

ARE YOUR MEMBERS GETTING  
**THE OPTIMAL**  
PRESCRIPTION EXPERIENCE?



 **surescripts**



# PRESCRIPTION PRICE TRANSPARENCY SCORECARD FOR HEALTH PLANS

**IT’S AN UNPLEASANT SURPRISE:** A patient heads to the pharmacy to pick up a prescription and finds a high copay or a prior authorization requirement standing in the way. When that happens, patients are likely to blame their health plan for complicating their treatment—no matter how much sense their pharmacy benefit design makes on paper.

Today, many innovative health plans are trying to avoid that situation and improve the member experience with price transparency. But some approaches to prescription price transparency are more effective than others.

ANSWER THE FOLLOWING QUESTIONS TO SEE HOW YOUR ORGANIZATION SCORES ON PRESCRIPTION PRICE TRANSPARENCY AND SPOT OPPORTUNITIES FOR IMPROVEMENT.

1. Are prescribers able to easily view and understand your members’ pharmacy benefits while prescribing?

☐ A. Yes, almost always.  
☐ B. Some of the time.  
☐ C. I doubt it.  
☐ D. I’m not sure.

2. Are prescribers able to easily compare costs for different clinically appropriate drugs for your members at the point of care?

☐ A. Yes, almost always.  
☐ B. Some of the time.  
☐ C. I doubt it.  
☐ D. I’m not sure.

3. When comparing medication options for your members, are prescribers able to choose a clinically and financially optimal drug without being swayed by outside influences?

☐ A. Yes, almost always.  
☐ B. Some of the time.  
☐ C. I doubt it.  
☐ D. I’m not sure.

**35 points:** You’re a prescription price transparency pioneer. Read on to see if you can gain an extra edge.

**30–34 points:** It sounds like you’re taking serious steps toward prescription price transparency. Read on for ideas to reach your goals faster.

4. Can prescribers accurately see which drugs require prior authorization under your members’ prescription benefit plan—before the prescription is sent to the pharmacy?

☐ A. Yes, very easy.  
☐ B. It’s easy enough.  
☐ C. No, not really.  
☐ D. I’m not sure.

5. Is it easy for prescribers to request and receive prior authorization from you for clinically appropriate medications?

☐ A. Yes, very easy.  
☐ B. It’s easy enough.  
☐ C. No, not really.  
☐ D. I’m not sure.

6. When your member purchases a prescribed medication, does it feel like their other shopping experiences?

☐ A. Yes—most members find it easy to compare costs and options and convenient to pick up the chosen drug.  
☐ B. Sometimes. It’s not always that straightforward.  
☐ C. I doubt it.  
☐ D. I’m not sure.

7. Do your members use their prescription benefits as they were designed?

☐ A. Yes, almost always.  
☐ B. Some of the time.  
☐ C. No, not usually.  
☐ D. I’m not sure.

**Score for each answer:**  
**A:** 5 points  
**B:** 4 points  
**C:** 3 points  
**D:** 2 points

**TOTAL SCORE** \_\_\_\_\_

**21–30 points:** Prescription price transparency probably hasn’t been a big priority for your organization yet, but with the right approach you can make quick progress. Read on to see how.

**14–20 points:** You’re near the beginning of your prescription price transparency journey—which means there’s plenty of room to grow. Read on to get started.

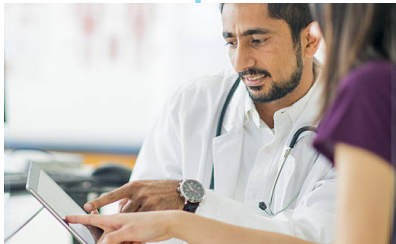
# HOW PRESCRIPTION PRICE TRANSPARENCY TRANSFORMS THE MEMBER EXPERIENCE

PATIENT: MARGO | DIAGNOSIS: TYPE 2 DIABETES

Margo is diagnosed with type 2 diabetes during an appointment with her doctor, who decides to prescribe an oral antihyperglycemic medication.

**WITHOUT** PRESCRIPTION PRICE TRANSPARENCY

**WITH** PRESCRIPTION PRICE TRANSPARENCY



AT THE APPOINTMENT:

Within the e-prescribing workflow, the doctor sees that the medication will cost \$150 out of pocket under Margo’s benefit plan, taking her deductible into account. But since cost information is also displayed for several therapeutic alternatives, it’s easy to switch to a clinically equivalent drug that will cost Margo just \$25.

The doctor also sees that this medication requires prior authorization. But that’s no problem: using an integrated electronic prior authorization solution, he’s able to answer a couple of questions about Margo’s diagnosis and transmit the prior authorization request to Margo’s pharmacy benefit plan.



>1 MINUTE LATER:

Because it meets the criteria for prior authorization, the prescription is approved within seconds.



3 HOURS LATER:

Margo goes to the pharmacy, pays \$25 as expected and leaves with her prescription. She’s happy to be on the path toward better health—and glad that her health plan makes it easy to get the medication she needs.

Average savings for blood-glucose-lowering medication (excluding insulin) when prescribers can see lower-cost alternatives: **\$88 PER PRESCRIPTION**



1 DAY LATER:

Margo heads to the pharmacy to pick up her prescription, but the pharmacist tells her the medication requires prior authorization from her health plan.



2 DAYS LATER:

Margo calls the pharmacy to see if her prescription is ready. The pharmacist suggests she contact her doctor and health plan to check on the approval process.



4 DAYS LATER:

Several phone calls, faxes and forms later, Margo finally gets a call that her prescription has been authorized. But at the pharmacy, she discovers her out-of-pocket cost is \$150 per month. She pays, but she knows she’ll have to make some tough budget choices.



3 WEEKS LATER:

On her new medication, Margo is feeling better. But as the end of the month approaches, she knows she won’t have \$150 in time for her next refill. To make her prescription last, she starts skipping doses—joining the 29% of Americans each year who report not taking their medication as prescribed due to cost.<sup>1</sup>





## 7 ELEMENTS OF AN EFFECTIVE PRESCRIPTION PRICE TRANSPARENCY MODEL

IN OUR EXPERIENCE, A PRICE TRANSPARENCY SOLUTION THAT'S EFFECTIVE FOR HEALTH PLANS...

**IS AVAILABLE AT THE POINT OF PRESCRIBING:** With the right approach to prescription price transparency, there's no need for retrospective compliance initiatives that consume resources and reduce member satisfaction. Health plans should work to get cost and coverage information into the hands of prescribers so they can make a fully informed decision together with your members from the start.

**INCLUDES INFORMATION ON THERAPEUTIC ALTERNATIVES:** Even a \$10 copay increase can reduce medication adherence up to 10% for some patients,<sup>2</sup> so it's important for prescribers to be able to compare costs for different clinically appropriate options.

**DOESN'T LET EXTERNAL INFLUENCES INTERFERE WITH THE PRESCRIBER'S CHOICE OF THERAPY:** Your price transparency solution should never let outside interests promote or suppress a particular medication option.

**ACCURATELY FLAGS MEDICATIONS THAT REQUIRE PRIOR AUTHORIZATION:** Treatment delays can threaten medication adherence just as much as unexpected costs, so prescribers should be equipped to avoid prior authorization requirements and be able to choose a different drug if desired.

**LEADS SEAMLESSLY INTO THE PRIOR AUTHORIZATION PROCESS:** Because time to treatment is so important, health plans should seek out price transparency solutions that not only display when prior authorization is required but integrate and automate the prior authorization process.

**DOESN'T REQUIRE EXTRA WORK FROM YOUR MEMBERS:** Most members won't take the initiative to research drug costs ahead of time, or even know where to turn for reliable information. When price transparency information is effortlessly available at the point of care, better choices and smoother experiences become the norm.

**IS BASED ON REAL-TIME, PATIENT-SPECIFIC BENEFIT DATA:** Estimates and third-party data sources can leave too much room for error. Cost and coverage data sent directly from health plans and pharmacy benefit plans is data members can trust.

By working to make prescription price transparency a reality, health plans can score a win for member experience while combatting a nationwide medication non-adherence problem that has been estimated to incur up to \$300 billion in avoidable costs per year.<sup>3</sup>

## WHAT STEP WILL YOU TAKE NEXT TO ENSURE YOUR MEMBERS HAVE THE BEST PRESCRIPTION EXPERIENCE?

1. Ashley Kirzinger et al., "KFF Health Tracking Poll - February 2019: Prescription Drugs," Kaiser Family Foundation, March 1, 2019, <https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-february-2019-prescription-drugs/>.
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. Aurel O. Iuga and Maura J. McGuire, "Adherence and Health Care Costs," Risk Management and Healthcare Policy 7 (February 20, 2014): 35-44, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934668/>.



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.

[surescripts.com](https://surescripts.com) | [facebook.com/Surescripts](https://facebook.com/Surescripts) | [twitter.com/surescripts](https://twitter.com/surescripts) | [linkedin.com/company/surescripts-llc](https://linkedin.com/company/surescripts-llc)

©2019 SURESCRIPTS. ALL RIGHTS RESERVED.