

# The Real-Time Benefit Check — Key to Closing the Gaps in Eligibility Driven Formulary

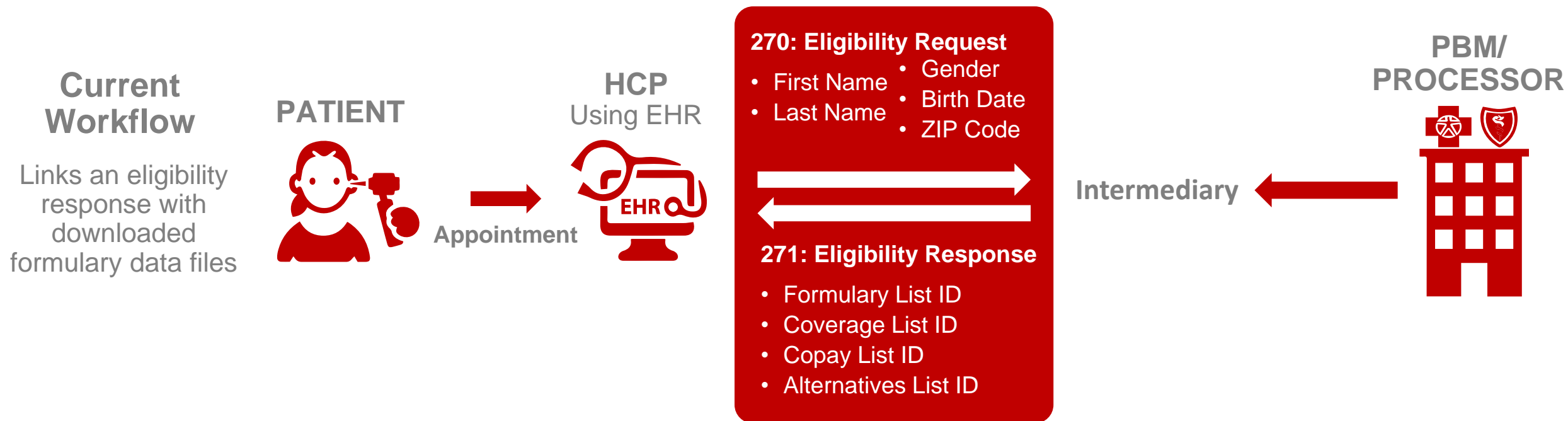
Tony Schueth

*Chief Executive Officer & Managing Partner*



**10<sup>TH</sup> Real-Time Benefit Check  
& ePrior Authorization Summit**  
Breakthroughs and New Models for Faster Coverage  
Determinations and Access to Therapy

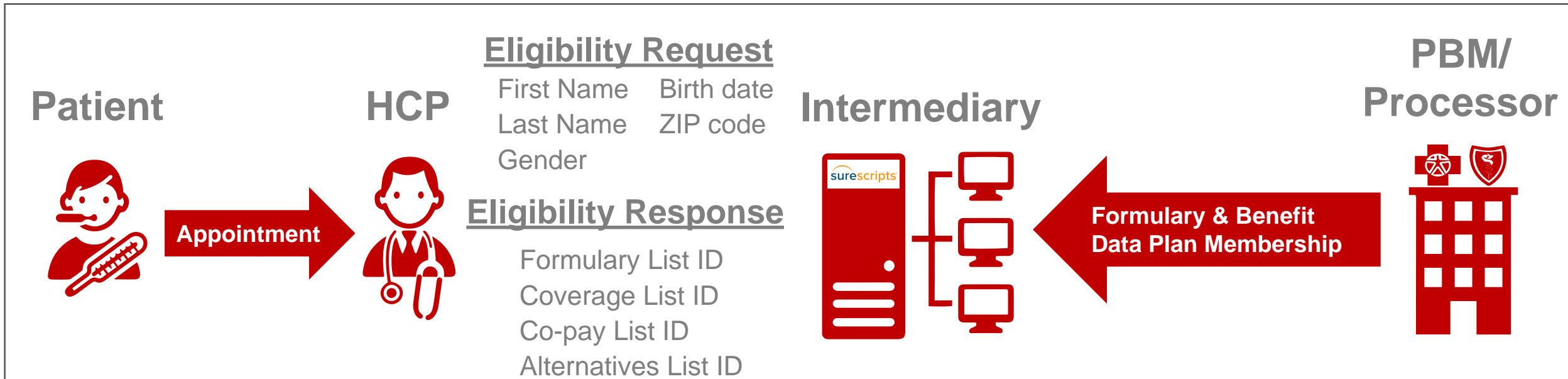
# Eligibility-Informed Formulary Information Flow



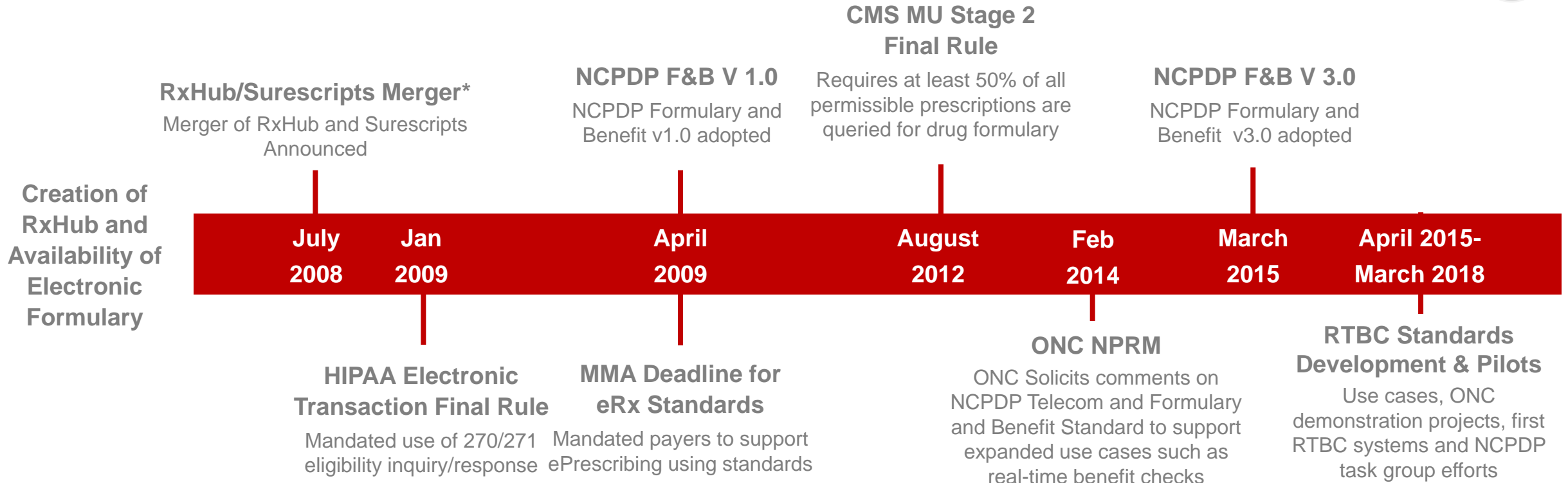
# Deficiencies in Eligibility-Informed Formulary & Benefits

There are several challenges with current Formulary & Benefit data led to a search for a better solution, including:

- Formulary data is based on “Plan-” or “Group”-level; not patient specific
- Prior Authorization flag often missing or inaccurate
- Formulary tier/preferred level often not accurately displayed for HCP
- Issue is payer providing the data, not the standard

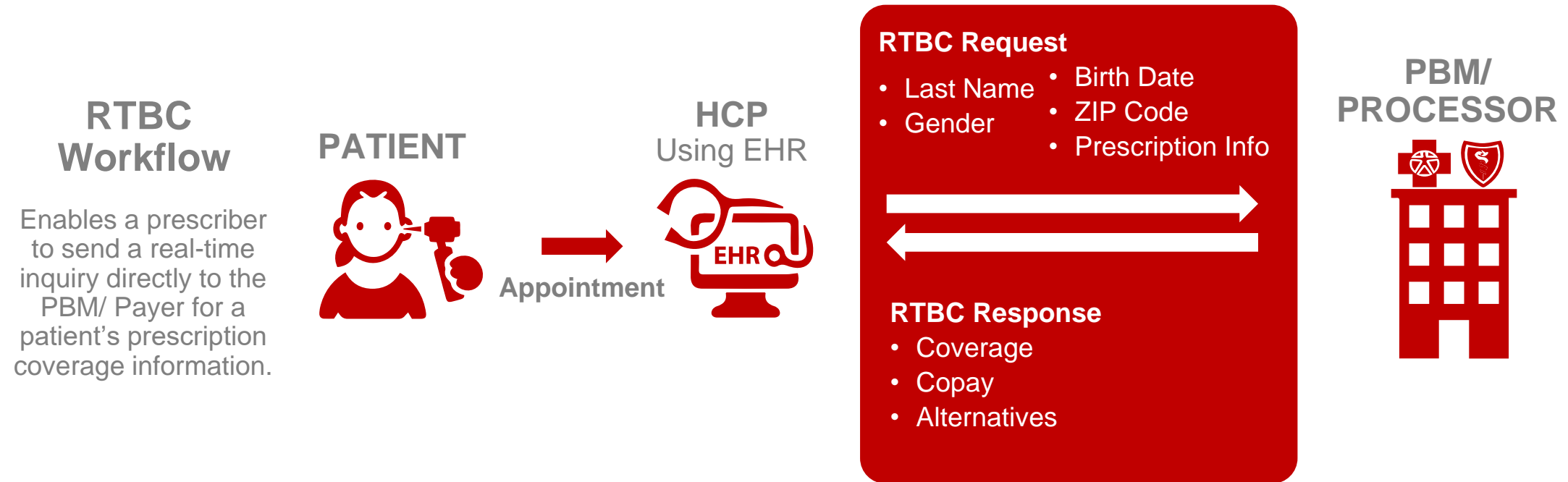


# Formulary & Benefits/Real-Time Benefit Check (RTBC) Timeline



1. The merger of RxHub and Surescripts was a major catalyst in connecting patient identities with a specific formulary
2. NCPDP developed a standard format in which PBMS/payers should send formulary data to EHRs
3. Government regulations helped to push along mandatory use of electronic formulary data by physician practices
4. ONC NPRM released in Feb 2014 was the catalyst for NCPDP efforts around RTBI and subsequent demonstration projects.

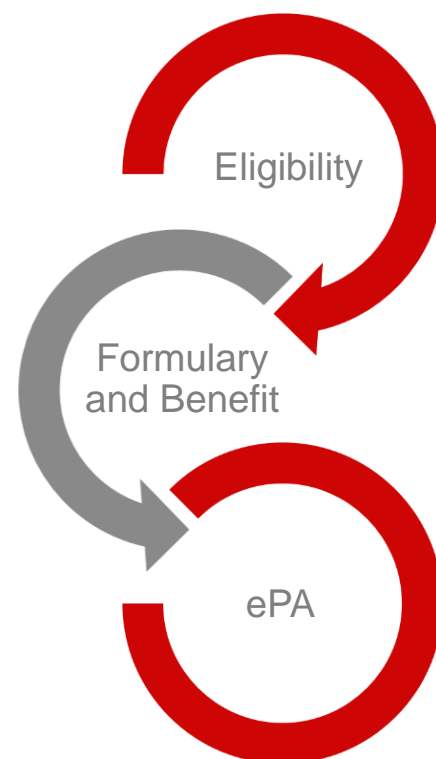
# RTBC-Informed Formulary Information Flow



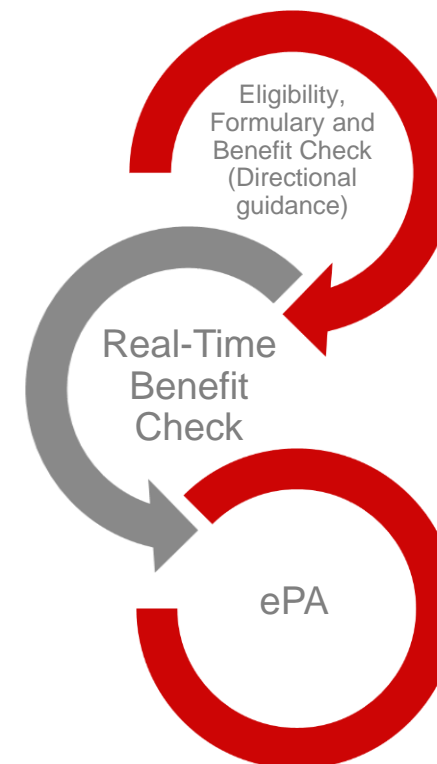
# ePrescribing Process Workflow



Traditional eRx Workflow



Revised eRx Workflow with RTBC



# Sample RTBC Results: Drug Covered by Prescription Benefit

Manage Allergies

Members Area

myBenefit Check:

**Oxecta:** This medication is eligible ONLY for a ONE-TIME 30-day supply under this patient's prescription benefit plan.

Medication	Pharmacy Name	Pharmacy Type	Duration (days)	Cost
Oxecta	Walgreens Drug Store	Retail	30	\$91.50

Please consider prescribing one of the alternative medications listed below.

glimpride	Walgreens Drug Store	Retail	\$5.00	30	\$5.00
	Right Source Rx	MailOrder	\$0.00	90	\$0.00
glipizide	Walgreens Drug Store	Retail	\$5.00	30	\$5.00
	RightSource Rx	MailOrder	\$0.00	90	\$0.00

This is an estimated cost, so the actual pricing may vary. Because drug prices are subject to change and the cost provided is an approximation based upon claims and medical information currently available, the actual cost at the pharmacy may differ.

Print

# Sample RTBC Results: Drug Not Covered by Prescription Benefit

Manage AllergiesMembers Area

myBenefit Check: [REDACTED]

**Zocor:** This medication is NOT COVERED by the patient's prescription benefit plan.

Medication	Pharmacy Name	Pharmacy Type	Duration (days)	Cost	
Please consider prescribing one of the alternative medications listed below.					
atorvastatin	Walgreens Drug Store	Retail	\$5.00	30	\$0.00
	Right Source Rx	MailOrder	\$0.00	90	\$0.00
lovastatin	Walgreens Drug Store	Retail	\$5.00	30	\$0.00
	RightSource F	MailOrder	\$0.00	90	\$0.00

Print

If the patient requires the initially selected medication, please initiate prior authorization below:

Assign To: [REDACTED]

Urgent: ☐

Memo: [REDACTED]

InitiateSave to Task List

This is an estimated cost, so the actual cost may vary. Because drug prices are subject to change on the cost provided is an approximation based upon claims and medical information currently available, the actual cost at the pharmacy may differ.



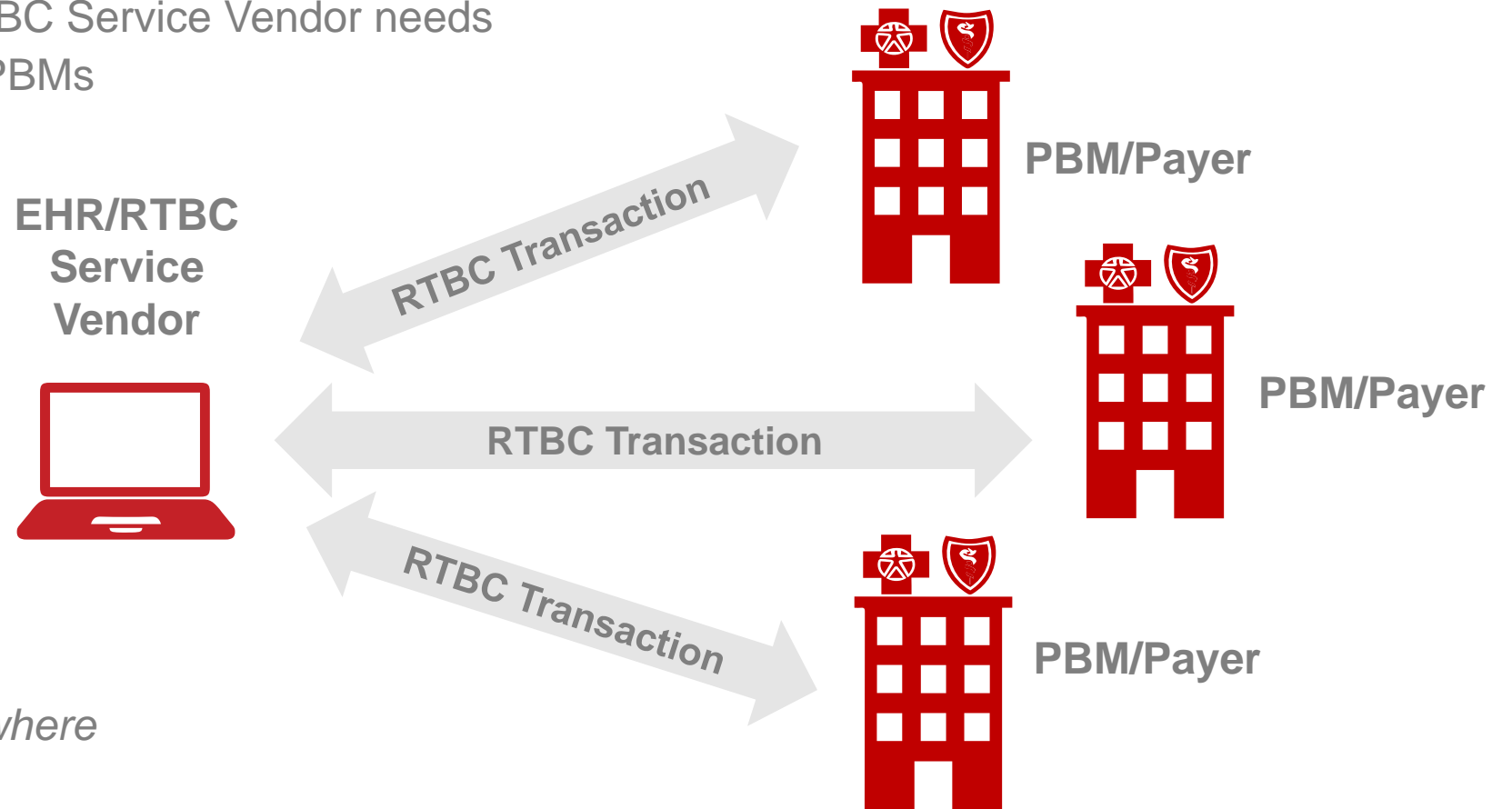
# Real-Time Benefit Check (RTBC) – Why, How, When

- Real Time Benefit Check (RTBC) solves data issues surrounding formulary and benefit information including:
  - Inaccurate display of preferred status and tier level
  - PA indicator missing or incorrect
  - Benefit information at plan, not patient level
- RTBC data pulled in real-time and direct from payer
  - Provides for more detailed benefit information at patient level
- Formulary and Benefit files will not be replaced
  - Provides “directional” guidance during the initial prescription decision
    - On/Off Formulary -> Formulary Status
    - Tier Level - > Copay Tier, Dollar or Percentage Co-pay
    - PA required
- Can help determine if a RTBC is even necessary



# RTBC Direct Connection

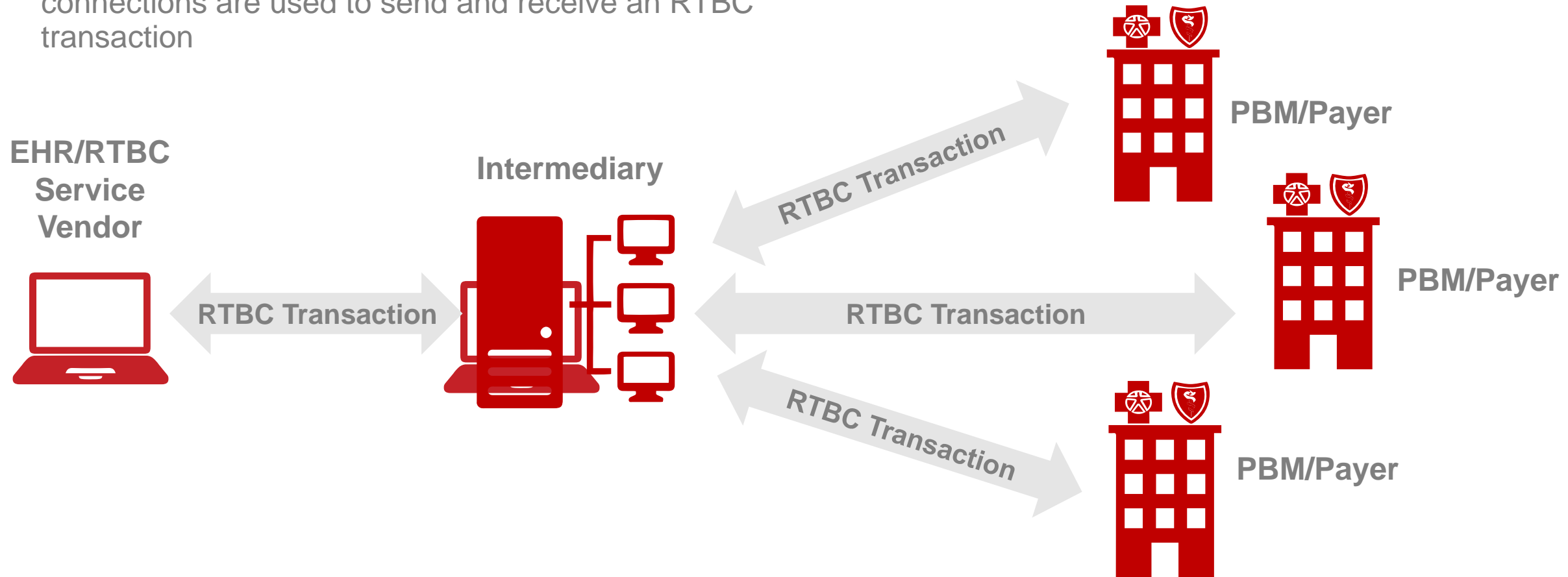
With a Direct Connection, prescription benefit information comes directly from the PBM/Payer to the EHR or RTBC Service Provider. The EHR/RTBC Service Vendor needs to connect directly to multiple PBMs



*Assumption: Vendor checks patient eligibility to confirm where to send RTBC transaction*

# RTBC Intermediary Solutions

Intermediaries already have connections to PBMs/Payers for formulary information. The existing connections are used to send and receive an RTBC transaction



# NCPDP Standards Development Efforts

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## NCPDP Standards Organization Workgroup Efforts:

- Develop two standard formats and one implementation guide for the real-time exchange of data between Providers and Processor/ PBM/Adjudicators to:
  - Establish patient eligibility, product coverage, and benefit financials for a chosen product and pharmacy, and
  - Identify coverage restrictions, alternative products, and benefit alternatives when they exist
- Facilitate the healthcare industry's adoption by providing expertise and education
- Support the evolution of the standard via NCPDP's consensus building process



# RTBC: Benefits & Limitations

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## Benefits

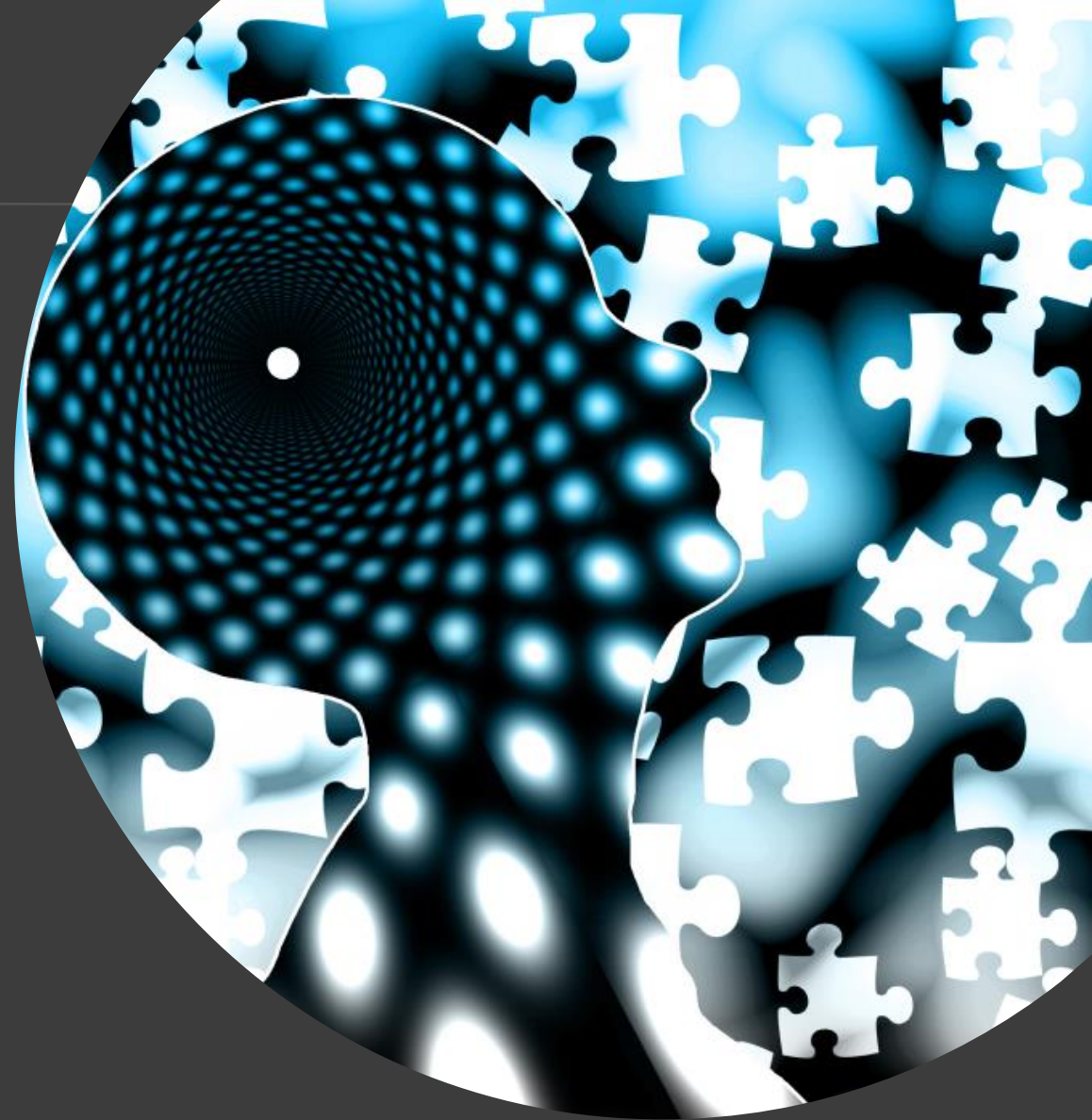
- **Transparency**
  - Provides **patient-specific benefit information** to help provider make informed decisions at the point-of-care
  - Identifies cost barriers before patient arrives at pharmacy
- **Clinical Outcomes**
  - Improves **formulary adherence** by knowing drug coverage
- **Consumer Experience**
  - Improves **speed to therapy** by reducing prescription delays and claim denials

## Limitations

- **Scope of Information**
  - Provides benefit information for prescription benefit only – no medical coverage
- **Benefit Plan Complexity**
  - Complexity of prescription benefit plans may be difficult to communicate (e.g., limited networks, lock-in, etc.)
- **Eligibility**
  - Limited options for intermediaries and/or solution providers as an eligibility check is still required
- **Assumptions**
  - RTBC transaction occurs after a drug is selected and the PBM/Payer must assume pharmacy, quantity and days supply, if not provided

# Considerations, Drivers, Future

- Innovators/Early Adopters will help determine the value and lessons learned/best practices
- There are costs to both the payers/PBMs and EHRs
- Formulary and Benefit (F&B) will not go away with introduction of RTBC; there's debate but both are likely needed
- What will drive wide-spread adoption of RTBC?
  - Regulations
  - Business model



# RTBC Impact to Manufacturers



- RTBC will provide more accurate information on specific drug selected for specific patient
- Prescriber will have information needed to discuss prescription with patient
- Some alternatives are included in the response
- PA flag can be patient specific and obvious approvals waived
- Retail and mail pharmacy information (some preferred pharmacy but not specialty)
- Will provide more tools to PBMs to control formulary messaging
  - Limit information regarding patient savings card cost reductions
  - Ability to include more PAs
  - Messaging for alternatives
  - Payer could waive PA when there is a likelihood of approval but still show the drug as PA



- No pharma copay assistance is noted
- Transaction costs per inquiry which could lead to increased demand of rebates and/or implementation of costly “alternatives” programs
- RTBC has a limited view of ‘alternatives’ to what the PBM chooses not the full class of medications
- Dedicated hubs and brand sponsored pharmacies may be removed from consideration with more real time information
- Pharmacy benefit products only

# Thank you

**Tony Schueth**

CEO & Managing Partner  
954-346-1999 | [tonys@pocp.com](mailto:tonys@pocp.com)



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