



Data drives prescribing transparency and improves therapy outcomes



Study shows how PreCheck MyScript® – real-time benefit check data – reduces prior authorizations, lowers costs and improves medication adherence.

Top research findings show that PreCheck MyScript:

- Provides prescription transparency that helps to eliminate benefit confusion and presents real-time medication alternatives with saving opportunities
- Encourages better prescriber-patient conversations at point of care
- Improves patient medication adherence



Executive summary

This paper discusses research findings on how PreCheck MyScript® data embedded into the real-time benefit check (RTBC) workflow delivers value for patients, providers, health plans and pharmacies. Analysis by Optum Advisory Services continues to evaluate how PreCheck MyScript data streamlines the prescribing process and supports better patient care. Among key research highlights:

- Formulary options and requirements displayed using PreCheck MyScript data allow providers to easily avoid prior authorization requests where clinically appropriate
- PreCheck MyScript data minimizes the time and cost associated with provider prior authorization requests and impacts to costs for key stakeholders in the health care system
- PreCheck MyScript data helps enhance transparency, provider efficiency and health outcomes, including increased medication adherence for select chronic conditions



PreCheck MyScript data used during patient prescribing showed a **5%–6% higher medication adherence** rate in 5 chronic conditions.²

Stakeholder benefits and outcomes at a glance

	\$214 savings/per prescription fill ¹
✓ Patients	Across 5 conditions over 2 years, providers who utilized PreCheck MyScript data when prescribing showed a 5%–6% higher patient medication adherence rate than non-PreCheck MyScript patients. ²
✓ Providers	Saved over 42 minutes and \$41 per prescription per patient by avoiding prior authorization ¹
✓ Health plans	\$546 savings per prescription filled ¹
✓ Pharmacies	4 minutes saved per paid claim ⁸

Introduction

Providers want transparency regarding coverage, costs and prior authorization requirements to help them support their patients. They also need help navigating the increasing volume of nonclinical tasks they face. Doctors spend up to 20 hours a week on paperwork, often taking as much time to document patient visits as they do actually caring for patients.³ About 88% of doctors describe the burden associated with prior authorization as “high” or “extremely high.”⁴

Prior authorization requests play an important role in managing prescription drug costs, controlling misuse and protecting patient safety to ensure quality therapeutic outcomes. Providers tell us that the ability to minimize prior authorizations and increase patient medication adherence is a key driver in their decision to adopt PreCheck MyScript.

What is PreCheck MyScript?

PreCheck MyScript is real-time benefits check data that is embedded within providers' electronic health records (EHR) systems. During prescription processing, PreCheck MyScript returns and displays patient-specific prescription benefit information at point of care. As the appropriate quantity and day supply are entered, we process that data in under 2 seconds and the results are displayed within the EHR. This allows the prescriber to see the patient's coverage status and cost, as well as any available preferred alternative medications, products or pharmacy channels.

PreCheck MyScript data:

- Allows providers to focus more on patient care instead of administrative tasks
- Enables patients to get their medications and start therapies, while saving money
- Facilitates more informed decisions by providers and patients

Providing prescription process transparency at the point of prescribing is a key benefit of PreCheck MyScript data. It can also eliminate benefit confusion and help patients get the most appropriate, economical medications available without delay.

Smarter processes, easier decision-making, better clinical and financial outcomes

Study methodology

For this internal study, the evaluation consisted of 12 months of data including 28 million unique prescribing events and 30 million prior authorization requests. The study compares prescribing events where PreCheck MyScript data was used to complete a RTBC versus those where it 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
- Pharmacies fill a prescription
- There are any follow-ups by providers and pharmacies



PreCheck MyScript gives providers access to available prescription options, out-of-pocket cost comparisons, prior authorization requirements and benefit coverage details at the point of prescribing.



Patients whose providers used PreCheck MyScript data were more likely to obtain their medication than those whose providers did not use the tool.⁵

Industry benchmarks

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 PreCheck MyScript 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 5 disease states: chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, hyperlipidemia and hypertension.

New findings/correlations

Stars Rating improvement

CMS proposes adding a health equity index reward for the 2027 Star Ratings to assess how well plans serve individuals with social risk factors. This change may further incentivize Medicare Advantage organizations and Part D sponsors to focus on improving care for enrollees impacted by social risk factors.⁶

In response to this future change, we conducted an analysis to determine any link between medication adherence and social determinants of health (SDOH). These included financial and housing insecurity, social isolation, transportation access limits and socioeconomic status. As expected, the more social risks patients experience, the lower their medication adherence.



PreCheck MyScript data impact on SDOH and medication adherence

Our analysis indicated providers who utilized PreCheck MyScript data while caring for patients with high financial stress showed patients on average had a 5.2% greater adherence rate than patients whose providers did not utilize PreCheck MyScript.⁵ After reviewing patient financial stress across all 5 health conditions where PCMS data was used, patients showed higher adherence rates. This increase was evident even though those patients may have faced the same social risk burden.

Chronic care patient medication adherence rates			
Conditions	PreCheck MyScript not used	PreCheck MyScript used	Adherence rate (percentage increase when PreCheck MyScript used)
	Medication adherence rate	Medication adherence rate	
CHF	80.9%	87.4%	6.5%
COPD	45.6%	50.8%	5.2%
Diabetes	73.9%	78.9%	5.1%
Hyperlipidemia	85.4%	90.8%	5.4%
Hypertension	78.8%	84.8%	5.9%

Predicting unmet social needs

Exploring the link between unmet social needs and adherence levels with PreCheck MyScript revealed an important patient-care insight. As part of its analysis, we developed patient-level risk scores to predict unmet social needs across the 5 SDOH domains noted below.⁵ Social needs information was collected from a U.S. consumer dataset, consumer credit data, food access research atlas (USDA ERS data), county health rankings, health literacy (NCES data), UnitedHealth Group (UHG) claims data and UHG surveys. Scoring metrics ranged from 0 (high insecurity) to 9 (very low insecurity), and social risk scores assessed the likelihood of patients experiencing:



Housing insecurity

Lack of access to stable housing and even possible homelessness



Financial stress

Economic difficulty related to struggles with making ends meet



Transportation insecurity*

Transportation limitations, such as lack of access to a car and/or public transportation



Social isolation

State of having fewer social ties with friends and family



Food insecurity

A lack of adequate food and safe drinking water

* Based on age 65 or older populations

Analysis indicated that providers utilizing PreCheck MyScript improved medication adherence among patients with unmet social needs at the same rate as those patients not impacted by these 5 SDOH. Continued adoption and utilization of PreCheck MyScript is a powerful lever providers can use to increase their Stars ratings.

Impact on patients, providers, health plans and pharmacies

PreCheck MyScript 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 current outcomes and key findings from the research, grouped by stakeholders:



Patients

When prescribers selected lower-cost alternative medications suggested by PreCheck MyScript data, patients saved an average of \$214 per prescription.¹

Providers presented with preferred alternatives switched to a lower tiered alternative 74% of the time.¹

Patients whose providers used PreCheck MyScript data were more likely to obtain their medication than those whose providers did not use the tool.⁵

After PreCheck MyScript data is implemented by their providers, patients' medication adherence improved as follows (see chart on page 4):²

- 6.5% increase for CHF
- 5.2% increase for COPD
- 5.1% increase for diabetes
- 5.4% for hyperlipidemia
- 5.9% for hypertension

The increase in medication adherence is significant in light of clinical research showing that adherence is a key factor in improving chronic disease outcomes and lowering health care costs.⁷



Providers using PreCheck MyScript data save approximately 50 minutes per prescription each time they select an alternative that avoids prior authorization requirements.¹ 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.)¹

Based on average salaries and time estimates for managing the prior authorization process, writing a prescription that requires a prior authorization costs providers \$41.05 on average.¹ This cost can be avoided whenever providers select an alternative presented by PreCheck MyScript that doesn't require prior authorization.



Health plans

- Health plans save \$546 on average each time a prescriber shifts to an alternative medication suggested by PreCheck MyScript data¹
- Plans benefit from increased efficiencies and lower cost for patients, providers and pharmacies



Pharmacists

- Pharmacies realize lower administrative costs per prescription for medications not requiring prior authorization
- Pharmacies save \$1.78 per prescription¹
- PreCheck MyScript data reduces the number of claims when a formulary rejection occurs
- Pharmacies save 4 minutes per paid claim when using PreCheck MyScript data for formulary rejections⁸

New enhancements

We continue to broaden PreCheck MyScript data access to help ensure the entire care team has visibility into patient-specific prescribing costs within the normal workflow. By further advancing PreCheck MyScript data, providers enjoy greater transparency, including improved “next step” messaging and “smarter” preferred alternatives within the normal workflow. Future PreCheck MyScript data enhancements aim to include diagnosis codes for more personalized alternatives and other pertinent data regarding step therapy and prior authorization requirements.

Conclusion

- ✓ In today’s complex health care environment, getting patients the right medication without delay is one of the keys to reducing costs and improving outcomes. To meet this challenge, we’re giving providers **real-time actionable prescription data** for more effective prescribing that helps reduce administrative burden and lower patient out-of-pocket costs.
- ✓ PreCheck MyScript 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. By spending less time on prior authorization paperwork, providers can spend more time on patient care and improved access to cost-efficient medications. Today, we have about 1 million providers who use PreCheck MyScript servicing for over 6 million members a month.¹



Eliminate benefit confusion

Get patients the most appropriate, economical medications available without delay. Visit rtbc-pcms.com to learn more.

References

¹Optum Rx analysis of (Jan.-Aug. 2025) trial claim and production claim data. Savings based on when a lower cost formulary alternative product was presented and filled, and the savings amount was at least \$1 more.

²Optum Rx data analysis, conducted within the 5 therapeutic classes, Jan 2021 - Dec 2023.

³Medical Economics. [How doctors and practices can rein in administrative burden. August 2, 2023](#)

⁴American Medical Association. [Fixing prior auth: 40-plus prior authorizations a week is way too many. April 29, 2024.](#)

⁵Internal Optum Rx study. Optum Advisory Services Internal Data Analysis. July 2024.

⁶Centers for Medicare & Medicaid Services. 2024 Medicare Advantage and Part D Final Rule (CMS-4201-F). April 5, 2023.

⁷Milliman. You can’t manage what you can’t measure: Medication adherence in chronic disease management. August 4, 2021.

⁸Third party analysis of Optum Rx claims data, July 2017 - November 2018.