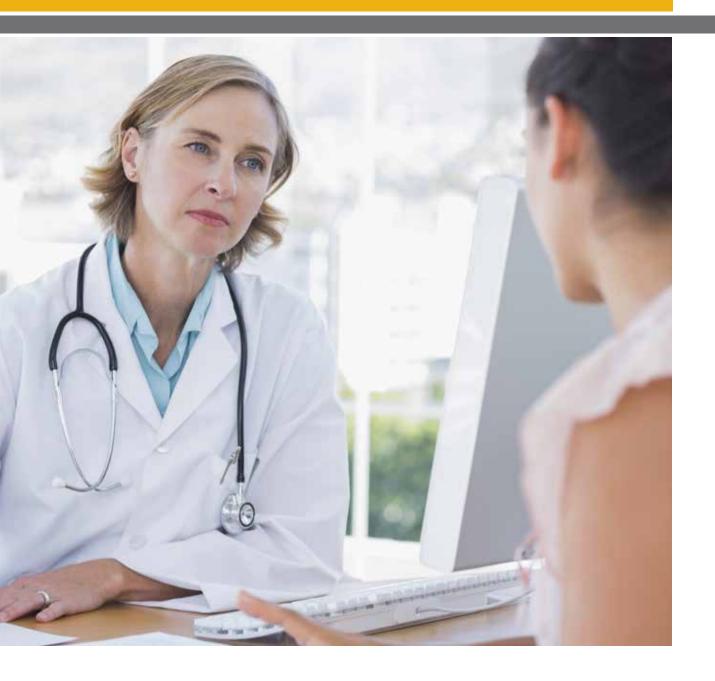# Real world outcomes: PreCheck MyScript

Studies show increased transparency, lower costs for prescription drugs.

Synopsis

OptumRx has recently completed a series of studies designed to evaluate how PreCheck MyScript is able to improve the prescribing process and drive lower costs for clients, members, physicians and pharmacies.

Top-level results demonstrate that PreCheck MyScript is working to improve transparency, affordability, and health outcomes, including increased medication adherence for selected chronic conditions:

OUTCOMES HIGHLIGHTS		
MEMBERS	✓	$80 savings/per Rx fill
	✓	Up to 4% improved medication adherence for 3 chronic conditions: *(diabetes, statins, hypertension)*
CLIENTS	✓	$415 savings per prescription filled
PHYSICIANS	✓	Up to 31 minutes saved per patient encounter
PHARMACIES	✓	14% lower administrative cost per claim

Introduction

A genuinely empowered consumer has access to **all** of the critical **information** they need to make an informed decision. But the member experience – including what drugs are covered, and what price they will pay – will depend on multiple, interlocking variables: their benefit plan, the plan's pharmacy network, and any discounts their plan have negotiated with the pharmacy.

These variables are often invisible to both doctors and patients. So doctors might have no idea whether a particular drug is covered by the patient's benefit plan, or that it might require special utilization management permissions. And members may not know if the prescription they have will be accepted when they get to the pharmacy, or how much it will cost.

PreCheck MyScript™ from OptumRx removes invisibility from the process. PreCheck MyScript consolidates what medications are covered, highlights any clinically appropriate, lower cost options, and crucially, **calculates exactly how much they will cost this individual patient.**

PreCheck MyScript technology is embedded within the doctor's existing electronic health records (EMR) system, so it is directly incorporated into their normal workflow. PreCheck MyScript also includes a trial claims function to help both providers and members make informed decisions based on actual cost and coverage information – in real-time.

PreCheck MyScript represents a meaningful step toward better drug price transparency and lower drug costs.

Multiple studies

We are reporting here on the results of multiple studies, using internal and external resources. To measure the impact of PreCheck MyScript on cost savings and time efficiency, we reviewed over 13 million transactions for 2.6 million members and over 110,000 health professionals across multiple periods from July 2018 through November 2018.[1]

The studies compared situations where PreCheck MyScript was used versus those where it was not used. We analyzed the costs associated with each step of the prescription process, including when physicians write a prescription, or complete a prior authorization; when pharmacies fill a prescription; and any follow-ups for physicians and pharmacies on prescription requirements.

Cost and time savings were calculated using industry benchmarks, for example, average physician salary, how long it takes to write an average prescription, how often a prescription is rejected for prior authorization, and how long it takes for a physician to respond to/appeal a rejected claim. Similar calculations were performed for the administrative steps in the pharmacy.

We also measured the impact of PreCheck MyScript on medication adherence. This reflected the experience of a continuously enrolled population both before and after adopting PreCheck MyScript within the diabetes, statin therapeutic, and hypertension therapeutic drug classes.[2]

Outcomes for members, clients, physicians and pharmacies

The study showed cost savings and improved health outcomes for clients, members, physicians, and pharmacists who use the PreCheck MyScript program. PreCheck MyScript will offer alternatives that may be **clinically-equivalent and lower-cost**, or may **avoid the need for prior authorization** or **avoid a rejection for non-covered drugs**, or some combination of these. For convenience we refer to **lower-cost alternatives.**

Here is a summary of the outcomes, grouped by stakeholders:

Member savings and adherence

PreCheck MyScript can deliver an improved member experience in terms of cost and health outcomes:

PreCheck MyScript can directly lower member costs when it suggests lower-cost alternative drugs. When prescribers select the lower cost alternatives, the members save an average of $80 per prescription.[1]

80% of tier 3 drugs prescribed with alternates were shifted to a lower tier drug.[1]

In addition, clinical research has established that medication adherence is critical to improved chronic disease outcomes and reduced health care costs.[3] We have observed significant improvements in medication adherence rates for three chronic conditions after PreCheck MyScript was implemented:[2]

- 4% improvement in medication adherence for diabetes.
- 4% improvement in medication adherence for statins.
- 2% improvement in medication adherence for hypertension.

PreCheck MyScript means fewer PA rejections & fewer abandoned prescriptions

Physician savings

On average:

Physicians who used PreCheck MyScript chose a lower cost alternative at least 24% of the time. In these cases per-prescription dollar savings with PreCheck MyScript is $11.75 (13% less than non-PCMS prescriptions).[1]

When conversion increases to 35%, savings are $18.89 per prescription (21% less than non- PreCheck MyScript prescriptions).[1]

Prior authorizations are a significant drain on time and finances for physicians, clinicians and staff members, regardless of specialty. Physicians who use PreCheck MyScript see fewer PA/medical necessity rejections and denials, thus reducing re-work for them and their staff.[1]

Some PA or medical necessity requests are caused by a **formulary rejection** – i.e., the drug the doctor wants to prescribe is not covered by the member's plan. Formulary rejections require the provider to request a special medical necessity and prior authorization exception, which is labor and time-intensive, and which reduces efficiency. When there is either a formulary rejection or a PA requirement, using PreCheck MyScript saves $24.49 per prescription on average (a savings of 19%).[1]

We found that physicians who use PreCheck MyScript reduced their per-patient time by 27 to 31 minutes compared to non- PreCheck MyScript providers in cases where there was a rejection and PA.[1]

Client savings

Our clients directly benefited from PreCheck MyScript:[1]

- When a doctor shifts to an alternative drug based on the information provided by PreCheck MyScript clients realize $415 in savings per switch on average.
- Clients benefit from increased efficiency and lower costs for patients, physicians and pharmacies.

Pharmacy savings

Pharmacy costs are driven by the processing time required to enter data into the dispensing system, and the administrative time associated with prescriptions that require prior authorization or review due to not being a covered benefit. The current baseline process can require multiple approvals and requests, which results in increased cost per prescription.

PreCheck MyScript reduces pharmacy administrative costs, so pharmacists to have more time to focus on supporting members:[1]

- 14% less per prescription for drugs requiring PA.
- 23% lower than non- PreCheck MyScript pharmacies.

PreCheck MyScript also reduces the number of claims when there is a formulary rejection by approximately 27%. Pharmacies save approximately 4 minutes per paid claim when using PreCheck MyScript for instances of formulary rejections.[1]

Did you know?

PreCheck MyScript has now been enhanced to offer clinical surveillance options. These include opioid alerts, and specialty medication alerts, and will highlight which fulfillment channel (home delivery or retail) will yield the best cost savings. (New functions not available for these results.)

Conclusion

A genuinely empowered consumer has access to all of the critical information they need to make an informed decision. OptumRx is strongly committed to simplifying pharmacy benefits, expanding transparency, providing savings directly to consumers, and enhancing the consumer experience.

PreCheck MyScript is a key step toward delivering on this commitment. By leveraging our core competencies in data and information, advanced technology, and clinical insights, PCMS provides actionable insights that empower consumers and their doctors at the point of prescribing.

References

1. Third party analysis of OptumRx claims data. July 2017 – November 2018 based on 2.6 million members, >110,000 providers, and 13.3 million transactions using PreCheck MyScript.

2. OptumRx 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.

3. Centers for Disease Control and Prevention. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities. Published Nov. 17, 2017. Accessed on Nov. 3, 2018.

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