

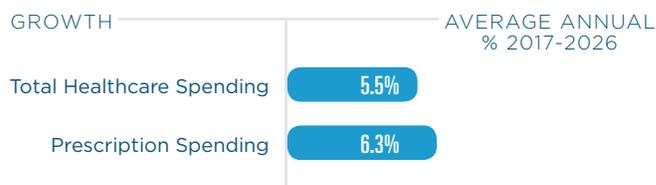
Data Brief: Price Transparency Boosts Patient Savings and Prescriber Efficiency

OVERVIEW

Prescription drugs are eating up an increasing share of healthcare costs. For many patients, this trend is unsustainable.¹ Even when a drug is covered by insurance, high out-of-pocket costs can threaten adherence. And if that drug requires prior authorization, treatment can be delayed or derailed entirely.

Data collected in the past year shows that the Surescripts Network Alliance™ is beginning to break down these barriers to treatment with price transparency tools that are seamlessly integrated with the e-prescribing workflow.

GROWTH IN PRESCRIPTION SPENDING OUTPACES TOTAL HEALTHCARE SPENDING



KEY RESULTS

Patients Save Money When Prescribers Use Real-Time Prescription Benefit to Find a More Affordable Drug

MAXIMUM
PATIENT SAVINGS:
\$8,032

*IN SEPTEMBER 2018.

High prescription costs often lead to patient “sticker shock” at the pharmacy, which negatively impacts medication adherence. According to a recent study, a \$10 copay increase can reduce medication adherence by 10%.²

Real-Time Prescription Benefit eliminates surprises at the pharmacy by displaying benefits-based, patient-specific, out-of-pocket cost information. That way, prescribers can discuss drug options with patients at the point of care.

As more patients are prescribed medications they can afford, we can expect to see improved medication adherence and reduced prescriber rework.

EXAMPLE OF ACTUAL PATIENT SAVINGS



Prescriber selects appropriate medication therapy and patient's preferred pharmacy in their EHR. Based on input from the patient's PBM, Surescripts informs the prescriber that the medication will cost the patient \$1,361.40.



The prescriber sees that a generic alternative medication is available through the patient's pharmacy benefit plan for just \$4.00.



The prescriber changes the order, saving the patient \$1,357.40.

Less Time on Prior Authorizations Means Treatment Can Start Sooner

The traditional prior authorization process is a burden for prescribers and patients alike. In a recent American Medical Association survey, 64% of physicians reported waiting at least one day for prior authorizations to be processed manually.³ Due to prescription fill delays associated with this process, 40% of patients abandon treatment when a prior authorization is required.⁴

In addition to cost and coverage information, **Real-Time Prescription Benefit shows prescribers whether the medications displayed require prior authorization under the patient's benefit plan.** This gives prescribers the opportunity to select a medication that doesn't require prior authorization. And with fewer prior authorization requests to send, prescribers save critical time for themselves and for patients, leaving less room for prescription abandonment.

PRESCRIPTIONS FLAGGED FOR PRIOR AUTHORIZATION



24 PERCENT
CHANGED TO A DRUG WITH NO PRIOR AUTHORIZATION REQUIRED



MORE THAN 132,000 HOURS
OF WAIT TIME ELIMINATED*
*In June 2018

FUTURE OUTLOOK

Price Transparency Tools Are Taking Off

The market has responded to the benefits of Surescripts prescription price transparency tools in a remarkably short period of time, and this rapid growth is projected to continue.

EHRs SERVING 77%

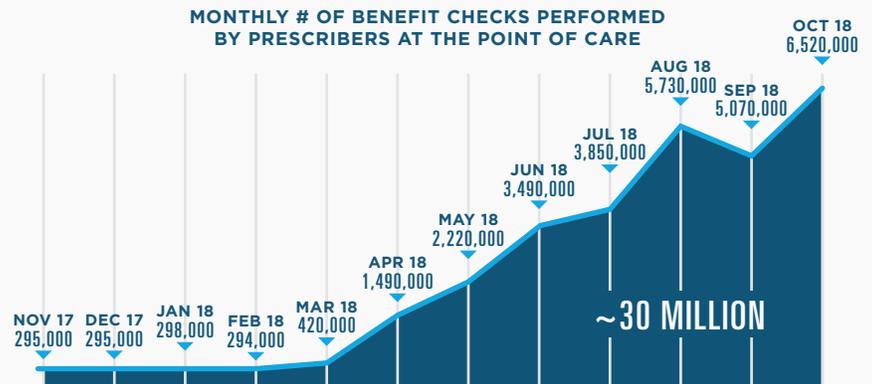
OF PRESCRIBERS HAVE SIGNED ON TO OFFER REAL-TIME PRESCRIPTION BENEFIT

40 FOLD INCREASE

IN THE # OF PRESCRIBERS UTILIZING REAL-TIME PRESCRIPTION BENEFIT IN 2018

70% OF U.S. COVERED LIVES

CURRENTLY REACHED WITH REAL-TIME PRESCRIPTION BENEFIT



When healthcare professionals have price transparency tools at the point of care, they can make the best-informed prescription decisions for patients without interruption or rework. And that means patients can access affordable medications without hassles and delays. Thanks to this breakthrough in the healthcare marketplace, Surescripts price transparency tools have the potential to improve treatment outcomes nationwide.

1. CMS, "CMS Office of the Actuary Releases 2017-2026 Projections of National Health Expenditures," February 14, 2018, <https://www.cms.gov/newsroom/press-releases/cms-office-actuary-releases-2017-2026-projections-national-health-expenditures>.
 2. Dana P. Goldman, Geoffrey F. Joyce and Pinar Karaca-Mandic, "Varying Pharmacy Benefits With Clinical Status: The Case of Cholesterol-lowering Therapy," The American Journal of Managed Care 12, no. 1 (January 2006), <https://www.ajmc.com/journals/issue/2006/2006-01-vol12-n1/jan06-2244p21-28>.
 3. American Medical Association, "2017 AMA Prior Authorization Physician Survey," 2018, <https://www.ama-assn.org/sites/default/files/media-browser/public/arc/prior-auth-2017.pdf>.
 4. CVS Health and Point-of-Care Partners, "Electronic Prior Authorization: Leveraging the Latest Technologies to Improve Care Delivery and Determine Optimal Benefit Coverage," 2015, <https://www.pocp.com/wp-content/uploads/PDF/ CVS-POCP%20PBM%202016%20Presentation.pdf>.

ABOUT SURESCRIPTS

Our purpose is to serve the nation with the single most trusted and capable health information network, built to increase patient safety, lower costs and ensure quality care. Since 2001, Surescripts has led the movement to turn data into actionable intelligence, and convened the Surescripts Network Alliance™ to enhance prescribing, inform care decisions and advance the healthcare industry.