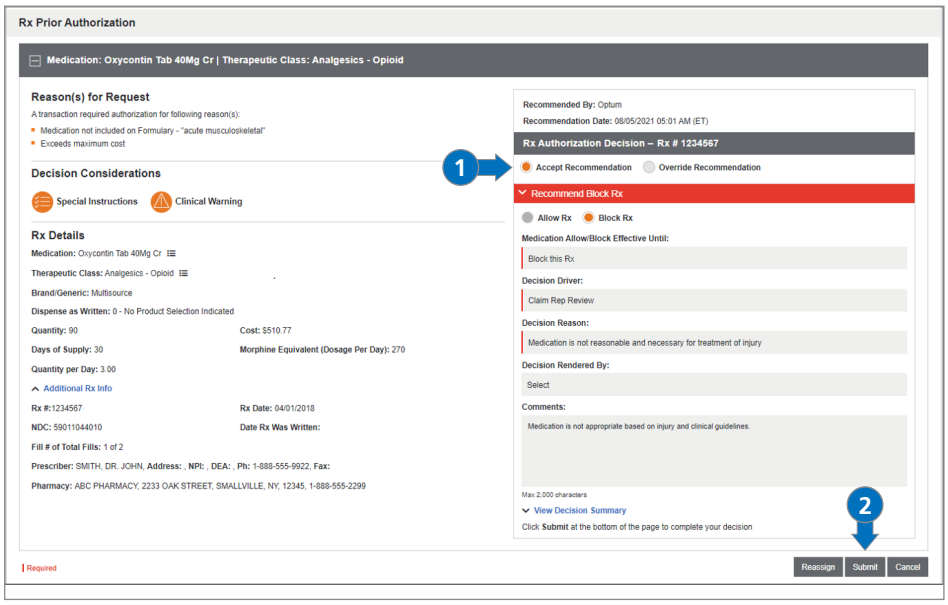
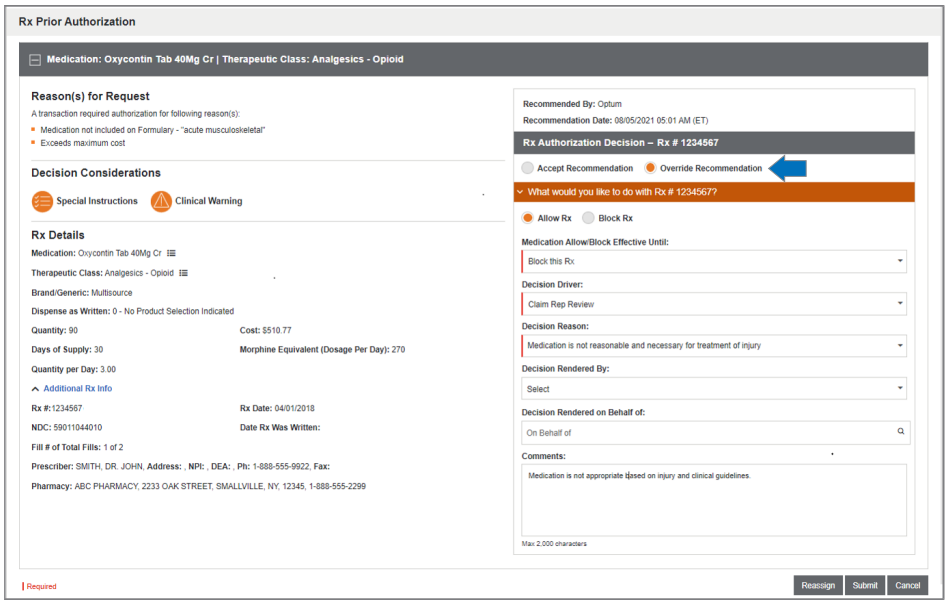
ACCEPT THE RECOMMENDATION



1. The decision defaults to **Accept Recommendation**. If you choose to accept the recommendation, no additional changes are needed.

2. Click **Submit** to confirm and accept. The work item is now completed. You can return to the Prior Authorization queue to work other pending items.

OVERRIDE RECOMMENDATION



If you instead choose to override the recommendation, the decision fields will expand and pre-populate with the recommended parameters. You can modify any of these parameters.

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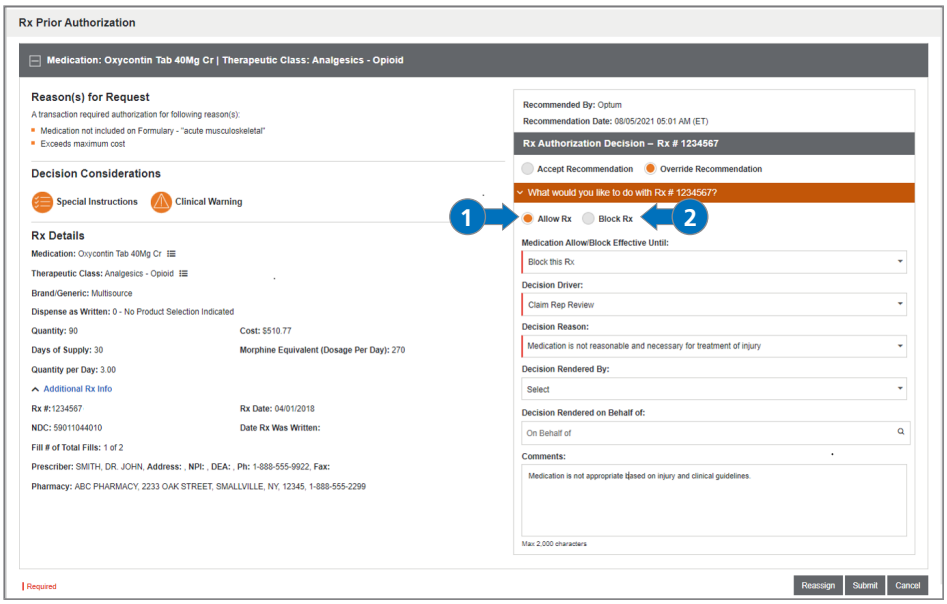
Render a Decision

When overriding a recommendation, the Authorization decision lets you choose whether to Allow or Block the Rx. You can also set the allow/block timeframe for future scripts of this medication.



1. **Allow Rx** – Authorizes the Rx to process/script will be paid.
2. **Block Rx** – Does not authorize the Rx to process/script will not be paid.

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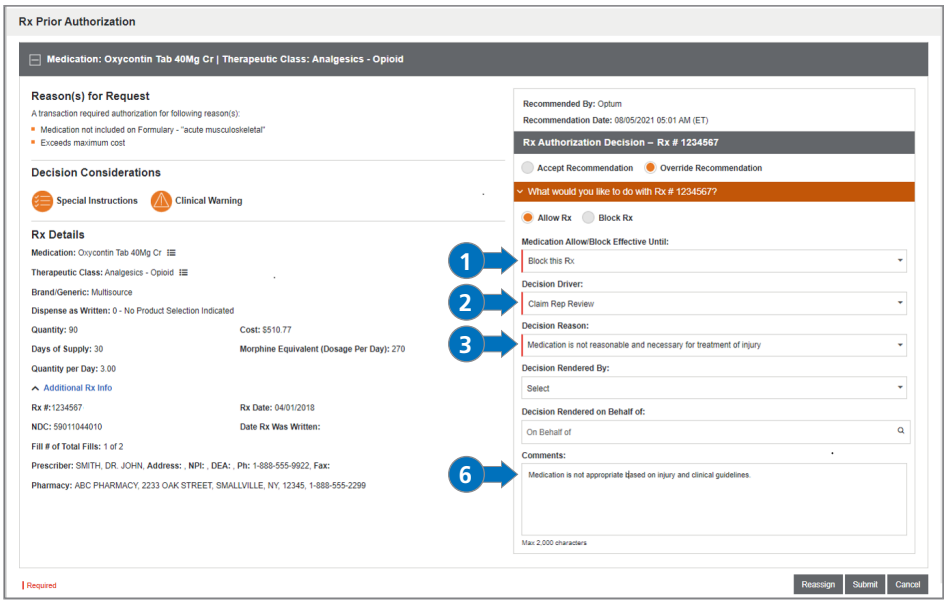

Complete the required and optional (if needed) fields.

1. **Medication Allow/Block Effective Until** – Use the chevron to select if you want to allow or block the medication going forward or just allow or block the specific script currently pending.
2. **Decision Driver** – Use the chevron to select the Decision Driver that best explains the process for making this decision.
3. **Decision Reason** – Use the chevron to select a reason that best explains your reasoning for making this decision.
4. **Comments (Optional)** – Enter comments you would like to save with the decision. Comments will be included in reporting.

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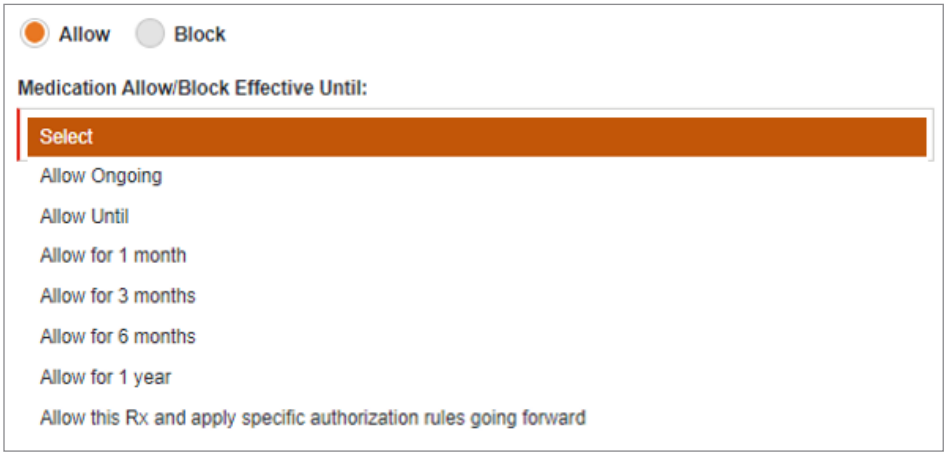
DEFINE SPECIFIC MEDICATION AUTHORIZATION GUIDELINES

Allow Rx

When you select **Allow Rx** to authorize a transaction, use the drop-down menu under **"Medication Allow/Block Effective Until** to select from specific authorization options and time frames for future scripts of the same medication.



All VitalPoint® response options may not be available to all users.

Allow Options	Outcome
Allow Ongoing	Pending Rx is approved. All future scripts are also approved.
Allow Until	Pending Rx is approved. Future scripts are also approved until the end date specified. After the end date any script for the medication should be sent for authorization.
Allow for X months/year	Pending Rx is approved. Future scripts are also approved until the end date specified. After the end date any script for the medication should be sent for authorization.
Allow this Rx and apply specific authorization rules going forward	Pending Rx is approved. Future scripts have limited approval based on the criteria defined. See the Decision Wizard section in this QRG for instructions on setting these advanced criteria.

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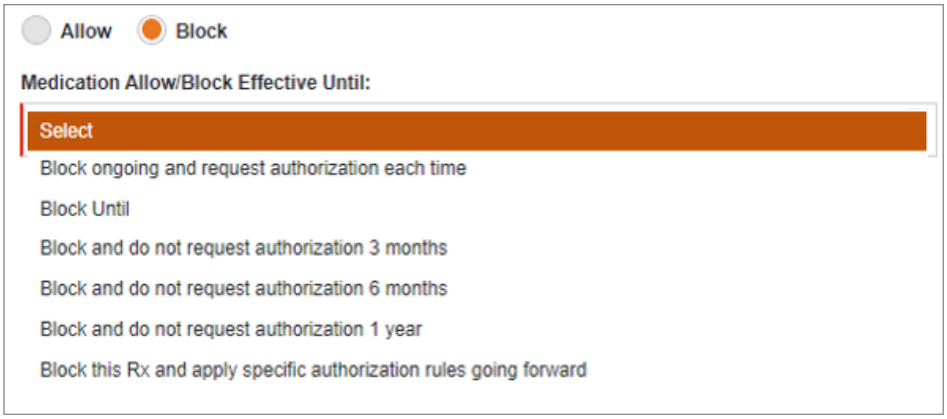
Block Rx

When you select **Block Rx** to not authorize a transaction, use the drop-down menu under **Medication Allow/Block Effective Until** to select from specific options and time frames.



All VitalPoint response options may not be available to all users.

Block Options	Outcome
Block ongoing and request authorization each time	Pending Rx is denied. All future scripts are also denied and should be sent for authorization.
Block Until	Pending Rx is denied. Future scripts are also denied until the end date specified. After the end date any script for the medication should be sent for authorization.
Block and do not request authorization X months/year	Pending Rx is denied. Future scripts are also denied until the end date specified. After the end date any script for the medication should be sent for authorization.
Block this Rx and apply specific authorization rules going forward	Pending Rx is denied. Future scripts have limited approval based on the criteria defined. See the Decision Wizard section in this QRG for instructions on setting these advanced criteria.

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Input Decision Drivers

Complete the general information fields about the decision.

Decision Driver – Use the chevron to select the Decision Driver that best explains the process for making this decision. ***This may impact future decisions.***



Decision Reason – Use the chevron to select a reason that best explains your reasoning for making this decision.



Comments (Optional) –Enter comments you would like save with the decision. Comments will be included in reporting.



EXAMPLES

Decision Driver:

- Claim Rep Review
- DOL Policy
- Medical Necessity Review
- Optum Recommendation
- Utilization Review

Example Decision Reasons:

- Claimant has injury that supports use of this medication
- Not within Formulary
- Price is too high
- Claims Handler Directive
- Claimant injury does not support use of this medication
- Claim Status

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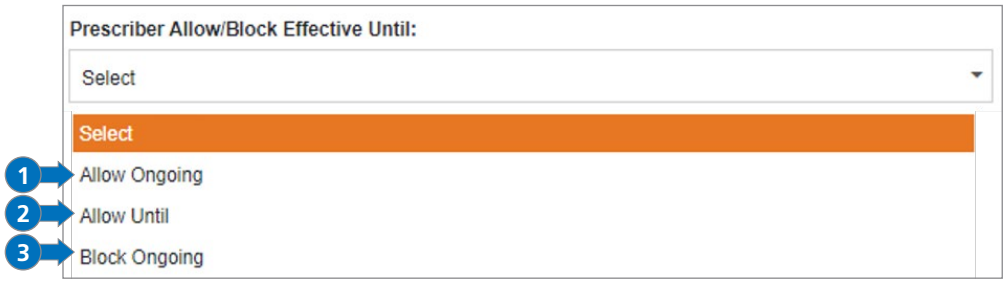
DEFINE PRESCRIBER AUTHORIZATION/DENIAL TIME FRAME

Some Rx authorization requests may include this optional section to allow or deny the prescriber for the claimant.



1. **Approve Ongoing** – Authorizes the presented physician on the claim profile indefinitely.
2. **Approve Until** – Authorizes the presented physician on the claim profile until the date selected. After that date, the physician will be blocked on the claim profile.
3. **Block Ongoing** – Blocks the presented physician on the claim profile indefinitely.

Enter additional text commentary about decision.

- Comments are not required when rendering a decision.
- Comments are available for review in any of the decision history reports within VitalPoint.
- Maximum character limit is 2,000 characters



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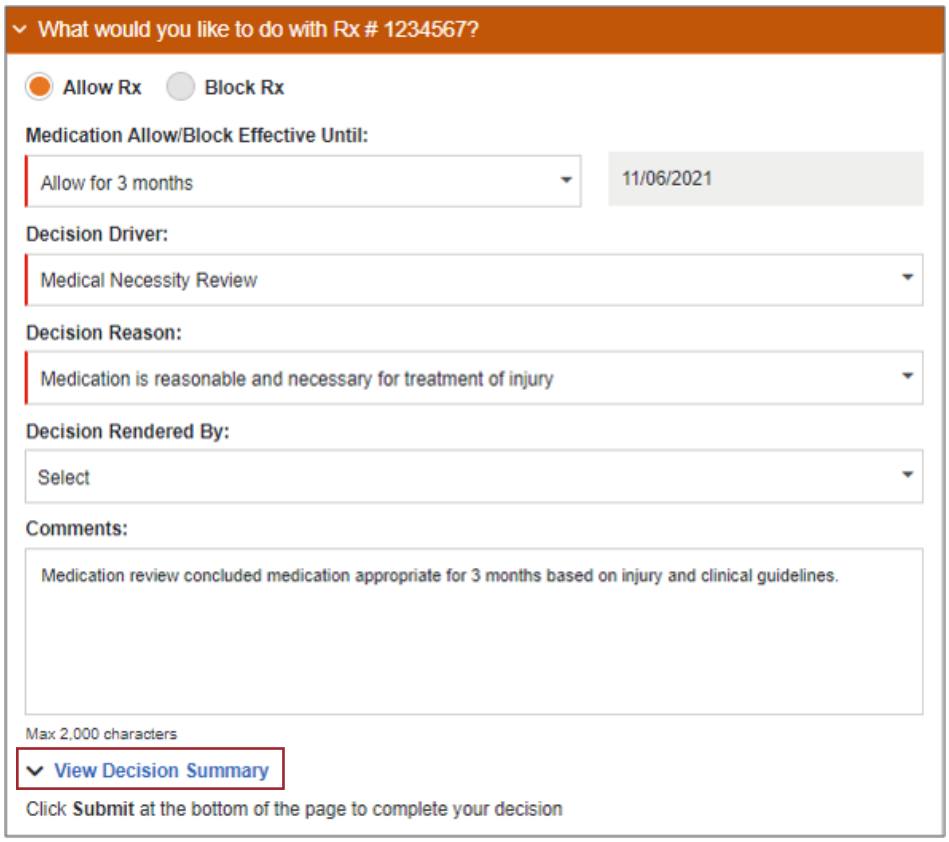
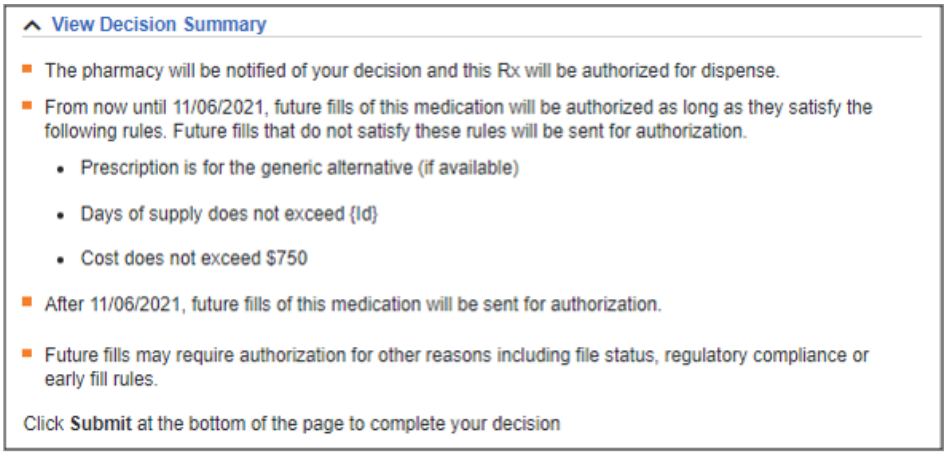
Before submitting, you can review how Optum will adjudicate the current prescription and future prescriptions of the same medication.

Select the **View Decision Summary** link.





Comments are for reference to help aid with context of decision. It should not be assumed that Optum will take any action from comment instructions submitted with the decision.

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Setting future authorization limits with the Decision Wizard

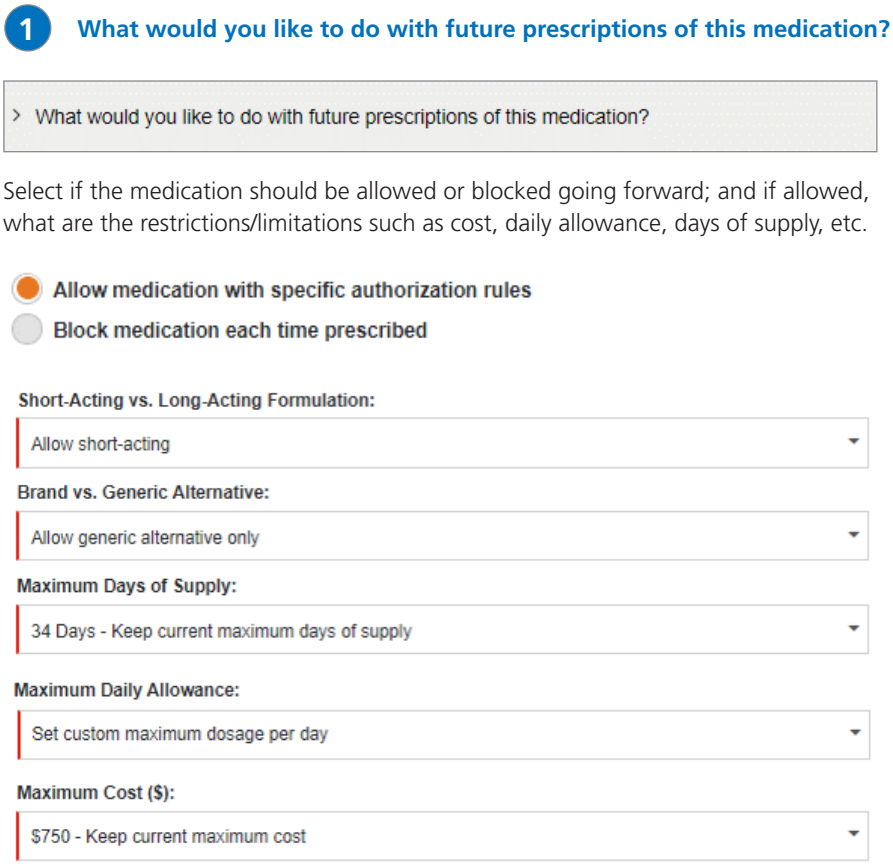
In the **Medication Allow/Block Effective Until** drop down in the decision panel, if you choose the option **Allow this Rx and apply specific authorization rules going forward** or **Block this Rx and apply specific authorization rules going forward**, you will be able to set advanced restrictions for future fills of the medication using a decision wizard.

USE THE DECISION WIZARD

Once you either Allow Rx or Block Rx, use the Decision Wizard to define authorization limitations for the medication going forward.



Use the Back, Next, and Reset buttons to advance through the decision wizard.



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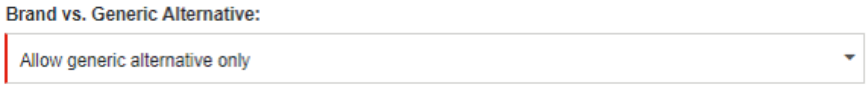
Short-Acting vs. Long Acting

Restrict prescriptions to Short-Acting vs. Long-Acting Opioid Formulation.

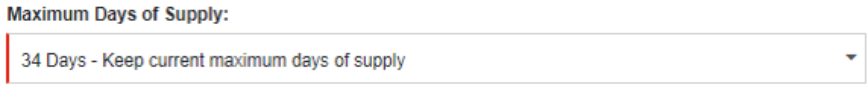
- Will only display if medication comes in different formulations
- Active medication rules on file about formulation restrictions?
  NO: The selection will default to formulation of the prescription
  YES: The selection will default to the restrictions on file
- You can choose to authorize short-acting, long acting, or all formulations of the opioid medication.



Brand vs. Generic Alternative

Restrict prescriptions to brand vs. generic medication.

- Will only display if medication comes in generic form
- Active medication rules on file about brand vs. generic restrictions?
  NO: The selection will default to the prescription
  YES: The selection will default to the restrictions on file
- You can choose to authorize generic version only or both brand and generic versions of the medication.



Maximum Days of Supply

Restrict the prescription's maximum days of supply.

- Active medication rules on file about maximum day supply restrictions?
  NO: The selection will default to the prescription
  YES: The selection will default to the restrictions on file
- You can choose to override the maximum day supply for the medication but you cannot exceed program thresholds defined by management.

You may not have permission to override the default value per management instruction. In such cases, you can view the current rule but cannot select another option from the drop down.

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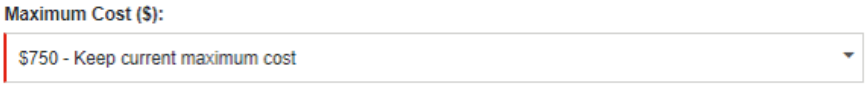
Maximum Daily Allowance

Restrict the prescription's maximum daily allowance.

- Active medication rules on file about maximum daily allowance restrictions?
  NO: The selection will default to the prescription
  YES: The selection will default to the restrictions on file
- You can choose to override the maximum daily allowance for the medication but you cannot exceed program thresholds defined by management.
- Depending on medication type, the maximum daily allowance is defined by:
  - Compounded medication: Quantity per day
  - Combo medication: Quantity per day
  - Other medication: Dosage per day



Maximum Prescription Cost

Restrict the prescription's maximum cost.

- Active medication rules on file about maximum cost restrictions?
  NO: The selection will default to the prescription
  YES: The selection will default to the restrictions on file
- You can choose to override the maximum cost for the medication but you cannot exceed program thresholds defined by management.

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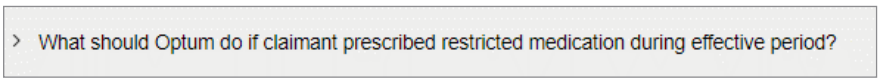
2 How long are the restrictions in effect?



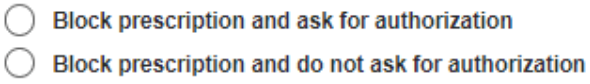
Use the options in the **Enforce restrictions for** field to define how long Optum should enforce the restrictions/limitations identified in Step 1 for the medication. After the restriction time period ends, authorization requests will begin to be sent again when a script processes for the medication.



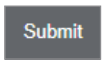
3 What should Optum do if claimant prescribed restricted medication during effective period?



Define if Optum should send prescriptions for authorization if the prescription is outside the guidelines defined in Step 1 and Step 2



The decision maker can choose whether to review any prescriptions that are outside the guidelines defined in prior steps or have Optum inform the pharmacy the prescription is denied without prior authorization review.



To submit your decision and apply the restrictions you set for the medication, click the **Submit** button. The work item is now completed. You can return to the Prior Authorization queue to work other pending items.

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PHARMACY PROGRAM CUSTOMER SERVICE

Available: 24 hours a day, 7 days a week
Telephone: 1-833-FECA-PBM (1-833-332-2726) Option 1

DURABLE MEDICAL EQUIPMENT & DIAGNOSTICS CUSTOMER SERVICE

Available: Monday – Friday, 8:00 AM – 8:00 PM ET
Telephone: 1-833-FECA-PBM (1-833-332-2726) Option 2

PORTAL SUPPORT

Available: Monday – Friday, 8:00 AM – 8:00 PM ET
Telephone: 1-833-FECA-PBM (1-833-332-2726)
Email: DOLVitalPointSupport@optum.com

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