

# Real-Time Benefit Inquiry:

The Time is Right for More Informed Medication Decisions

## **PBMI Annual Drug Benefit Conference**

March 6, 2017

### **PRESENTERS:**

- Anthony Schueth, Point-of-Care Partners
- Julia Crouse, DrFirst
- Morgan Bojorquez, Humana

# Learning Objectives

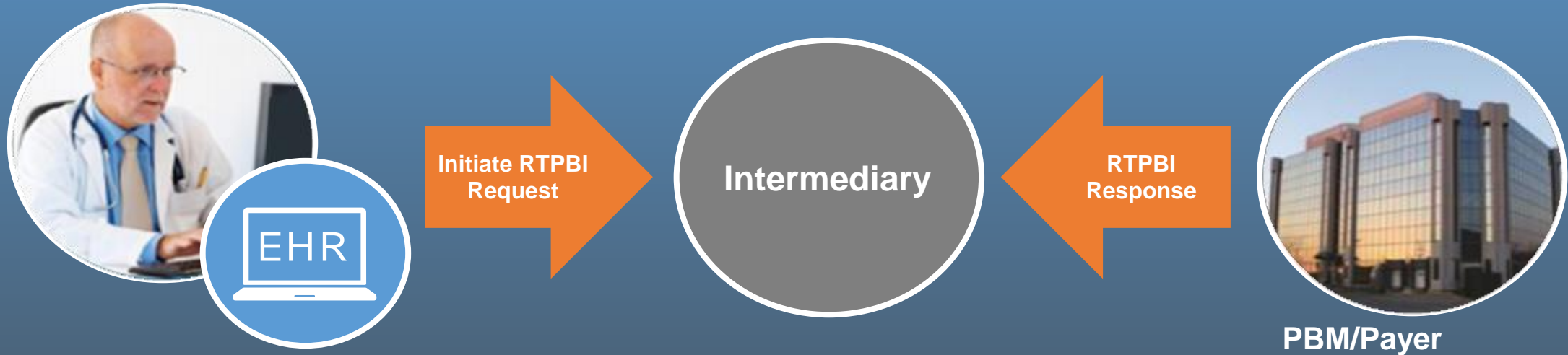
- Convey the challenges with eligibility-informed formulary, why physician utilization is less than desired and debate if there is a place for both F&B and RTBI.
- Summarize the transaction standards being piloted for RTBI; RTBI's benefits/costs for employer groups, payers/PBMs and EHRs; and what will drive wide-spread adoption.
- Describe lessons learned and best practices from the Humana/DrFirst, and other RTBI pilot programs.

# What is Real-Time Pharmacy Benefit Inquiry?

- A means to provide patient-specific prescription benefit information at the point-of-care
- Request for prescription benefit information originating from the provider (prescriber)
- Payer/claims processor/pharmacy benefit manager provides the response to the request

Source: NCPDP

# RTPBI Response Data Elements



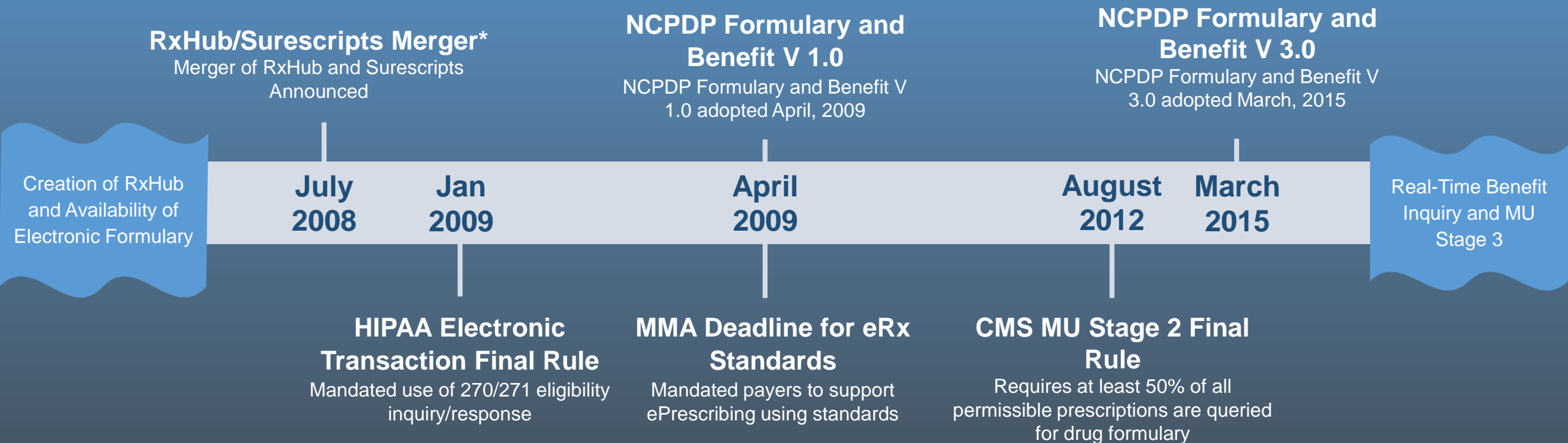
## Prescription covered by benefit:

- Patient financial responsibility

## Prescription not covered by benefits:

- Reason for Denial
- Alternatives
- Coverage Limits
- PA required
- Step therapy
- DUE alert

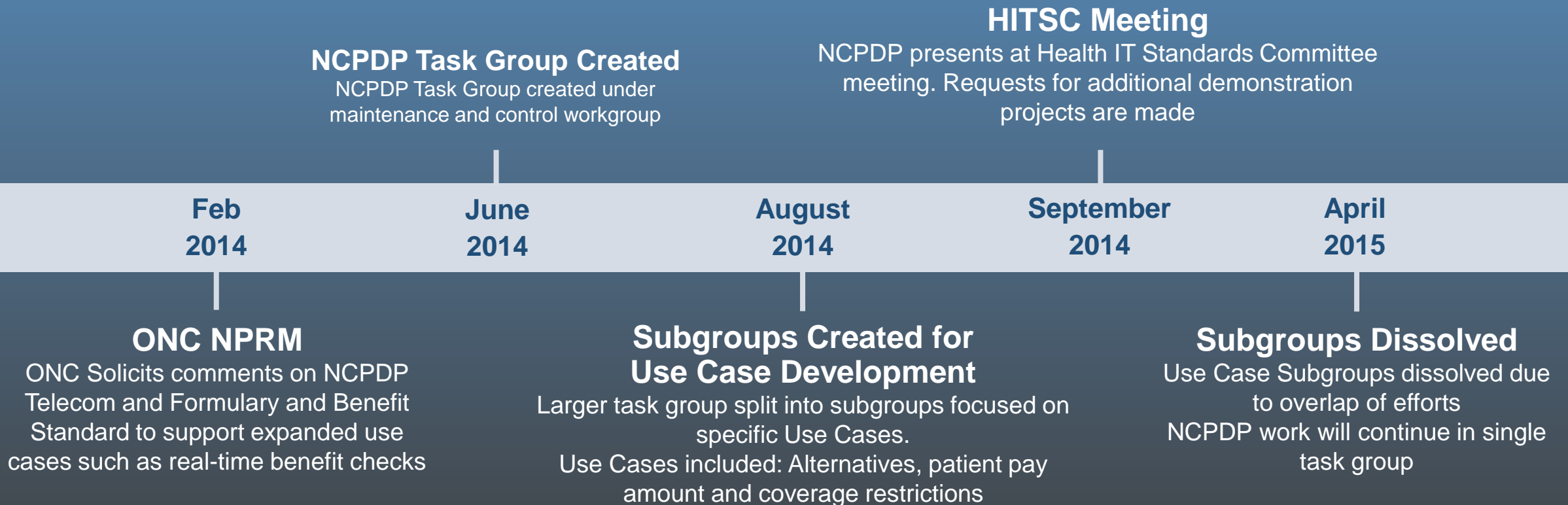
# Real-Time Pharmacy Benefit Inquiry Timeline



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

# Real Time Benefit Inquiry Milestones

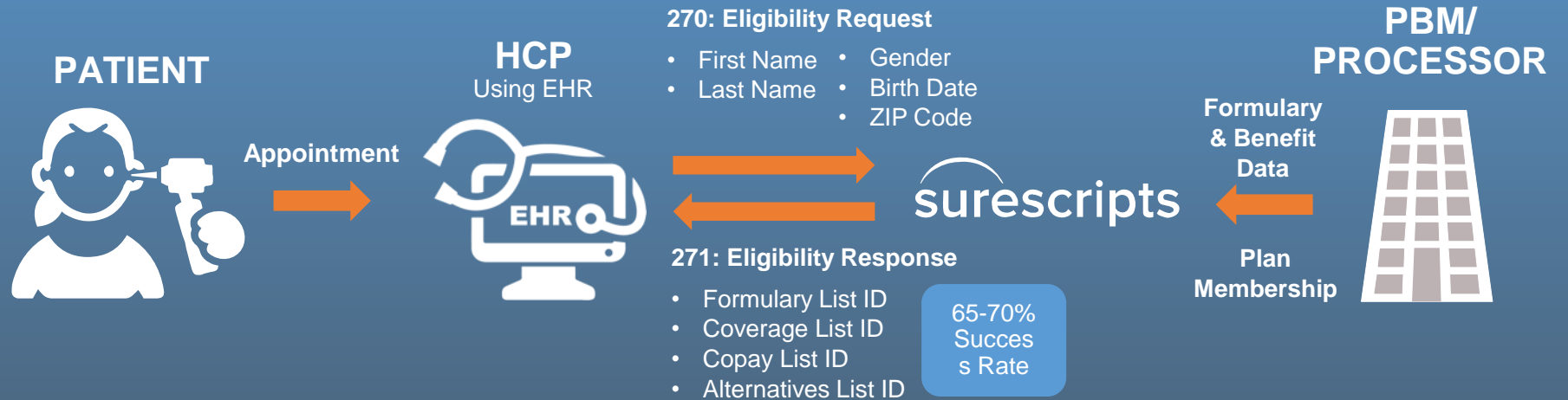
The ONC Notice of Proposed Rule Making (NPRM) released in Feb 2014 was the catalyst for NCPDP efforts around RTBI. In subsequent meetings, a request for demonstration projects was made by ONC leading to additional industry efforts.



# Formulary Information Flow in the EHR

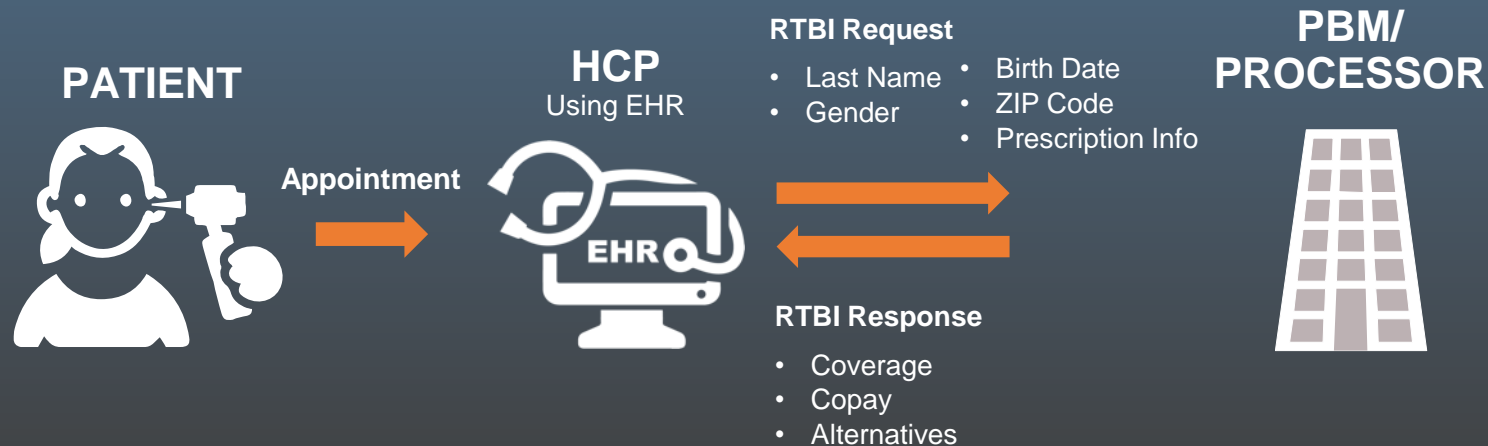
## Current Workflow

Links an eligibility response with downloaded formulary data files

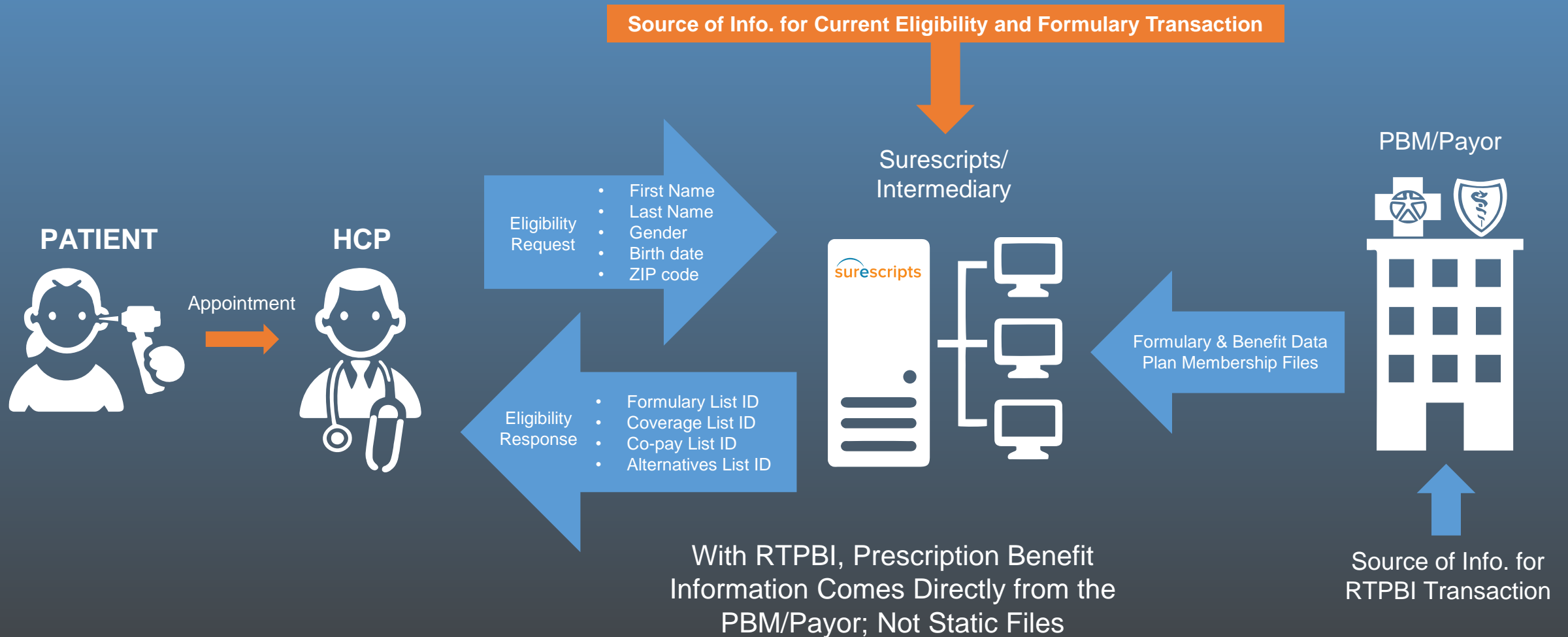


## RTBI Workflow

Enables a prescriber to send a real-time inquiry directly to the PBM/ Payer for a patient's prescription coverage information.



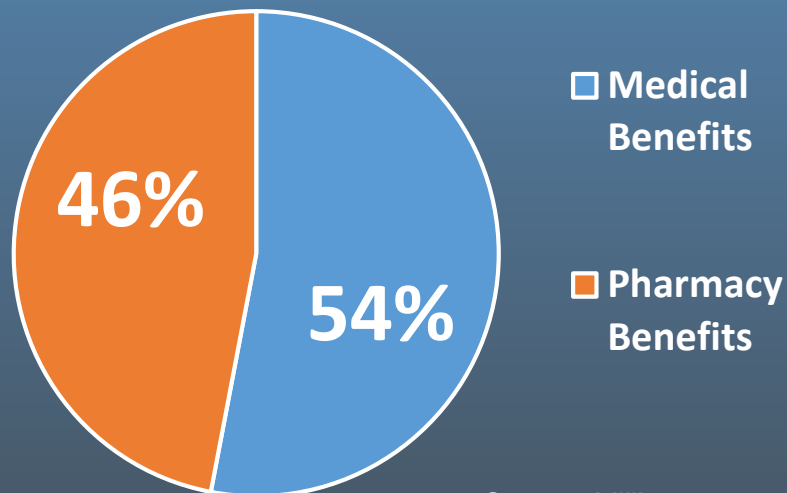
# RTPBI v Current Eligibility Formulary Transaction





# Specialty Medication Coverage: Pharmacy vs. Medical Benefit

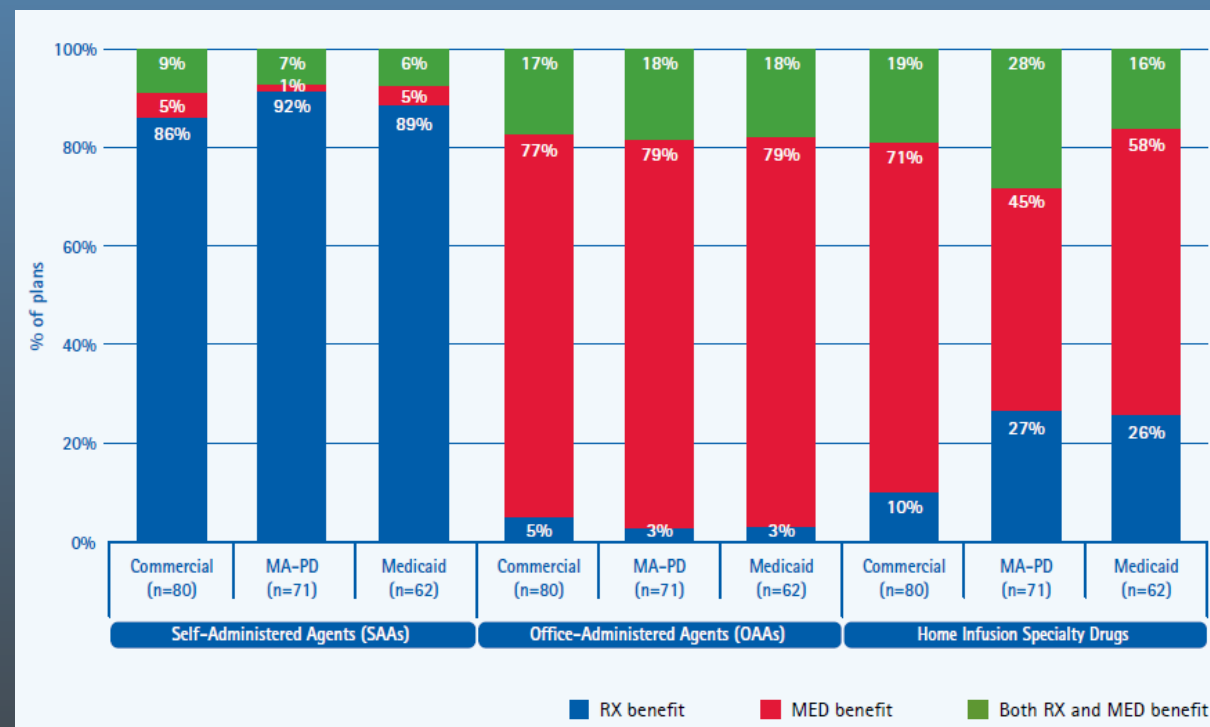
## Drugs Covered Under Medical v. Pharmacy Benefit



Source: Milliman, 2015

RTPBI Transactions Only Return Information on Pharmacy Benefits

## Specialty Medications Covered Under Medical v. Pharmacy by Setting



Source: EMD Serono Specialty Digest, 2016

# NCPDP SCRIPT Standard

- July 2013: ePA transactions were approved as part of SCRIPT standard
  - This includes PA initiation request and PA initiation response
  - A request goes from the prescriber to the PBM/payer to determine if PA is required
  - A response comes from PBM/payer to prescriber on whether or not PA is needed.



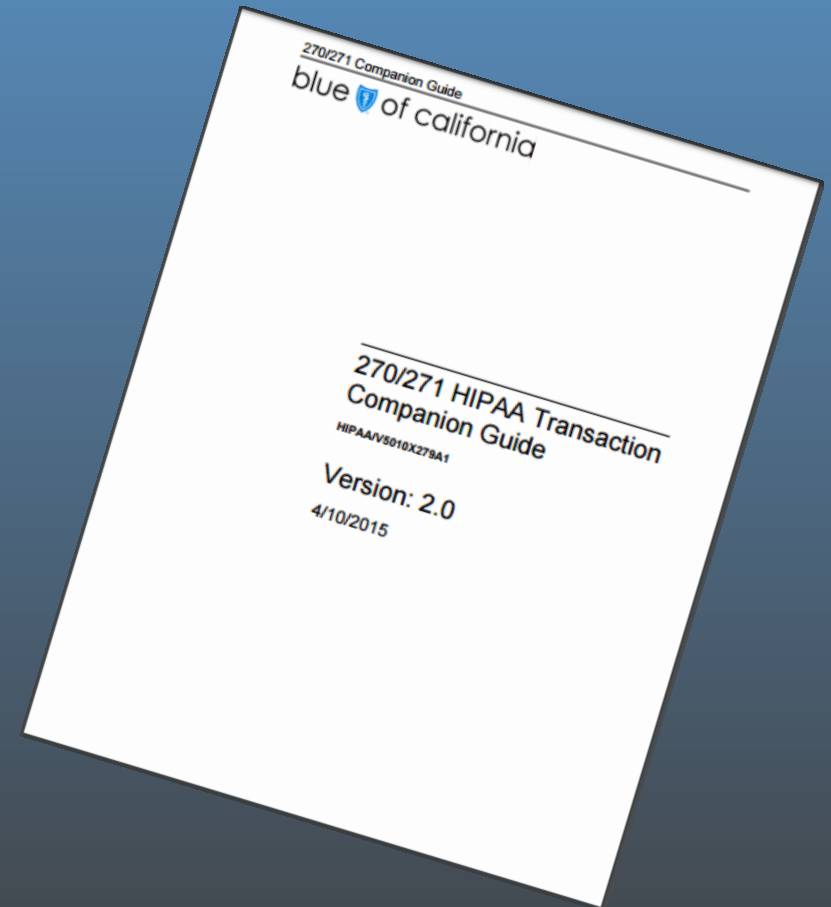
# NCPDP SCRIPT Standard

- The current SCRIPT standard already supports provider/PBM/payer initiation request and response.
- As of February 2017, 6 states require NCPDP SCRIPT standard for ePA; 4 require ePA, no standard defined
- The request and response is currently not patient specific.



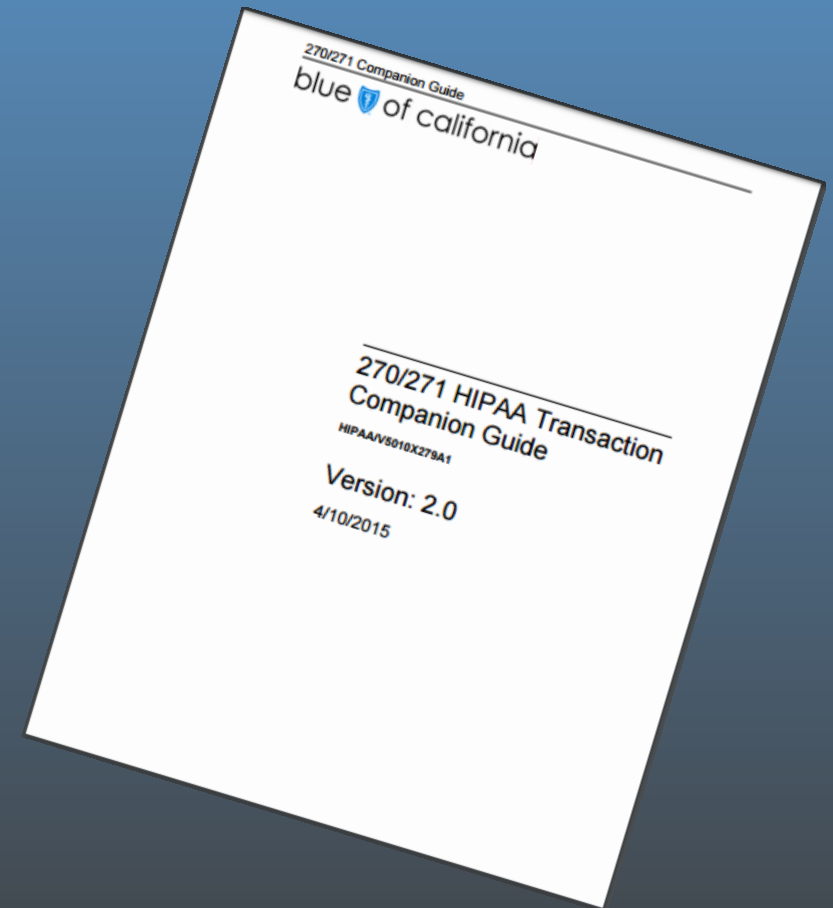
# ASC X12 Standard

- ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response:
  - HIPAA mandated for dental, professional, and institutional providers.
  - Inquiry and response to obtain any information about a benefit plan for an enrollee including: eligibility to receive health care services under the plan, coverage of services, benefits associated with the plan.



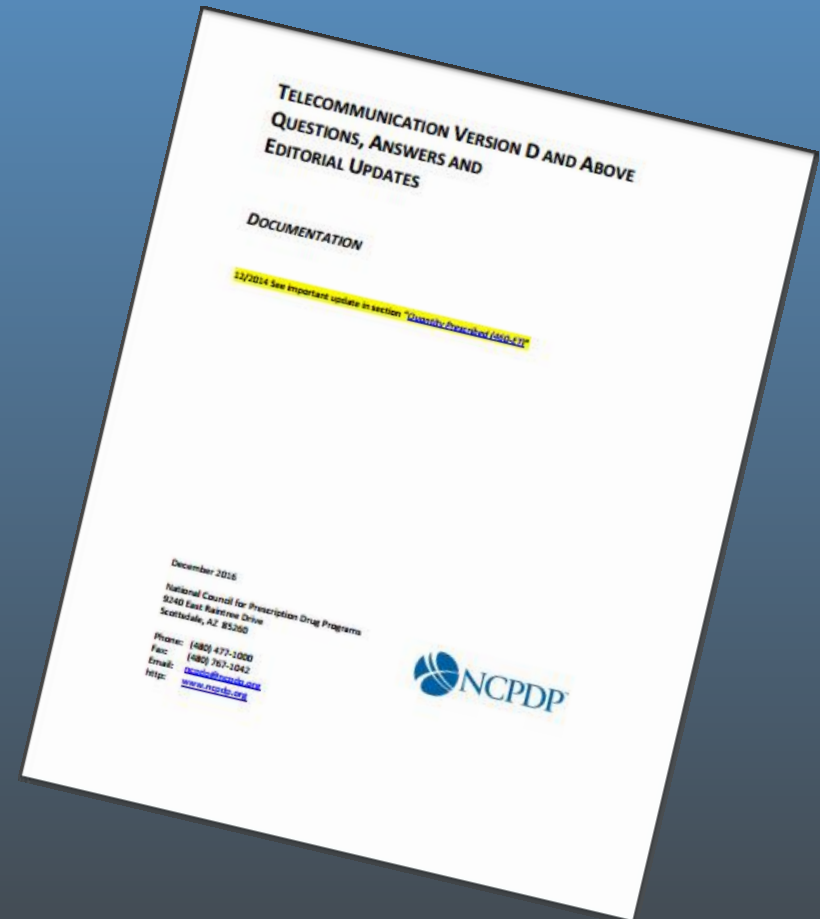
# ASC X12 Standard

- Transaction would need to be updated significantly:
  - Guide does not require an NDC-specific response to an NDC-specific request.
  - Transaction does not support all of the needed prescription fields including quantity, dose, and day supply.



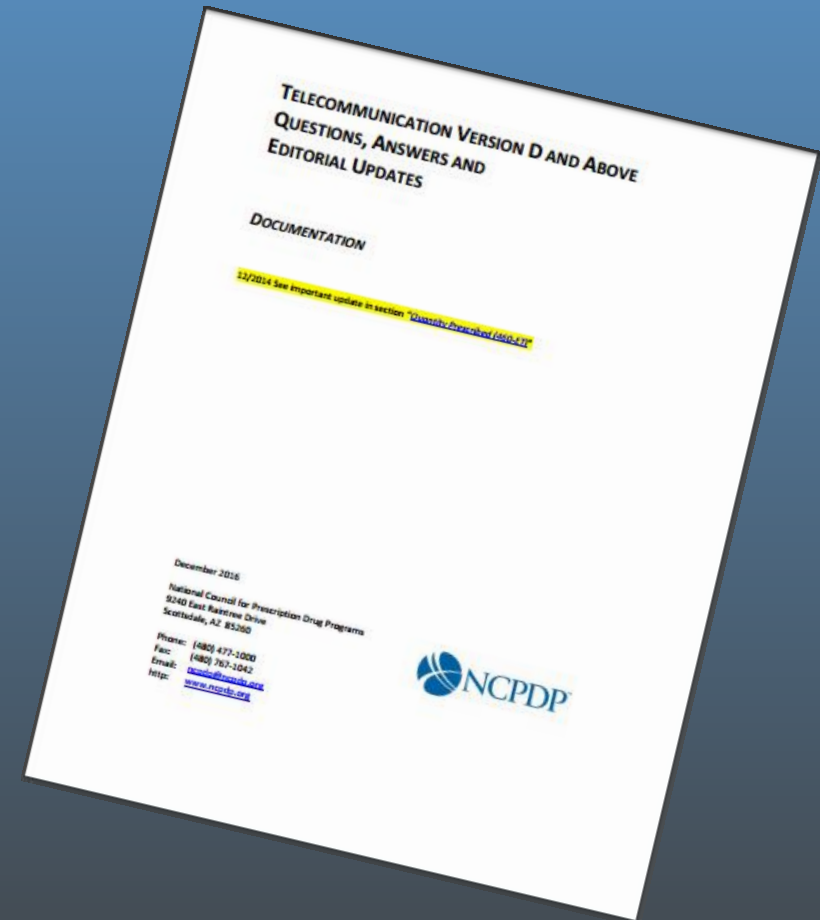
# NCPDP Telecommunications D.0 Standard

- Currently used by pharmacies to submit drug claims to PBMs/Payers
- Existing connections can be used to submit RTBI inquiry from provider to PBM/Payer.



# NCPDP Telecommunications D.0 Standard

- Significant amount of variability exists in current D.0 standard including:
  - Request transaction
  - Response transaction
  - Provider Identification
  - Service provider
- Transactions are based on pharmacy benefit transactions only; standard needs to incorporate both medical and pharmacy benefits.



# Real-Time Pharmacy Benefit Inquiry Today and Pilots

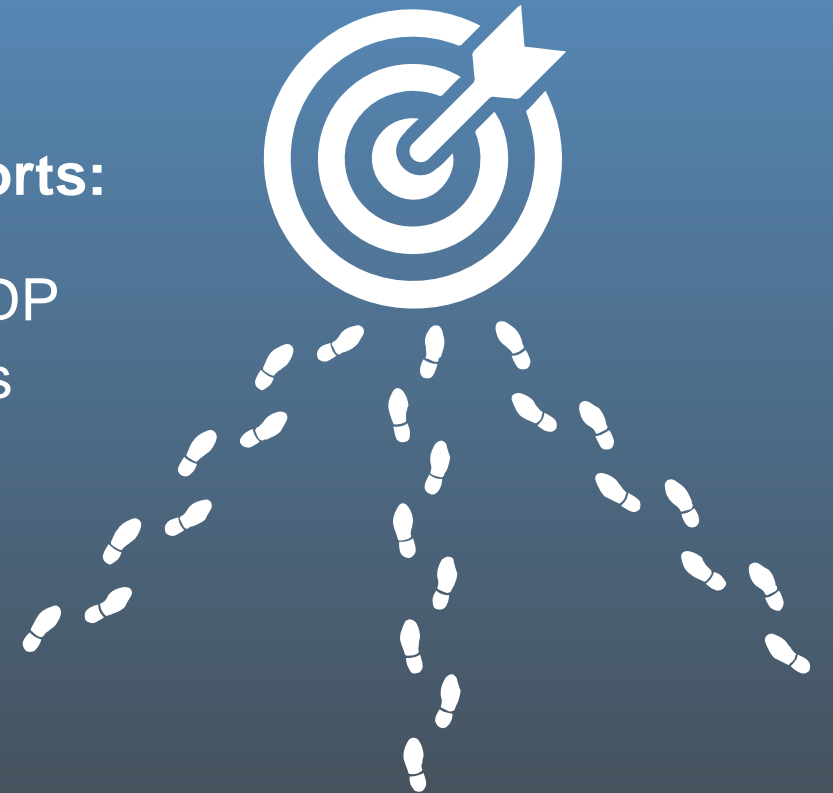
## One Target, But Currently Many Paths...

### Standards Development:

1. NCPDP Task group
  - Use Case Development – expected completion – Dec, 2016
  - Standards Development – TBD
  - Debate over where Task Group belongs

### Industry Stakeholder Efforts:

1. DrFirst – Modified NCPDP D.0 Telecommunications standard
  - Production: Humana
2. Surescripts – Modified NCPDP SCRIPT standard
  - Testing: Practice Fusion and ESI





# Considerations, Drivers and Future

- Innovators/Early Adopters will help determine the value and lessons learned/best practices
- There are costs to both the payers/PBMs and EHRs
- Do we need both F&B as well as RTBI?
- Need to improve F&B
- What will drive wide-spread adoption?
  - Regulations
  - Business model



# Real-Time Benefit Inquiry

*DrFirst and Humana*

# Humana / DrFirst Partnership

- In October 2015, Humana launched new service with DrFirst for Real-time Benefit Inquiry
  - First to market with such capabilities
  - Integrates into DrFirst myBenefitCheck Product
  - Fully integrated with electronic Prior Authorization
- 33K+ Prescribers, 2.2 Million Transactions
- .84 second average response time



# What is a Real-time Benefit Inquiry?

- Service based on NCPDP Telecomm Standard D.0
  - Modified version of D1 - Predetermination of Benefits
- DrFirst sends RTBI request to Humana
- Humana adjudicates request in pharmacy claims system and returns response
- myBenefitCheck presents the following:
  - Patient-specific drug coverage and pricing
  - Formulary alternatives
  - Alternative pharmacy pricing (90-day)
  - Payer DUR information

# DrFirst's myBenefitCheck

- Industry First Nationwide Real-Time Benefit Inquiry Product
  - Available to all DrFirst Rcopia ePrescribing users
  - Integrated with non DrFirst ePrescribing Systems
  - Integrated with multiple PBMs
  - Easily integrated into IDNs/ ACOs/ at risk plans
    - API integration
    - Average time to implement 60-90 days

# Why is myBenefitCheck Necessary?

**90.6%**

HCPs Believe That the Most Important Use of Formulary Information is  
for Prescribing

**62.5%**

HCPs Use Sources Outside of the eRx System to Check Formulary for  
Patients

**39.3%**

HCPs Describe ePrescribing Formulary as “Accurate and Trustworthy”



87%

said cost  
influences their  
prescribing  
decisions

93%

would consider  
changing to a  
lower  
cost option

98.7%

said if the information  
can't be available in  
less than **2 seconds**  
they **don't** want it

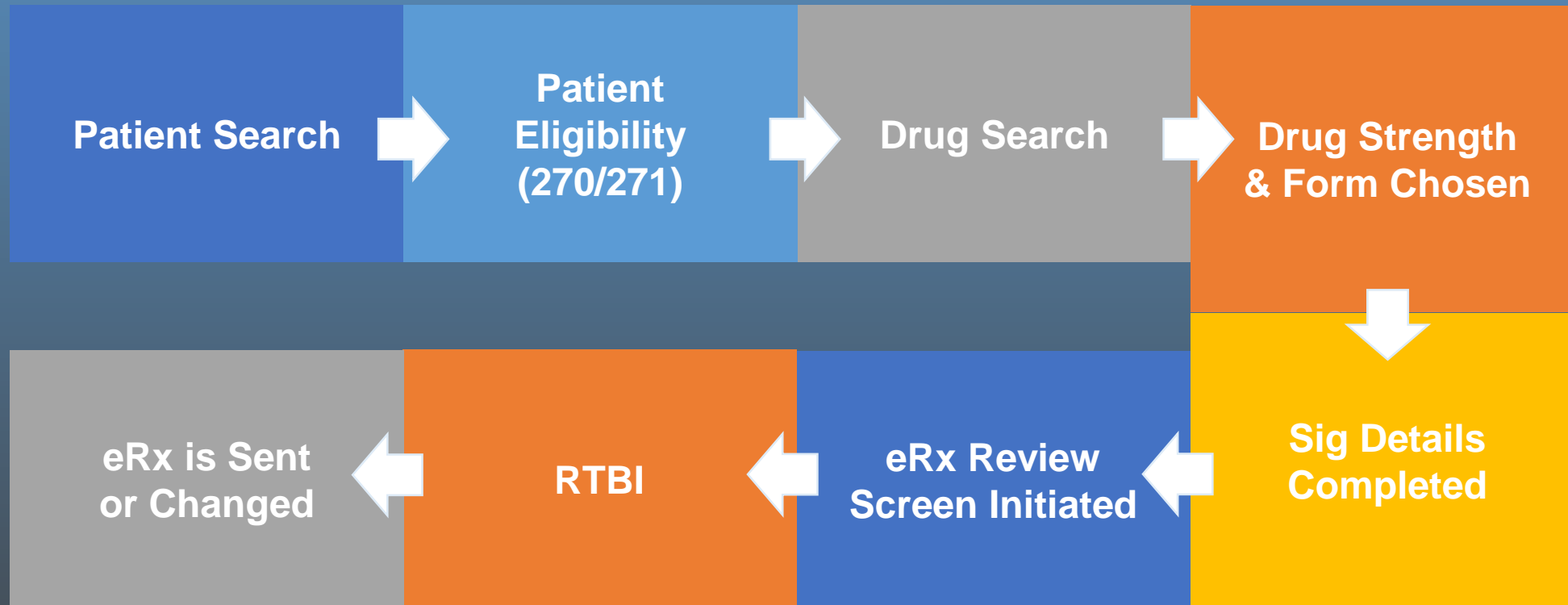
80%

want to know when a  
pharmacy is out of  
their patient's  
network

82%

would consider  
changing  
pharmacies  
to in-network

# RTBI in e-Prescribing Workflow

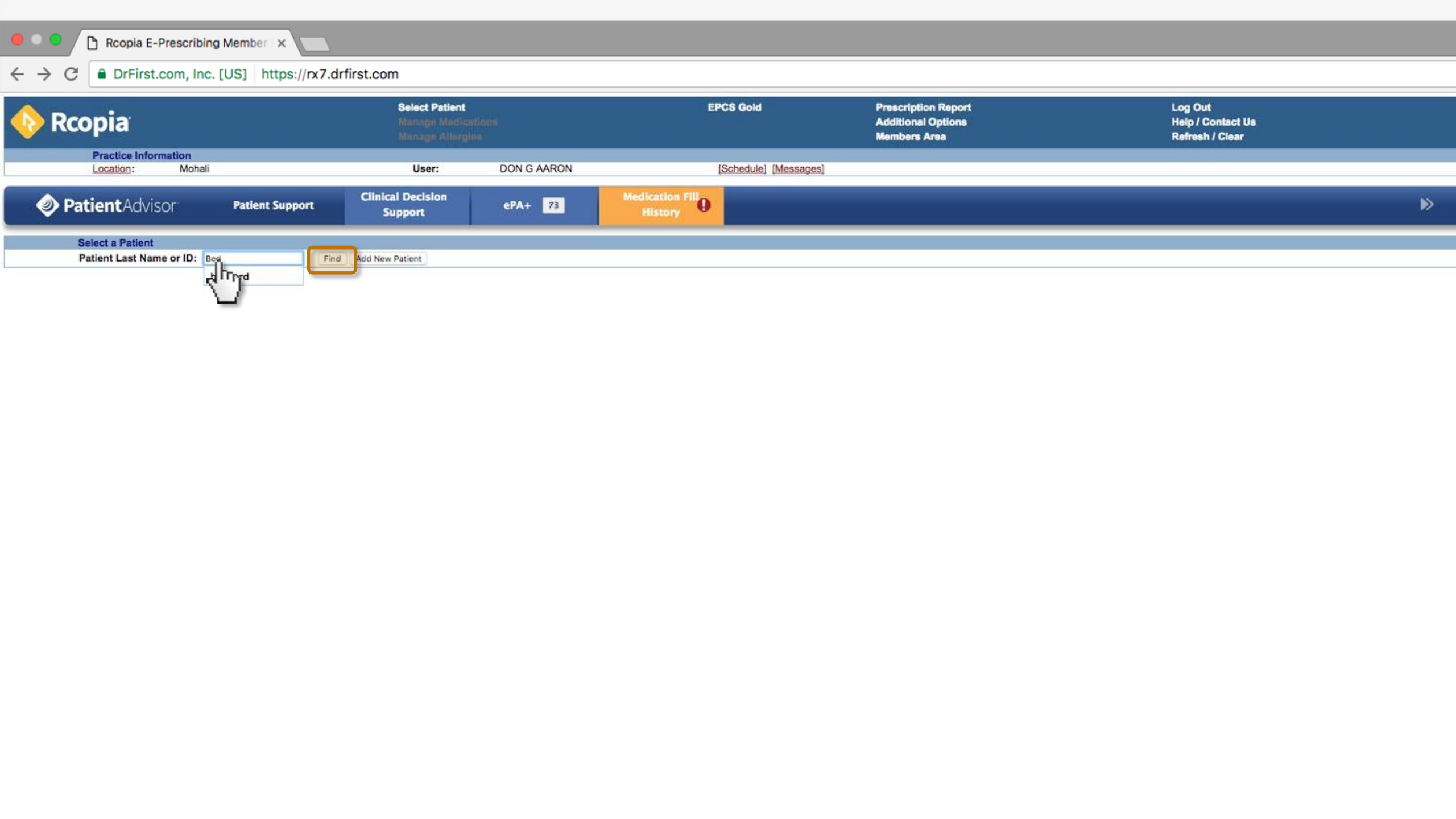




The logo for myBenefitCheck is positioned above the word "Demo". It features an orange diamond icon with a white checkmark inside, followed by the text "myBenefitCheck" in a sans-serif font. "my" is in dark blue, and "BenefitCheck" is in orange, with a small trademark symbol (TM) at the end.

# Demo







Rcopia E-Prescribing Member

DrFirst.com, Inc. [US]

https://rx7.drfirst.com

Rcopia

Select Patient

Manage Medications

Manage Allergies

EPCS Gold

Prescription Report

Additional Options

Members Area

Log Out

Help / Contact Us

Refresh / Clear

Practice Information

Location: Mohali

User: DON G AARON

[\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)

Phone: (123) 456-7890 (home)

Pharmacy: Wal-Mart Pharmacy 2071 (R) (E) - 8900 Old Seward Hwy, Anchor... [\[View\]](#) [\[Change\]](#)

Formulary: Argus (ArgusCMM) , retail & mail [\[Details\]](#)

DOB: 01/01/1950

Sex: Male

Height: [\[Show Patient Encounters\]](#)

Weight: [\[Add Encounter\]](#)

BSA:

Last Encounter: No last encounter [\[Encounter Today\]](#)

Rendering Provider: No Provider [\[Update\]](#)

Patient Consent For MedHx: ☒ Yes ☐ No [\[Show Activity\]](#)

[\[Document Labs\]](#)

PatientAdvisor

Patient Scorecard

Patient Support

Clinical Decision Support 3

ePA+ 73

Medication Fill History !

Prescribe a Medication

Select Medication for Prescription

Name:  [Find](#) [Category Search](#)

Favorites: [-Choose a Favorite-](#) [Use](#) [View/Edit](#)

Medications [\[Manage Medications\]](#)

View: [\[Detail\]](#) [\[Mini\]](#) [\[Medication History\]](#)

Medication History is: ☒ Unknown or Incomplete ☐ Patient Takes No Medications [\[Medications Reviewed\]](#)

None.

Current Allergies/Adverse Reactions [\[Manage Allergies\]](#)

[\[Allergies Reviewed\]](#)

No known drug allergies (NKDA) .

Problems [\[Manage Problems\]](#) [\[Manage Smoking Status\]](#)

[\[Problems Reviewed\]](#)

Problems Not Entered. [Enter Problems](#)

Pending Prescriptions for this Patient

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Signature Password:

[Send](#) [Send and Print](#) [Print w/o sending](#) [Sign w/o sending](#)

☒ Add to Meds ☒ Print Pharmacy ☐ Send Copy to Patient at:

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
<input checked="" type="checkbox"/> QB-22111265247	DGA	<a href="#">BANANA BEDFORD</a>	09/08/2016	pending WARNING	Januvia (sitagliptin) 100 mg tablet	Take 3 tablet by mouth five times a day	90	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317112	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 tablet by mouth single dose as needed	2	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317122	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending WARNING	Tradjenta (linagliptin) 5 mg tablet	Take 1 tablet by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317393	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 mg by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317394	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending WARNING	Januvia (sitagliptin) 100 mg tablet	Take 1 mg by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317397	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending WARNING	Nesina (alogliptin) 12.5 mg tablet	Take 1 tablet by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>

Signature Password:

[Send](#) [Send and Print](#) [Print w/o sending](#) [Sign w/o sending](#)



Practice Information  
Location: Mohali      User: DON G AARON      [Schedule] [Messages]

Patient Demographic Information

Patient: BANANA BEDFORD [Prescribe] [Change Demographics] [Export Patient Summary]

Phone: (123) 456-7890 (home)

Pharmacy: Walgreens Pharmacy 2071 (R) (E) - 8900 Old Seward Hwy, Anchor... [View] [Change]

Formulary: Argus (ArgusCMM), retail & mail [Details]

DOB: 01/01/1950      Sex: Male      Height:      Weight:      BSA:

Last Encounter: No last encounter [Encounter Today]

Rendering Provider: No Provider [Update]

Patient Consent For MedHx: ☒ Yes ☐ No [Show Activity]      [Document Labs]

Prescribe a Medication

Select Medication for Prescription

Name: Lant [Find] Category Search

Favorites: lantus [Use] [View/Edit]

Lantus

Medications [Manage Med...]

View: [Detail] [Mini] [Medication History]

Medication History is: ☒ Unknown or Incomplete ☐ Patient Takes No Medications [Medications Reviewed]

None.

Actions:

Current Allergies/Adverse Reactions [Manage Allergies]

[Allergies Reviewed]

No known drug allergies (NKDA).

Problems [Manage Problems] [Manage Smoking Status]

[Problems Reviewed]

Problems Not Entered. Enter Problems

Pending Prescriptions for this Patient

[Select All] [Select None] [Delete Selected]

Signature Password: [ ] [Send] [Send and Print] [Print w/o sending] [Sign w/o sending]

☒ Add to Meds ☒ Print Pharmacy ☐ Send Copy to Patient at: [ ]

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
<input checked="" type="checkbox"/> QB-22111265247	DGA	BANANA BEDFORD	09/08/2016	pending WARNING	Januvia (sitagliptin) 100 mg tablet	Take 3 tablet by mouth five times a day	90	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317112	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 tablet by mouth single dose as needed	2	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317122	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Tradjenta (linagliptin) 5 mg tablet	Take 1 tablet by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317393	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 mg by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317394	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Januvia (sitagliptin) 100 mg tablet	Take 1 mg by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317397	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 12.5 mg tablet	Take 1 tablet by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>

Signature Password: [ ] [Send] [Send and Print] [Print w/o sending] [Sign w/o sending]

Practice Information  
Location: Mohali      User: DON G AARON      [Schedule] [Messages]

**Patient Demographic Information**

Patient: **BANANA BEDFORD** [Prescribe] [Change Demographics] [Export Patient Summary]

Phone: (123) 456-7890 (home)

Pharmacy: Walgreens Pharmacy 2071 (R) (E) - 8900 Old Seward Hwy, Anchorage, AK 99503 [View] [Change]

Formulary: Argus (ArgusCMM) , retail & mail [Details]

DOB: 01/01/1950      Sex: Male      Height:      Weight:      BSA:

Last Encounter: No last encounter [Encounter Today]

Rendering Provider: No Provider [Update]

Patient Consent For MedHx: ☒ Yes ☐ No [Show Activity]      [Document Labs]

**Prescribe a Medication**

Select Medication for Prescription

Name:  Find Category Search

Favorites: -Choose a Favorite- [Use] [View/Edit]

Use free text 'Lantus'

Lantus (insulin glargine) (U)  
100 unit/mL solution [free text]

Lantus Solostar (insulin glargine) (U)  
100 unit/mL (3 mL) insulin pen [3.0ml] [15.0ml]

**Medications** [Manage Medications]

View: [Detail] [Mini] [Medication History]

Medication History is: ☒ Unknown or Incomplete ☐ Patient Takes No Medications [Medications Reviewed]

None.

Actions:

**Current Allergies/Adverse Reactions** [Manage Allergies]

[Allergies Reviewed]

No known drug allergies (NKDA).

**Problems** [Manage Problems] [Manage Smoking Status]

[Problems Reviewed]

Problems Not Entered. Enter Problems

**Pending Prescriptions for this Patient**

[Select All] [Select None] [Delete Selected]

Signature Password:   
Send Send and Print Print w/o sending Sign w/o sending

☒ Add to Meds ☒ Print Pharmacy ☐ Send Copy to Patient at:

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
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<input checked="" type="checkbox"/> QB-22111317112	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 tablet by mouth single dose as needed	2	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317122	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Tradjenta (linagliptin) 5 mg tablet	Take 1 tablet by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317393	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 25 mg tablet	Take 1 mg by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317394	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Januvia (sitagliptin) 100 mg tablet	Take 1 mg by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317395	DGA	BANANA BEDFORD	09/20/2016	pending WARNING	Nesina (alogliptin) 12.5 mg tablet	Take 1 tablet by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>



**Practice Information**  
**Location:** Mohali      **User:** DON G AARON      [\[Schedule\]](#) [\[Messages\]](#)

**Patient Demographic Information**  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** (123) 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 01/01/1950      **Sex:** Male      **Height:**      **Weight:**      **BSA:**  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx** ☒ Yes ☐ No [\[Show Activity\]](#) [\[Document Labs\]](#)

**Enter Details - Injectable Drugs**  
[Continue](#) [Change Drug](#) [Cancel](#)

**Provider:** AARON, DON G

**Pharmacy:** Wal-Mart Pharmacy 2071 (E) (8900 Old Seward Hwy Anchorage AK) [\[Change\]](#) [\[Remove\]](#) [\[Split Prescription\]](#)

**Drug:** **Lantus Solostar (insulin glargine) (U) 100 unit/mL (3 mL) insulin pen**

**Sig:** [dropdown] [dropdown] [dropdown] [dropdown] [dropdown]

**Duration:** [dropdown]

**Quantity:** [dropdown]

**Refills:** none

**Directions to Pharmacist:** Substitution permitted

**Directions to Patient:** [text area]

**Comments (For office use only; will not appear on prescription):**  
[text area]

[Continue](#) [Change Drug](#) [Cancel](#)

**Patient Weight:** 0 kg ( 0 lb) [Show Dose Calculator](#)



**Practice Information**  
**Location:** Mohali      **User:** DON G AARON      [\[Schedule\]](#) [\[Messages\]](#)

**Patient Demographic Information**  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** (123) 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 01/01/1950      **Sex:** Male      **Height:** [\[Show Patient Encounters\]](#)      **Weight:** [\[Add Encounter\]](#)      **BSA:**  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx** ☒ Yes ☐ No [\[Show Activity\]](#) [\[Document Labs\]](#)

**Enter Details - Injectable Drugs**  
[Continue](#) [Change Drug](#) [Cancel](#)

**Provider:** AARON, DON G

**Pharmacy:** Wal-Mart Pharmacy 2071 (E) (8900 Old Seward Hwy Anchorage AK) [\[Change\]](#) [\[Remove\]](#) [\[Split Prescription\]](#)

**Drug:** Lantus Solostar (insulin glargine) (U) 100 unit/mL (3 mL) insulin pen

**Sig:** Inject 1 pen injector subcutaneously every other day as directed

**Duration:** 30 days

**Quantity:** 15 pen injector

**Refills:** none

**Directions to Pharmacist:** Substitution permitted

**Directions to Patient:**

**Comments (For office use only; will not appear on prescription):**

[Continue](#) [Change Drug](#) [Cancel](#)

Patient Weight: 0 kg (0 lb) [\[Show Dose Calculator\]](#)

[Practice Information](#)  
**Location:** Mohali  
**User:**

Checking the patient's prescription benefit plan--please wait...  
loading

**Patient Demographic Information**  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** (123) 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 05/27/1955  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx:** ☒ Yes ☐ No [\[Show Activity\]](#)

**Sex:** Female  
**Height:** [\[Show Patient Encounters\]](#)  
**Weight:** [\[Add Encounter\]](#)  
**BSA:** [\[Document Labs\]](#)

**Review Prescription**  
Please review your prescription for accuracy.

**Signature Password:**   
[Send](#) [Send and Print](#) [Print without sending](#) [Sign without sending](#)  
☒ [Add to Meds](#) ☒ [Print Pharmacy](#) ☐ [Send Copy to Patient at:](#)   
[OK](#) [Back](#) [Cancel](#) [Add to Favorites](#)

**Pharmacy Selected:** CVS/pharmacy #2775 (2601 RIVA RD. ANNAPOLIS MD) , Phone (410) 571-2895 , Fax (410) 571-2896  
☒ Stop medication on Nov 5 2016



**DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC  
**Supervisor: DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
Gender: M DOB: 01/01/1950 Tel: (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
**Lantus Solostar (insulin glargine) 100 unit/mL (3 mL) insulin pen**  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
**Substitution permitted**  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

**Patient Allergies:** No Known Drug Allergies (NKDA)

Practice Information  
Location: Mohali User: [blank]

Checking the patient's prescription benefit plan--please wait...  
Loading

Patient Demographic Information  
Patient: BANANA BEDFORD [Prescribe] [Change Demographics] [Export Patient Summary]  
Phone: (123) 456-7890 (home)  
Pharmacy: Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [View]  
Formulary: Argus (ArgusCMM) , retail & mail  
DOB: 05/27/1955  
Last Encounter: No last encounter [Encounter Today]  
Rendering Provider: No Provider [Update]  
Patient Consent For MedHx: Yes No [Show Activity]  
Sex: Female  
Height: [Show Patient Encounters]  
Weight: [Add Encounter]  
BSA: [Document Labs]

Review Prescription  
Please review your prescription for accuracy.

Signature Password: [blank]  
Send Send and Print Print without sending Sign without sending  
Add to Meds Print Pharmacy Send Copy to Patient at: [blank]  
OK Back Cancel Add to Favorites

Pharmacy Selected: CVS/pharmacy #2775 (2601 RIVA RD. ANNAPOLIS MD) , Phone (410) 571-2895 , Fax (410) 571-2896  
Stop medication on Nov 5 2016



**DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
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1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
Gender: M DOB: 01/01/1950 Tel: (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
Lantus Solostar (insulin glargine) 100 unit/mL (3 mL) insulin pen  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
Substitution permitted  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

Patient Allergies: No Known Drug Allergies (NKDA)



[Practice Information](#)  
**Location:** Mohali  
**User:**

Checking the patient's prescription benefit plan--please wait...  
Loading

**Patient Demographic Information**  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** (123) 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 05/27/1955  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx:** ☒ Yes ☐ No [\[Show Activity\]](#)

**Sex:** Female  
**Height:** [\[Show Patient Encounters\]](#)  
**Weight:** [\[Add Encounter\]](#)  
**BSA:** [\[Document Labs\]](#)

**Review Prescription**  
Please review your prescription for accuracy.

**Signature Password:**   
     
☒ [Add to Meds](#) ☒ [Print Pharmacy](#) ☐ [Send Copy to Patient at:](#)

**Pharmacy Selected:** CVS/pharmacy #2775 (2601 RIVA RD. ANNAPOLIS MD) , Phone (410) 571-2895 , Fax (410) 571-2896  
☒ Stop medication on Nov 5 2016



**DON G AARON, MBBS M.D.**  
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Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
Gender: M DOB: 01/01/1950 Tel: (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
**Lantus Solostar (insulin glargine) 100 unit/mL (3 mL) insulin pen**  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
**Substitution permitted**  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

**Patient Allergies:** No Known Drug Allergies (NKDA)

Practice Information  
Location: Mohali

Patient Demographic Information  
Patient: BANANA BEDFORD [Prescribe] [Change Demographic]  
Phone: (456) 7890 (home)  
Pharmacy: Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK)  
Formulary: Argus (ArgusCMM) , retail & mail

Review Prescription  
Please review your prescription for accuracy.

Signature Password:

☒ Add to Meds ☒ Print Pharmacy ☐ Send Copy to Patient at:

Pharmacy Selected: Wal-Mart Pharmacy 2071 (8900 Old Seward Hwy Anchorage AK) , Phone (907) 344-7300 , Fax (907) 344-7164

☒ Stop medication on Nov 3 2016

**DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC  
**Supervisor: DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
Tel: (301) 456-7890 | Fax: (456) 789-3456  
NPI: 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
Gender: M DOB: 01/01/1950 Tel: (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
**Lantus Solostar (insulin glargine) 100 unit/mL (3 mL) insulin pen**  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
**Substitution permitted**  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

**Patient Allergies:** No Known Drug Allergies (NKDA)

myBenefitCheck: BANANA BEDFORD

Lantus Solostar: This medication is COVERED by the patient's prescription benefit plan.

Medication	Pharmacy Name / Type	Duration (days)	Patient Cost	Select
Lantus Solostar insulin pen	Wal-Mart Pharmacy 2071 (Retail)	30	\$40.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$80.00	<input type="radio"/>
Please consider prescribing one of the alternative medications listed below:				
Levemir (insulin detemir) vial	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input type="radio"/>
Levemir (insulin detemir) Flexpen	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input type="radio"/>
Lantus (insulin glargine) vial	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input type="radio"/>

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.

Height:  [Show Patient Encounters]  
Weight:  [Add Encounter]  
BSA:

[Document Labs]

[Practice Information](#)  
**Location:** Mohali

[Patient Demographic Information](#)  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographic\]](#)  
**Phone:** (301) 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK)  
**Formulary:** Argus (ArgusCMM) , retail & mail

[Review Prescription](#)  
Please review your prescription for accuracy.

**Signature Password:**  
  
     
☒ [Add to Meds](#) ☒ [Print Pharmacy](#) ☐ [Send Copy to Patient at:](#)

**Pharmacy Selected:** Wal-Mart Pharmacy 2071 (8900 Old Seward Hwy Anchorage AK) , Phone (907) 344-7300 , Fax (907) 344-7164  
☒ Stop medication on Nov 3 2016

**DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
**Tel:** (301) 456-7890 | **Fax:** (456) 789-3456  
**NPI:** 1477656874 Lic. #: CA\_PRI\_LIC  
**Supervisor: DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
**Tel:** (301) 456-7890 | **Fax:** (456) 789-3456  
**NPI:** 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
**Gender:** M **DOB:** 01/01/1950 **Tel:** (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
**Lantus Solostar (insulin glargine) 100 unit/mL (3 mL) insulin pen**  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
**Substitution permitted**  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

**Patient Allergies:** No Known Drug Allergies (NKDA)

**myBenefitCheck: BANANA BEDFORD**

**Lantus Solostar: This medication is COVERED by the patient's prescription benefit plan.**

Medication	Pharmacy Name / Type	Duration (days)	Patient Cost	Select
Lantus Solostar insulin pen	Wal-Mart Pharmacy 2071 (Retail)	30	\$40.00	
	MailOrder Pharmacy XY (MailOrder)	90	\$80.00	<input type="radio"/>
Please consider prescribing one of the alternative medications listed below:				
Levemir (insulin detemir) vial	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input type="radio"/>
Levemir (insulin detemir) Flexpen	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input checked="" type="radio"/>
Lantus (insulin glargine) vial	Wal-Mart Pharmacy 2071 (Retail)	30	\$25.00	<input type="radio"/>
	MailOrder Pharmacy XY (MailOrder)	90	\$50.00	<input type="radio"/>

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.

**Height:** [\[Show Patient Encounters\]](#) **Weight:** [\[Add Encounter\]](#) **BSA:**

[\[Document Labs\]](#)



Rcopia E-Prescribing Member

DrFirst.com, Inc. [US]https://rx7.drfirst.com

Rcopia

Select Patient

Manage Medications

Manage Allergies

EPCS Gold

Prescription Report

Additional Options

Members Area

Log Out

Help / Contact Us

Refresh / Clear

Practice Information

Location: Mohali

User: DON G AARON

[\[Schedule\]](#) [\[Messages\]](#)

Patient Demographics Information

Patient: ANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)

Phone: 456-7890 (home)

Pharmacy: Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)

Formulary: Argus (ArgusCMM) , retail & mail

DOB: 01/01/1950

Last Encounter: No last encounter [\[Encounter Today\]](#)

Rendering Provider: No Provider [\[Update\]](#)

Patient Consent For MedHx: ☒ Yes ☐ No [\[Show Activity\]](#)

Sex: Male

Height: [\[Show Patient Encounters\]](#)

Weight: [\[Add Encounter\]](#)

BSA:

[\[Document Labs\]](#)

PatientAdvisor

Patient Scorecard

Patient Support

Clinical Decision Support4

ePA+73

Medication Fill History!

Drug changed from Lantus Solostar (insulin glargine) (U) 100 unit/mL (3 mL) Insulin pen to Levemir FlexTouch (insulin detemir) 100 unit/mL (3mL) Insulin pen

Pharmacy changed from Wal-Mart Pharmacy 2071 to MailOrder Pharmacy XY

Enter Details - Injectable Drugs

ContinueChange DrugCancel

Provider: AARON, DON G

Pharmacy: MailOrder Pharmacy XY (Mail) (1000 MAIN STREET MYTOWN OH) [\[Change\]](#) [\[Remove\]](#) [Split Prescription](#)

Drug: Levemir FlexTouch (insulin detemir) (U) 100 unit/mL (3 mL) insulin pen

Sig: 0

Duration: 90 days

Quantity:

Refills: none

Directions to Pharmacist: Substitution permitted

Directions to Patient:

Comments (For office use only; will not appear on prescription):

ContinueChange DrugCancel

Patient Weight: 0 kg (0 lb) [Show Dose Calculator](#)

Eligibility provided by ArgusCMM

[View NDC ID list for this drug](#)

**Practice Information**  
**Location:** Mohali      **User:** DON G AARON      [\[Schedule\]](#) [\[Messages\]](#)

**Patient Demographic Information**  
**Patient:** ANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 01/01/1950      **Sex:** Male      **Height:**      **Weight:**      **BSA:**  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx** ☒ Yes ☐ No [\[Show Activity\]](#) [\[Document Labs\]](#)

Drug changed from Lantus Solostar (insulin glargine) (U) 100 unit/mL (3 mL) Insulin pen to Levemir FlexTouch (insulin detemir) 100 unit/mL (3mL) Insulin pen  
Pharmacy changed from Wal-Mart Pharmacy 2071 to MailOrder Pharmacy XY

**Enter Details - Injectable Drugs**  
[Continue](#) [Change Drug](#) [Cancel](#)

**Provider:** AARON, DON G

**Pharmacy:** MailOrder Pharmacy XY (Mail) (1000 MAIN STREET MYTOWN OH) [\[Change\]](#) [\[Remove\]](#) [Split Prescription](#) [Split Prescription](#)

**Drug:** Levemir FlexTouch (insulin detemir) (U) 100 unit/mL (3 mL) insulin pen

**Sig:** inject 1 pen injector subcutaneously every other day

**Duration:** 90 days

**Quantity:** 45 pen injector

**Refills:** none

**Directions to Pharmacist:** Substitution permitted

**Directions to Patient:**

**Comments (For office use only; will not appear on prescription):**

[Continue](#) [Change Drug](#) [Cancel](#)

Patient Weight: 0 kg (0 lb) [Show Dose Calculator](#)



**Practice Information**  
**Location:** Mohali      **User:** DON G AARON      [\[Schedule\]](#) [\[Messages\]](#)

**Patient Demographic Information**  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** (456) 7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [\[View\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail

**DOB:** 01/01/1950      **Sex:** Male      **Height:**      **Weight:**      **BSA:**  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx** ☒ Yes ☐ No [\[Show Activity\]](#) [\[Document Labs\]](#)

**Review Prescription**  
Please review your prescription for accuracy.

**Signature Password:**

☒ [Add to Meds](#) ☒ [Print Pharmacy](#) ☐ [Send Copy to Patient at:](#)

**Pharmacy Selected:** MailOrder Pharmacy XY (1000 MAIN STREET MYTOWN OH) , Phone (800) 222-3333, Fax (877) 333-4444

☒ Stop medication on Nov 4 2016

**DON G AARON, MBBS M.D.**  
1234, Phase 7 Sec 61, Mohali, MD 54749  
**Tel:** (301) 456-7890 | **Fax:** (456) 789-3456  
**NPI:** 1477656874 Lic. #: CA\_PRI\_LIC  
**Supervisor:** DON G AARON, MBBS M.D.  
1234, Phase 7 Sec 61, Mohali, MD 54749  
**Tel:** (301) 456-7890 | **Fax:** (456) 789-3456  
**NPI:** 1477656874 Lic. #: CA\_PRI\_LIC

**BEDFORD, BANANA**  
**Gender:** M **DOB:** 01/01/1950 **Tel:** (123) 456-7890  
900 ANY STREET, KANSAS, MO 01230

**Rx**  
**Levemir FlexTouch (insulin detemir) 100 unit/mL (3 mL) insulin pen**  
Dispense \*\*15\*\*(fifteen) pen injector  
Sig: Inject 1 (one) pen injector subcutaneously every other day as directed  
Duration: 30 days  
**Substitution permitted**  
SAVINGS FOR NON-COVERED MEDICATIONS Claims: BIN: 01651, PCN: BNRX, GROUP: DFSTT, Patient ID: 10-Digit  
Phone: Questions: YourRx 800-577-6484  
Refills: None

**Patient Allergies:** No Known Drug Allergies (NKDA)

[Practice Information](#)  
**Location:** Mohali      **User:** DON G AARON      [\[Schedule\]](#) [\[Messages\]](#)

[Patient Demographics](#) [Practice Information](#)  
**Patient:** BANANA BEDFORD [\[Prescribe\]](#) [\[Change Demographics\]](#) [\[Export Patient Summary\]](#)  
**Phone:** 456-7890 (home)  
**Pharmacy:** Wal-Mart Pharmacy 2071 (R) (E) - 8900 Old Seward Hwy, Anchor... [\[View\]](#) [\[Change\]](#)  
**Formulary:** Argus (ArgusCMM) , retail & mail [\[Details\]](#)

**DOB:** 01/01/1950      **Sex:** Male      **Height:** [\[Show Patient Encounters\]](#)      **Weight:** [\[Add Encounter\]](#)      **BSA:**  
**Last Encounter:** No last encounter [\[Encounter Today\]](#)  
**Rendering Provider:** No Provider [\[Update\]](#)  
**Patient Consent For MedHx:** ☒ Yes ☐ No [\[Show Activity\]](#)      [\[Document Labs\]](#)

Prescription 22111377875 for Levemir FlexTouch (insulin detemir) for BANANA BEDFORD was created.

[Prescribe a Medication](#)  
**Select Medication for Prescription**  
**Name:**  [Find](#) [Category Search](#)  
**Favorites:** [-Choose a Favorite-](#) [Use](#) [View/Edit](#)

[Medications](#) [\[Manage Medications\]](#)  
**View:** [\[Detail\]](#) [\[Mini\]](#) [\[Medication History\]](#)      **Actions:**  
**Medication History is:** ☒ Unknown or Incomplete    ☐ Patient Takes No Medications    [\[Medications Reviewed\]](#)  
None.

[Current Allergies/Adverse Reactions](#) [\[Manage Allergies\]](#)  
[\[Allergies Reviewed\]](#)  
No known drug allergies (NKDA) .

[Problems](#) [\[Manage Problems\]](#) [\[Manage Smoking Status\]](#)  
[\[Problems Reviewed\]](#)  
Problems Not Entered. [Enter Problems](#)

[Pending Prescriptions for this Patient](#)  
[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

**Signature Password:**   
[Send](#) [Send and Print](#) [Print w/o sending](#) [Sign w/o sending](#)  
☒ [Add to Meds](#) ☒ [Print Pharmacy](#) ☐ [Send Copy to Patient at:](#)

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
<input checked="" type="checkbox"/> QB-22111265247	DGA	<a href="#">BANANA BEDFORD</a>	09/08/2016	pending <a href="#">WARNING</a>	Januvia (sitagliptin) 100 mg tablet	Take 3 tablet by mouth five times a day	90	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317112	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending <a href="#">WARNING</a>	Nesina (alogliptin) 25 mg tablet	Take 1 tablet by mouth single dose as needed	2	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317122	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending <a href="#">WARNING</a>	Tradjenta (linagliptin) 5 mg tablet	Take 1 tablet by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317393	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending <a href="#">WARNING</a>	Nesina (alogliptin) 25 mg tablet	Take 1 mg by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317394	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending <a href="#">WARNING</a>	Januvia (sitagliptin) 100 mg tablet	Take 1 mg by mouth once a day as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111317397	DGA	<a href="#">BANANA BEDFORD</a>	09/20/2016	pending <a href="#">WARNING</a>	Nesina (alogliptin) 12.5 mg tablet	Take 1 tablet by mouth single dose as needed	30	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>
<input checked="" type="checkbox"/> QB-22111377875	DGA	<a href="#">BANANA BEDFORD</a>	10/05/2016	pending <a href="#">WARNING</a>	Levemir FlexTouch (insulin detemir) 100 unit/mL (3 mL) insulin pen	Inject 1 pen injector subcutaneously every other day as directed	15	none	<a href="#">Modify</a> <a href="#">Delete</a> <a href="#">Favor</a>

**Signature Password:**

# What is presented via RTBI?

- Main message that explains Coverage Status
- Pricing of Prescribed Drug at Prescribed Pharmacy (if covered)
- Pricing at one Alternative Pharmacy\*
- Pricing of up to Three Alternative Drugs\*
- ePA workflow (if ePA eligible)

# The Value of RTBI

## Transparency

- Provides benefit information to make informed decisions
- Identifies cost barriers before patient arrives at pharmacy

## Clinical Outcomes

- Improves formulary adherence by knowing drug coverage
- Ensures Patient Safety by presenting DUR information

## Consumer Experience

- Reduces prescription delays and claim denials
- Prevents bad experience at the pharmacy

# Results

- Prescriber behavior changes when drug isn't covered
  - For a safety edit, eRx is being cancelled
  - For a not covered drug, new eRx is written for a formulary alternative
- Higher utilization of patient's preferred benefit
- Increased adoption of electronic Prior Authorization
  - Higher completion rates for ePA

# Are Prescribers Using myBenefitCheck?

83%

**HCPs Regularly Use  
myBenefitCheck  
Information**

7%

**HCPs are Not  
Interested in the  
Information**

10%

**HCPs Want More  
Education**

# Prescribers Response



65%

Like Price Transparency

60%

Discuss with Patients



“myBenefitCheck is a great tool, a really great tool. We will be active users of this”

—Dr. Jorge

“We will use the heck out of this. myBenefitCheck is what we have been waiting for!”

—Dr. Haydel



47%

HCPs received positive feedback



47%

HCPs switched to home delivery

“Wow. This is exactly what we need! When will we have it for more insurance plans?”

—Dr. Fernandez

10%

HCPs change prescriptions immediately





# Opportunities

- Pricing of non-countable drugs (i.e. inhalers, eye drops)
- Provider awareness of source of RTBI information
- Pricing of Drugs when have Prior Authorization



# Questions?

Anthony Schueth  
Point-of-Care Partners  
tonys@pocp.com  
954.346.1999

Julia Crouse  
DrFirst  
juci@drfirst.com  
570.220.7158

Morgan Bojorquez  
Humana  
mbojorquez@humana.com  
502.476.4048