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Title: Optimize Pharmacy Benefit Manager Systems Data to Improve Patient Prescription Compliance

Introduced by: Martha Gray, MD, for the Washtenaw County Delegation

Original Author: Martha Gray, MD

Referred to: Reference Committee A

House Action: **APPROVED**

Whereas, patient compliance with prescription drug access and usage is important to all physicians, especially primary care internists (PCPs) who prescribe multiple medications and track patients over time as they move within the health care system, and

Whereas, pharmacy benefit manager systems (PBMs) record all types of patient information such as patient demographics, payor name and benefit package as well as formularies, prices, dates of prescriptions and prescribers' names, and

Whereas, most PCPs now participate in electronic prescribing systems such that prescribed medications interface with electronic medical records and pharmacy software systems that include patient demographics and other patient/provider pharmacy utilization history, and

Whereas, PBMs and pharmacies regularly prompt PCPs when medications are due for refill and other information regarding safety concerns such as drug interactions or allergies arise; therefore be it

RESOLVED: That MSMS study opportunities for improving information exchange between pharmacy benefit managers and physicians including data related to drug pricing and patient access to medications.

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$10,000 or more as this resolution requires MSMS to conduct a comprehensive study.

Relevant MSMS Policy:

Medication Substitution and Drug Formularies

MSMS opposes the dispensing of a therapeutic alternate for a prescribed drug or rejection of the prescribed drug without the consent of the prescribing physician. (Res34-15)

Pharmacy: Halt Pharmacy Solicitation of Prescriptions from Physicians Offices

MSMS supports efforts to stop local and national pharmacies and pharmacy benefit managers from soliciting prescriptions from physician offices. (Res5-13)

Prescription Availability for Weekend Discharges

MSMS supports the availability of pharmacy benefit managers, health insurers, and pharmacists on holidays and weekends to resolve issues of coverage and/or formulary to protect patient safety and prevent readmissions. (Board Action Report #03-17; 2017 HOD re Res40-16)

Relevant AMA Policy:

Pharmaceutical Benefits Management Companies H-125.986

Our AMA:

- (1) encourages physicians to report to the Food and Drug Administration's (FDA) MedWatch reporting program any instances of adverse consequences (including therapeutic failures and adverse drug reactions) that have resulted from the switching of therapeutic alternates;
- (2) encourages the Federal Trade Commission (FTC) and the FDA to continue monitoring the relationships between pharmaceutical manufacturers and PBMs, especially with regard to manufacturers' influences on PBM drug formularies and drug product switching programs, and to take enforcement actions as appropriate;
- (3) pursues congressional action to end the inappropriate and unethical use of confidential patient information by pharmacy benefits management companies;
- (4) states that certain actions/activities by pharmacy benefit managers and others constitute the practice of medicine without a license and interfere with appropriate medical care to our patients;
- (5) encourages physicians to routinely review their patient's treatment regimens for appropriateness to ensure that they are based on sound science and represent safe and cost-effective medical care;
- (6) supports efforts to ensure that reimbursement policies established by PBMs are based on medical need; these policies include, but are not limited to, prior authorization, formularies, and tiers for compounded medications; and
- (7) encourages the FTC and FDA to monitor PBMs' policies for potential conflicts of interests and anti-trust violations, and to take appropriate enforcement actions should those policies advantage pharmacies in which the PBM holds an economic interest.

Pharmacy Benefit Managers Impact on Patients D-120.933

Our AMA will: (1) gather more data on the erosion of physician-led medication therapy management in order to assess the impact pharmacy benefit manager (PBM) tactics may have on patient's timely access to medications, patient outcomes, and the physician-patient relationship; (2) examine issues with PBM-related clawbacks and direct and indirect remuneration (DIR) fees to better inform existing advocacy efforts; and (3) request from PBMs, and compile, data on the top twenty-five medication precertification requests and the percent of such requests approved after physician challenge.

Access to Self-Administered Medications H-120.931

1. Our AMA supports legislation that prohibits health insurance and pharmacy benefit management (PBM) companies from denying early prescription refills for solutions, ointments, gels, creams, nasal sprays, and other formulations that are difficult and/or imprecise to self-administer.
2. Our AMA supports and encourages interested national medical specialty societies and other stakeholders to continue to advocate on the state level and work with health insurance and PBM companies to re-evaluate their refill policies on medications that are difficult and/or imprecise to self-administer to allow for early refills as needed.