GENERAL WORKFLOW WITH ELIG/FORMULARY, REAL TIME AND ELECTRONIC PRIOR AUTHORIZATION

- **E&F used to inform initial prescribing selection**
  - Many drugs in the request & many (100s) of alternatives in the response
  - Physician views options without needing all prescription details (ex: preferred pharmacy and SIG)

- **Real-Time used to confirm prescription and patient-specific pricing**
  - Prescription details are decided before real-time (i.e. drug strength, quantity, day supply, pharmacy, etc.)
  - One drug in the request & three alternatives in the response with pricing and coverage

- **Electronic Prior Authorization is executed if flagged**
  - Often prior to medication being dispensed
  - Integrated into the EHR workflow and electronically connected to PBM

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**Workflow**

1. Run Eligibility
2. Search meds using Formulary then select
3. View RTPB price & alternatives on specific med
4. Initiate EPA
REAL-TIME PRESCRIPTION BENEFIT VISION

Delivering complete, patient specific cost and benefit information to the point of care every time.

Our goal is to help prescribers and patients pick the optimal prescription treatment based off of patient need, benefits and prescription price information, that can be picked up at the pharmacy on the first try. We aim to do this while improving provider satisfaction and reducing network administrative costs.
CURRENT PENETRATION FOR REAL TIME AND PRIOR AUTHORIZATION

80% of prescribers have EHRS signed on for real-time prescription benefit.

77% of prescribers have EHRS signed on for electronic prior authorization.

76% of patients are covered by PBMS sending data to EHRS for real-time prescription benefit.
80% of physicians use Eligibility & Formulary and 86% of physicians believe it is valuable.

There are a range of ways they consider the information to be valuable (#1).

Which is influencing their prescribing decisions in positive ways (#2 and #3).

### #1: What do you find valuable about E&F?

- Other: 1.45%
- Understanding step therapy or...: 13.20%
- Understanding if a PA is required: 22.15%
- Understanding alternatives: 15.74%
- Understanding on/off formulary: 27.00%
- Understanding level of preferred: 20.46%

### #2: Likelihood of changing to an alternative drug that is more preferred due to E&F

- Extremely likely (more than 80% of the time): 34.67%
- Likely (60-80% of the time): 38.00%
- Maybe (40-59% of the time): 21.67%
- Not likely (less than 40% of the time): 5.33%
- Will not change (0% of the time): 0.33%

### #3: Likelihood of changing to comparable drug that does not require a PA due to E&F

- Extremely likely (more than 80% of the time): 43.33%
- Likely (60-80% of the time): 34.67%
- Maybe (40-59% of the time): 19.67%
- Not likely (less than 40% of the time): 2.00%
- Will not change (0% of the time): 0.33%

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73% 78%

1. 2018 end user survey, N=300
Real-Time Prescription Benefit delivers actionable patient intelligence through a simple process within the workflow.

1. Physician selects medication and pharmacy
2. EHR sends a request for real-time patient-specific benefit and cost information
3. Surescripts returns price and coverage info for up to 3 pharmacy channels and up to 5 alternative medications
4. Physician discusses options with patient to choose the optimal prescription
THE DATA SURESCRIPTS DELIVERS TO THE PROVIDER, IN PARTNERSHIP WITH EHR AND PBM

- **COVERAGE ALERTS**: Age and quantity limits, prior authorization & step therapy
- **CHANNEL OPTIONS**: Retail, mail order & specialty
- **MEMBER PAY DETAILS**: Out-of-pocket, deductible
- **ALTERNATIVE DRUGS**: Preferred formulary/lower cost options
FEATURES IN DEVELOPMENT FOR EACH PRODUCT

Real-Time Benefit
- Support for additional health plan and PBM schemas
- Variations of Real-Time for other market segments
- Integration of additional price or benefit information

Eligibility & Formulary
- Next iteration of patient matching
- Expansion of service to Medical Drug
- Update service and industry to new standard
- Augmentation of PBM/Health plan data

Electronic Prior Authorization
- Improvements for pharmacy and pharmacy->EHR interactions
- Retrieval of clinical data from the EHR
- Expansion into Medical Drug PAs