

## Ease the strain of rising medication costs

Providers can help patients save on prescriptions through increased pricing visibility and better prescribing decisions that drive affordability.

Medication affordability is a growing concern that's crucial to pharmacy care access and adherence. Research shows that 3 in 10 adults report not taking their medication as prescribed at some point in the past year due to cost.<sup>1</sup> That includes about 1 in 5 who report they have not filled a prescription or took an over-the-counter medication instead.<sup>1</sup> The high cost of medication is an even greater burden for those taking 4 or more medications.

Providers understand this financial strain on patients, especially the impact it can have on therapy adherence and health outcomes. Solutions to help lower patient prescription costs include provider efforts to:

- Use a real time benefit check (RTBC) tool to have line of sight into covered medication alternatives.
- Make prescribing decisions that may provide patients lower-cost generic and biosimilar therapies.

### Advance price transparency

When providers use their RTBC tool, they have access to important prescription data, like Optum Rx PreCheck<sup>®</sup> MyScript (PCMS). Providers can uncover and evaluate lower-cost covered patient medication alternatives and more. PCMS data is conveniently accessed through the electronic health records (EHR) workflow and shows patient-specific information such as:

- Prescription coverage details
- Medication pricing
- Prior authorization (PA) requirements, if any

Having upfront coverage and price transparency at the point of care allows for lower-cost and other covered alternatives to be recommended during the patient office visit. This could have a positive effect on patient wellness by prompting a discussion about medication affordability concerns. It also allows the provider to consider alternate care options for the patient which can avoid several issues, such as a patient learning they can't afford the care ordered. By establishing cost in the doctor's office it can help mitigate the potential for poor health outcomes.

### Use technology that benefits you and your patients

Providers may not realize they're using PCMS claims data since it's designed to integrate seamlessly with the EMR platform. Prescription coverage and pricing displays within the e-prescribing workflow when providers use their RTBC tool. Since the trial claim runs through the Optum Rx adjudication engine, providers get accurate, real-time information about a patient's prescription benefit and medication.

**3 in 10 adults**

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“By partnering with integrators and EHRs, Optum Rx PCMS data can help deliver what providers and patients need today – cost transparency, real-time visibility to patient-specific insurance details, and alternative options for lower-cost medications,” said Jake Nau, VP Capability, Optum Rx.

For more information on the benefits of using PreCheck MyScript, please see link below:



### Using data to streamline prior authorization and lowers patient cost in your practice

[Download PreCheck MyScript whitepaper](#)

### PCMS benefits



Patients **save on average \$119** per medication<sup>2</sup>



Providers **save time and avoid PA costs of \$41.05** on average.<sup>3</sup>

### Prescribe generics over brand

When appropriate, we find many providers reduce the patients’ cost burden by prescribing a generic instead of a brand-name medication. Generic medications contain the same active ingredients and typically cost about 80%-85% less than brand-name drugs, according to the U.S. Food and Drug Administration (FDA). But one cited concern is the risk of sensitivity or intolerance in taking generic medication. As a result, some patients may require a brand name drug.

As for patient savings, the average copay for a generic prescription is under \$20 about 93% of the time as compared to 59% for brand-name medications.<sup>4</sup> If more prescribers substituted a generic for brand-name medications, drug spending could drop substantially, as much as \$5.9 billion by some estimates.<sup>5</sup>

Of course prescribing the best therapy for patients should always drive care decisions. However, the benefits of providing a cost-saving generic option to patients may outweigh the potential adverse health outcome – a decrease in medication adherence.

Review these latest findings about prescribing generics over brand to help reduce the cost of medications without compromising quality of care at the link below:



### Do generic drugs compromise on quality?

[View Harvard Health article](#)

### Consider biosimilars

The surge in biosimilars gives providers another way to deliver a more affordable cost solution to patients. Biosimilars are biologic medications that are highly similar to and have no clinically meaningful differences in terms of safety, purity and potency from an existing FDA-approved biologic.<sup>6</sup>

One study has found that average biosimilar sales prices are more than 50% lower than the original branded (reference) product. And prices for brand-name biologics fall 25% on average once biosimilars arrive on the market.<sup>7</sup>

Despite this cost-saving data, not all providers are comfortable prescribing biosimilars for their patients. Savitha Vivian, senior vice president, Optum Formulary Management, says this is a critical barrier to adoption of these therapies.



The increase in prescriber education and awareness has led to confidence through experience in using biosimilars particularly in new to therapy patients.

—**Savitha Vivian**, Optum Rx Senior Vice President, Formulary Management and Strategy

Review these recent Optum Rx articles about biosimilars and how these therapies are gaining ground with prescribers and patients at the links below:



### **Why biosimilar therapies are gaining ground in health care**

[Download biosimilar article](#)

### **Biosimilars to save billions in this decade**

[View insights article](#)

As patients face an ongoing rise in the cost of prescriptions, providers can make prescribing decisions that help advance medication affordability. It starts with using a RTBC tool for prescription coverage and pricing visibility at the point of care and also prescribing less costly generic or biosimilar therapy options. Both efforts can help yield cost savings for patients as well as support better health outcomes through increased medication adherence.



### **Insights for clinicians and providers**

Find additional content, best practices, research and more.

[For clinicians](#) | [For providers](#)



#### **Sources**

1. KFF. Public Opinion on Prescription Drugs and Their Prices. <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>. Last reviewed August 12, 2023. Accessed December 5, 2023.
2. Optum Rx analysis of full year trial claim and production claim data, January - December 2023.
3. Optum Rx white paper. How data streamlines prior authorization and lowers costs, 2023.
4. Association for Accessible Medicines. Report: 2022 U.S. Generic and Biosimilar Medicines Savings Report. <https://accessiblemeds.org/resources/reports/2022-savings-report>. Published 2022. Accessed December 2023.
5. Harvard Health Publishing. Do generic drugs compromise on quality? <https://www.health.harvard.edu/staying-healthy/do-generic-drugs-compromise-on-quality>. Last reviewed February 12, 2021. Accessed December 5, 2023.
6. U.S. Food and Drug Administration. Biosimilars: Review and Approval. Last reviewed December 13, 2022. Accessed December 8, 2023.
7. Association for Accessible Medicines. The U.S. Generic & Biosimilar Medicines Savings Report. Published September 2022. Accessed December 8, 2023.

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