Impact of PBM Practices on Patients

Carl Schmid
Executive Director
HIV+Hepatitis Policy Institute

March 29, 2022



Formulary Decisions

- Which Drugs Covered
- Adding Newly Approved Drugs
- Removal of Drugs
- Non-medical Switching
- Increased Use of Drug Exclusions



Patient Costs

- Drug Tiering
 - Can be based on Rebates
 - "Specialty Drugs"
 - Discriminatory Plan Design
 - Adverse Tiering
- Beneficiary often pays Deductible & Co-insurance on List Price of the Drug
 - Does not account for any rebate PBM receives
 - Patients who generate the rebates don't benefit at pharmacy counter



Copay Accumulators

Instituted by insurers and pharmacy benefit managers (PBMs) that prevent manufacturer copay assistance contributions from counting towards a beneficiary's deductible and maximum out-of-pocket spending limits



- Access Restrictions
 - Utilization Management (step-therapy, PA)
- Pharmacy Access
 - Mail order, specialty, or retail
 - Which pharmacy you can use
- Little transparency
- Little regulation
- Contribute to overall cost of drugs



Important for FTC to Hear from Patients & Consumers

- Submit Individual Comments by April 25 Deadline
 - Discuss practices you have seen impacting patients
 - Submit to: https://www.regulations.gov/commenton/FTC-2022-0015-0001
- Sign on to group Letters



Thank you!

Carl Schmid

Executive Director

HIV + Hepatitis Policy Institute

cschmid@hivhep.org

Follow: @HIVHep

