

# Improving the prescribing process with PreCheck MyScript

Study shows how data streamlines prior authorization and lowers costs



## Executive summary

This paper highlights the findings of a research study on how PreCheck<sup>®</sup> MyScript (PCMS) data – found within the real-time benefits check tool – has generated close to 60 million transactions.<sup>1</sup> It has also benefited patients, providers, health plans, and pharmacies since its introduction to the market in 2017. The research was conducted by a third party utilizing Optum Rx claims and prior authorization data.

### Study shows that PCMS:



Saves patients money



Increases patient medication adherence



Improves provider efficiency and time savings








Increases pricing transparency allowing for more informed decision making

## Research highlights

- By displaying formulary options and requirements, the data allows providers to easily avoid prior authorizations where clinically appropriate, thereby saving 50 minutes they currently spend on each prior authorization request.
- Providers can save an additional 50 minutes by avoiding a prior authorization denial appeal.
- Patients save an average of \$225 and health plans \$415 per prescription when providers select lower-cost alternative drugs suggested by PreCheck MyScript data.
- Patients' medication adherence increased by up to 4% for three common chronic conditions

Patients save an average of \$225 and health plans save \$415 per prescription

Stakeholder benefits at a glance		
Patients		\$225 savings/per Rx fill <sup>2</sup>
		Up to 4% improved medication adherence for 3 chronic conditions: (diabetes, hypercholesterolemia, hypertension) <sup>4</sup>
Health plans		\$415 savings per prescription filled <sup>5</sup>
Providers		Up to 50 minutes and \$41 saved per prescription per patient by avoiding prior authorization <sup>3</sup>
Pharmacies		14% lower administrative cost per claim <sup>5</sup>

## Introduction

Providers want transparency regarding coverage, costs, and prior authorization requirements. They also need help navigating the increasing volume of non-clinical tasks they face. Research studies indicate that providers spend almost twice as much time on administrative work than actually seeing patients.<sup>6</sup> Nearly nine out of ten providers report an increase in the administrative time it takes to request and process prior authorizations according to the American Medical Association.<sup>7</sup>

Prior authorizations play an important role in managing prescription drug costs, controlling misuse and protecting patient safety to ensure quality therapeutic outcomes. At Optum, providers tell us that the ability to minimize prior authorization has been a key driver in their decision to adopt PreCheck MyScript (PCMS). We have approximately 158,000 providers utilizing the tool servicing over 1.5 million members a month.<sup>1</sup>

# What is PreCheck MyScript?

## Real-time benefits tool data

PCMS is real-time benefit check data that is embedded within providers' electronic health records (EMR) systems. When a provider prescribes medication for a patient, a trial claim is run through the OptumRx pharmacy claims engine and displays the patient's coverage status, formulary options and availability of alternative medications. It also shows how much a specific patient will pay for the medication, based on their plan design including deductibles and out-of-pocket costs.

PCMS data allows providers to focus more on patient care, rather than administrative tasks

A real time benefit check differs from a Formulary and Benefit check (F&B). While a Formulary and Benefit check provides guidance to eligibility and drug tier, a real time benefit check runs a trial claim and therefore accurately displays the price the patient will pay at various pharmacies and if a prior authorization is required.

## Benefits

By calculating the exact cost each patient will pay, and displaying availability of lower cost alternatives and prior authorization requirements, PCMS data:

- Provides much needed transparency to the prescribing process
- Allows providers to focus more on patient care, rather than administrative tasks
- Enables patients to get their medications and start therapies faster, while saving money
- Facilitates more informed decisions by providers and patients

## Research methodology and findings

### Findings

The study was designed to evaluate how PCMS data improves the prescribing process – by minimizing the time and cost associated with providers requesting prior authorizations – and impacts costs for key stakeholders in the health care ecosystem. Top-level results demonstrate that PCMS data helps achieve cost savings while enhancing transparency, provider efficiency and health outcomes, including increased medication adherence for select chronic conditions.

### Methodology

Evaluation consisted of 12 months of data including 28 million unique prescribing events and 30 million prior authorization requests. The study compared prescribing events where PCMS data was used to complete a real time benefit check versus those where a real time benefit check was not used. The analysis shows the costs associated with each step of the prescription process, including when providers write a prescription and complete a prior authorization; when pharmacies fill a prescription; and any follow-ups by providers and pharmacies.

Cost and time savings were calculated using industry benchmarks such as:

- Average provider salary
- Average length of time to write a prescription
- Frequency of prescriptions being rejected for prior authorization
- Length of time for providers to respond to, and appeal, a rejected claim

Similar calculations were performed for the administrative steps in the pharmacy.

The impact of PCMS data on medication adherence was also measured. This reflected the experience of a continuously enrolled population (both before and after adoption of the tool) within three disease states: diabetes, hypercholesterolemia and hypertension.

## Top-line results

- Lower prescription costs for patients
- Reduced administrative costs for providers and pharmacies
- Fewer prior authorization requests
- Quicker access to medications
- Increased medication adherence

## Impact on patients, providers, health plans and pharmacies

The research found that PCMS data benefits patients, providers, health plans and pharmacies in several ways, including lower costs, improved outcomes and reduced administrative burdens. Here is a summary of the results, grouped by stakeholders:

### Patients

When prescribers selected lower-cost alternative drugs suggested by PCMS data, patients saved an average of \$225 per prescription.<sup>2</sup>

Within 80% of prescribing occasions, a tier 3 drug was prescribed and PCMS data alternatives, the provider switched to a tier 1 or tier 2 drug, saving the patient money.<sup>5</sup>

Patients whose providers used PCMS data were 23% more likely to obtain their medication than those whose providers did not use the tool.<sup>9</sup>

After PCMS data was implemented by their providers, patients' medication adherence improved as follows:

- 4% increase for diabetes<sup>4</sup>
- 4% increase for hypercholesterolemia<sup>4</sup>
- 2% increase for hypertension<sup>4</sup>

The increase in medication adherence is significant in light of clinical research showing adherence is a key factor in improving chronic disease outcomes and lowering health care costs.<sup>8</sup>

Patients whose providers used PCMS data were 23% more likely to obtain their medication than those whose providers did not use the tool.

## Providers

Providers using PCMS data save approximately 50 minutes per prescription each time they select an alternative which avoids prior authorization requirements.

They save an additional 50 minutes by further avoiding any downstream appeal processes. (Note that providers typically write an alternative prescription when an appeal is denied, adding even more time for handling a single prescription for one patient.)

Based on average salaries and time estimates for managing the prior authorization process, writing a prescription requiring a prior authorization costs providers \$41.05 on average. Note that this cost could be avoided in every case in which providers select an alternative presented by PCMS which does not require prior authorization.

PCMS data saves \$7.64 per prescription where a reject is avoided, including but limited to rejections requiring prior authorization.

## Health plans

- Health plans save \$415 on average each time a prescriber shifts to an alternative drug suggested by PCMS data
- Plans benefit from increased efficiencies and lower costs for patients, providers and pharmacies

### Health plan average savings per prescription by specialty

- Psychiatry – \$1,274
- Family practice – \$659
- Internal medicine – \$475

## Pharmacies

- Pharmacies realize 14% lower administrative costs per prescription for drugs not requiring prior authorization
- Pharmacy administrative costs are 23% lower when providers use PCMS data
- PCMS data reduces the number of claims by approximately 27% when a formulary rejection occurs
- Pharmacies save approximately 4 minutes per paid claim when using PCMS data for cases of formulary rejections

Note, pharmacy costs are driven by processing time related to data entry into the dispensing system, and administrative time for prescriptions requiring prior authorization or review due to coverage ineligibility. These processes may require several approvals and requests, resulting in higher cost per prescription.

## New enhancement

PCMS data was recently enhanced to include comparative cost data on alternative fulfillment channels, enabling providers to compare patients' medication costs at retail versus home delivery.

## Conclusion

In today's complex health care environment, getting patients the right drug without delay is a key to reducing costs and improving outcomes. Optum Rx is pursuing this goal by arming our provider partners with real-time actionable data to prescribe more effectively and cut administrative costs.

PCMS data reduces friction and increases transparency in the prescribing process by minimizing the need to obtain prior authorizations and providing robust clinical and cost data. With their paperwork burden reduced, providers can spend more time caring for patients, while patients get quick access to effective, cost-efficient medications.



## What's next

Optum Rx continues to broaden PCMS data access to ensure the entire care team has visibility into patient-specific prescribing costs within the normal workflow. Future PCMS data enhancements aim to expand transparency by providing prescription plan cost-share amounts and other pertinent data regarding step therapy and prior authorization requirements.

### References

1. PCMS Operational Metrics, All UHG Lines of Business. July 2017 - February 2020.
2. Optum Rx analysis of full year 2019 trial claim and production claim data. January 2019-December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.
3. Third party analysis of Optum Rx claims data. September 2018 - August 2019 based on 4.6 million members, >188,000 providers, and 28.2 million transactions using PreCheck MyScript.
4. Optum Rx data. Measurement of PreCheck MyScript impacted scripts within the diabetes therapeutic class, the statin therapeutic class, and the hypertension therapeutic class. Savings represents a pre/post methodology. Pre period is Oct 2016 - Sept 2017 and post period Oct 2017 - Sept 2018. Population included in the measurement was continuously enrolled.
5. Third party analysis of Optum Rx claims data. July 2017 - November 2018 based on 2.6 million members, >110,000 providers, and 13.3 million transactions using PreCheck MyScript.
6. <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties>
7. American Medical Association. "Prior Authorization Industry Landscape" 9/2018. Presentation.
8. Centers for Disease Control and Prevention. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management – Innovations and Opportunities. Published Nov. 17, 2017.
9. Internal Optum Rx study.

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