ATC AMERICAN TRANSMISSION COMPANY + RxBenefits

CAP RxBenefits' Clinical Advantage Program

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 experts in 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' Clinical Advantage Program (CAP) 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 review will likely 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, confirms that the drug therapy remains effective, promotes the lowest-cost solution, and optimizes dosing.

If Your Claim Requires a Clinical Review

Your prescription may trigger a clinical review or requires a prior authorization (PA). If so, your claim will initially be denied at the pharmacy counter. Here are the steps that will follow.

Step 1

Switch medications.

When your doctor is notified by the pharmacist that you are required to try a first-line medication before approving a second-line, the doctor may decide to switch your medication.

Step 2

Your doctor may or may not start the PA process.

Rather than initiating the prior authorization process, your doctor may choose to switch your medication to one that doesn't require a PA or that better aligns with your condition-specific best practices

OR

Your doctor may decide to start the PA process. If so, they'll submit required information for review. Your PA will be approved or denied based on the information that's submitted, and you'll be notified by mail of the decision.

Step 3

An independent clinical review will be conducted.

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.

Step 4

You may or may not switch medications.

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.

OR

If the reviewer determines that it isn't clinically appropriate, your doctor will switch your medication to one that better aligns with your condition-specific best practice.

Questions?

Contact Quantum Health Member Services
at **877.498.4471** or **https://atcmyqhealth.com/**

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