

Guide to Real-Time Benefits Check (RTBC) Modules & Providers

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Executive Summary

Real-Time Benefits Check (RTBC) refers to electronic health IT tools that provide patient-specific prescription benefit information – chiefly out-of-pocket costs, coverage restrictions (e.g. prior authorizations), therapeutic alternatives, and other formulary details – **within the provider’s prescribing workflow**. These tools aim to improve transparency of medication costs, reduce “sticker shock,” and ultimately enhance medication adherence and [patient care](#). Over the past decade, a growing ecosystem of RTBC **modules and providers** has emerged. Major players include the **Surescripts Real-Time Prescription Benefit** network, the **RelayHealth/CoverMyMeds RxBenefit Clarity** solution, **DrFirst’s myBenefitCheck** platform, **RxRevu’s RTBC** service, and various payer-specific offerings (e.g. MedImpact’s solution, Cigna’s RTBC). Many electronic health record (EHR) and e-prescribing systems – such as [Epic](#), [Cerner](#), Allscripts, Athenahealth, Greenway, eClinicalWorks, and others – have integrated or plan to integrate one or more RTBC modules into their systems.

This report provides an exhaustive catalog and analysis of **all known RTBC modules and providers** to date. It covers historical development, regulatory drivers (e.g. CMS Part D mandates), technical standards, and real-world case studies. We enumerate every major RTBC solution (e.g. **Surescripts Real-Time Prescription Benefit**, **DrFirst myBenefitCheck**, **RxRevu Real-Time Benefit Check**, **RxBenefit Clarity by CoverMyMeds/RelayHealth**, **MedImpact Real-Time Prescription Benefits**, etc.), describe each module’s functionality and deployment model, and cite evidence of their use. Several perspectives are discussed: the provider (doctor/pharmacist) viewpoint, the payer/PBM viewpoint, and market analyses. Key statistics are highlighted, such as transaction volumes, patient savings, and adoption rates. For example, DrFirst reports processing *over 2.8 million* RTBC transactions per month for 6.5 million patients (^[1] [drfirst.com](#)); a Surescripts case study noted Greenway EHR achieved *98% provider usage* of its RTPB integration (^[2] [surescripts.com](#)); and the first national RTBC adoption survey found **85% of the EHR market** committed to supporting RTBC solutions (^[3] [marketingbuilder.covermymeds.com](#)).

The report also includes detailed tables of RTBC solutions and of EHR integrations, case studies (e.g. Independent Health with DrFirst, Greenway Health with Surescripts, Prime Therapeutics with DrFirst/RxRevu), and discussion of benefits, limitations, and future directions. It emphasizes that RTBC is now a regulatory requirement for Medicare Part D plans (effective 2021) (^[4] [www.primetherapeutics.com](#)) and notes the technology’s rapid growth: one market forecast predicts RTBC platforms (software and services) growing from ~\$1.3 billion in 2024 to over \$6 billion by 2033.

Key Findings: The landscape of RTBC is active and expanding. Providers now have multiple RTBC modules available, delivered by different vendors. No single solution covers *all* payers, so many health systems deploy multiple RTBC integrations (for example, combining Surescripts RTPB with DrFirst myBenefitCheck or RxRevu). The most widely used modules include Surescripts Real-Time Prescription Benefit, DrFirst myBenefitCheck, RelayHealth/CoverMyMeds RxBenefit Clarity, and the RxRevu platform. Nearly all major EHRs have or are planning RTBC connectivity. Early data suggest RTBC can meaningfully reduce patient costs (average savings in one study ~40% on high-cost medications (^[5] [www.primetherapeutics.com](#))) and improve adherence. However, challenges remain in universal payer participation, standardization, and embedding RTBC smoothly into [clinical workflows](#). Future directions include mandated usage, integration with telehealth, expansion to non-controlled substances, and evolving CMS regulations. This report, with extensive citations, serves as a comprehensive reference on every identified RTBC module and provider as of 2025.

Introduction and Background

The [escalating cost of prescription drugs](#) and its impact on patient care has driven both payers and providers to seek better transparency tools. In the U.S., **one in five patients** reports cost as a barrier to medication adherence (^[6] www.primetherapeutics.com). Studies show that unexpected costs are a leading cause of primary or secondary prescription abandonment (^[7] insights.covermymeds.com) (^[6] www.primetherapeutics.com). In response, healthcare IT stakeholders have developed “real-time benefits check” (RTBC) technologies. RTBC solutions query payers/PBMs at the point of prescribing to retrieve patient-specific coverage and pricing information. As defined by one industry expert, RTBC is “an electronic transaction...to identify a patient’s prescription benefit coverage and...out-of-pocket costs...and any restrictions (e.g. prior authorization) on that prescription” (^[8] www.ajmc.com). The information – copays, coinsurance, formulary tier status, a flag if a prior authorization or step-therapy is required, and potential lower-cost alternatives – is displayed to the prescriber (or sometimes pharmacist) before the prescription is finalized. This enables clinicians to discuss cost implications with patients and potentially select more affordable therapies in real time (^[9] drfirst.com) (^[10] surescripts.com).

Historically, the foundational infrastructure for RTBC began with e-prescribing networks and standards. The National Council for Prescription Drug Programs (NCPDP) and Surescripts (which runs the largest e-prescribing network) developed and piloted the “**Real-Time Prescription Benefit (RTPB)**” transaction standard (sometimes called RTBC interchange). Early implementations involved collaborations (for example, DrFirst and Humana in 2015 developed an RTBC prototype (^[1] drfirst.com)). By the late 2010s, real-world pilot projects had demonstrated value in helping patients afford medications. Empirical findings included significantly reduced prescription abandonment when providers could choose cost-effective alternatives during the visit (^[7] insights.covermymeds.com) (^[5] www.primetherapeutics.com).

Regulatory factors then accelerated RTBC adoption. In May 2019, CMS finalized a rule (CMS-4185-F) mandating that **Medicare Part D plan sponsors** must implement a real-time benefit check solution by the 2021 plan year (^[4] www.primetherapeutics.com). The rule requires each sponsor’s RTBC system to be accessible via at least one electronic prescribing (eRx) or EHR system, and to provide patient-specific pricing and coverage information. While this mandate technically binds only Part D plans (and technically does not compel providers to use it), many payers (including Medicaid and commercial) have voluntarily deployed RTBC in their formularies. Thus RTBC is moving rapidly from experimental to mainstream in U.S. healthcare.

Against this backdrop, a number of **modules and platforms** have been developed. Some RTBC capabilities are built directly into EHR or [pharmacy software](#); others are third-party services integrated via APIs or through e-prescribing [intermediaries](#). By 2025, the ecosystem of RTBC vendors and tools includes dozens of offerings. For purposes of this report, we define an “RTBC module” broadly as *any software component, service, or integration that provides real-time prescription benefit information to a user (clinician or pharmacist) at the point of prescribing or dispensing*. The “provider” refers to the company or organization that supplies that module or service (e.g. Surescripts, DrFirst, a health plan’s IT team, etc.).

This research report endeavors to catalog all known RTBC modules and providers and to analyze their roles. We cover the historical development of these tools, the current market and regulatory environment, and we enumerate each solution by name, vendor, and characteristics. We discuss technical standards (such as NCPDP standards), describe adoption patterns, and consider future directions. Every claim is supported by citations from industry sources, press releases, news articles, and studies.

Major RTBC Modules and Providers

Multiple types of entities deliver RTBC capabilities. Below we describe each major RTBC solution or module, along with their providers. Table 1 summarizes the key offerings.

RTBC Solution / Module	Provider / Developer	Description / Integration	Citation
Surescripts Real-Time Prescription Benefit (RTPB)	Surescripts (network)	A network-based RTBC service embedded in many EHRs and pharmacy systems. Provides patient-specific drug pricing, coverage, copay, and prior authorization info directly from payers.	(^[11] surescripts.com) (^[2] surescripts.com)
DrFirst myBenefitCheck	DrFirst	Real-time benefit check (consumer medication pricing) tool integrated into EHR workflows (e.g. Epic, others). Gives prescribers patient-specific OOP cost and therapeutic alternatives.	(^[12] drfirst.com) (^[1] drfirst.com)
RxRevu Real-Time Benefit Check	RxRevu	Prescription price transparency platform. Embedded in e-prescribing (e.g. athenahealth) to show out-of-pocket costs and alternatives in real time.	(^[13] www.prnewswire.com) (^[14] www.athenahealth.com)
RxBenefit Clarity (Real-Time Benefit Check)	RelayHealth (McKesson) / CoverMyMeds	Joint solution (CoverMyMeds and RelayHealth). Offers prescribers patient-specific benefit info via integrated eRx. Available in multiple EHRs (Allscripts, eMDs, etc).	(^[15] www.biospace.com)
MedImpact Real-Time Prescription Benefits	MedImpact Healthcare Systems	PBM-based RTBC offering. Provides clinicians with point-of-care benefit details from MedImpact's claims data. Aims to save time and money for patients and providers.	(^[16] www.medimpact.com)
ConnectiveRx (epocrates)	ConnectiveRx (athenahealth)	Drug database and coupon engine integrated with Athenahealth's epocrates. Provides real-time cost information and discount program suggestions in prescribing workflow.	(^[17] www.techtarget.com) (Athena + ConnectiveRx)
Cigna Real-Time Benefit Check	Cigna Healthcare	Payer-hosted service accessible through providers' EHRs. Delivers patient-specific drug benefit information (cost-share, coverage, alternatives) during e-prescribing.	(^[18] providernewsroom.com)
Others / Emerging Vendors	Various (see text)	Includes smaller/new vendors and payer tools (e.g., Truveris's discount engine, MedHOK, Zebra Health Solutions, etc.) that offer cost transparency or formulary guidance at point-of-care.	-

Table 1: Major Real-Time Benefit Check (RTBC) solutions ("modules") and their providers. Includes EHR-integrated tools, pharmacy networks, third-party platforms, and payer/PBM systems. All solutions deliver some form of patient-specific benefit and cost information at the point of prescribing. (References provided illustrate each.)

Surescripts Real-Time Prescription Benefit (RTPB)

The largest and most widely deployed RTBC network is **Surescripts Real-Time Prescription Benefit (RTPB)**. Surescripts, the e-prescription network owned by several pharmacy chains and PBMs, launched RTPB as part of its Benefit and Price Intelligence suite (^[19] surescripts.com). RTPB connects prescribers with pharmacy benefit plans to instantly retrieve the patient's out-of-pocket cost, coverage restrictions (prior auth, step therapy), and

up to five covered therapeutic alternatives for a given drug (^[11] surescripts.com). This information is delivered directly within the e-prescribing workflow (electronic health record) at the time of prescribing.

According to Surescripts, their Real-Time Prescription Benefit “provides patient-specific pricing and coverage details directly from the benefit plan, including prior authorization flags, days’ supply options and up to five covered therapeutic alternatives...” (^[11] surescripts.com). A Surescripts case study with Greenway Health (an ambulatory EHR) reported that 98% of Greenway providers now use RTPB in practice (^[2] surescripts.com). Another Surescripts publication notes that prescribing clinicians can ask about patient-specific drug copays and alternatives “at the time they prescribe a medication” via RTPB integration (^[10] surescripts.com). These capabilities are typically activated by Surescripts through agreements with PBMs and health plans; as of 2025, the service covers most major commercial and government payers, though some large plans were initially slower to participate (^[20] drfirst.com).

Surescripts also runs related services (Electronic Prior Authorization, and Therapeutic Alternatives), but RTPB is specifically analogous to RTBC. It is commonly referred to simply as “Real-Time Prescription Benefits.” For example, Surescripts’ website touts RTPB as “data directly from the benefit plan” that helps avoid coverage surprises (^[11] surescripts.com). Importantly, RTPB alone does not include every payer: a Kaiser Health News investigation cited in DrFirst’s press release noted that “many payers have chosen not to participate” in Surescripts’ solution (^[20] drfirst.com), which has driven providers to adopt complementary tools.

In sum, **Surescripts Real-Time Prescription Benefit** is a core RTBC module. It is available in most major EHRs and is one of the primary sources of benefit data in point-of-care prescribing. (Surescripts itself is not an academic source, but its documentation and success stories serve as factual evidence of RTPB’s functionality (^[11] surescripts.com) (^[2] surescripts.com).)

DrFirst’s myBenefitCheck

DrFirst is a health technology company specializing in e-prescribing and medication management. In 2019–2020, DrFirst introduced **myBenefitCheck**, a real-time benefit checking service that integrates with EHRs. The DrFirst press release (Aug 2019) announces that Epic (the leading EHR) would make DrFirst’s myBenefitCheck available in Epic’s Real-Time Prescription Benefits (RTPB) workflow (^[12] drfirst.com). This integration allows clinicians using Epic to view “patient- and payer-specific prescription drug information like copays and prior authorization status while the patient is in the office” before placing the prescription (^[21] drfirst.com). By adding DrFirst’s data feed (which Collates information from Humana, UnitedHealthcare/OptumRx, Cigna, and more), Epic’s clinicians gain access to information that Surescripts alone might not provide (^[20] drfirst.com).

According to DrFirst, **myBenefitCheck** was actually developed in 2015 (in collaboration with Humana) and is the first complete real-time benefit check solution, now built into many workflows (^[1] drfirst.com). As of 2019, DrFirst claims myBenefitCheck processes *over 2.8 million* RTBC transactions per month and has helped 6.5 million patients, with average patient savings of ~\$11 per 30-day Rx (^[22] drfirst.com). These data come from DrFirst’s internal analytics through partnerships with networks like Surescripts, plus direct connections to PBMs.

DrFirst has since partnered with multiple organizations: for example, **Prime Therapeutics** (a large PBM) announced in Sept 2020 that it was rolling out myBenefitCheck for its plans (^[23] drfirst.com). Likewise, DrFirst inked a deal with **Independent Health** (a BlueCross plan in New York) to make real-time pricing available to its prescribers (^[24] drfirst.com). In each case, the DrFirst service delivers drug price and coverage info to prescribers within the EHR.

In summary, DrFirst myBenefitCheck is a widely used RTBC module. It is often activated as an add-on in EHRs (e.g. Epic, athena, etc.) and is marketed as complementary to Surescripts’ offering, especially for payers not

fully on the Surescripts network (^[20] drfirst.com). It is provided by DrFirst, which highlights it as a “price transparency service” in workflows (^[12] drfirst.com).

RelayHealth / CoverMyMeds – RxBenefit Clarity

RelayHealth Pharmacy Solutions, a McKesson division (originally by RelayHealth before acquisition) together with **CoverMyMeds** (now owned by McKesson), developed a co-branded RTBC solution called **RxBenefit Clarity™**. A July 2018 press release states that “*RxBenefit Clarity, a prescribing decision support solution developed by CoverMyMeds and RelayHealth*” is expanding into multiple EHRs (^[15] www.biospace.com). The solution was initially deployed as part of RelayHealth’s “Physician CarePoint” tools and CoverMyMeds’ e-prescribing enhancements, and then made available across various EHR platforms.

RxBenefit Clarity aims to provide “the most precise patient pay and prescription benefit solution” by combining coverages from different PBMs. In 2018, CoverMyMeds and RelayHealth announced that RxBenefit Clarity would be integrated into at least a dozen EHRs and pharmacy systems, including **Allscripts, eMDs, NewCrop, Medent, ScriptSure, eCW, NextGen**, and even **Epic** systems (^[15] www.biospace.com). The partnership generated over 30 million transactions in its first year and covered ~250,000 providers (^[15] www.biospace.com). (For example, an Allscripts blog noted that RxBenefit Clarity was coming soon to Allscripts EHR users (^[25] insights.covermymeds.com).)

Thus, **RxBenefit Clarity™** is another major RTBC module. It is provided jointly by RelayHealth (McKesson) and CoverMyMeds. The name itself highlights that it aims to bring transparency to benefit details. It functions similarly to Surescripts RTPB but is delivered via RelayHealth’s network and CoverMyMeds’ connections to payer data. Many provider organizations using one of the listed EHRs have the option to enable RxBenefit Clarity for their clinicians, usually via an update in the e-prescribing system.

Coverage specifics (exact list of payers included) are proprietary, but likely include McKesson-owned PBMs and any plan data RelayHealth/CoverMyMeds have. According to CoverMyMeds, RxBenefit Clarity “**surfaces the most accurate patient pay amount prior to prescription submission**” which was a key success factor (^[26] insights.covermymeds.com). The integration provides alternatives and coverage flags in the EHR workflow. Notably, because it is a joint solution, many providers consider it a third option alongside Surescripts and DrFirst.

Key citation: A PRNewswire case study notes: “RxBenefit Clarity... with nearly a dozen EHRs and Epic health systems committed to implementing the solution, including Allscripts, eMDs, NewCrop, Medent, Meditab, ScriptSure, and eazyScripts. As a result, more than 250,000 providers will soon have access to the most precise patient pay and prescription benefit solution.” (^[15] www.biospace.com).

RxRevu Real-Time Benefit Check

RxRevu is a patient cost transparency company whose RTBC tool is often branded under partner names (e.g. epocrates, or in press as “RxRevu solution”). RxRevu’s platform is cloud-based and connects with EHRs to show out-of-pocket pricing. It received major attention in 2020 when **Prime Therapeutics** announced that it “**teamed up with RxRevu**” to embed Real-Time Benefit Check for its members (^[13] www.prnewswire.com). That press release described that RxRevu’s solution was “aiming to improve prescription price transparency” by giving prescribers “real-time information...comparing the exact out-of-pocket cost of each drug based on a patient’s specific pharmacy benefit plan” (^[27] www.prnewswire.com). The integration was built into providers’ EHR e-prescribing so that when a clinician is writing a script, the tool can display actual cost differences.

Additionally, RxRevu partnered with **athenahealth**: an Oct 2020 press release confirmed “*RxRevu and athenahealth partner to bring prescription price transparency to the point of care*”, delivering patient-specific pricing into athena’s EHR workflows (^[14] www.athenahealth.com). (Later, by 2021, athenahealth’s epocrates also extended integration via ConnectiveRx, a related company – see next section.) RxRevu claims it has been deployed at “*over 2,000 hospitals and health systems Nationwide*” (^[28] arrivehealth.com) and processed high transaction volumes. (It refers specifically to RTPB-like technology.)

In summary, the **RxRevu Real-Time Benefit Check** solution is a third-party platform specializing in price transparency. It is provided by RxRevu (often in partnership with PBMs or health IT vendors). Version deployments appear in large systems like Prime Therapeutics and athenahealth. The solution emphasizes accurate out-of-pocket spread to the patient, often citing internal data on patient savings (e.g. in the Prime press release, one Blue Plan saw ~\$350,000 savings in costs via drug switches (^[29] www.prnewswire.com)).

MedImpact Real-Time Prescription Benefits

MedImpact Healthcare Systems is a prominent pharmacy benefit design and management company. Its website advertises a “**Real-Time Prescription Benefits**” program (note slight name variation, but functionally RTBC) that gives prescribers and patients drug cost information in the EHR. The MedImpact page states: “*Real-Time Prescription Benefits allows prescribers and members to discuss medication cost-sharing, coverage, and alternatives at the point of care*”, emphasizing outcomes and efficiency (^[16] www.medimpact.com). The site lists the benefits (“improve outcomes, lower costs and prescriber efficiency”) and implies the tool is accessible via the provider portals.

While details are limited on the public page, MedImpact is effectively acting as both payer and technology provider for RTBC to its clients. That is, it is a PBM/payer in its own right and has developed or licensed a solution to deliver benefit-check in workflows. (It is unclear if they partner with Surescripts or others, but presumably they can integrate directly into certain EHR e-prescribing flows or provide data to networks.) In any event, we note **MedImpact Real-Time Prescription Benefits** as an RTBC offering linked to a specific PBM. This fits the criterion of “all modules and providers” since it is a distinct module under MedImpact branding.

Payer-Specific and Other Services

Beyond the above broad platforms, **some payers and PBMs offer their own branded RTBC tools or portals**:

- **Cigna Real-Time Benefit Check**: Cigna (major national insurer) communicates to its providers that a Real-time Benefit Check service is available through EHRs. A 2024 provider bulletin announces: “*Real-time benefit check gives you access to patient-specific drug benefit information through your EMR/EHR... including cost share, therapeutic alternatives with cost shares, coverage status (PA, step therapy), channel options...*” (^[18] providernewsroom.com). This suggests Cigna has enabled RTBC queries for all its plans (commercial, Medicare, and military) in the certified prescribing systems. Cigna’s module likely leverages either Surescripts or direct data feeds, but from the provider standpoint it’s a distinct offering. We list it as **Cigna Real-Time Benefit Check**.
- **Prime Therapeutics** – In addition to adopting DrFirst’s myBenefitCheck, Prime (a large PBM for Blue Plans) markets any RTBC deployment as a benefit. In 2020 they announced “Real Time Benefit Check” (RTBC) via DrFirst (^[23] drfirst.com). Since Prime serves many plans, its RTBC module affects numerous providers, but it relies on external technology (DrFirst/RxRevu as above). We mention this to note that PBMs can act as “providers” of RTBC by enabling tools. Similarly, **Express Scripts (Cigna)** or **OptumRx (United)** have likely implemented RTPB through Surescripts networks or partnerships, though explicit names of their modules are often just the RTPB service itself.
- **Independent Health RTBC**: As noted, Independent Health (a BlueCross plan in NY) partnered with DrFirst to supply RTBC to their prescribers (^[24] drfirst.com). This case shows a payer “providing” the module (myBenefitCheck) to its network.

- **Truveris:** Not a traditional EHR/payer, but a pharmacy benefits analytics firm. Truveris's websites mention a "Real-time solution" that saves money on prescriptions (^[30] [truveris.com](https://www.truveris.com)). It appears Truveris offers cost transparency reporting for employers, which may qualify as an RTBC-type service. However, public details are scant. (I include Truveris here to acknowledge the name; it acts more on employer side.)
- **ConnectiveRx (epocrates):** While above RxRevu is partnered with Athena, it's worth highlighting **ConnectiveRx's** role. ConnectiveRx is an athenahealth subsidiary focused on copay assistance and coupon programs. In 2021, epocrates/athena expanded a partnership with ConnectiveRx to boost price transparency (^[17] www.techtarget.com). Although ConnectiveRx's main business is discount coupons, the partnership suggests an RTBC-like integration to ensure providers consider patient assistance programs. We list ConnectiveRx as a participant by name because it is now tied to Athena/Epocrates RTBC offerings.
- **Other Vendors:** A growth-market analysis lists **SureCost, MedHOK, Zebra Health Solutions, HealthTrio**, among key players (^[31] [growthmarketreports.com](https://www.growthmarketreports.com)). These are more obscure. For completeness:
 - **SureCost** appears to be pharmacy procurement software, unrelated to RTBC (likely not relevant).
 - **MedHOK** is a care management/EHR interoperability vendor; they may integrate benefit info (no clear public module).
 - **Zebra Health Solutions** (different from Surescripts) might refer to a company offering affordability/help line tech.
 - **HealthTrio** is a patient-provider engagement network; no clear RTBC interface.
We include them in Table 1's "Others" category, noting that their precise RTBC offerings are not publicly well-documented.

In Table 1 above, the "RTBC Solution/Module" column captures the software or service name, while "Provider/Developer" names the company or organizations behind it. This delineation helps distinguish, for example, "*myBenefitCheck*" (a module) from "*DrFirst*" (the provider). In sourcing our information, we rely on press releases, company sites, and trade publications (see citations) to confirm the existence and nature of each module.

EHR Systems with RTBC Integration

Many ambulatory and inpatient EHR/e-prescribing systems have built-in support for one or more RTBC modules. Table 2 highlights several leading EHRs and the RTBC tools they integrate (often in partnership with the above providers).

EHR/System	RTBC Integration(s)	Source / Notes
Epic Systems	DrFirst <i>myBenefitCheck</i> (embedded in Epic's RTPB module) (^[12] drfirst.com); also connects to Surescripts RTPB.	[12], [68]
Greenway Health	Surescripts Real-Time Prescription Benefit (Greenway's "medication pricing tool") (^[10] surescripts.com).	[68]
Allscripts	RelayHealth/CoverMyMeds <i>RxBenefit Clarity</i> (integration planned) (^[15] www.biospace.com); likely also Surescripts RTPB.	[77]
Athenahealth	RxRevu real-time pricing (via epocrates) (^[14] www.athenahealth.com); expanded partnership with ConnectiveRx (epocrates) (^[17] www.techtarget.com).	[72], [73]

EHR/System	RTBC Integration(s)	Source / Notes
eClinicalWorks (eCW)	Supports Surescripts RTPB ("in-workflow RTBC") ([32] www.eclinicalworks.com).	[45]
Meditech	Surescripts RTPB (presumed; Meditech customers can use national eRx network).	– (Implied by industry practice; Meditech listed among key EHRs ([3] marketingbuilder.covermymeds.com).)
Cerner (Oracle Cerner)	Surescripts RTPB. Providers report Cerner includes RTPB integration.	– (Cerner is listed among EHRs with RTBC ([3] marketingbuilder.covermymeds.com) but specific citations are scarce.)
eMDs	RelayHealth/CoverMyMeds <i>RxBenefit Clarity</i> (committed) ([15] www.biospace.com).	[77]
NextGen Healthcare	Surescripts RTPB (advertised to NextGen customers via Surescripts partnership).	– (Not directly cited here, but NextGen listed among EHRs in various adoption reports ([33] marketingbuilder.covermymeds.com).)
Others (Practice Fusion, Amazing Charts, etc.)	Various RTBC (RTPB via Surescripts often; some may use RxBenefit Clarity or DrFirst).	– (CoverMyMeds survey suggests ~80% of providers saw value ([26] insights.covermymeds.com). Specific modules vary.)

Table 2: Sample EHR and e-prescribing systems and their RTBC integrations. Many systems now enable at least one real-time benefit tool in the prescribing workflow. (Citations show case examples where documented. Allscripts, eMDs, eClinicalWorks, NextGen, etc. have also announced RTPB capabilities, typically via Surescripts or partners.)

Notes on Table 2: Citations are sparser for EHR integration specifics, so we have highlighted known examples. For instance, Epic explicitly references DrFirst’s myBenefitCheck in its workflow ([12] drfirst.com). Greenway’s CMIO described how RTPB is embedded “each time they write a prescription” in their system ([10] surescripts.com). Athena’s press release confirms RxRevu integration ([14] www.athenahealth.com) and eClinicalWorks’ podcast materials note that its RTBC provides immediate eligibility and OOP costs ([32] www.eclinicalworks.com). Many other EHR vendors (Allscripts, Cerner, Meditech, etc.) simply utilize the underlying networks (Surescripts or RelayHealth). Where available, we cite concrete examples above.

Historical Context and Drivers

RTBC did not emerge in isolation. Its history intersects with prior authorization simplification, value-based care, and healthcare reform. Early initiatives focused on formulary data (static benefit files), but by the mid-2010s attention turned to *real-time* queries. DrFirst claims to have created the first such solution in 2015 with Humana ([1] drfirst.com), and Surescripts launched RTPB payments shortly thereafter. By 2018, specialty provider groups and technology consortia were evaluating RTBC pilots; one survey suggested over 80% of clinicians believed a more accurate RTBC would greatly ease their workflow ([26] insights.covermymeds.com).

Two major forces then converged:

- Regulation and Policy:** The 2019 CMS final rule (published April 5, 2019) mandated Part D plans to implement RTBC by Jan 2021 ([4] www.primetherapeutics.com). Although the rule applied to plans, it signaled the seriousness of RTBC as part of Medicare’s cost transparency efforts. (The Bipartisan Budget Act of 2018 had added Section 50354 to the Social Security Act, creating this requirement.) After 2021, Part D sponsors had to offer an RTBC that integrates with e-prescribing. Many commercial and Medicaid plans followed suit voluntarily. Additionally, states and payers increasingly emphasize cost transparency: some managed care contracts now reward or require prescribing cost-consciousness.

- **Technology and Market Demand:** Stakeholders recognized that high deductibles and coinsurance rates were leading to nonadherence. It was estimated that \$100–\$289 billion in wasted costs per year could be linked to prescription nonadherence (^[34] drfirst.com). Providing real-time cost information can, in principle, nudge clinicians to choose affordable options. For example, one study cited in Prime’s analysis found RTBC led to bigger cost reductions for expensive meds (about **40%** savings when alternatives exist) (^[5] www.primetherapeutics.com). Surveys show patients overwhelmingly *want* physicians to have this info (nearly 90% of seniors said they did) (^[35] www.primetherapeutics.com). Thus payers and providers see RTBC as a tool for value-based care.

Insurance companies (especially PBMs like Prime, OptumRx, CVS Caremark, and smaller ones like MedImpact or regional Blues) have invested in these tools, partly to manage pharmacy costs and partly to retain business. For example, Prime’s CMO called RTBC a “great tool” for transparency, though under-used (^[36] www.primetherapeutics.com). In the retail sector, pharmacy chains (Walgreens, CVS) similarly see benefit. Professional societies and informatics groups have published “best practice” guides and whitepapers describing how RTBC fits into e-prescribing standards (e.g. the ONC’s Interoperability Standards Advisory now lists NCPDP RTPB).

Adoption and Evidence

Market Penetration: Real-time benefit checking is still young, but adoption has grown rapidly. A 2018 **Real-Time Benefit Check National Adoption Scorecard** from CoverMyMeds estimated that RTBC capabilities were “committed” by *85% of EHR market share* (^[3] marketingbuilder.covermymeds.com). By 2024, anecdotal reports suggest almost all large health systems with modern EHRs have at least one RTBC connection. CoverMyMeds itself reports widespread interest: in its 2021-22 surveys, 75% of patients had experienced surprise drug costs and providers emphasize the need for transparency (^[37] insights.covermymeds.com). Even Walgreens, as a pharmacy chain, uses RTBC to avoid patient sticker shock.

Usage Metrics: Providers using RTBC demonstrate concrete outcomes. DrFirst’s data show millions of transactions monthly (^[22] drfirst.com), and in many pilot programs, average dollars saved per prescription range from \$11 to \$58 (^[22] drfirst.com) (^[10] surescripts.com). For example, Greenway Health reported saving patients an average of **\$57.77 per prescription** within a month of deploying Surescripts’ RTPB (^[38] surescripts.com). Independent analyses of partial data (e.g. insurance claims) indicate RTBC-directed switches reduce patient costs with minimal harm to adherence.

Surveys and Studies: Academic literature is emerging. A JAMA Network Open study found that 1 in 5 patients face cost-related barriers to adherence, and 90% of adults (≥65) wanted their doctors to have price information (^[6] www.primetherapeutics.com). Another (Kaiser Health News, 2019, as cited by DrFirst) noted that providers “cannot get a complete price transparency solution from Surescripts alone” (^[20] drfirst.com), implying the need for multiple modules. Health IT publications (e.g. AJMC, Healthcare IT News) have reported on early implementations (see case studies below).

Adoption Barriers: Despite growth, adoption remains partial. Benmedica clinicians note limitations of RTBC: it only checks one drug at a time, sometimes involves additional fees, and doesn’t replace traditional formulary checks (^[39] www.benmedica.com). Clinicians still need to generate a complete prescription to trigger RTBC, which adds workflow steps. Some payers may still provide inadequate data quality. As of 2021, *more than 80%* of clinicians surveyed felt existing solutions did not always show true patient pricing (^[26] insights.covermymeds.com). And although CMS requires plans to offer RTBC, it does not mandate clinicians in general to use it, so uptake can lag.

Case Studies and Real-World Examples

Greenway Health & Clinica Santa Maria (Surescripts RTPB): Greenway's EHR used Surescripts RTPB to improve cost conversations. In a published Q&A, Greenway's CMIO Michael Blackman described how Real-Time Prescription Benefit fits "into the physician's workflow each time they prescribe a medication" (^[10] surescripts.com). Clinicians at Clinica Santa Maria (a Greenway client) reported using the RTPB tool for every new prescription and appreciated avoiding unexpected costs. Under one scenario, musicians receiving embed access saved an average \$57.77 per prescription (^[38] surescripts.com). This example illustrates an Epic-scale deployment (Greenway had >10,000 practices) where RTPB is routine in office visits.

Independent Health / DrFirst (Buffalo, NY): Independent Health (a non-profit insurer) announced in Oct. 2021 that it would provide real-time pricing to its network by deploying DrFirst's myBenefitCheck (^[24] drfirst.com). The health plan aimed to eliminate "sticker shock" for its 400,000 members by enabling clinicians to check coverage and alternatives before prescribing. The official press release states: "Independent Health... is partnering with DrFirst to share drug pricing information for the first time with prescribers in real time and at the point of care" (^[24] drfirst.com). This shows a plan-level implementation reaching community doctors across Western New York. Metrics from this program were not publicized, but it exemplifies a payer-initiated rollout of RTBC data.

Prime Therapeutics / DrFirst (nationwide PBM): In September 2020, Prime announced a "Real Time Benefit Check" solution for its members (^[23] drfirst.com). Starting with DrFirst's myBenefitCheck, Prime was "rolling out" the RTBC data feed across its client base for targeted cost management. The Prime press release highlights that providers would have "comprehensive information" and can choose "cost-effective medications at the point of care" (^[23] drfirst.com). This partnership implied integration into many EHRs used by clinicians prescribing for members of Blue Cross plans (Prime is owned by various Blues). Such PBM-led deployments demonstrate how RTBC is used as a pharmacy benefit strategy.

RxRevu / Athenahealth (AthenaNet): RxRevu's implementation at Athenahealth's network is documented in an Oct 2020 press release (^[14] www.athenahealth.com). In this case, Athenahealth's cloud-based EHR (150,000 providers reported) integrated Khcpatient-specific pricing. The press release states: "*This partnership brings patient-specific prescription pricing information to athenahealth customers*" (^[40] www.athenahealth.com). Onboarding data from June 2021 suggest athenahealth extended its epocrates mobile app to use ConnectiveRx coupons and RxRevu pricing, reflecting multiple overlaps.

Lead Provider Perspective (University of Colorado Health): In 2021, the American Journal of Health-System Pharmacy published a brief report on a University of Colorado Health pilot of RTBC (one of the first academic evaluations) (^[41] www.hmpgloballearningnetwork.com). While the content of that letter is behind login, a media summary notes "experiences of prescribers" and inbound anecdote: early adopters felt it improved transparency but noted technical hitches. Similarly, interviews at health IT conferences (e.g. Point-of-Care Partners at AMCP) have confirmed that clinicians find RTBC valuable: as Dr. Kevin Maben said, "We know cost is one of the big barriers to adherence" and RTBC helps identify affordable options in-workflow (^[42] www.techtarget.com).

These cases illustrate the diversity of RTBC deployments—large integrated delivery networks, payer-driven initiatives, and vendor collaborations.

Quantitative Data and Evidence

- **Transaction Volumes and Savings:** As noted, DrFirst's myBenefitCheck processes ~2.8 million benefit checks per month and averages an ~\$11 savings per dispensed 30-day supply (^[1] drfirst.com). Prime Therapeutics reported first-year claims of ~\$350,000 in savings for one plan due to cost-effective switches via RxRevu (^[29] www.prnewswire.com). These figures, though mainly from vendors, suggest high usage and measurable impact.

- **Patient Impact Surveys:** A 2018 CoverMyMeds survey found 75% of patients had encountered an unexpectedly high medication cost (^[7] [insights.covermymeds.com](https://www.insights.covermymeds.com)). 37% discontinued a drug due to refill cost (^[7] [insights.covermymeds.com](https://www.insights.covermymeds.com)). In a bundled analysis, informed patients overwhelmingly wanted clinicians to know prices ($\approx 90\%$) (^[6] www.primetherapeutics.com).
- **Adoption Rates:** By late 2018, CoverMyMeds estimated 85% of the EHR market (by share) had pledged RTBC capabilities (^[3] marketingbuilder.covermymeds.com). A 2024 Surescripts case report (Greenway) indicated practically full adoption: "98% of our providers are currently using Real-Time Prescription Benefit" (^[2] [surescripts.com](https://www.surescripts.com)). It should be noted that "using" can mean enabled and clicked, not necessarily every prescription. Nevertheless, these numbers imply RTBC is near universal in high-tech practices.
- **Implementation Barriers:** A physician working group (PHIT Collaborative) noted that RTPB data exchange is feasible but adoption hampered by payer connectivity gaps; as one commenter said, "the insurance plans don't own the EHRs... challenging to enforce" (^[43] www.hmpgloballearningnetwork.com). Cost and workflow issues (extra clicks, need for complete Rx) reduce usage. The Benmedica analysis highlights that current solutions are proprietary and limited (only one drug per query and some fees) (^[44] www.benmedica.com).
- **Market Outlook:** A market research brief projects global RTBC platforms (software + services) growing from ~\$1.27B in 2024 to ~\$6.28B by 2033 (CAGR ~18%). Key players listed in that report include Surescripts, CoverMyMeds, Change Healthcare (formerly McKesson), Optum, RelayHealth, Cerner, Epic, Allscripts, MedImpact, RxRevu, DrFirst, and others (^[45] [growthmarketreports.com](https://www.growthmarketreports.com)). (While we interpret such reports cautiously, they affirm that most major healthcare IT companies are active in RTBC.)

Overall, the quantitative picture is that RTBC tools are widely available, rapidly scaling, and showing early benefits in patient cost reduction. Volume data (millions of transactions) and user adoption are strong indicators that RTBC has moved beyond pilot stage into operational use in many settings.

Regulatory and Future Directions

As noted, the CMS Part D rule (effective 2021) effectively mandated RTBC for Medicare drug plans (^[4] www.primetherapeutics.com). Future policy may further encourage RTBC. For instance, the 2023 Inflation Reduction Act requires streaming some manufacturer pricing discounts to beneficiaries, amplifying the need for real-time calculation of costs at the prescriber's point of care. The 21st Century Cures Act and interoperability goals likewise align with pushing benefit information to providers. There are proposals (e.g. at ONC/AMA) to standardize RTBC as an API; the CARIN Alliance and HL7 Fast Healthcare Interoperability Resources (FHIR) also offer pathways to simpler access.

Looking forward, virtually all EHR vendors and PBMs now support some RTBC. Emerging areas include:

- **Telehealth and Retail Pharmacies:** Integration of RTBC into telehealth prescription workflows and pharmacist dispensing systems (e.g. Rite Aid or CVS in-store prescriber tools).
- **International Expansion:** Real-time benefit checking is primarily a U.S. phenomenon (tied to complex multi-payer insurance). Other countries with single-payer may not need this. But multi-payer countries (some EU states) might consider similar tools.
- **Broader Benefits:** Some RTBC modules are being extended to check coverage for medical procedures or equipment, beyond just drugs.
- **User Adoption Initiatives:** Training providers on using benefit tools. For example, surveys show providers may not click the RTBC button unless workflow is seamless.
- **AI Integration:** Some startups (e.g. Simbo AI) foresee embedding RTBC with AI medication management (the Temple University integration possibly relates) (^[46] www.simbo.ai). Chatbots or decision support might use RTBC data to advise clinicians.

- **Cost-Sharing Balances:** With high-deductible plans, RTBC could expand to show the remainder of deductible left, not just copay vs full price.
- **Competition and Consolidation:** Some consolidation is already happening (CoverMyMeds merged with RelayHealth, large payers partnering with DrFirst). Additional partnerships (e.g. Amazon Pharmacy integration with goodRx NextGen?) could shift dynamics.

Discussion and Analysis

The current RTBC landscape is multi-faceted. Providers now choose from multiple modules, each with strengths. The ideal scenario – real-time, accurate, comprehensive data – is not fully realized by any single solution. According to DrFirst, some payers were not on Surescripts, so providers needed an alternative (^[20] drfirst.com). By combining tools (e.g. using both Surescripts and myBenefitCheck), clinicians get broader coverage. CoverMyMeds' advisory board has emphasized that "no one solution today provides 100% coverage," hence the ecosystem approach (^[47] insights.covermymeds.com).

Critically, RTBC touches on multiple stakeholders' interests. **Patients** gain transparency and savings; **providers** get information to support decisions; **pharmacists** see fewer unexpected rejections; and **payers/PBMs** potentially improve adherence and steer prescribing to formulary-preferred drugs. However, each stakeholder may have competing priorities (e.g. payers want formulary compliance, providers want simplicity).

From a technical standpoint, reliance on standards (NCPDP RTPB standard, HL7 FHIR upcoming) promotes interoperability. Yet proprietary integrations persist. Market consolidation (McKesson/Relay/CoverMyMeds; athenahub/epocrates/ConnectiveRx) suggests benefits of scale, but also potential lock-in.

Quantitative analyses remain limited. Most published metrics are from vendors or case reports. The few independent studies (like JAMA Intern Med, August 2022 (^[48] www.primetherapeutics.com)) indicate strong patient demand but also show utilization lags. Going forward, more research will likely emerge on outcomes: e.g., how often does RTBC switch prescribing patterns? Does it measurably increase adherence or reduce costs overall? Preliminary signals are positive: a recent Prime-member study found that when RTBC was offered, high-cost drug prescriptions with alternatives saw a ~40% price reduction (^[5] www.primetherapeutics.com).

Finally, RTBC's role in broader policy is worth noting. Drug pricing transparency is a national priority (some states have their own price transparency laws). RTBC could become a pharmaceutical "point-of-sale" tool akin to out-of-pocket estimators. It also fits into the vision of learning health systems, where data flows seamlessly at the care interface. The fact that CMS has codified it for Part D indicates a likely future where RTBC (or something like it) is a standard expectation in healthcare IT, similar to e-prescribing itself.

Conclusion

This report has cataloged the full array of realized Real-Time Benefits Check (RTBC) modules and providers in the U.S. healthcare system as of late 2025. We have identified key solutions – Surescripts RTPB, DrFirst myBenefitCheck, CoverMyMeds/RelayHealth RxBenefit Clarity, RxRevu RTBC, MedImpact's tool, Cigna's RTBC – and noted numerous EHR vendors that embed these tools. Each of these modules addresses the same underlying need (patient-specific drug cost transparency) but is delivered by different organizations, often requiring multiple connections for full coverage.

Evidence shows RTBC becoming integral to prescribing workflows, with millions of transactions annually and significant potential for patient cost savings (^[1] drfirst.com) (^[2] surescripts.com). Real-world case studies from health systems, payers, and technology vendors demonstrate improved decision-making and workflow efficiency (^[10] surescripts.com) (^[24] drfirst.com) (^[13] www.prnewswire.com). The Centers for Medicare & Medicaid

Services has effectively mandated RTBC for Part D plans, nearly ensuring that the technological infrastructure exists. The future will likely see even broader adoption, integration into mobile and telehealth platforms, and perhaps standardized national APIs.

For healthcare stakeholders – providers, pharmacists, payers, and policymakers – understanding the **landscape of RTBC modules and providers** is crucial. Our tables and analysis should serve as a definitive reference. By comparing features and connectivity of each solution, organizations can make informed decisions about which modules to deploy. For example, an integrated delivery network might combine Surescripts RTPB with DrFirst and RxRevu to maximize payer coverage. An independent practice using Athenahealth might rely on the built-in RxRevu via epocrates plus their insurer's portal. Meanwhile, EHR vendors continue to expand native support for RTBC to stay competitive.

In conclusion, Real-Time Benefits Check technology has rapidly matured into a critical tool in the healthcare armamentarium. The numerous modules and vendors now available – each documented and cited above – collectively represent a new fabric of transparency in prescription drug use. While no single solution is complete, the interplay of these modules promises to empower clinicians and patients with the information needed to make cost-conscious prescribing decisions, a trend only set to accelerate in the coming years as the healthcare system adapts to value-based, patient-centered care.

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