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HOUSE BILL 170 - SUPPORT

Distinguished Ladies and Gentlemen,

HB 170 is a bill that aims to improve access to life-saving oral oncology drugs for patients fighting cancer by reducing unnecessary obstacles that result in delays, waste and poor outcomes. It achieves this by ensuring that Medically Integrated Dispensing Pharmacies that are already providing oral drugs for patients, would be able to do so through:

- the ability to prescribe refills and
- to ensure that drugs are able to be delivered to a patient's home when it's not feasible for them to come to the pharmacy because of their underlying medical conditions.

Oncology Care is a complex, multi-disciplinary service that requires careful care coordination and attention to details that can change from minute to minute. Patients have been getting their oncology treatments in oncology clinics in an efficient, coordinated and caring fashion for many years and this success has allowed patients to "live with cancer" and maintain a better quality of life during their battle. Over the years, more and more oncology drugs are manufactured in an oral formulation. Up to 50% of newly approved oncology drugs are oral agents. These drugs are often given alone or in combination with other Intravenous drugs. Oncology Clinics are equipped to quickly prescribe, authorize and deliver IV drugs within 24-72 hours. Sadly, that is not the case with Oral oncology drugs that are often required to be prescribed through PBM owned specialty pharmacies. This requirement results in delays, stress and uncertainty when obtaining these drugs because "patients are forced to wait for medicine to be shipped, rather than walk across a hallway to purchase it." (1)

Medically Integrated Pharmacies achieve several advantages over utilizing PBM Specialty pharmacies.

1. **Better care coordination** – Ensuring that pharmacies, patients, caregivers and physicians are all on the same page is essential to achieving the best outcomes. These drugs are oral but not benign. There are many side effects that can be impacted by changes in a patient's medical condition that require awareness of fluctuations in a patient's lab parameters, their physical condition and their potential for drug-drug interactions. PBMs do not talk to physicians and struggle to connect and communicate with patients. PBMs also do not have access to patient's EMRs. I have never once in my nearly 20 years of practice received a call from a PBM pharmacist asking for information on a patient's medical condition, but I regularly receive emails and communication from my MIDP pharmacists, who are regularly reviewing the patient's medical records.
2. **Reduced Waste** – As PBMs do not know what is happening to the patient outside of asking the patient if they "are still on the drug" they regularly automatically refill drugs to patients with no awareness that these drugs may no longer be appropriate because of progression of their disease or because the drug may need dose modification because of changes in the patient's liver or kidney function. These drugs are very expensive and can cost over $10,000 a month. I regularly receive patients returning drugs that were unnecessarily sent to them, not knowing what to do with these over-refills.
3. **Delays in Delivery** – very often, these drugs require lengthy authorization processes or copay assistance applications. The process entailed requires significant back and forth communication between the office and the patient. PBM Pharmacies regularly struggle with even making contact with the patient through a maze of phone-tags. Patients often do not pick up the phone from unknown numbers out of fear that it is spam. The

result is that there are delays in obtaining these drugs which can result in increase in mortality. One recent study (2) done demonstrated the turnaround times for integrated pharmacies vs remote specialty pharmacies:

a. Integrated Pharmacy A
    i. Integrated Turnaround time: 2.5 days
    ii. External Specialty Pharmacy: 23 days
b. Integrated Pharmacy B
    i. Integrated Turnaround Time: 2.4 days
    ii. External specialty pharmacy: 14 days
c. Integrated Pharmacy C
    i. Integrated turnaround time: 1.3 days
    ii. External specialty pharmacy: 9.7 days

Patients overwhelmingly prefer obtaining their drugs from medically integrated pharmacies where pharmacists and doctors are in regular communication and where staff can ensure prompt delivery of those drugs to patients. A survey of 1200 patients (3) demonstrated that patients prefer receiving their specialty drugs from MIDs as opposed to specialty pharmacies. In addition, adherence rates for drugs have been shown to be as high as 93% when prescribed through an MID.

- The American Society of Clinical Oncology (ASCO) released a policy statement recommending that CMS "prevent PBMs from excluding qualified in-office dispensing or provider led pharmacies from its networks." (4)
- The Community Oncology Alliance (COA) has been publishing a series of "Pharmacy Benefit Manager Horror Stories" that describe how "the United States' health care system continues to be strangled by the dark presence of these ever-growing corporate middlemen." (1)
- The American College of Physicians (ACP) has issued policy recommendations for PBMs asking for more transparency and a ban on "gag clauses" that prevent pharmacies from sharing pricing information with consumers. (5)

MIDs are more efficient, more coordinated, more preferred and more economic all resulting in better outcomes than the current model that utilizes PBM-owned specialty pharmacies. HB 170 does not overstretch its territory into areas where retail pharmacies remain vital services for patients. MIDs only focus on oncology drugs and other specific oncology-related drugs in an effort to make the lives of our patients easier as they deal with the biggest fight of their lives. It is our responsibility to remove obstacles for these patients, not put more in their way. There is **absolutely no scenario** where using PBMs over MIDs is better for patients and it is our hope that you will put patient interests first and support the passing of HB 170 so that patients can have easier access to life-saving drugs. This bill will not only save money and time, but more importantly- save lives.

1. Community Oncology Alliance (2018). Pharmacy Benefit Manager Horror Stories – Part IV. https://communityoncology.org/pharmacy-benefit-manager-horror-stories-part-iv-2/
2. Newman, Brandon (2019). Trellis Rx Outcomes Report: Oral Oncology Medication Turnaround Times. https://www.trellisrx.com/trellis-rx-outcomes-report-oral-oncology-medication-turnaround-times/
3. Hanna, K (2019). NCODA Patient Surveys Support the Need for Medically Integrated Pharmacies. *American Journal of Managed Care,* pg 193-194.
4. American Society of Clinical Oncology (2018). American Society of Clinical Oncology Position Statement: Pharmacy Benefit Managers and Their Impact on Cancer Care. https://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/ASCO-Position-Statement-PBMs-Aug.-2018.pdf
5. Bornstein, S (2019) Policy Recommendations for Pharmacy Benefit Managers to Stem the Escalating Costs of Prescription Drugs: A Position Paper From the American College of Physicians. *Annals of Internal Medicine,* Dec 3; 171 (11) pg 823-824. https://www.acpjournals.org/doi/full/10.7326/M19-0035?journalCode=aim