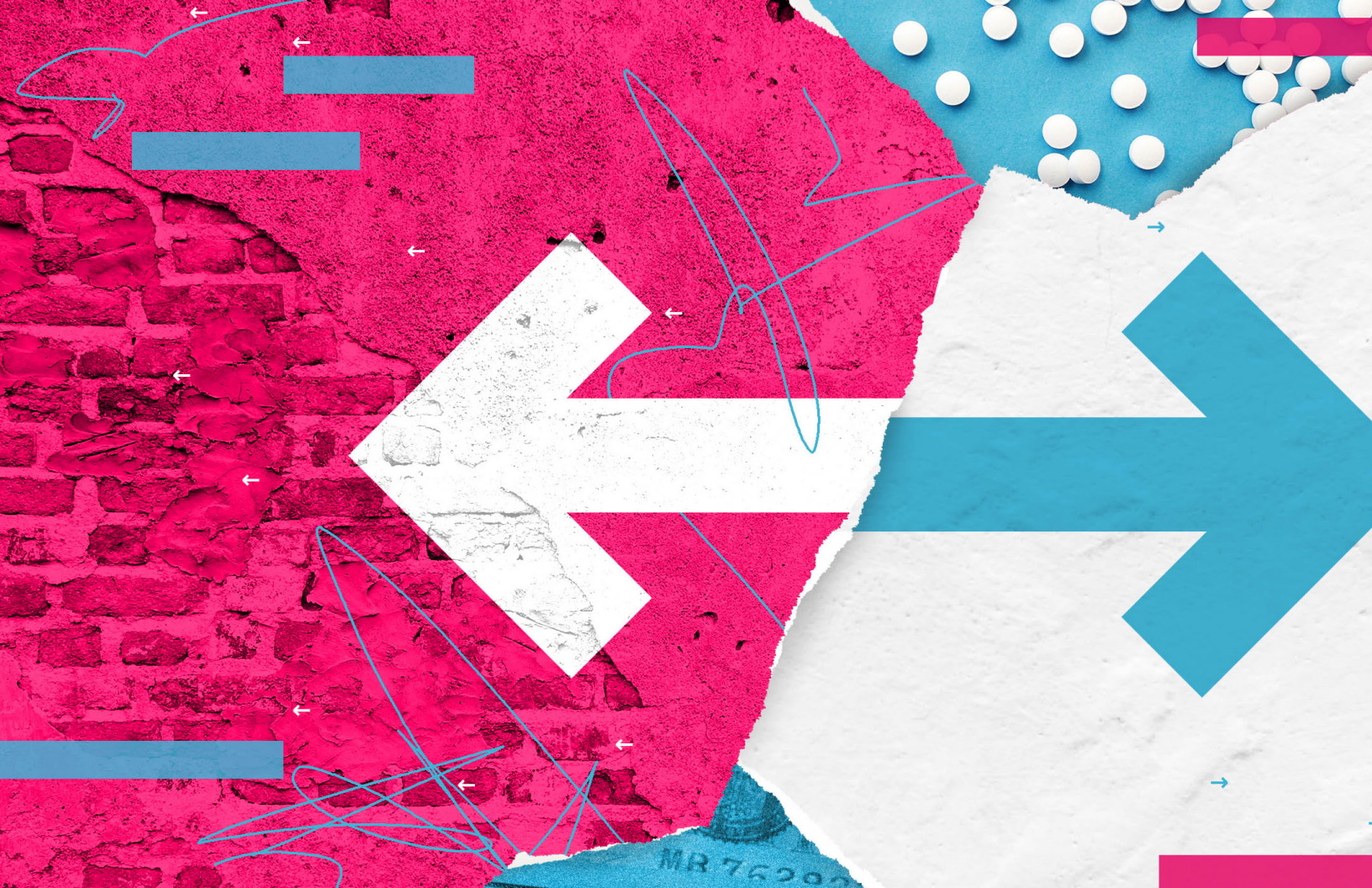


2020 REPORT EXECUTIVE SUMMARY

Prescription Decision Support

covermy**meds**®





Introduction

Today's prescription decision support (PDS) solutions go beyond real-time benefit check (RTBC) to meet the needs of patients struggling to afford needed medications. They can also alleviate pain points for providers and their staff who often don't have easy access to information for supporting patients.

Advisory Board

The Prescription Decision Support Report is published by CoverMyMeds in consultation with an advisory board of leaders from across the industry:

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Many patients face sticker shock at the pharmacy because they don't have visibility into prescription cost information beforehand. In a survey of 1,000 patients, half did not fill a prescription because it cost too much when they arrived at the pharmacy.¹ Eighty percent of providers in a recent survey said patients are asking them about pricing information, but nearly half said they never have out-of-pocket medication price information available at the time of prescribing.⁴

Further affecting patients' prescription bottom lines are the rising rates of high-deductible health plans. In 2018, 45.6 percent of Americans under 65 with private health insurance, were enrolled in a high-deductible health plan.² During 2017, the average out-of-pocket cost on prescription claims for patients with high deductibles was \$270, compared to \$29 for those with copayments.³ When cost exceeds \$125 per script, 52 percent of patients abandon their prescriptions, and above \$250, the abandonment rate increases to 69 percent.³

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A suite of PDS tools can support the patient, provider and staff from the point-of-prescribing to the point-of-dispense with the participation of EHR, pharmacy and payer networks.

Opportunities for these tools are at the point-of-prescribing for providers and patients; during and after patient interaction with staff and administrative platforms; patient-centric solutions for personal devices; and at the point-of-dispense for pharmacists and patients.

PDS solutions such as RTBC enable timely discussions about clinically appropriate and affordable medications by surfacing benefit and cost details. However, for optimal prescribing confidence, information beyond benefit visibility, drug alternatives and notifications of prior authorization requirements is needed. Off-benefit affordability options like pharmacy cash price and availability of drug manufacturer coupons are needed for more complete prescription cost conversations between providers and patients. This allows providers to prescribe the best medication for the patient, inclusive of cost concerns, which can increase the likelihood of a patient adhering to their care plan.



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While RTBC is becoming more integrated into provider workflows — quite literally if they have a solution embedded within their EHR — PDS can help to fill remaining gaps in other areas of the health journey.

For more insights on prescription decision support, including tools for providers, their staff and patients, read the full report at **go.covermymeds.com/prescriptiondecisionsupport**

To discover other ways that patients are struggling to get the medications they need, visit our 2020 Medication Access Report at **go.covermymeds.com/medicationaccessreport**



SOURCES

1. CoverMyMeds Patient Survey, 2018
2. "Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2018" (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201902.pdf> for hyperlink)
3. Devane K, Harris K, Kelly K. Patient Affordability Part Two: Implications For Patient Behavior & Therapy Consumption. Plymouth Meeting, PA: IQVIA; 2018.
4. CoverMyMeds Provider Survey, 2020