

Guarding Against High-Cost Medications

Protecting your health and your budget with High Dollar Claim Review

There's nothing more wasteful than paying for a medication that never should have been prescribed in the first place. But without the proper clinical oversight, that's exactly what can happen. Despite your doctor's best intentions, they aren't always aware of all available therapies or drug pricing. Just one script can severely impact your budget, and a therapy that doesn't follow clinical best practices can negatively impact your health. How can you be sure you aren't paying for prescriptions that don't provide any real therapeutic value?

RxBenefits' Protect™ is a suite of utilization management solutions designed to prioritize your safety and health while helping your employer manage their benefits plan to the lowest net cost.



Umbrella Protection from High-Cost Medications

RxBenefits' High Dollar Claim Review (HDCR) program ensures the patient receives the right drug at the right time in the right dosage. With HDCR, prescriptions that exceed a predetermined pricing threshold are flagged for review by an independent licensed pharmacist. Prioritizing your health, our team reviews medical documentation and other prescribing information to ensure the drug and prescribed usage are both medically appropriate. HDCR mitigates expenses associated with off-label prescribing and inappropriate dosing, as well as pharmacy keying errors and fraud.



Next-Level Protection for Complex Conditions

RxBenefits' Complex Condition Intervention (CCI) program provides ongoing clinical oversight for high-cost specialty drug therapies*. CCI ensures that the therapeutic regimen for vulnerable members with complex conditions is clinically appropriate. If you have one of those complex conditions, your claim may include a clinical review by a condition specialist—a licensed physician with expertise in your specific condition and drug therapy. Following best practices, the care team will align your condition with the medications you've been prescribed.

If Your Claim Requires a Clinical Review

Your prescription may trigger a clinical review or require a prior authorization (PA). If so, your claim will initially be denied at the pharmacy counter and you can speak with your doctor, who can take one of the following approaches.

Switch medications.

When your doctor is notified that you are required to try a first-line medication before approving a second-line, the doctor may decide to write you a prescription for a different medication.

Submit paperwork to initiate an independent clinical review.

A clinical pharmacist will conduct a review to assess clinical appropriateness according to best practices. A typical review will take 24-72 hours, but if a more complex review is required, it may take up to seven days.

- If the reviewer determines that your drug therapy is clinically appropriate, the PA will be approved and you'll be able to purchase your medicine.
- If the reviewer determines that it isn't clinically appropriate, or that you need to try a less-expensive alternative first, your doctor will write you a prescription for that medication and you can proceed to have it filled.

Questions?

Contact RxBenefits Member Services at
1.800.334.8134 or **CustomerCare@rxbenefits.com**
7:00 am to 8:00 PM CST, Monday – Friday

