Cracking Open the PBM Black Box: Unlocking Transparency and Partnership with VerX

Regulatory pressure is the clarion call for change in pharmacy benefits management. The PBM Transparency Act, Trump's PBM reform executive order, and growing legislative action at the state level all mean one thing: Compliance requires a true disruptor to enter the space to provide a PBM platform that delivers on new and future regulatory requirements.

Executive Summary

Every year, hundreds of billions of dollars flow through America's prescription drug system, and every year, billions of dollars are lost within complex and often opaque pricing practices and complex rebate structures.

Today's technology offers the potential to transform healthcare, but in the pharmacy benefits management space, these solutions pose an elemental problem. Unveiling the inner workings of these processes exposes a critical fact—they are reliant on legacy frameworks.

Many recognize there is a transparency crisis in pharmacy benefits processes and data. Legislative bodies have attempted to reform the space for years. The PBM Transparency Act is just one piece of a larger reform puzzle, where exposing shrouded processes lives at both state and federal levels.

While disruptors like Uber and Amazon revolutionize transportation and e-Commerce, healthcare remains the last analog holdout in an increasingly digital world. Meanwhile, pharmacy benefits are trapped in a realm of static contracts, annual reviews, and dashboard fatigue.

Instead of radical improvements in efficiency, technology is used to monitor yesterday's missed opportunities rather than anticipating tomorrow's opportunity. As a result, it seems as if health plans, brokers, and employers are given full transparency of every data point except for what they truly need: the lowest achievable net cost for claims.

The black box of pharmacy benefits management won't be cracked open by obsolete processes or policymakers' goodwill. The revolution will only be fought and won through disruptive new technology.

This paper discusses the lack of clarity in pharmacy benefits, the 2025 PBM Transparency Act, and other legislative attempts to eliminate data secrecy, and how Xevant has invented the solution that finally breaks open the black box and hands you the keys.

Authored by: Xevant

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Business Value Highlights

Impact of VerX (after deploying)

15–25% average savings, with some clients achieving up to 31%

Claim-level cost analysis in real time

Predictive modeling to evaluate benefit design or formulary changes

Mid-contract flexibility to implement improvements without waiting for renewal

Contents

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The PBM Cost Transparency Crisis Is Real

The pharmacy benefits management industry is stifled by its own processes and methods, leaving employers, health plans, brokers, and even transparent PBMs stuck on a limb with insufficient data, unable to deliver the best value to individuals.

Let's look honestly at the hard truths regarding the current state of pharmacy benefits management.

There were 6.7 billion drug prescriptions filled in 2022. In 2024, the total net spend on prescribed medications in the US equaled $487 billion—up 11.4% from 2023. This figure is expected to reach $603 billion by 2029.

These sobering numbers pale in comparison to the pharmacy benefits management sector. The global PBM market was valued at $573.27 billion in 2024 and is expected to surpass $934.9 billion by 2032. What's significant is the United States' portion of that 2024 valuation—$555.84 billion, approximately 96.96% of the entire global share.

Somehow, the administrative middleman is generating tens of billions of dollars in profits above the full retail cost of medication, all in the name of rebates, discounts, and preferred drug options.

The Big 3

PBMs manage the majority of drug benefits for over [270 million Americans](#). The three largest US pharmacy benefits management companies, commonly referred to as the Big Three, manage approximately 80% of all US prescription claims.

- CVS Health operates Aetna insurance, its retail chain CVS Pharmacy, and its PBM Caremark.

- Cigna owns Cigna Healthcare as an insurer and its PBM Express Scripts.

- UnitedHealth controls Optum services, the insurer UnitedHealthcare, Change Healthcare (which operates claims switch adjudication networks), and its PBM OptumRx.

Cigna's Express Scripts is the largest PBM operation, with 30% market share in 2024.

This vertical integration allows PBMs to direct prescriptions within their own networks and apply negotiated formularies, which can influence reimbursement levels and impact competition among smaller, independent pharmacies.

The House Committee on Oversight and Accountability's [comprehensive report](#) on "The Role of Pharmacy Benefit Managers in Prescription Drug Markets" exposes how the Big Three leverage their middleman position by:

- Directing patients to affiliated pharmacies

- Designing formularies that may favor higher-cost drugs

- Increasing costs for taxpayer-funded programs

- Using complex corporate structures that reduce transparency

- Slowing patient access in certain cases

- Limiting generic adoption in some scenarios

The parent companies control multiple sides of every transaction, leading to practices that can create misalignment with patient interests. When the same company processes claims, owns pharmacies, and manages insurance coverage, true transparency is a near impossibility, as it poses too great a threat to profits.

For those who beg the question whether it's the insurer, pharmacy, or PBM who is to blame for rising costs, it's understandable that finding an answer is challenging because of the interconnected nature of insurers, pharmacies, and PBMs—often operating under the same parent company.

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What Reforms Have Made Prescriptions More Affordable?

The desire for reform has increasingly played out on the public stage. The PBM Transparency Act and Trump's PBM reform Executive Order represent important steps forward—well-intentioned but important but incomplete for a crisis that demands technological precision—not just regulatory action.

Federal PBM Legislation

Recent federal legislation is driving unprecedented transparency requirements for PBMs, creating a regulatory environment that demands new technological solutions.

The Pharmacy Benefit Manager Reform Act

Senate Bill S.1339, Pharmacy Benefit Manager Reform Act, introduced in 2024, would require therapeutic class reporting with rebate passthrough percentages and formulary tier breakdowns.

The Pharmacy Benefit Manager Transparency Act

S.526, Pharmacy Benefit Manager (PBM) Transparency Act of 2025 (formerly S. 127 of 2023) is bipartisan federal legislation aimed at regulating PBMs. The purpose of the Act is to prevent unfair practices that drive up prescription drug costs, including:

• Spread pricing

• Arbitrary clawbacks

• Other non-transparent practices

The Act requires PBMs to pass along 100% of price concessions, rebates, and discounts to health plans. It requires cost, fee, markup, and aggregate payment disclosure to the FTC.

Trump's PBM Reform Executive Order

Trump's executive order regarding PBMs, "Lowering Drug Prices by Once Again Putting Americans First," was signed on April 15, 2025. The EO targets prescription drug costs through Medicare reforms, PBM cost transparency, and anti-competitive oversight. This includes investigations into pharmaceutical supply chain behavior by the HHS, DOJ, Commerce, and FTC.

The order's key provisions come with a specific timeline:

- Medicare drug negotiation (60 days)

- Life-saving medications (90 days)

- Middlemen evaluation (90 days)

- Drug importation (90 days)

- PBM transparency (180 days)

- Generic competition (180 days)

- Care setting costs (180 days)

- Anti-competitive oversight (180 days)

- Medicaid rebates (180 days)

- Part D premium reduction (180 days)

- Hospital drug costs (180 days)

- High-cost drug models (1 year)

The PBM Transparency Act and other potential reforms signal a systemic challenge where organizations using outdated technology miss massive cost-saving opportunities that only real-time analytics can capture. Mounting federal reform and FTC investigations demand new technological standards to ensure compliance.

Examples of State-Level Legislation

All 50 states enacted at least one PBM-related law between 2017 and 2023. There are dozens of individual pieces of proposed legislation, each at a different stage. The following are a few examples of recent pieces of legislation that have been signed into law:

- **Arkansas HB1150 (passed and signed 2025):** Bans PBMs from owning pharmacies.

- **Pennsylvania HB 1993 (passed and signed 2024):** PBM regulatory oversight, prohibits patient steering.

- **Vermont Act No. 127 (passed and signed 2024):** Bans spread pricing and deceptive pharmacy marketing.

- **Idaho HB 596 (passed and signed 2024):** Defines health insurance plan contracts for pharmacy cost management, mandates unspecified dispensing fees.

- **Florida SB 1550 (passed and signed 2023):** Comprehensive PBM transparency, accountability, and reporting requirements.

Why Current Solutions Aren't Enough

As legislators debate disclosure frameworks, employers are hemorrhaging money, constrained by static systems that prevent them from adapting to market realities. Neither legislative progress nor current PBM platforms can solve the issues plaguing the pharmacy benefits industry.

Locked-In Inefficiency with Static Contracts

Traditional pharmacy benefits operate on annual or multi-year contracts. Formularies, pricing structures, and rebate arrangements are frozen in place. As drug prices shift, new generics launch, or better therapeutic alternatives emerge mid-contract, there's no room for optimization. Employers are locked into outdated terms until the next renewal cycle.

Dashboard Fatigue: Monitoring vs. Action

The solution to demands for transparency has been endless dashboards and report generators. While these tools improve upon past manual and segmented processes, they only utilize historical data, like spread pricing from the previous quarter, retention from prior contracts, and inefficiencies from processed claims.

Current platforms can't intervene in real-time to let users take advantage of new opportunities. This ultimately leads to dashboard fatigue, as actionable moments slip away.

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Fragmented Systems

Pharmacy management systems, electronic health records, PBM adjudication networks, and rebate management platforms are all siloed. Comprehensive optimization requires working with rebate data, clinical outcomes, formulary performance, and utilization patterns—none of which are integrated.

The Adjudication Bottleneck

Claims adjudication is the immediate decision determining coverage, pricing, and patient access. With millions of daily claims, PBMs face a never-ending bottleneck that leaves no room for therapeutic alternatives. Workflows need an overhaul using AI-powered real-time data and dynamic routing for optimal pricing, which requires an entirely new approach that unifies systems.

Adoption Resistance

The numerous interconnected processes across healthcare are seemingly impossible to modernize. Systemic resistance stems from preventing workflow disruptions, rigid patient care protocols, and data integration challenges.

This institutional resistance to technological change prevents the cost optimization outcomes that modern platforms could deliver, while potential savings remain locked within inefficient legacy systems designed to preserve existing profit structures.

Technology's Transformative Impact in Other Industries

While other industries have embraced technology to eliminate inefficiencies and create transparency, healthcare—particularly pharmacy benefits—remains trapped in systems that prioritize profitability over transparency, limiting value for patients and employers.

We've seen glimpses in the past of how new technologies can exponentially expand market potential, but not without the thoughtfully constructed infrastructure and accompanying political will to make it safe, secure, and stable.

This was evident in the early days of modernization in the financial technology (FinTech) sector, where policymakers helped develop the framework necessary to activate the power of modern financial markets.

With millions of unbanked Americans who lacked access to traditional financial systems, FinTech could serve as the impetus to rewrite the rules regarding economic participation, eliminating decades of barriers for the underbanked.

Policymakers saw the need and the market benefits of providing the proper frameworks and legislative safeguards to foster innovation without compromising financially stable systems. New FinTech infrastructure was born from the pillars of access, inclusion, security, efficiency, and regulatory innovation.

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This paved the way to unlock today's digital mobile payments, online banking, lending, and modern infrastructure capable of connecting individuals, businesses, and governments.

Uber

Uber disrupted the taxi industry by creating real-time supply-demand matching. By providing a singular platform to route riders to drivers, the long-held standard of static dispatch gave way to algorithmic optimizations.

Stripe

Stripe transformed payments by routing transactions through efficient real-time payment pathways, reducing fees and failure rates. The powerful transformations in FinTech made it possible for this model of a payments disruptor to accomplish a complete redesign in digital processing, system integration, and future-forward infrastructure.

Amazon

Amazon forever changed the face of e-Commerce with market intelligence, predictive algorithms, optimized inventory, pricing, and logistics—once again in real time.

Healthcare is the next market poised for disruption.

Disruptors Finally Arrive to Healthcare

Change is coming. The healthcare analytics market is expected to grow to $369.66 billion by 2034 at a 21.41% CAGR. While virtually every industry has undergone transformation from cloud computing and other current technologies, the vanguard of transparent pricing models is just now arriving in the PBM space.

Amazon Pharmacy

Amazon acquired PillPack in 2018 for $753 million and subsequently launched Amazon Pharmacy to bring a direct-to-consumer pharmacy service model to the market with transparent pricing and automated delivery.

Amazon Pharmacy is an early adopter of AI in the pharmaceutical industry, leveraging massive logistics infrastructure and machine learning algorithms to deliver same-day prescriptions with transparent pricing, bypassing traditional PBM processes.

Prime members access medications for as low as $1 per month, while RxPass offers unlimited generics for $5 monthly—proving transparent pricing works when intermediaries are removed.

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Amazon's platform uses predictive analytics to optimize inventory and personalize patient experiences, integrating seamlessly with healthcare ecosystems through electronic health record connectivity. The service provides medication synchronization, automated refills, and secure pharmacist consultations, addressing adherence challenges and provider workflows through real-time monitoring of utilization patterns and clinical outcomes.

Amazon Pharmacy is a bold proof-of-concept that shows how alternative models can deliver efficiency and genuine savings.

Mark Cuban Cost Plus

Mark Cuban's model to lower drug prices is a bold step in the right direction that backs up Amazon's theory that eliminating unnecessary layers eliminates a long list of expensive ambiguities.

Mark Cuban Cost Plus Drug Company launched in 2022 with the aim of revolutionizing simplicity. The model is a $15 markup, $3 dispensing fee, and $5 shipping—no rebates, spread pricing, or hidden fees. As of 2024, Cuban's Cost Plus sells around 2,500 medications.

This approach to transparent pricing makes the perfect case for the powerful alliance of next-gen PBM based on AI, predictive data, and real-time utilization monitoring. These elements are poised to not only challenge the old models but also meet the high expectations of alignment with legislation and regulatory compliance. Models like Cuban's Cost Plus will succeed if matched with revolutionary upgrades to PBM platforms.

The infrastructure provided by the pairing of technology and regulatory frameworks made it possible for industry disruptors to make these innovative overhauls.

Today, the writing on the wall suggests that political will could once again become the missing ingredient to transformative change. This time, in the pharmaceutical industry. But, this can only be realized through a technological solution powerful enough to expose what is hidden within the industry's black box.

The PBM Black Box: Built into the System

The black box has persisted as a byproduct of layered systems and legacy incentives, rather than intentional opacity. Layers of complexity within pharmacy benefits create information asymmetry that can be leveraged into profit. While employers demand visibility into their pharmacy spend, the PBM industry responds with an intricate maze of discounts and rebates that steer payers away from the most cost-effective opportunities.

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The Big Three PBMs use sophisticated data analytics to determine eligibility, formularies, and prior authorizations in milliseconds, yet negotiate annual contracts that lock in pricing structures that remain opaque. PBMs know the lowest available net prescription costs in real time, while employers only see pricing months later through quarterly reports.

The technology exists for real-time optimization, but exposing timely data would reduce the information asymmetry that drives billions in excess costs.

DIR Fees

Direct and indirect remuneration (DIR) fees reveal PBM opacity in its clearest form. DIR fees are post-sale charges by PBMs or Medicare Part D plans. Originally designed to track manufacturer rebates and discounts, they have evolved into broad financial clawbacks with unspecified metrics and terms. According to CMS, "the use of DIR fees exploded by 107,400 percent between 2010 and 2020."

Through a Medicare policy gap, PBMs are able to retroactively claw back pharmacy payments weeks—or even months—after prescriptions are filled. The numbers are telling: DIR fees rose from less than 0.5% of total prescription sales in 2015 to 3.7% in 2023. At the same time, reimbursement rates have decreased.

This systemic reliance on information asymmetry limits visibility for employers and plans— leaving PBMs without the tools to fully demonstrate their value, while leaving employers, health plans, and pharmacies in the dark regarding costs.

Spread Pricing: The Hidden Markup

Spread pricing allows PBMs to charge health plans one price for medications while paying pharmacies a lower amount—the difference becomes retained margin.

In one example, Ohio's auditors tracked a growing disparity between the amounts state PBMs charged to Medicaid and what was reimbursed to pharmacies. PBMs retained $244 million in one year through spread pricing.

PBM Rebate Pass-Throughs

PBM rebate structures obscure true drug costs through inconsistent and opaque pass-through mechanisms.

Traditional rebate agreements create information gaps in which plan sponsors are left uncertain whether they have received the full discount from drug manufacturers. This stems from the PBM pass-through guarantee model, which is meant to ensure 100% of manufacturer rebates are shared with the payer.

The issue is that employers don't receive real-time data, making it impossible to verify if rebates have been fully passed through. At the same time, negotiated rebates are typically hidden behind NDAs between PBMs and drug manufacturers.

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Because it is nearly impossible to audit undisclosed rebate agreements, there is also concern that rebates on expensive drugs are favored over equally effective, lower-cost generics. Since generics often carry no rebate, there is limited financial incentive to prioritize them in formularies.

Existing PBM Platform Limitations

Mounting regulatory pressure demands transparency in processes that existing PBM platforms cannot provide. Fundamental limitations in traditional PBM software lack standardization and are built around a retrospective reporting model. Stakeholders are left with dashboards that monitor conditions and problems without the split-second data to prevent them.

A primary challenge to adopting change is fragmentation; clinical data sits separate from financial data, preventing the full picture needed to evaluate therapeutic interventions. PBM platforms can deliver on Medicare Part D reporting and compliance, but lack real-time integration and predictive modeling.

To align with regulatory change, platforms need real-time tools, but consultants and other intermediaries are stuck with manual data compilation from numerous sources. This causes unwanted delays and missed opportunities for true optimization.

Emerging disruptors will bring AI-powered anomaly detection, cloud-based integration, and cutting-edge predictive analytics to keep pace with compliance, closing the gap between antiquated processes and emerging market competitors.

The PBM Industry Needs Radical Changes in Technology

The convergence of regulatory interest, transparency mandates, and market disruptors generates a perfect storm for transformation. Much like we saw in the convergence of legislative action, frameworks, and market disruptors in FinTech, pharmacy benefits are long overdue for a solution.

Current platforms report data that has already happened, but aren't capable of preparing for future optimization opportunities. While PBMs generate endless reports about historical performance, the true value lies in platforms that can act on live data to capture savings as they emerge.

To keep pace with regulatory change, new PBM platforms must analyze completed transactions, using predictive modeling to transform benefits data into forecasting utilization, cost optimization, and proactive formulary decisions.

Organizations with real-time data are poised to negotiate better contracts, identify hidden cost drivers, and align with regulatory expectations that prioritize patient outcomes through clinical data integration that sits alongside financial metrics.

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Platforms will have to replace annual review cycles with real-time pricing data and the capability of identifying alternate therapy options mid-contract, in order to capture true savings. It's become a familiar story in FinTech, ride-share, and e-Commerce. The time has come for pharmacy benefits to shift forward into increased efficiency, reduced costs, and streamlined processes that easily integrate with aging healthcare infrastructure, until the winds of change sweep across the entire sector.

The Solution: Xevant Launches VerX and Cracks Open the Black Box

"The industry doesn't need more dashboards. It needs action. VerX isn't just another reporting tool; it's the backbone of next-generation cost containment and entirely new PBM strategies never conceived of before. Most platforms monitor. VerX predicts, simulates, and prescribes actions—backed by proof." — Brandon Newman, CEO of Xevant

The PBM industry has operated with limited transparency for decades. The time for opaque pricing, hidden rebates, and data asymmetry is over. Enter Xevant's powerful new platform, VerX (pronounced "Vair-ex").

The lowest net cost for every prescription already exists somewhere in the market. VerX is the first platform to crack open the black box of pharmacy benefits by reverse engineering prescription claims to reveal the lowest achievable net cost for every claim—all in real time. For the first time, the market has a solution: VerX finds these low net cost opportunities and routes claims there automatically.

It hands once-secret data directly over to brokers, health plans, transparent PBMs, and self-funded employers, providing the perfect platform for the next generation of pharmacy benefits management.

Static contracts, annual reviews, manual workflows, and reactive systems will no longer be the norm. The era of the status quo has seen its last days with the entrance of disruptors like Amazon Pharmacy and Mark Cuban Cost Plus Drug Company, and VerX brings that same transformation directly into pharmacy benefits management.

"VerX is…among the first AI-powered pharmacy optimization engines that doesn't just analyze data. It uses it. Live. At scale. Across every claim." (USA Today, July 2025)

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31%

Organizations using VerX achieve 15–25% average savings, with some achieving as much as 31%.

"VerX showed us things we never saw with any PBM report. Within days, we uncovered savings opportunities mid-contract—no renegotiation, no disruption. It's the first platform that actually acts on data instead of just presenting it."

– Benefits Director, National Retail Group

VerX is built on eight years of industry-leading data infrastructure, providing transparency where it counts the most, with:

- Predictive modeling
- AI simulation
- Automated plan correction
- Data-backed decisioning

Simulate plans before they are implemented, monitor discrepancies immediately, and eliminate expensive inefficiencies. VerX is the next generation of cost containment—an entirely new methodology in the PBM space.

VerX Core Capabilities

As traditional PBM platforms stay focused on the rearview mirror, VerX looks toward the road ahead.

- **Reverse engineering** maps PBM decision patterns to reveal real-time lowest net cost.
- **Plan design simulation** forecasts benefit change impacts before implementation.
- **Performance monitoring** flags PBM drug pricing and rebate discrepancies in real time.
- **Utilization optimization** identifies high-cost drug mix inefficiencies.
- **Rebate intelligence** projects true net cost and accrual patterns.
- **Disruption analysis** quantifies the member impact of savings strategies.
- **Implementation tracking** compares actual versus projected results.
- **Claims routing** directs every prescription to the vendor delivering the lowest net cost in real time.

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> "For decades, employers have had little visibility into whether their PBM actually delivered the lowest net cost. VerX changes that...No waiting for year-end audits. No guessing. Just facts."
>
> – USA Today, July 2025

VerX transforms pharmacy benefits by routing every claim to its lowest-net-cost path, providing scalable savings on every transaction. The platform delivers on savings through:

- Real-time claims analysis

- Formulary optimization

- Therapeutic alternatives detection

- Predictive cost scenarios

- Contract simulation

- Outcome forecasting

- Automated compliance monitoring

- Performance tracking

- Savings validation

VerX bridges the divide between data and real-time intervention capabilities. By intelligently and automatically routing every claim to the lowest-cost vendor, VerX provides an unparalleled unified intelligence hub that transforms pharmacy benefits from reactive monitoring to proactive optimization.

The pharmacy benefits market, in search of a paradigm-altering disruptor, has found the answer. The savings exist, and now, VerX captures those savings on every transaction.

See What's Been Hidden From View

"For decades, employers have had little visibility into whether their PBM actually delivered the lowest net cost. VerX changes that...No waiting for year-end audits. No guessing. Just facts." (USA Today, July 2025)

For too long, critical cost data has been out of reach—guarded by complexity, sealed behind outdated platforms, and justified by confusing rebate structures. VerX gives you the power to finally see through it all.

This isn't about marginal improvements. It's about full visibility, real-time control, and data-backed pharmacy benefit strategies that deliver up to 31% in savings—mid-contract, without disruption.

Ready to See VerX in Action?

Pilot VerX using your own claims data and uncover savings you never knew were there.

Contact our team today and take the first step toward cracking open the PBM black box—for good.

About Xevant

Xevant is a leader in real-time, AI-powered pharmacy benefits optimization. By automating complex analytics and delivering daily, actionable insights, Xevant empowers PBMs, health plans, and self-insured employers to reduce costs, improve performance, and enhance patient outcomes. With intelligent automation and unmatched transparency, Xevant is redefining how pharmacy benefits are managed—helping every stakeholder succeed in a rapidly evolving marketplace.

Learn more at www.xevant.com.

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