

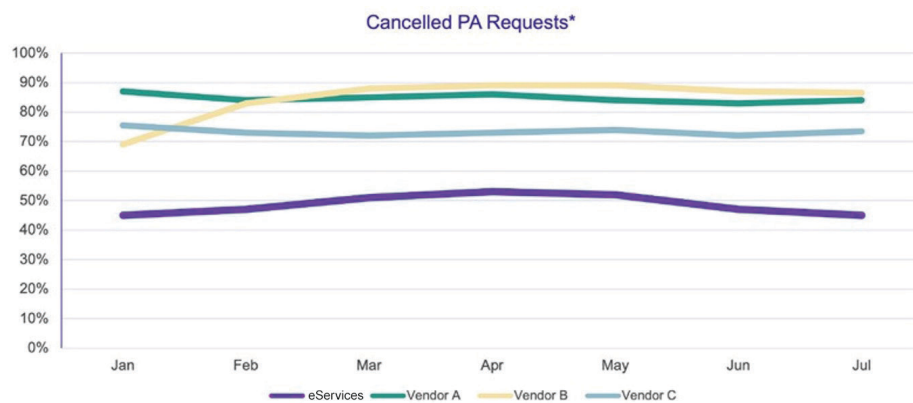
Reducing the prior authorization burden on providers and PBMs

A performance comparison of ePA vendors from a large PBM

To help reduce the administrative burden caused by the prior authorization (PA) process, pharmacy benefit managers (PBMs) will partner with several vendors of electronic prior authorization (ePA) solutions. The performance of these ePA solutions can vary, resulting in different experiences – both for the health system providers and staff that submit the PA requests and the PBMs that evaluate the requests.

A large PBM recently compared the Cencora Benefit eServices ePA solution to those of three other ePA vendors to see how well these solutions helped to process PA requests. The PBM measured how often PA requests were cancelled for each vendor – and how often those cancellations were caused by abandonment – as well as how often each ePA vendor successfully processed PA requests

Cancelled PA requests



First, the PBM compared how often PA requests were cancelled from the total volume of requests with each ePA solution.

A PA request is cancelled when its final status results in neither an approval nor a denial.

Sometimes, a PA will be cancelled because it was determined later in the process that it was not needed. For example, a drug that requires a PA when it is ordered may be determined to not require it if a particular usage is later identified. For any ePA solution, some cancellations will occur because of how the PBM has setup the PA requirements for a drug.

However, a PA may also be cancelled for reasons other than no longer being needed.

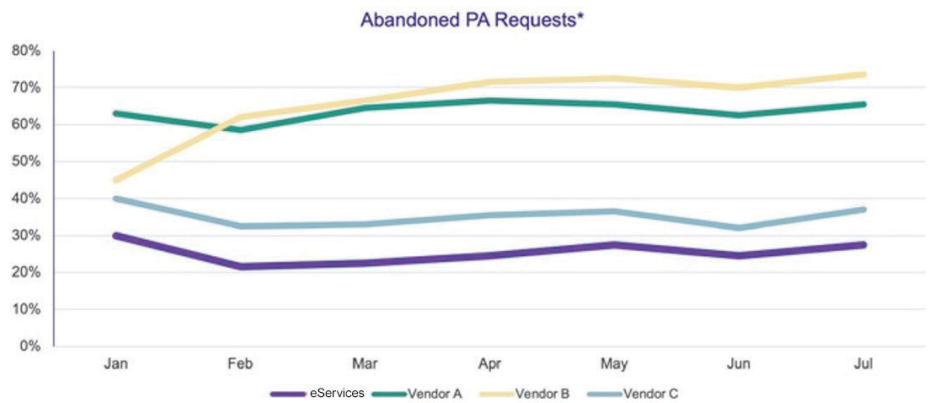
Shortcomings with a single-vendor RTPB network

To better understand the PA cancellations, the PBM also compared how many of the cancelled requests resulted from abandonment for each ePA vendor.

When a PA request is abandoned, it means neither the providers nor their staff took an action on a PA request triggered by a prescription order before the submission time had expired.

Abandoning a PA is usually unrelated to the PA process a PBM has setup for a drug. Instead, a high rate of abandoned PA request suggests providers and their staff are ignoring the PA notifications and are not using ePA as intended.

This can result in a significant amount of noise from PA requests – limiting an ePA solution's ability to reduce.

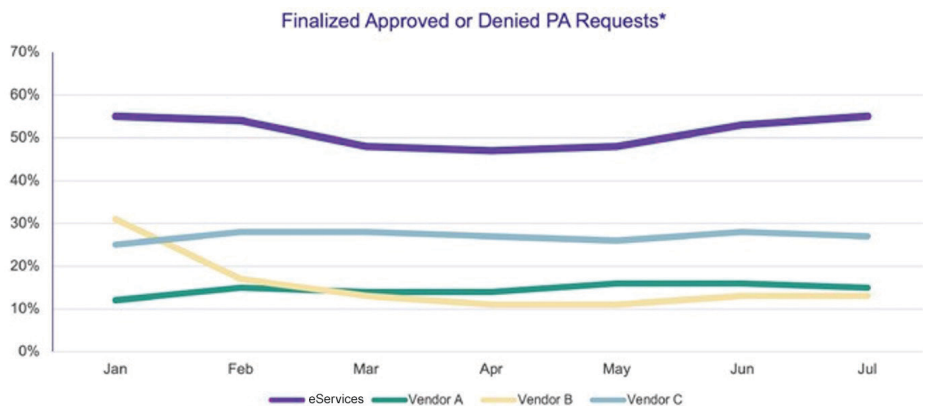


Finalized PA request comparison

Finally, the large PBM compared the ePA vendors based on how many PA requests were successfully processed from the total volume of requests.

A PA request is successfully processed when its final status results in either an approval or a denial.

A high rate of finalized PAs suggests the ePA solution is processing PAs as intended.



Conclusion

Over six months, Cencora Benefit eServices consistently had the lowest rate of cancelled and abandoned PA requests, as well as the highest rate of finalized PA requests. The comparisons suggest Cencora Benefit eServices is maximizing the efficiency of ePA for health systems and PBMs with the lowest rate of abandoned PA requests that tie up the PA process. The comparisons also suggest better utilization of the Cencora Benefit eServices ePA solution by health system providers and staff since they take action on the requests at a higher rate.

Cencora Benefit eServices' proven solutions are built to minimize disruptions to existing systems, while integrating with workflows and finding efficiencies for providers and PBM partners. We ensure operational distractions don't hinder the opportunity to enhance patient encounters and improve outcomes.



To learn more about how Cencora Benefit eServices can help for your health system, please contact Cencora Benefit eServices.