



Real-Time Prescription Benefit:

Cutting Through the
Noise to Deliver Real Value

The commitment to improving medication affordability in the complex US healthcare environment is not new. Real-time prescription benefit (RTPB) technology has been available for more than a decade, yet confusion persists, particularly around how RTPB differs from traditional Formulary & Benefit (F&B) data.

Compounding this confusion are price-transparency solutions that have historically relied on estimates, ongoing vendor consolidation, and shifting business models. Together, these factors have contributed to continued physician distrust and hesitation among health system leaders who question whether investing in new point-of-prescribing capabilities will ultimately deliver meaningful value.



Formulary & Benefit Data

Provides, plan- and group-level insights using broad tiers, often outdated and not actionable.



Real-Time Prescription Benefit

Provides accurate, moment-in-time, patient-specific pricing, coverage, and alternatives based on active eligibility and formulary rules.



In this white paper, we examine the current state of RTPB from a multi-stakeholder perspective. We explore a market evolving through turbulence, highlight the proven value of true RTPB, analyze the provider experience and key factors for success, and emphasize the importance of collaboration in a healthcare ecosystem where patients are shouldering an increasing share of costs.

Multi-Stakeholder Perspectives on RTPB

A panel of experts representing the key stakeholders across the RTPB ecosystem came together to discuss implementation challenges, the value being delivered today, and future opportunities for improvement. The discussion was moderated by Seth Jones, Forbes Healthcare Contributor and Founder of Summit Health Advisors, and included:



Dr. Brett Walker

Associate Chief Medical Information Officer at MultiCare, providing the provider and health system informaticist perspective on technology usability and clinical workflow integration.



Lauren Hackenburg

Senior Director of Provider Capabilities at Optum Rx, representing the PBM viewpoint on data accuracy, coverage information, and administrative efficiency.



Paul Brient

EVP and Chief Product Officer at athenahealth, offering the Electronic Health Record (EHR) vendor perspective on technology implementation and provider experience.



Kyle Kiser

CEO of Arrive Health, sharing insights on RTPB network operations, quality standards, and behavior change measurement.

The Current Landscape: A Trust Deficit Driven by Historical Gaps

The RTPB market continues to shift as vendors determine what it takes to deliver sustainable, accurate, real-time information. Some organizations have exited the RTPB space altogether, while others are consolidating, pivoting business models, or deepening payer partnerships.

Despite years of market education, many stakeholders still conflate F&B with RTPB. This confusion fuels skepticism and slows adoption. When F&B outputs are mistaken for RTPB, clinicians experience inaccuracies that erode trust. Years of inconsistent, estimate-based transparency tools have conditioned physicians to assume cost information will be unreliable. Meanwhile, health system executives question whether the effort required to implement workflow-integrated tools is worth it.

Against this backdrop, accurate RTPB represents a major opportunity but only if the industry addresses long-standing trust barriers head-on.

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If a thing is wrong once out of 50 times, if you're a doctor, you're going to say, 'This is useless. It never works. It's always wrong.' The stakes are so high in medicine, you can't afford wrong.

Paul Brient
athenahealth

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The best way to think about it is, this is our most accurate data at a snapshot in time. The information that is submitted will generate a trial claim. The information displayed is essentially allowing them to stand at the pharmacy counter.'

Lauren Hackenberg
Optum Rx

Understanding Real-Time Prescription Benefit

When a provider enters a prescription in the EHR, RTPB technology displays detailed information, in real time, within the prescribing workflow:

Prescription coverage status

Confirms if a specific drug is on the plan's formulary and how the drug is covered.

Out-of-pocket cost

Shows what the patient will pay for the prescribed medication.

Formulary alternatives

Displays which therapeutic alternatives are covered on the patient's plan.

Pharmacy alternatives

Provides various pharmacy options and associated costs across a patient's network.

When implemented properly, RTPB benefits both patients and providers, avoiding Prior Authorization (PA) or initiating the process early, eliminating the back and forth between provider and pharmacy, and reducing patient spending. As the technology continues to evolve, RTPB also has the potential to make prospective, automated PA a reality.

The Proven Value of True RTPB

Collectively, the panelists emphasized that successful RTPB implementation requires alignment across all stakeholders. RTPB networks must orchestrate complex data exchanges—identifying the patient’s active insurance coverage, translating prescription information from the EHR’s drug database into the format expected by the PBM system, executing a trial claim, interpreting the response, and presenting actionable information back to the provider. This must all occur within seconds while maintaining the highest quality standards.



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For us, real-time pharmacy benefit is not just a technical capability—it’s a strategic enabler of our core mission of simplifying the complex healthcare environment by reducing administrative burden, enhancing the customer experience by improving affordability, and empowering providers to drive better care by meeting them with actionable insights.

Lauren Hackenburg

Optum Rx

For Patients

RTPB directly addresses patient affordability and access challenges:



Cost savings

Optum Rx data shows that when providers switch medications based on RTPB information, patients save an average of \$214 per switch.¹ These savings compound over time as patients continue on the more affordable therapy.



Fewer pharmacy surprises

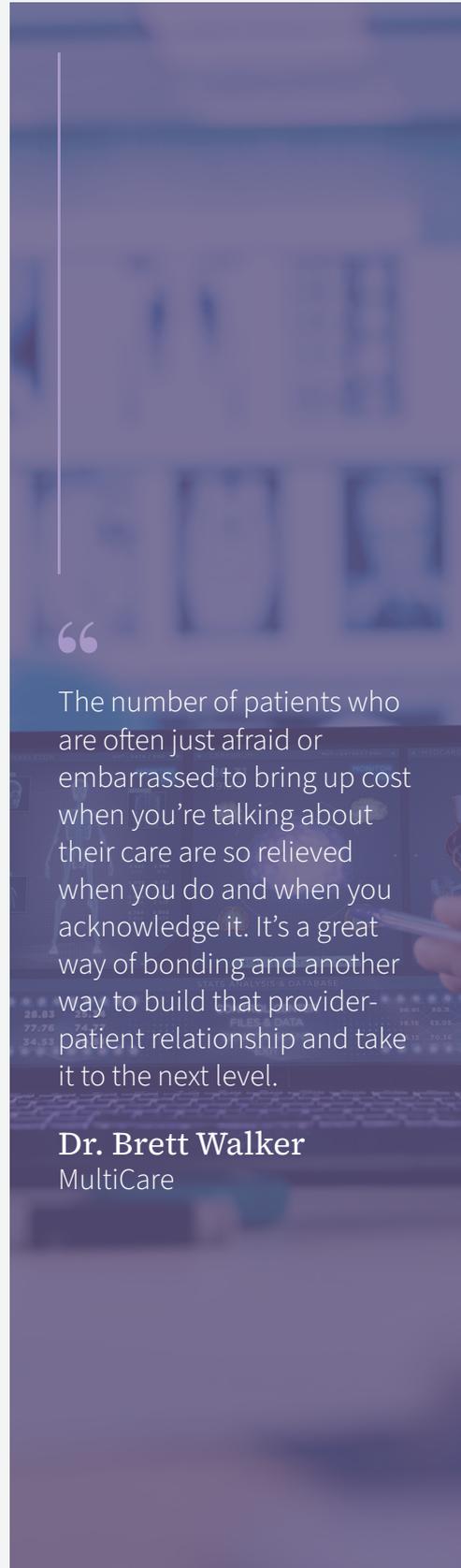
When cost and coverage discussions occur at the point of prescribing rather than at the pharmacy, patients experience fewer unexpected barriers to medication access.



Improved adherence

Optum Rx performed an internal study which showed a 5-6% higher adherence rate among patients when RTPB was used versus patients who did not have an RTPB transaction.¹

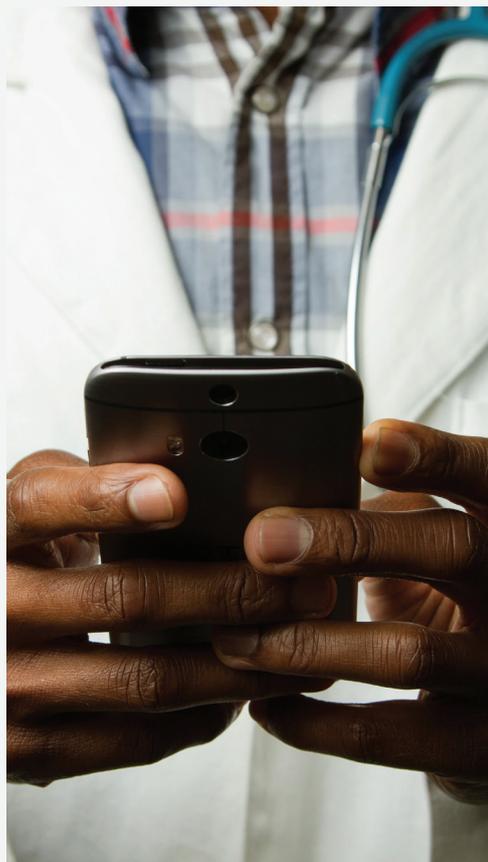
1. Optum Rx. 2025 Internal Analysis (January – June).



For Providers

For providers, actionable information is critical, as is reduction of administrative burden and enhancement of the provider-patient relationship.

One of the most significant benefits of RTPB is PA avoidance. When providers see that there is a covered alternative for a medication that requires authorization, they can make an informed decision to prescribe the alternative, eliminating the need for a PA request. Data from Optum Rx reveals that the average amount of time required for a PA is 20 minutes, increasing to 41 minutes if appeals are included. At Optum Rx, approximately 25% of the switches driven by RTPB avoid a PA, which saves providers 20 to 20 minutes per PA.^{2,3} In a single month, this PA avoidance adds up to approximately 12,000 hours in administrative savings for providers.



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What real-time prescription benefit represents is an opportunity to not just share the price of the intended medication, but also an opportunity to recommend lower cost options for the patient. Those might be lower cost medications in relation to the formulary or lower cost pharmacies in relation to the network. Both of those can be meaningful savings for both patients and plans and important efficiency savings for the provider.

Kyle Kiser
Arrive Health

2. Optum. Optum Rx Pharmacy Benefit Management. Available at <https://business.optum.com/en/pharmacy-benefit-management/helping-members/pbm-experience.html>.
3. athenahealth. Why real-time prescription benefit works, October 30, 2025. Available at <https://www.athenahealth.com/athenainstitute/perspectives/how-real-time-prescription-benefits-offer-clarity-and-efficiency>

For Payers and Pharmacy Benefit Managers

Pharmacy benefit managers (PBMs) sit at the center of RTPB because the value of the technology depends on the accuracy and completeness of their data. In turn, RTPB leverages that data to support formulary adherence and reduce administrative costs, while enhancing the member experience through improved affordability and empowering providers with actionable insights that drive more informed care decisions.

PBMs benefit from RTPB since they are more likely to receive clean prescriptions ready for adjudication, allowing pharmacists to focus on patient counseling and clinical services. Real-time guidance on coverage requirements minimizes PA requests for medications that do not meet eligibility requirements and steers prescribing toward preferred formulary options. When providers can identify and prescribe covered alternatives at the point of prescribing, unnecessary PA requests decrease.

Automated processes also reduce the manual work required to manage coverage inquiries and PA requests. At Optum Rx, an average of 4 minutes is saved per paid claim that has gone through RTPB.³

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When we get into a technical perspective, the biggest challenge historically with formulary and benefit tools is that the data is just either not specific enough or not timely enough. When it comes to clinical decision support tools, we need to be sure we're getting the right information to the right person in the right format via the right channel at the right time.

Dr. Brett Walker
MultiCare

3. athenahealth. Why real-time prescription benefit works, October 30, 2025. Available at <https://www.athenahealth.com/athenainstitute/perspectives/how-real-time-prescription-benefits-offer-clarity-and-efficiency>



Provider Experience: The Make-or-Break Factors for RTPB

Clinician trust is the most influential driver of RTPB success, and the biggest risk if accuracy or usability comes up short.

Clinicians Have Exceptionally Low Tolerance for Incorrect Data

Provider adoption of clinical decision support tools hinges on accuracy. When tools prove unreliable, providers quickly lose trust and learn to ignore them, rendering even the most well-designed interfaces as noise. Thus, for RTPB to deliver value, its data must be not only accurate, but also consistently available. On the flip side, no results are better than inaccurate ones.

Data accuracy depends on:

Coverage scope

RTPB must work for most patients, most of the time, from broad coverage networks. Sporadic coverage for only some patients undermines provider confidence and adoption.

Technical precision

The data exchange between EHRs and PBMs requires accurate translation of medication information. If this is not managed properly, differences in how drugs are coded or described can result in failed transactions.

Timeliness

Information must reflect current formulary status, not outdated F&B file-based data. Changes to formularies, PA requirements, and patient eligibility must be incorporated in real time.

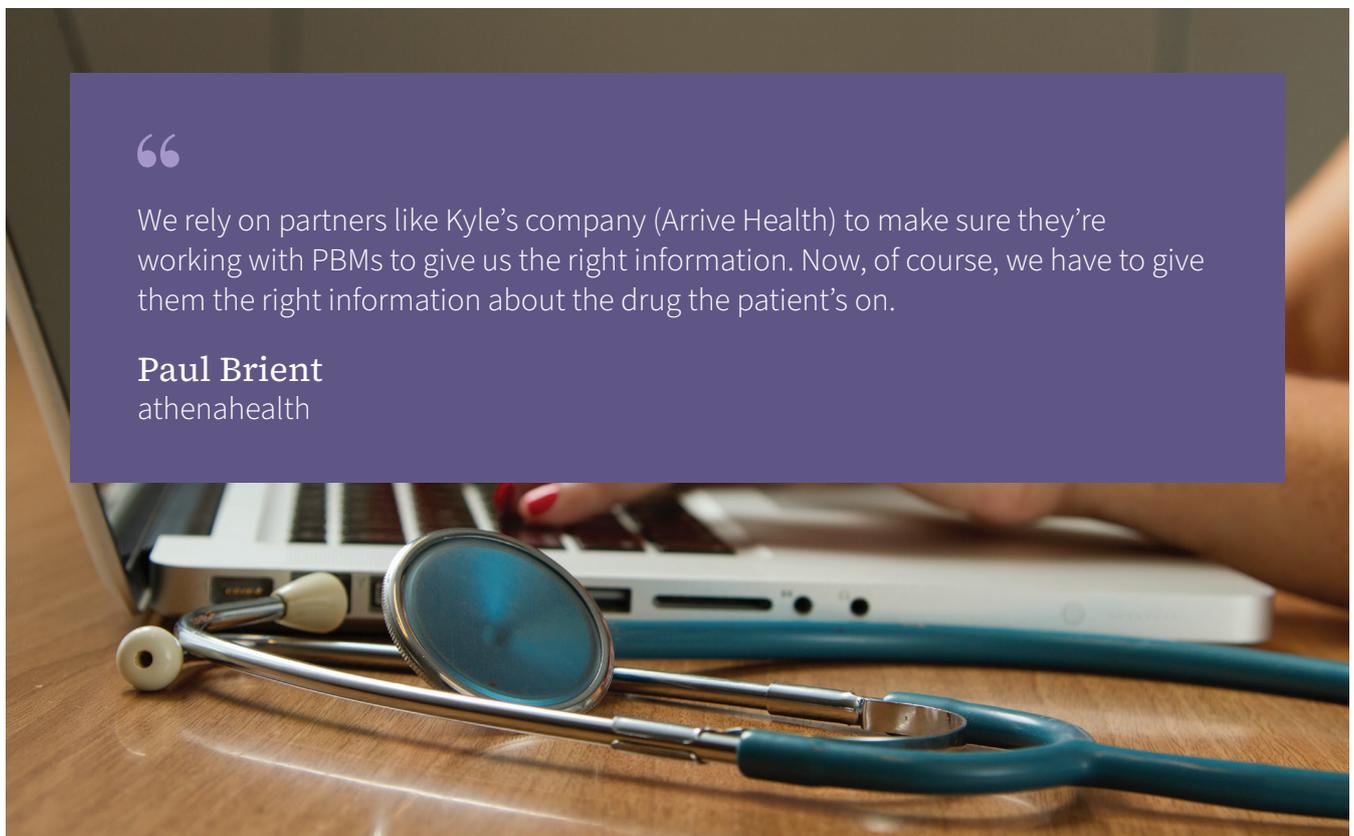
Patient specificity

The data must account for individual patient circumstances, including deductibles, PAs already in place, and specific coverage limitations.

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We rely on partners like Kyle’s company (Arrive Health) to make sure they’re working with PBMs to give us the right information. Now, of course, we have to give them the right information about the drug the patient’s on.

Paul Brient
athenahealth



Providers Expect Tools to Work For Them, Not the Other Way Around

Technology that disrupts established workflows will face adoption challenges, regardless of its potential value. Consequently, the EHR is where RTPB either succeeds or fails. Providers expect data to appear instantly, in the right place, and in a way that makes the prescribing process seamless.

Key integration principles include:

Minimal clicks

The information must appear in the natural prescribing workflow without requiring additional steps or navigation.

Appropriate timing

Cost and coverage information should be available when prescribing decisions are being made, not after prescriptions have already been sent.

EHR-native presentation

Providers should not need to log into separate portals or leave their EHR system to access RTPB data.

Consistent experience

Variability in how information is displayed or accessed creates confusion and erodes trust.

Effective integration of RTPB into the EHR requires careful observation of actual provider behavior and iterative refinement based on provider feedback and real-world usage patterns.

Adoption Requires More Than “Turning It On”

Technology implementation does not equal adoption. Even well-designed tools require education, awareness, and ongoing support. At the outset, it is critical to engage with clinical champions, respected providers who will advocate for RTPB within their peer groups. It is also important to develop customized training materials that address the specific workflows and patient populations of each health system. Maintaining awareness through regular updates and creating feedback loops for providers to report issues and see improvements implemented ensures optimal adoption.

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We spend a lot of time making sure that we present information in an intuitive way for providers, trying to minimize clicks and make sure that the information is accurate. The most important thing is to go out and spend time watching people use the workflows. That’s the only way to get it right.

Paul Brient
athenahealth

Action Taken on RTPB Insights are Indicators of Behavior Change

The most clinically meaningful measure of RTPB success is whether the information it provides influences prescribing decisions in ways that benefit patients and reduce costs. At Arrive Health, a primary key performance indicator of RTPB success is behavior change, starting with switch rate, which measures how often providers change their prescribing decision based on RTPB information. Beyond switch rates, performance is measured based on the actual savings achieved for patients and the frequency at which a switch eliminates the need for PA.

In some implementations, Arrive Health has observed switch rates that are twice as high as other RTPB networks, attributable to data quality, integration design, and continuous feedback from health system partners and EHR vendors.

Integrating Real-Time Prescription Benefit and Electronic Prior Authorization

RTPB and electronic prior authorization (ePA) are complementary technologies that, when integrated, create an even more efficient medication access pathway. In this integration, RTPB serves dual functions as a tool for both avoiding unnecessary PAs and streamlining PAs that cannot be avoided. When RTPB returns information showing that PA is required, the ePA allows providers to submit digital requests regarding PA requirements to payer portals and receive payer responses in hours, rather than days.

Integration of RTPB and ePA into EHR workflows enables:

Timely access to appropriate care

Providers can make informed, evidence-based treatment decisions in real time, reducing the likelihood of prescribing medications that require PA without the necessary approvals.

Formulary adherence and cost control

Clear, real-time guidance on coverage requirements at the point of care minimizes PA requests that do not meet eligibility criteria. Providers can also view formulary alternatives and their associated costs, enabling informed choice about cost-effective therapies specific to each patient's insurance coverage.

Greater transparency, trust, and affordability

Patients can understand the financial implications of their treatment options at the point of care, avoiding surprises and delays at the pharmacy.

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Through this journey with real-time benefit we learned how valuable a pharmacist is at the point of sale. All of this was being resolved invisibly, not to the pharmacist but to everyone upstream of that. When you move these transactions into the provider workflow, that's not an option.

Kyle Kiser
Arrive Health

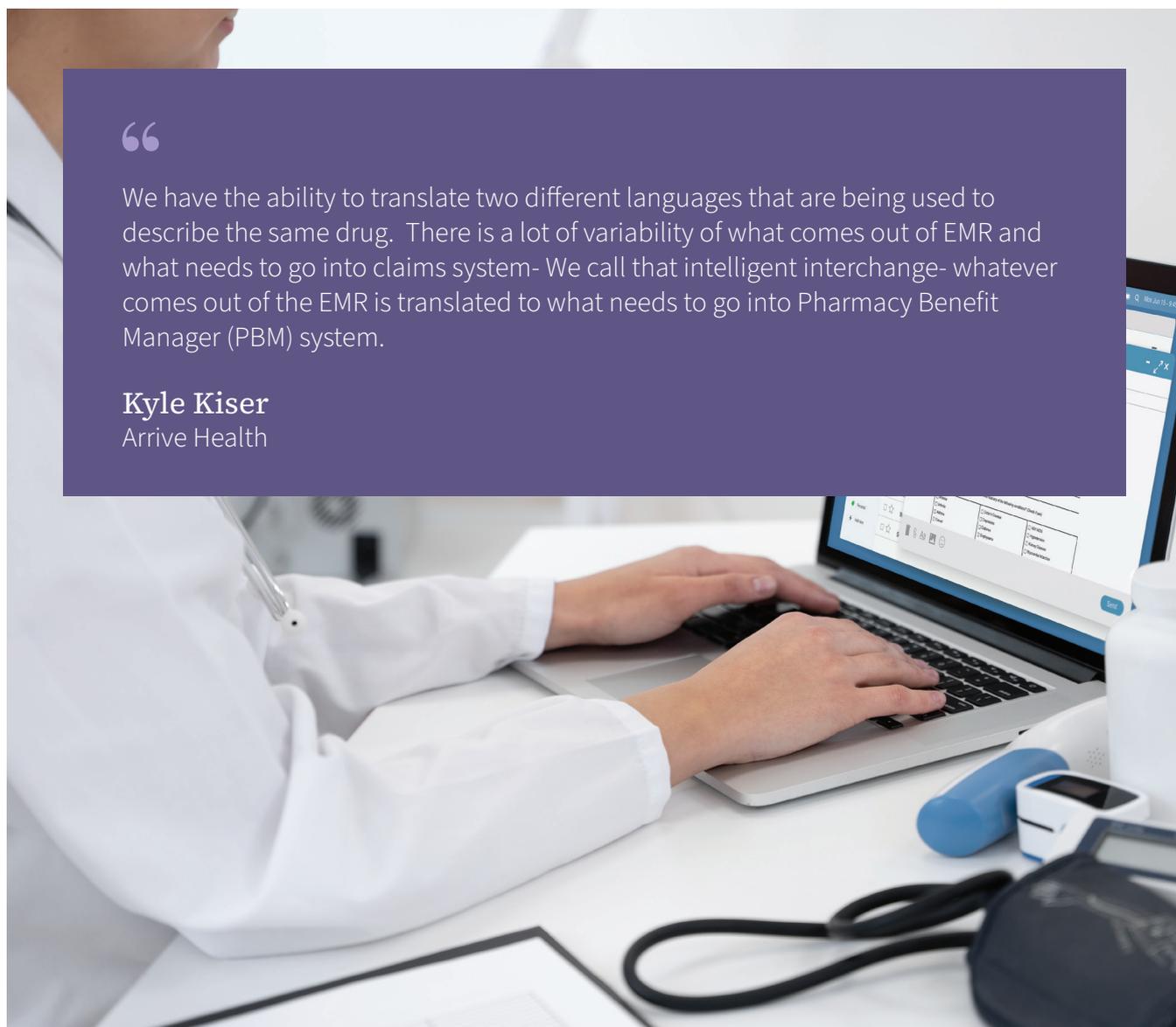
Collaboration: The Only Path to End-to-End Visibility and Impact

No single stakeholder has complete visibility into the prescribing experience, making shared governance, transparent data exchange, and ongoing collaboration essential for meaningful progress. Effective RTPB deployment depends on committed partnership among PBMs, payers, EHR vendors, health systems, pharmacies, and technology partners, many of whom increasingly collaborate, even as competitors, when interoperability benefits clinicians and patients. Successful implementation also requires understanding each health system's unique context, including regional payer mix, differences between Medicaid and commercial populations, and system-specific clinical workflows; one-size-fits-all approaches consistently fail to drive adoption or measurable impact. Sustained partnership after go-live is equally critical, supported by shared dashboards, quarterly business reviews, provider-level insights, and direct feedback loops from clinicians. Vendors cannot disappear after launch; continuous monitoring and improvement are required to maintain trust and long-term performance.

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We have the ability to translate two different languages that are being used to describe the same drug. There is a lot of variability of what comes out of EMR and what needs to go into claims system- We call that intelligent interchange- whatever comes out of the EMR is translated to what needs to go into Pharmacy Benefit Manager (PBM) system.

Kyle Kiser
Arrive Health



The Future of RTPB: Precision, Transparency, and Shared Decision Making

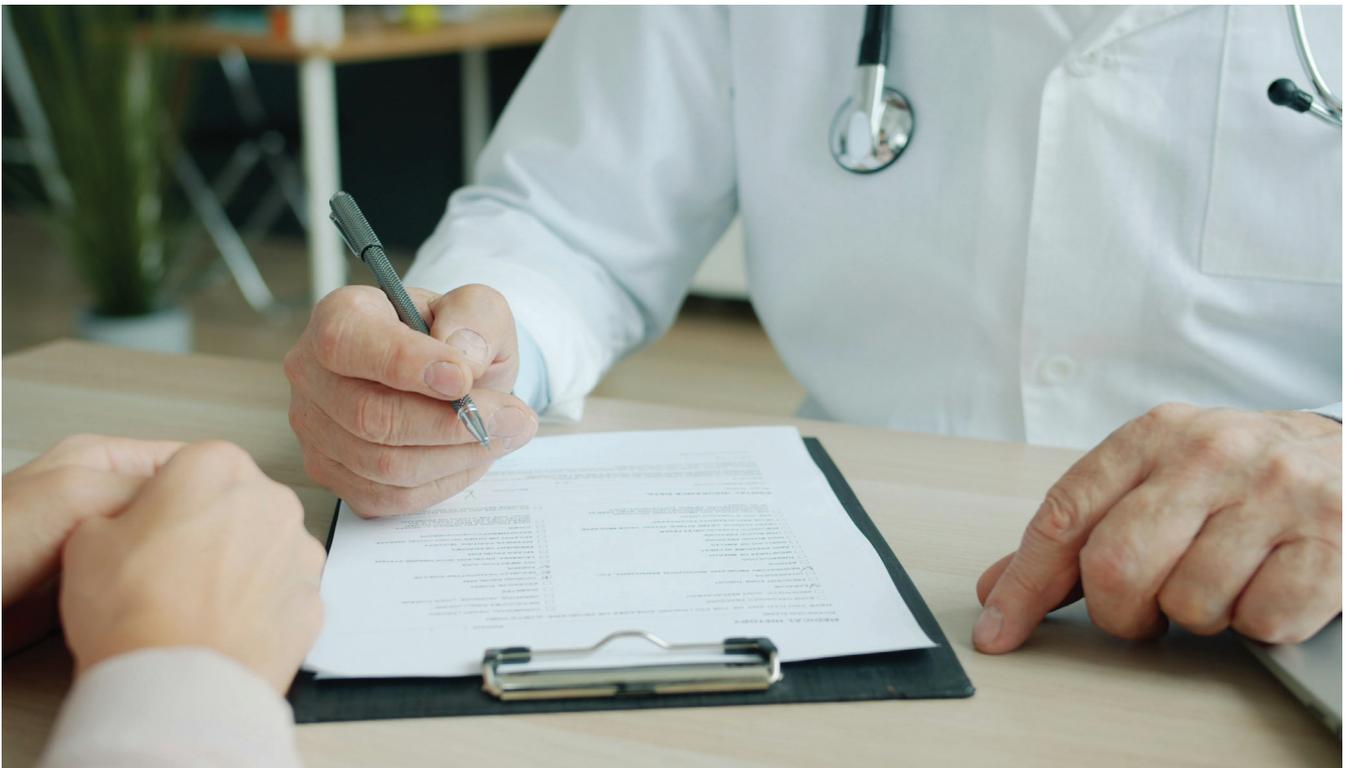
Looking ahead, RTPB is positioned to evolve far beyond point-of-prescribing affordability insights. A key priority is achieving universal coverage, where every prescription across every payer and plan returns a real-time result; any gaps undermine trust and limit clinical utility. Expansion into patient-facing RTPB is also on the horizon, though widespread adoption requires careful attention to identity matching and data security, especially as patients increasingly explore alternative payment channels and seek clearer visibility into their costs. As capabilities mature, RTPB will play a larger role in real-time shared decision making by supporting in-room discussions about coverage, cost, clinical alternatives, prior authorization requirements, and patient preferences, advancing affordability as a core element of clinical care.

The next wave of innovation will incorporate AI-enabled guidance to predict prior authorization needs, identify cost-effective pathways earlier, improve drug matching and signature interpretation, and scale consistent, accurate results across diverse workflows. Over time, RTPB will become a foundational element enabling broader automation across the medication access journey.

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Real-time prescription benefit is an enabler for a better prior authorization experience. We are leveraging real-time prescription to drive better decision-making at the front end and we are even going so far as to train models against prior authorization policies to create downstream insight into the criteria required for authorization and driving automation off that. Then you can really start to see a future where real-time shared decision making becomes real and scalable.

Kyle Kiser
Arrive Health



Conclusion

RTPB has evolved from a novel concept into an essential component of modern prescribing, yet the industry must still overcome years of confusion and clinician distrust before its full value can be realized. Accuracy, usability, and transparency remain the core requirements for meaningful adoption. When these elements align with PBMs, EHRs, health systems, pharmacies, and vendors working in close partnership, RTPB consistently delivers measurable improvements. Clinicians experience reduced patient spending, higher medication adherence, fewer prior authorizations, smoother workflows, more predictable pharmacy encounters, and greater confidence at the point of prescribing. In a healthcare environment increasingly defined by affordability challenges and administrative complexity, RTPB represents not only a technology solution but a critical pathway toward more accessible, patient-centered care.



When selecting an RTPB vendor, the following should be evaluated:

Clarity about desired outcomes

Consider strategic priorities, payer mix, complexity of EHR integrations, and key performance indicators that can be measured, including switch rates, PA avoidance, and patient savings.

Evaluation of data quality

Assess the breadth of coverage and the quality assurance processes in place to ensure data accuracy and availability.

Opportunities for long-term collaboration

RTPB implementations involve partnerships between health systems and vendors, from customizing the tool and co-developing training materials and communication strategies to creating continuous feedback loops and providing long-term support beyond the initial implementation.

In conclusion, success depends on data accuracy, seamless workflow integration, continuous quality improvement, and collaboration across key stakeholders that have an unwavering commitment to ensuring that patients can afford and access the medications they need to maintain their health and quality of life. To learn more about implementing RTPB or integrating RTPB and ePA, connect with an Arrive Health expert.



About Arrive Health

Arrive Health is the leading provider of integrated solutions that improve patient affordability and access to care. We collaborate with premier health systems, pharmacy benefit managers, payers, and healthcare IT vendors to clear the way for better health.

Arrive Health offers a combination of real-time benefit check technology, prior authorization workflow tools, and automated patient engagement capabilities. Nearly 550,000 providers leverage our solutions to find lower-cost medication options, reduce friction throughout the healthcare journey, and enable adherence for 200M patients across the US.

For more information about Arrive Health, visit arrivehealth.com