

Real-Time Pharmacy Benefit Inquiry:

The Time is Right for More Informed Medication Decisions

PBMI Annual Drug Benefit Conference

March 6, 2017

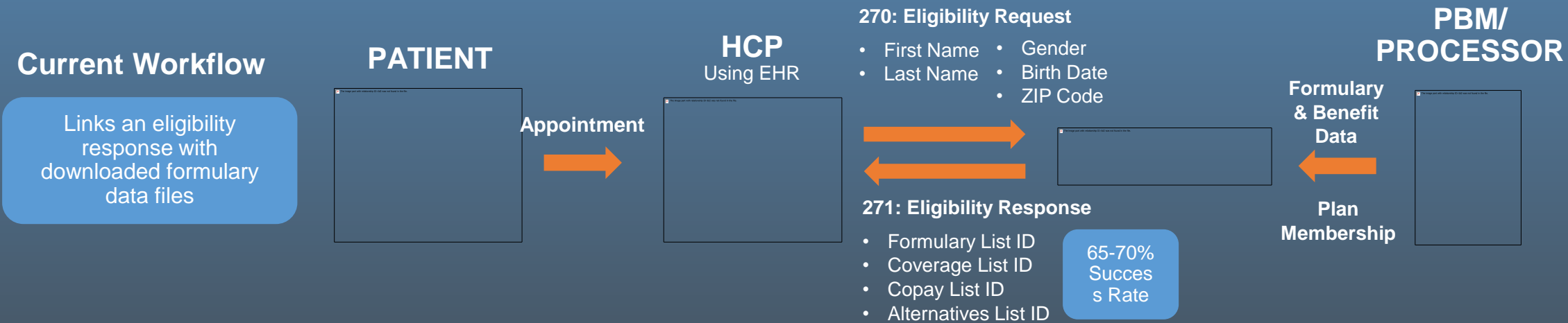
PRESENTERS:

- 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 RTPBI.
- Summarize the transaction standards being piloted for RTPBI; RTPBI'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 RTPBI pilot programs.

Formulary Information Flow in the EHR Today

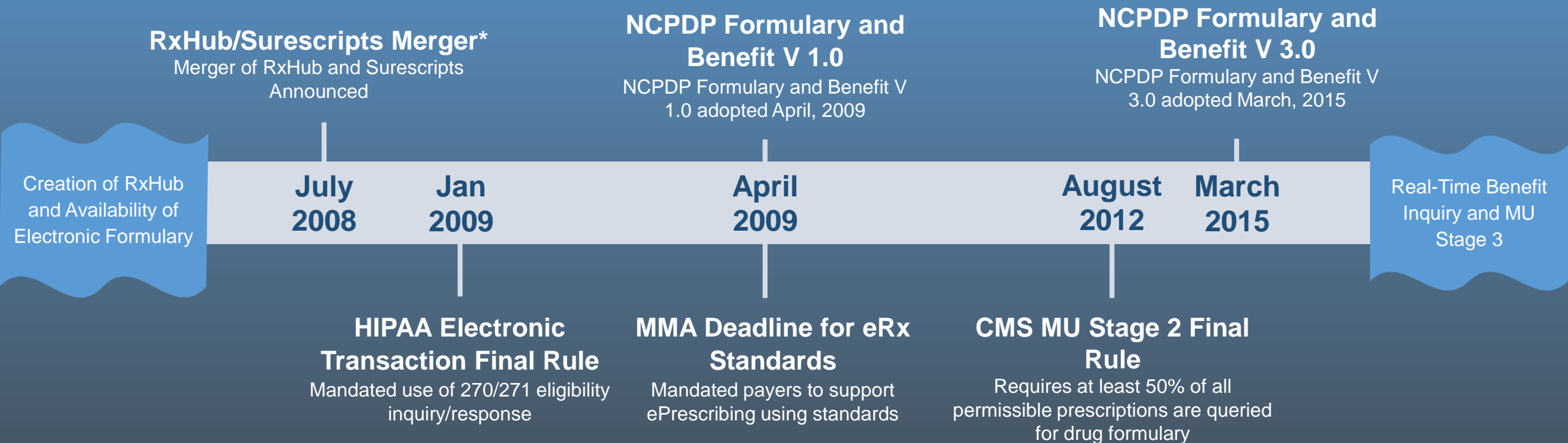


What is Real-Time Pharmacy Benefit Inquiry?

- 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

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.

NCPDP Task Group Created

NCPDP Task Group created under maintenance and control workgroup

**Feb
2014**

**June
2014**

**August
2014**

**September
2014**

**April
2015**

HITSC Meeting

NCPDP presents at Health IT Standards Committee meeting. Requests for additional demonstration projects are made

ONC NPRM

ONC Solicits comments on NCPDP Telecom and Formulary and Benefit Standard to support expanded use cases such as real-time benefit checks

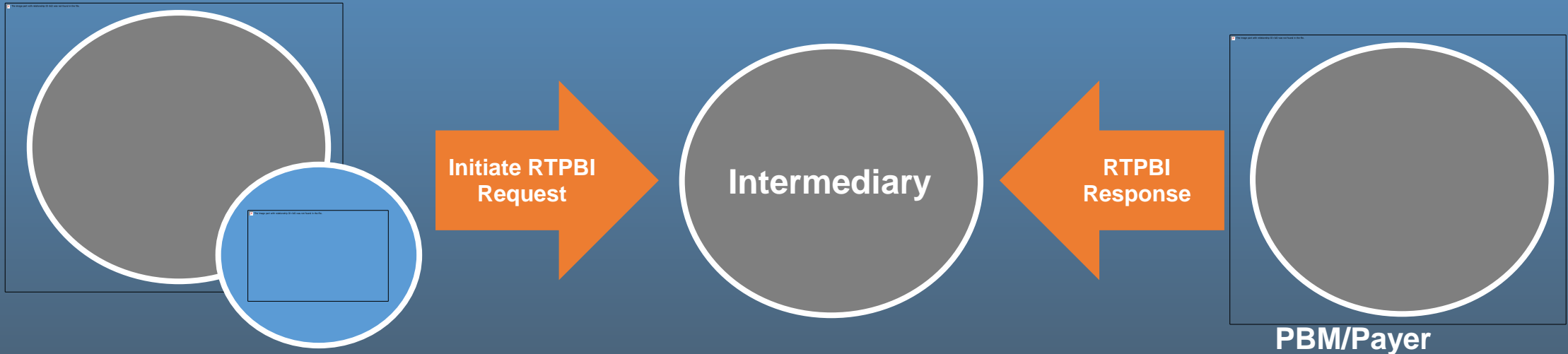
Subgroups Created for Use Case Development

Larger task group split into subgroups focused on specific Use Cases.
Use Cases included: Alternatives, patient pay amount and coverage restrictions

Subgroups Dissolved

Use Case Subgroups dissolved due to overlap of efforts
NCPDP work will continue in single task group

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

Formulary Information Flow in the EHR

Current Workflow

Links an eligibility response with downloaded formulary data files

PATIENT



Appointment



HCP

Using EHR



270: Eligibility Request

- First Name
- Last Name
- Gender
- Birth Date
- ZIP Code



271: Eligibility Response

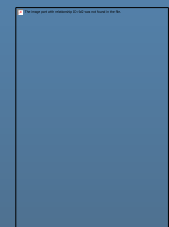
- Formulary List ID
- Coverage List ID
- Copay List ID
- Alternatives List ID

65-70%
Success Rate

PBM/ PROCESSOR

Formulary
& Benefit
Data

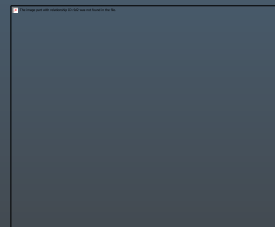
Plan
Membership



RTBI Workflow

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

PATIENT

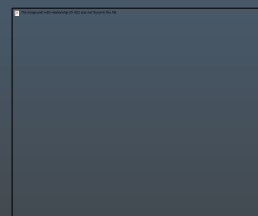


Appointment



HCP

Using EHR



RTBI Request

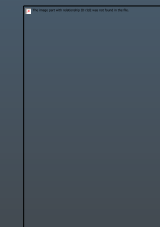
- Last Name
- Gender
- Birth Date
- ZIP Code
- Prescription Info



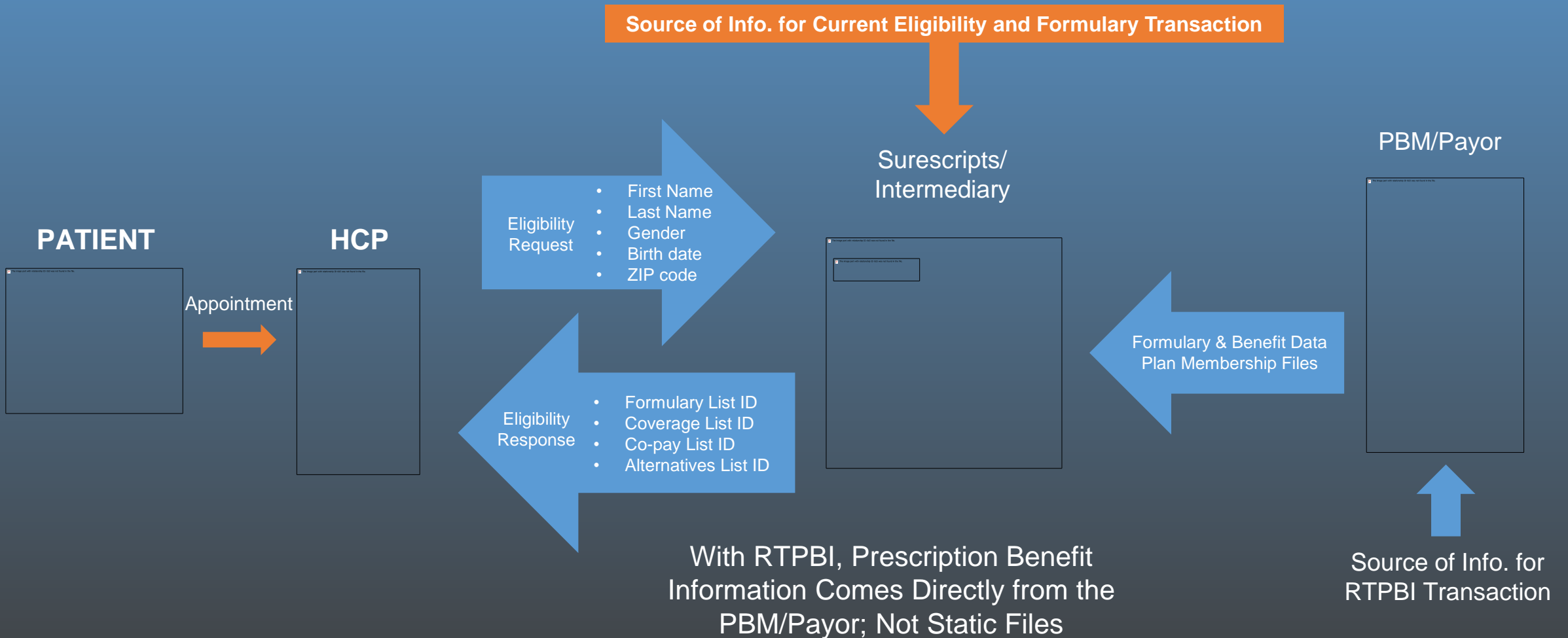
RTBI Response

- Coverage
- Copay
- Alternatives

PBM/ PROCESSOR



RTPBI v Current Eligibility Formulary Transaction



Real-Time Pharmacy Benefit Inquiry Today and Pilots

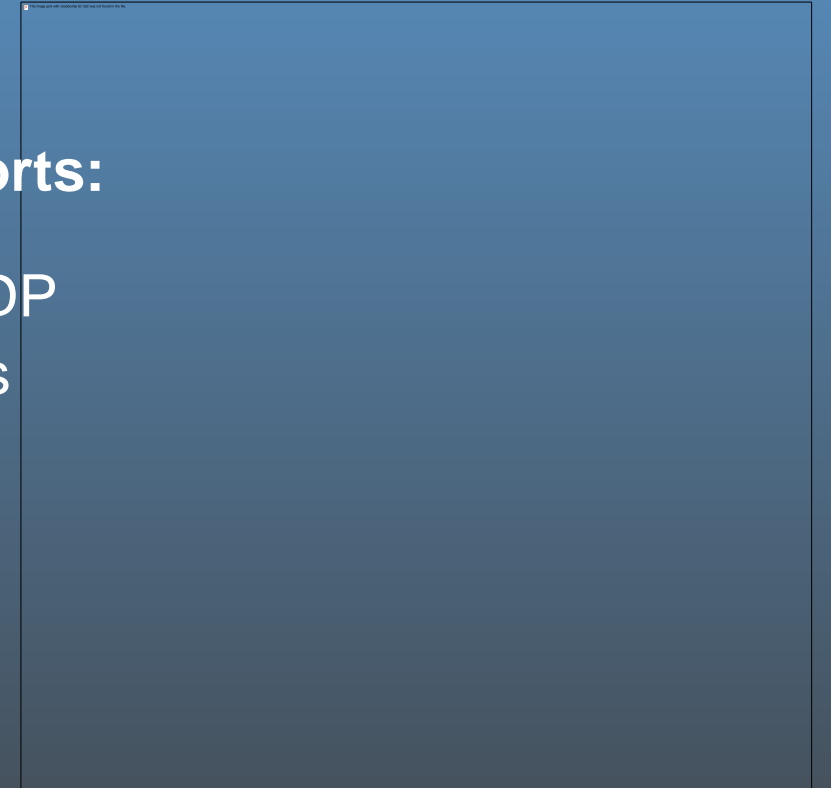
One Target, But Currently Many Paths...

Standards Development:

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

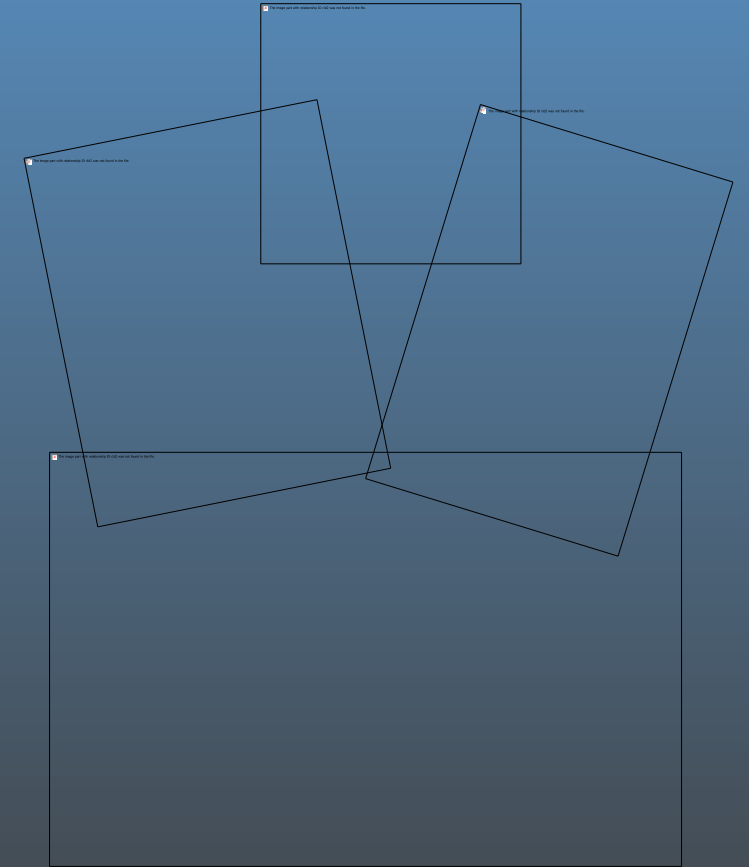
Industry Stakeholder Efforts:

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 RTPBI?
- What do we do about drugs covered under medical?
- Need to improve F&B
- What will drive wide-spread adoption?
 - Regulations
 - Business model

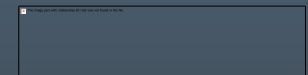
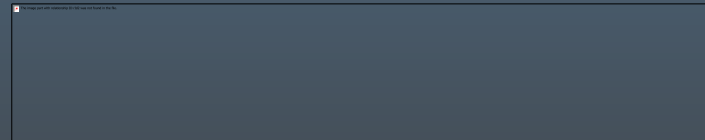


Real-Time Benefit Inquiry

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



myBenefitCheckSM

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%

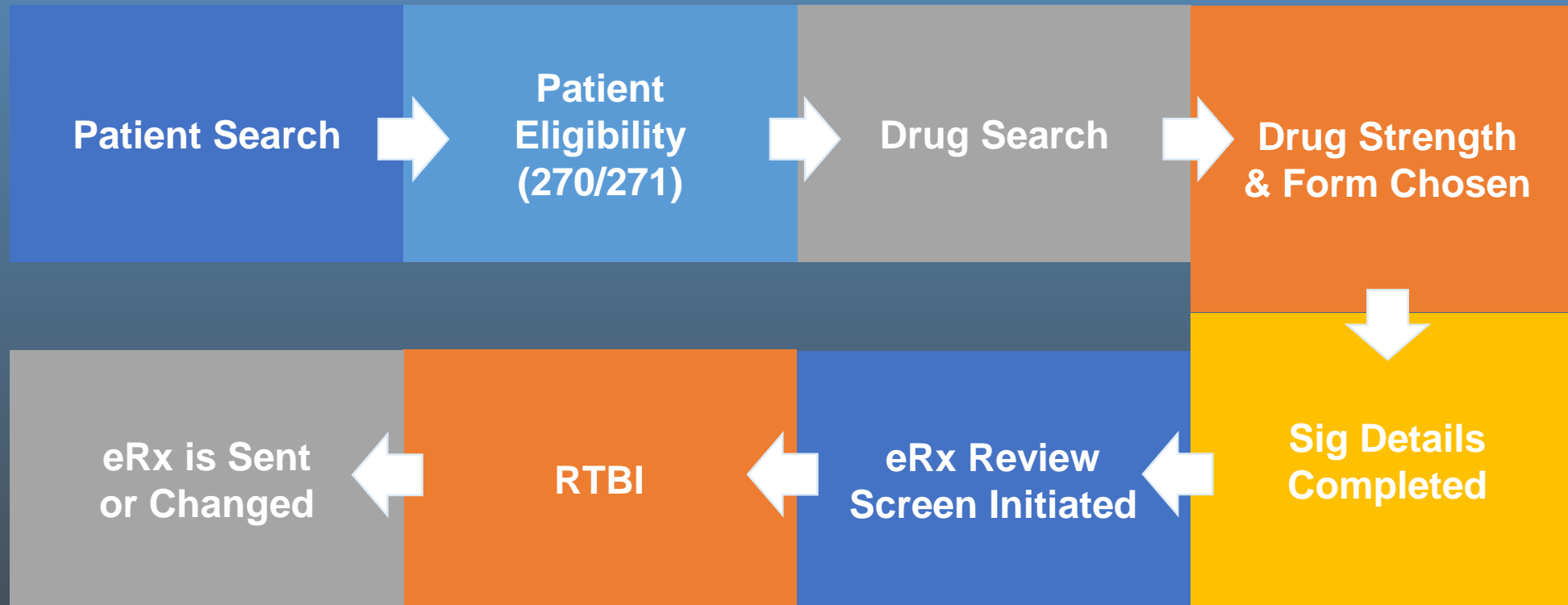
want to know when a
pharmacy is out of
their patient's
network

82%

would consider
changing
pharmacies
to in-network



RTBI in e-Prescribing Workflow



Demo

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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**

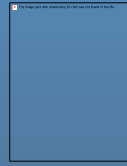
7%

**HCPs are Not
Interested in the
Information**

10%

**HCPs Want More
Education**

Prescribers Response



65%

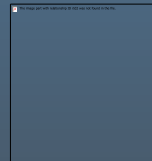
Like Price Transparency

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



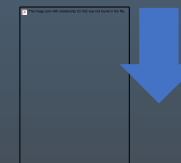
47%
HCPs received positive feedback



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?

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