Prescriptions: real-time recommendations can reduce patient out-of-pocket costs

Problem
Medications can be too costly for patients, leading to them not fulfilling their prescriptions. Here, we explored if a real-time prescription benefit (RTPB) system could reduce cost.

Interventions
RTPB systems present prescribers with patient-specific out-of-pocket costs estimates, and recommend lower-cost, clinically appropriate alternatives at the point of prescribing.

Pharmacists are automatically prompted to offer alternatives:
1. Original prescription shown to pharmacist
2. Pharmacist presses ‘estimate’ button
3. Lower-cost alternative flagged

Results
RTBP recommendations lead to lower out-of-pocket costs for patients, with mean 30-day cost 11% lower in the intervention group. It was even more effective for high-cost drugs, with a 40% reduction in out-of-pocket costs.

• Practices were randomized to intervention (using the RTBP system) or control (usual care)
• 97 practices (ordering 22,000 prescriptions) were in the intervention group, and 99 (ordering 15,000) were in the control
• The main outcome was patient out-of-pocket prescription cost

30-day out-of-pocket cost was 11.2% lower in the RTBP group compared with usual care

The Rapid Randomized Controlled Trial (RCT) Lab is helping transform NYU Langone into a learning healthcare system by using rapid-cycle randomized controlled trials to test simple, pragmatic ideas. We use our findings to quickly change healthcare practice.