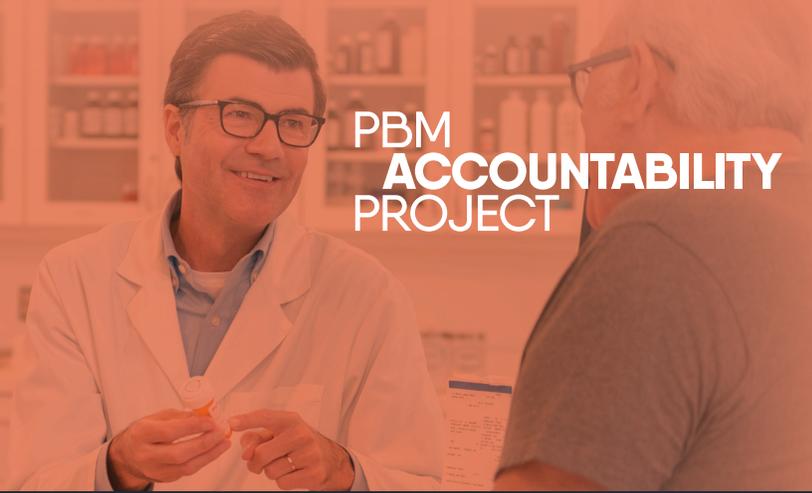


“WHAT THEY’RE SAYING ABOUT PBMs”

PBM ACCOUNTABILITY PROJECT



Pharmacy Benefit Managers – or PBMs – administer prescription drug plans for insurance companies and have come under intense scrutiny for driving up the cost of medicines for their own financial gain. Read what public officials, patient advocates and researchers have to say about these middlemen companies and the harm caused to households across America, small and large businesses, and state governments.

“

“The opaque nature of PBM negotiations and operations makes it exceedingly difficult for physicians to determine what treatments are preferred by a particular payer at the point-of-care, what level of cost sharing their patients will face, and whether medications are subject to any step therapy or other utilization management requirements.”



JAMES L. MADARA, MD, CEO and Executive Vice President, American Medical Association

www.regulations.gov/comment/FTC-2022-0015-0638

“

“Employers are deeply concerned about the absence of appropriate price – and cost – transparency. The current rebate structure used in the marketplace is complex and opaque for many employers, making it hard for employers, as well as plan participants and beneficiaries, to understand the true prices and value of drugs.”



KATY JOHNSON, Senior Counsel Health Policy, American Benefits Council

www.regulations.gov/comment/FTC-2022-0015-0943

“

“A single guiding principle that should apply regardless of ownership status is that the patient must be centered as the primary consumer. ... Currently, all of these decision points (what, when, where, and how) are leveraged to maximize PBM revenues rather than to serve the best interest of the patient.”



MADELAINE FELDMAN, President, Coalition of State Rheumatology Organizations

www.regulations.gov/comment/FTC-2022-0015-0827

“

“One might wonder why patients tolerate practices that enrich PBMs to their own detriment. In part, the answer is that PBM practices are opaque. Federal law currently does not require PBMs to disclose key pricing information, such as the rebates they receive.”



LISA MURDOCK, Chief Advocacy Officer, American Diabetes Association

www.regulations.gov/comment/FTC-2022-0015-0936

“

“The top PBMs use their inordinate market leverage to delay and even deny patients their cancer medications, lowball payments to pharmacists resulting in pharmacy closures and fuel drug healthcare costs for all Americans.”



TED OKON, Executive Director, Community Oncology Alliance

www.fiercehealthcare.com/payers/senate-bill-aims-ban-pbm-practices-such-spread-pricing-and-boost-ftc-enforcement-powers

“

“DIR fees are becoming increasingly common, and PBMs are hitting pharmacies with extremely high claw backs, like a surprise bill, that force pharmacies to provide drugs below cost, and jeopardize their solvency.”



ALAN MORGAN, CEO, National Rural Health Association

www.regulations.gov/comment/FTC-2022-0015-0846

“

“An over-consolidated PBM industry is squeezing out the resources pharmacists need to provide a high level of care and access for patients.”



ILISA BERNSTEIN, Interim CEO, American Pharmacists Association

www.advisory.com/daily-briefing/2022/08/24/cash-pharmacies

LEARN MORE ABOUT PBMs AT PBMACCOUNTABILITY.ORG.

WHAT THEY'RE SAYING ABOUT PBMs

PBM
ACCOUNTABILITY
PROJECT

“



“The grave consequences of these apparent distortions in insulin markets subject patients to insulin rationing and can lead to permanent, even fatal consequences. More disturbingly, because diabetes disproportionately affects lower income communities and communities of color, problems in insulin markets also exacerbate disparities in health equity.”

REBECCA KELLY SLAUGHTER,
FTC Commissioner

www.dispatch.com/story/news/2022/06/08/drug-prices-heart-new-ftc-investigation-pharmacy-benefit-managers-pbms/10002565002/

“



“Pharmacy benefit managers are the only entities in the supply chain that know the vial’s true net cost. ... Millions of American consumers are stuck paying an unconscionable \$300 upcharge on insulin they or their child need to survive – paying \$334 instead of \$59, or perhaps less if the marketplace was truly transparent and competitive.”

R. STEWART PERRY, Board Chair,
Diabetes Leadership Council

www.regulations.gov/comment/FTC-2022-0015-0926

“



“Although many people have never heard of pharmacy-benefit managers, these powerful middlemen have enormous influence over the U.S. prescription drug system.”

LINA KHAN, FTC Chairwoman

www.wsj.com/articles/ftc-to-investigate-cvs-caremark-and-other-pharmacy-benefit-managers-11654634691

“



“PBMs will soon be a nearly \$619 billion industry—and gobbling up more and more of our health care dollars. It’s time for some transparency.”

DAVID BALAT, Healthcare Policy
Director, Texas Public Policy Foundation

www.realclearhealth.com/articles/2022/08/29/a_stethoscope_for_spending_transparency_for_pbms_111397.html

“



“...PBMs are the arsonists and the firefighters of prescription drug prices.”

ANTONIO CIACCIA, CEO and Co-Founder, 46brooklyn Research

www.healio.com/news/rheumatology/20220214/vertical-integration-secures-pbms-as-arsonists-and-firefighters-of-drug-prices

“



“PBMs behave like monopolies. Their secretive, anticompetitive practices increase prescription drug prices, limit consumer choice and stymie competition. They’ve escaped serious scrutiny for far too long, but this study will bring their dirty laundry out into the open.”

DOUGLAS HOEY, CEO, NCPA

www.modernhealthcare.com/law-regulation/ftc-takes-aim-pbm-business-practices-new-inquiry

“



“PBMs set retail prices for pharmaceutical products, negotiate ‘rebates’ from manufacturers based on total sales volume of products, and achieve several types of post-sale price concessions and payments from pharmacies. All of these activities describe a complex flow of funds that has not been transparent to clinicians or to patients.”

SAMIR A. SHAH, President American College of Gastroenterology
JOHN M. INADOMI, President American Gastroenterological Association
DOUGLAS K. REX, President American Society for Gastroenterological Endoscopy
BENJAMIN D. GOLD, President, North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

www.regulations.gov/comment/FTC-2022-0015-0815

“



“Nearly everyone is affected by PBM business practices. For most Americans, pharmacy middlemen control what medicine you get, how you get it, when you get it, and how much you pay for it. Yet PBM practices are cloaked in secrecy, opacity, and almost impenetrable complexity.”

ALVARO BEDOYA, FTC Commissioner

www.dispatch.com/story/news/2022/06/08/drug-prices-heart-new-ftc-investigation-pharmacy-benefit-managers-pbms/10002565002/

“



“PBMs have been remarkably adept at creating clever ways to divert prescription drug savings away from health plan sponsors and patients and into their own growing profit. ... Just when you think you’ve got these problems solved, they reappear in new ways.”

MARK BLUM, Executive Director,
America’s Agenda, founding member, PBM
Accountability Project

www.dispatch.com/story/news/2021/12/02/us-drug-prices-remain-excessive-part-due-failure-rein-pbms-health-care-prescriptions-rebates/8819629002/

“



“PBMs have created a marketplace defined by opaqueness, excess complexity and information asymmetry. ... This is a system with very little regulatory oversight, inadequate financial reporting requirements and a lack of meaningful industry standards.”

DOUG DORITY, Chairman, PBM
Accountability Project

[b11210f4-9a71-4e4c-a08f-cf43a83bc1df.usfiles.com/ugd/b11210_99e22cc4609641f3aba2af2c8a3bb3c8.pdf](https://www.uscourts.gov/record-and-communication/record-management/record-management-systems/record-management-systems-uscourts-gov/record-management-systems-uscourts-gov/b11210f4-9a71-4e4c-a08f-cf43a83bc1df.usfiles.com/ugd/b11210_99e22cc4609641f3aba2af2c8a3bb3c8.pdf)

LEARN MORE ABOUT PBMs AT PBMACCOUNTABILITY.ORG.