

Benefit Cost Transparency (BCT)

We should empower the patient and their care team to make informed decisions about their medication access and affordability options.

A comprehensive view of eligibility and benefits data, policies, and terms or requirements is lacking. This hinders the ability to accurately identify patient out-of-pocket costs and payer liabilities

Patients, even those with health coverage, continue to face an affordability crisis. High-deductible health plans and increased cost sharing has led to a high degree of patient sensitivity to out-of-pocket costs. Patient decisions are often based on affordability – and too often patients and their care teams lack meaningful and actionable coverage and cost information to help inform decisions. As a result, patients abandon filling their prescription, leading to poor medical outcomes and increased disease progression.

People are not taking their Medications

Patients rank OOP costs and benefit barriers, like prior authorization (PA), as the most important factors in managing Rx drugs. Studies have shown that patients do not take their medications as directed, if at all, when cost or delays are an issue.



The Problem

Patients, clinicians, and pharmacies, including specialty pharmacies, are challenged by not being able to accurately identify the appropriate patient-specific benefit coverage (medical or pharmacy benefit) or patient's out-of-pocket cost at the time of care for a specific medication being ordered or prescribed.

Patients Cannot Afford Their Medications

65% of surveyed patients were financially affected by the COVID-19 pandemic, with an estimated 20 million people losing employer-sponsored insurance.

Administrative Burden for Providers

85% of providers list medication barriers like prior authorization (PA) as a time-consuming part of their day, which means less time for meaningful interactions with patients.

The Solution

Patients should be able to access and direct their healthcare information, including their plan designed benefit, coverage and cost information at the time of care.

Patient-centered care



Developments in technology pave way for a more patient-centric approach where the patient is the key stakeholder in their own health. Health decisions are often made by what patients can afford – and it's time that patients have this information from the start.

Decision-making should happen before reaching the pharmacy counter

By making prescription cost and coverage information available at point-of-care, the physician and patient can have a timely and meaningful discussion about the best treatment for the patient at a level they can access (e.g., cash payment, other comparable prescriptions, or sending the order to a different pharmacy).

Less administrative strain on providers

Physician and pharmacists could get hours back in their day just by discussing price and plan information from the start. This means that physicians and pharmacists can get back to what they were trained to do – and it means more time with patients and less time on hold or buried under paperwork.

Patients take their medications



Providers and patients can make a plan real-time that works for the patient. This can reduce delays and cost, and remove barriers, thereby improving adherence and appropriate use. When patients are equipped with coverage and cost information, they can be empowered stakeholders in their own healthcare.