Insightsbriefing

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Saving Patients Money

Real-Time, Member-Specific Prescription
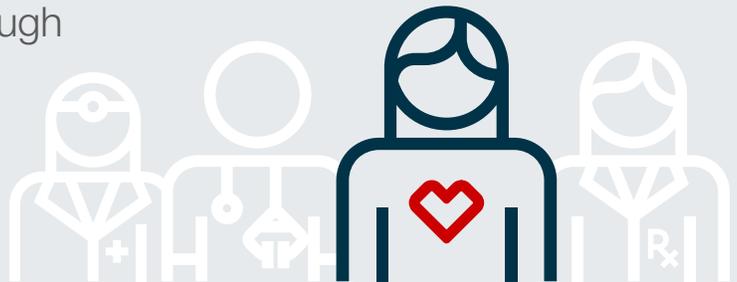Information Across All Points of Care

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The high cost of prescription drugs is one of the nation's most pressing problems and a major source of financial worry for consumers across the nation.

As prescription drug prices continue to rise and enrollment in high deductible health plans grows, many patients are shouldering higher costs for their prescription medicine. About 83 percent of Americans are personally concerned about the impact of rising prescription drug prices, according to a recent national poll commissioned by CVS Health.

In response, CVS Health launched a comprehensive initiative to make real-time, member-specific prescription benefit information available across all points of care, help provide greater price transparency, improve access to lower-cost alternatives, and make prescription drugs more affordable for all consumers.

Real-time benefit information is now available at all CVS Pharmacy locations and directly to plan members through the Check Drug Cost tool on Caremark.com and the CVS Caremark app.

Why Real-Time Benefit Information Matters

Having patient-specific information available in real-time enables prescribers to make better informed decisions and encourages the use of a clinically appropriate drug that may cost the plan members less. It allows prescribers to change a prescription as part of the workflow, streamlining staff activities. It can also help payors control costs by encouraging the use of clinically appropriate, lower-cost alternatives while ensuring prescribing decisions are aligned to the payors' formularies. For members, transparent, real-time benefit information offers access to more affordable medications while reducing the possibility of disruption from either a drug's cost being too high or it not being on formulary.

Finding More Affordable Alternatives

Drug coverage for a particular member, out-of-pocket costs, and whether the member's local pharmacy is in-network, can all vary based on plan and formulary design, as well as how much of the member's deductible has been met. Real-time benefits help ensure that up-to-the-minute, member-specific coverage and pricing information is available across all all points of care and enables members to access the right therapy at the lowest-cost.

At the Prescriber's Office

Even before a prescription is written, prescribers can now see member-specific cost and coverage information, including:

- ✔ Cost of a selected drug based on the member's plan coverage, deductible, and whether they have met their deductible, if applicable
- ✔ Up to five clinically appropriate, therapeutic alternatives, mapped for clinical substitution and specific to the member's formulary, including the out-of-pocket costs for each
- ✔ Restrictions on the selected drug and alternatives, such as prior authorization (PA), step therapy requirements, or quantity limits
- ✔ Whether the selected pharmacy is in-network

With real-time benefits, all of the information is integrated into the e-prescribing workflow, enabling prescribers to select a clinically appropriate medication that may be more affordable for the member. If the selected drug has any restrictions, the prescriber can automatically submit an electronic prior authorization (ePA) request, speeding up the process and helping to avoid a disruption or delay of therapy.

Cost of Selected Drug
based on specific member's plan coverage

Up to 5 Alternatives
and member's out-of-pocket cost

Plan Designs
such as prior authorization or step therapy

In-Network/ Out-of-Network Status

At CVS Pharmacy

At CVS Pharmacy, our new Rx Savings Finder lets pharmacists quickly and easily determine ways members can save money on out-of-pocket costs by finding the lowest-cost alternative under their pharmacy benefit. If the member's prescription is not covered, the pharmacist is alerted within the workflow and can request a prescription change from the provider at the click of a button.

The Rx Savings Finder will help pharmacists:

- ✔ Verify if the prescribed medication is on the patient's formulary and is the lowest-cost option available
- ✔ Check whether there are clinically appropriate, lower-cost options — such as a generic — covered under the member's pharmacy benefit
- ✔ See if the member is able to save money by filling a 90-day prescription rather than a 30-day prescription
- ✔ Identify other potential savings options, when available, if drug costs are still a concern and neither a generic nor a lower-cost alternative are available

Pharmacists can also help patients enroll in the ExtraCare Loyalty Program and sign them up for Pharmacy and Health Rewards. Through Pharmacy and Health Rewards, patients receive $5 in ExtraBucks for every 10 prescriptions filled, earning up to $50 in ExtraBucks annually.

Wherever the Member Is

Through the Check Drug Cost tool on Caremark.com and the Caremark app, members can now:

- ✔ Find out if a medication is covered by the plan
- ✔ See out-of-pocket costs and fill options for up to five clinically appropriate, therapeutic alternatives, if available
- ✔ See coverage restrictions, such as prior authorization or quantity limits
- ✔ Compare savings based on filling options, such as 90-day supplies and mail service
- ✔ Check to see if the price is lower at another pharmacy
- ✔ See their remaining deductible

Members can use this information to request a different medication or have a conversation about their prescription options with their prescriber or pharmacist. Customer Care representatives also have this member-specific benefit information integrated within their system and can assist members with cost and coverage questions.

Real-time benefits information is available to all clients and their members, even those with custom formularies. Today, Epic and Cerner and a few small EHR systems are live with real-time benefits. We will continue to expand the availability of member-specific information as more EHR vendors complete real-time prescription benefit certification through Surescripts. We anticipate Allscripts and others to be added by the end of the year.

With ongoing innovations such as real-time prescription benefit information, we intend to create true, seamless interoperability within the health care system to enable better decisions and help save money for members and consumers.

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