Impact of displaying in-EHR patient drug prices with or without patient savings messages:

Potential impact on brand market share

Key findings:

1. 80% of surveyed HCPs consider patient affordability when prescribing, and many default to generics rather than attempting to discern each patient's insurance coverage
2. Survey respondents reported a potential 60% to 70% decrease in prescribing share after viewing patient prices
3. Exposure to brand savings offers helped prescribers maintain their original medication choices

Patients' medication price obstacles have historically been most apparent in the pharmacy, where high out of pocket costs can trigger sticker shock, a request for a different medication or prescription abandonment. In this traditional paradigm, prescribers typically only become aware of patients' specific struggles with out of pocket (OOP) costs when they receive pharmacy call-backs or observe patient non-adherence.

Indeed, today's prescribers select medications with limited, if any, information on the OOP cost to specific patients. At best, product formulary data may be provided via a prescriber's EHR system by means of national-level pricing information displayed as dollar signs or a green-yellow-red color scheme.

But the days of expecting healthcare professionals (HCPs) to prescribe while wearing "drug price blinders" may be coming to an end. Instead, new initiatives promise to bring patient-specific, current affordability information directly to the prescriber in the EHR. Leading manifestations of this movement include many focused on the concept of "real time benefit check" (RTBC).

Fortunately, brand teams also have the ability to provide important information in the EHR. With today's advanced technology, manufacturers can now add their messages to the information appearing on EHR screens. In fact, the future of enhanced EHR-enabled information flow could provide savvy manufacturers with a significant business opportunity.
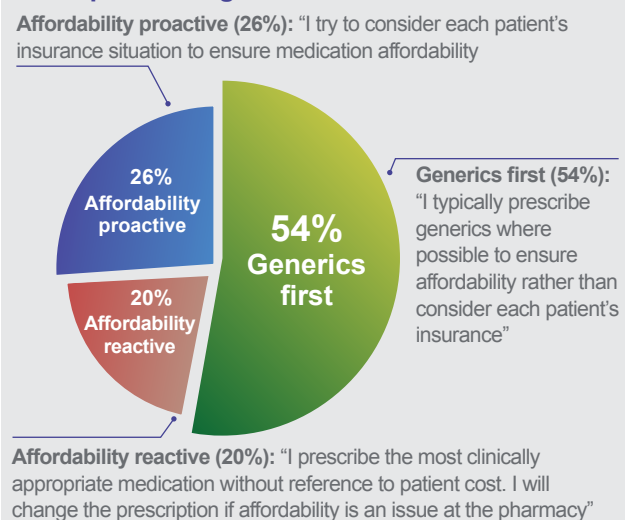
In an effort to understand the potential prescribing impact of delivering in-EHR patient drug prices, ConnectiveRx recently conducted a survey of over 250 prescribers (Endocrinologists, FPs, IMs) of oral type 2 diabetes medications. Key findings appear below.

Key Finding #1: 80% of surveyed HCPs consider patient affordability when prescribing, with many defaulting to generics rather than attempting to discern each patient's insurance coverage

Previous research has shown that the vast majority of prescribers consider patients' medication costs when prescribing, and this new survey corroborated those findings. As shown in Figure 1, 80% of HCPs

Figure 1: Approach to considering affordability when prescribing

Affordability proactive (26%): "I try to consider each patient's insurance situation to ensure medication affordability

Generics first (54%): "I typically prescribe generics where possible to ensure affordability rather than consider each patient's insurance"

Affordability reactive (20%): "I prescribe the most clinically appropriate medication without reference to patient cost. I will change the prescription if affordability is an issue at the pharmacy"

Source: ConnectiveRx Survey, Messaging in PPA Context, February 2018. n = 261
Q: Which of the following approaches best describes your general approach to integrate patient affordability considerations into medication selection, understanding that your prescription choice would always be clinically appropriate.

consider affordability when making drug selections. Furthermore, since prescribers typically have limited information on actual costs, many of them default to generics, when appropriate, to help ensure that patients can afford their medications and to reduce the administrative hassles for the prescriber.

Key Finding #2: Survey respondents reported a potential 60% to 70% decrease in brand prescribing behavior after viewing patient prices

In the survey, prescribers were informed that EHRs may begin presenting patient-specific medication prices during e-prescribing workflow. They were then shown a list of multiple branded and generic drug options for the treatment of a hypothetical patient with type 2 diabetes. As shown in Figure 2, *before* patient prices were included in the list, Brands A and B were selected by 26% and 11% of respondents, respectively. But *after* patient OOP costs were provided for each option (based on national health plan copays for non-preffered brands) the market share for Brands A and B dropped dramatically, to just 7% and 4% respectively. Note: actual brand names were used in the research.

Key Finding #3: Exposure to brand savings offers helped prescribers maintain their original medication choices

Prior research has indicated that HCPs are eager to learn of the availability of patient savings copay offers in their EHR. Working with a broad EHR-partner network, ConnectiveRx offers brand manufacturers an

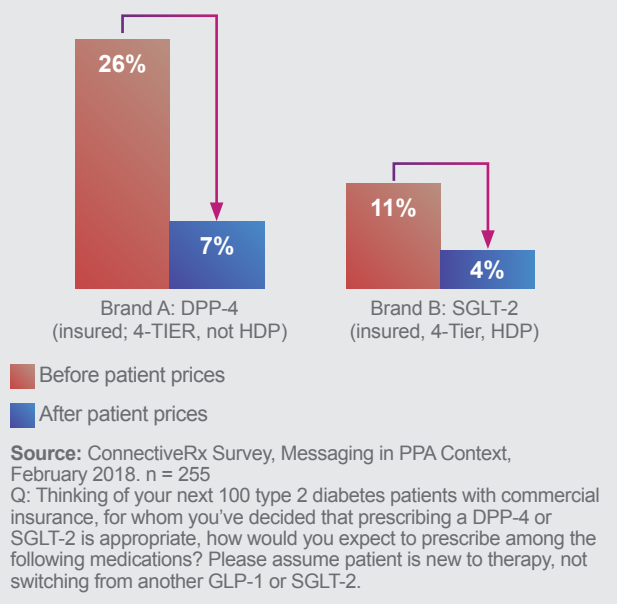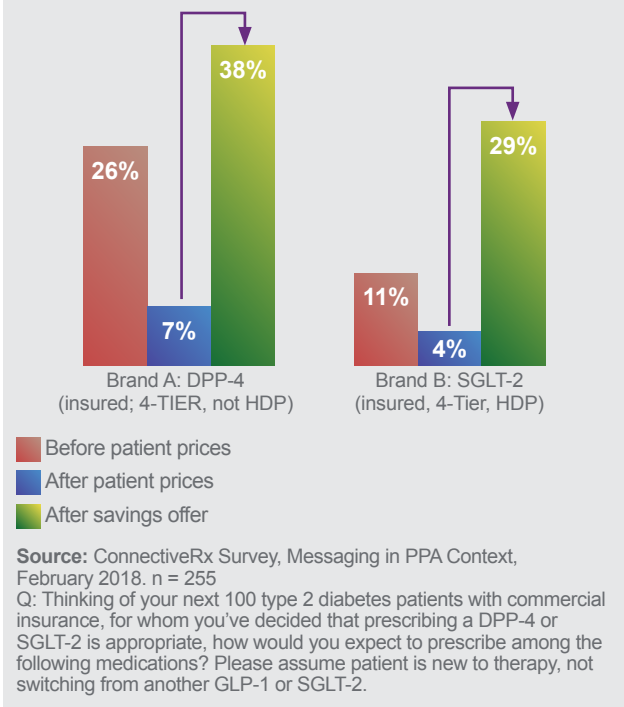**Figure 2: Impact of awareness of patient OOP on brand prescribing behavior**

- Before patient prices
- After patient prices

Source: ConnectiveRx Survey, Messaging in PPA Context, February 2018. n = 255
Q: Thinking of your next 100 type 2 diabetes patients with commercial insurance, for whom you've decided that prescribing a DPP-4 or SGLT-2 is appropriate, how would you expect to prescribe among the following medications? Please assume patient is new to therapy, not switching from another GLP-1 or SGLT-2.

Figure 3: Impact of patient savings offer awareness on brand market share

- Before patient prices
- After patient prices
- After savings offer

Source: ConnectiveRx Survey, Messaging in PPA Context, February 2018. n = 255
Q: Thinking of your next 100 type 2 diabetes patients with commercial insurance, for whom you've decided that prescribing a DPP-4 or SGLT-2 is appropriate, how would you expect to prescribe among the following medications? Please assume patient is new to therapy, not switching from another GLP-1 or SGLT-2.

opportunity to bring current patient savings offers into the EHR (see Brand A example in the box below).

Brand A savings offer: Pay as little as $5 per Rx on up to 12 scripts; max savings of $150 per Rx.

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These notifications can be displayed efficiently:

- Automatically in the appropriate EHR screen
- Aligned with the EHR user interface to maximize ease of use
- At no cost to the prescriber or the EHR
- Without any HCP action needed to dismiss the offer; it simply disappears as the user moves to the next screen

In this survey, we presented such an in-EHR notification to prescribers after they had seen patient prices. Prescribers reported that this type of in-EHR message notifying prescribers of brand savings programs in workflow could help them retain their original clinical choice, even with full view of the patient's price. As shown in Figure 3, when survey respondents saw Brand A and B savings offers, their preference for these brands rose dramatically. In fact, when they knew that eligible patients could access

Figure 4: Impact of OOP information on current and future prescriptions

- 5% Not considered
- 13% Consider for future
- 82% Consider at the moment
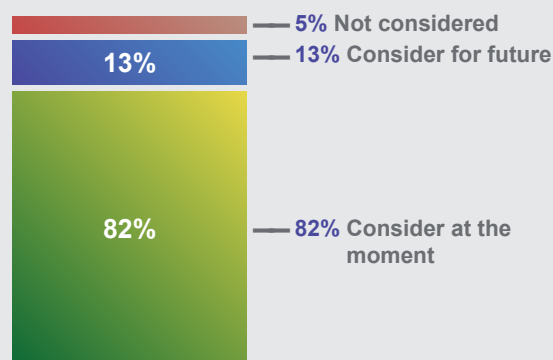
Source: ConnectiveRx Survey, Messaging in PPA Context, February 2018. n = 244
Q: If you saw patient out of pocket costs in your EHR, for a medication that you were prescribing as well as for 3 to 5 drugs in class, how would this information impact the prescription you were writing at that moment?

meaningful savings, HCPs' preferences for Brands A and B actually surpassed their baseline market share estimates. Note: prescribers saw actual brand names in the research.

What's more, exposure to patient prices motivates prescribers to consider savings offers *immediately*, for the patient in front of them at that moment. When asked how they would respond if they saw patient OOP costs in the EHR for a medication that they were prescribing as well as for 3 to 5 other drugs in the class, more than 80% of respondents said "I would be willing to reconsider the prescription I was writing, given new information." (See Figure 4.)

Considering these findings, three recommendations are offered:

THREE CORE RECOMMENDATIONS:

1. **Deliver your copay savings offer in the EHR:** As described, brands now have access to solutions that display current patient savings offers in the EHR to support prescriber-patient discussion. These offers can be reinforced via printed offers handed to the patient in the prescriber's office, sent to the patient portal and then transmitted to the selected pharmacy with the eRx. There is no better opportunity to ensure that your program is visible to providers, patients and pharmacists than to deliver the offer in the moment your brand is being prescribed.

2. **Create a "Patient Price Transparency Plan" for your brand.** PBMs and health plans will continue to expand the use of patient-specific price transparency in the EHR. It is up to brand teams to help ensure *full* transparency; that is, making sure that prescribers and patients also see savings offers that are available. Review the status of your brand's presence and affordability messaging in e-prescribing workflow; make sure that information about your brand's savings offers are always at hand for the prescriber and for the patient.

3. **Make the EHR a cornerstone of both your affordability and communications programs.** It's important to continue to look for increasingly effective ways to display and deliver savings offers through the EHR to motivate patients to fill that first prescription and adhere to therapy. But don't stop there; the EHR can deliver clinical messages to prescribers in real time within the EHR. What's more, the EHR can deliver personalized patient communications in the prescriber's office to encourage healthy behaviors and improve medication adherence. For more on patient messaging, visit the ConnectiveRx.com "Resources" page and download the white paper, "Boosting adherence via prescriber delivery of point of care patient education."

For more information, please visit ConnectiveRx.com