

Comprehensive PBM Reforms will Ensure Affordable Access to Medicines

Congress should support patient access by prioritizing PBM reforms that delink PBM revenues from the cost of the medicine by passing the ***Delinking Revenue from Unfair Gouging (DRUG) Act (H.R. 6283/S. 1542)*** and protect patients from higher cost-sharing by passing the ***Help Ensure Lower Patient (HELP) Copays Act (H.R. 830/S. 1375)***.

Preventing PBMs from Abusing their Power

Pharmacy Benefit Managers (PBMs) play a large role in determining prices, formulary placement, and medication access for patients. Unfortunately, misaligned incentives and a lack of transparency by PBMs have led to increased costs and limited patient choice.



In 2022, the **3 largest PBMs**, controlled 80% of the U.S. marketplace, and **excluded more than 1,150 medicines** from standard insurance formularies.

Passing on Savings to Patients

PBMs should be required to pass on the savings they receive on prescription drugs, to patients. One in ten commercially insured patients would have lower out-of-pocket costs with rebate pass through at the point of sale. And these are impactful savings to patients. Of patients with savings from rebate pass through, half would save \$50 or more and 10% would save over \$500 per year.

\$230B+

In 2021, **PBMs received over \$230 billion** in rebates, discounts, and other payments from drug manufacturers, but **patients didn't directly benefit**.

Delinking PBM Compensation from Drug Price

PBM compensation should not be based on the list price of medicines. Currently rebates and administrative fees that PBMs receive are calculated as a percentage of a drug's list price, leading PBMs to favor drugs with higher list prices and larger rebates so that PBMs can collect higher revenues.



PBMs should be **compensated based on the services they provide**, where there is **no relationship** to the price of a medicine.

Allowing Copay Assistance to Count

PBMs often block third-party payments provided to patients by manufacturers that would help decrease the burden of patients' copays. Some PBMs and insurers have erected barriers to patients trying to utilize manufacturer copay assistance by exploiting this assistance, preventing the copay assistance from counting towards a patient's out of pocket costs, only dollars directly paid by the patient counts.