

Real Time Benefit Check

A PRIMER FOR BRANDS



Real Time Benefit Check (RTBC) has the potential to transform the brand selection process by bringing current, patient-specific out of pocket costs into ePrescribing workflow. This primer from Connective RX is intended to provide an overview of RTBC and the potential impact on brands.

What is RTBC and how does it work?

What is Real Time Benefit Check?

Real Time Benefit Check is a new initiative that shows a patient's specific drug cost (inclusive of deductible, maximum out of pocket, copay / coinsurance, etc.) automatically to the prescriber in their EHR during the ePrescribing process (after the prescription details and pharmacy have been selected but before the eRx is submitted)

Where does the RTBC patient-specific information come from?

Payers and PBMs provide the current, patient-specific drug costs to EHRs in real time

What are the goals of RTBC for payers and PBMs?

The goals of Payers and PBMs are to encourage prescribers to:

- (1) be aware of patient costs and
- (2) choose lower-price medications when clinically appropriate (this can mean choosing a generic or other brand)

What exactly is presented when RTBC is in place?

1

The patient's specific price for the selected medication (at the patient's pharmacy) is shown

2

Drug alternatives along with the patient's price for those medications may be presented

3

An indicator showing whether or not prior authorization (PA) is required may also be shown

JOHN ARLINE

Chart ID: KIDA000001

Gender: Male

D.O.B: 08/17/1957

(ng) by oral route once daily

Pending Rx

	Rx Date	Drug	Sig	Count	Refill	Source
<input checked="" type="checkbox"/>	10/01/18	Melavin 10 mg (melavimus) Tablets	Take 1 tablet (10 mg) by oral route once daily	30	0	Jessie Smith MD Associates

Real Time Benefit Check

Description	#	Patient Cost	Message
Melavin 10 mg tablets	30	\$600 (plan) PA required	1
Alternate: Daxatar 15 mg/dose	30	\$230 (plan) PA required	3
Alternate: Diodex 10 mg/dose	30	\$180 (plan) PA required	

Selected Pharmacy

XYZ
Store #4163

Address:
106 Chestnut Ridge Road
Montvale, NJ 07645

How are the drug alternatives chosen?

The drug alternatives and patient-specific prices that are shown are determined by the payer/ PBM

Does the display of RTBC look the same in each EHR?

No.

Each EHR determines how the RTBC information will be displayed

What about patient savings offers?

My brand has a strong patient savings offer—won't that be included in RTBC?

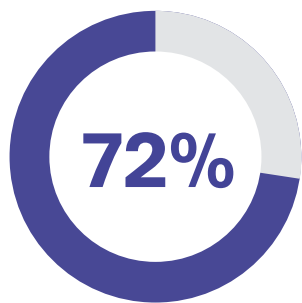
No.

RTBC does NOT communicate:

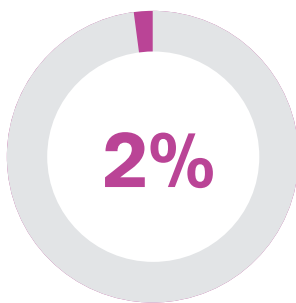
- The existence of patient savings offers
- The potential savings for eligible patients
- The net patient out of pocket price when savings are applied for eligible patients

Do prescribers tend to have a discussion with their patient about the out of pocket prices?

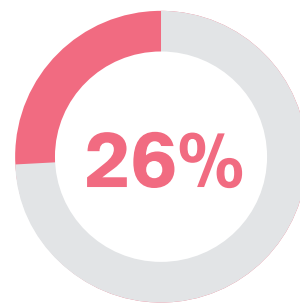
Each prescriber and patient relationship is different. However, in a recent market research survey of 136 prescribers of oral antidiabetics:



YES: they **would** discuss price with patients



NO: they **would not** discuss price with patients



MAYBE: it **would depend** on the circumstances

Prescribers who say "it depends" tend to be proactive with patients for whom they believe finances are a concern

Source: ConnectiveRx survey of prescribers (MD, DO, NP, PA; n = 136), October 2019

What about the prescriber's experience?

What actions can the prescriber take in workflow after they view RTBC?

The prescriber can:

- Change the first choice medication quantity, days supply, pharmacy, etc.
- Continue to prescribe their first choice medication as written
- Change their prescription to a different medication
- Cancel the prescription altogether

Does the prescriber see patient prices each time they write an eRx?

No.

- First, the patient's payer / PBM must have an RTBC integration with the EHR being used
- Second, the payer / PBM determines when patient-specific prices and alternatives will be displayed

Formulary information has been in EHRs for years. How does RTBC differ from that?

Formulary information has been available in the EHR workflow since the launch of ePrescribing more than 15 years ago. However, this information is generally based on periodic downloads of plan / PBM formulary files that show the medication's tier, preferred / non-preferred status and may include relative price indicators based on the patient's plan. This information is not always timely and does not include a current, patient-specific out of pocket drug price.

By contrast, the RTBC transaction delivers a current, patient-specific out of pocket drug price based on the patient's deductible, maximum out of pocket cost, copay / coinsurance status and the pharmacy selected, as well as whether a PA is needed, in many cases.

The main difference between the standard formulary information and RTBC is that RTBC provides a timely, patient-specific out of pocket drug price while formulary information does not.

Standard Formulary Information

Name	Formulary Status
Product 1	<input checked="" type="checkbox"/> Preferred Level 3
Product 2	<input checked="" type="checkbox"/> Preferred Level 2
Product 3	<input checked="" type="checkbox"/> Preferred Level 1
Product 4	<input checked="" type="checkbox"/> On Formulary, Non-Preferred
Product 5	<input checked="" type="checkbox"/> Non Formulary

Real Time Benefit Check

Patient Cost

\$143.72

at: ABC Pharmacy
123 Main Street
Alexandria, VA

Date: October 30, 2019

What does RTBC mean for brands?

Prescribers may abandon their first choice medication

RTBC brings patient price to the forefront when prescribers are making their decisions. Without easy access to the available patient savings offers (for eligible patients), prescribers may not continue to prescribe their first choice medication.

Incomplete prescriber - patient communication

Prescribers may be discussing drug prices with their patients without the benefit of knowing the brand's savings offer

Spillover to other patients where no RTBC is provided

RTBC may have a spillover effect, impacting prescribing decisions for patients for whom patient prices are not displayed

What should brands do?

1.

Use all available channels, including the EHR, to distribute copay cards / patient savings to prescribers, patients and pharmacists

Communicate with prescribers in the EHR and elsewhere to make sure they know about your current patient savings offers

2.

3.

Contact your ConnectiveRx representative or send a request through “Contact us” on connectiverx.com to learn more