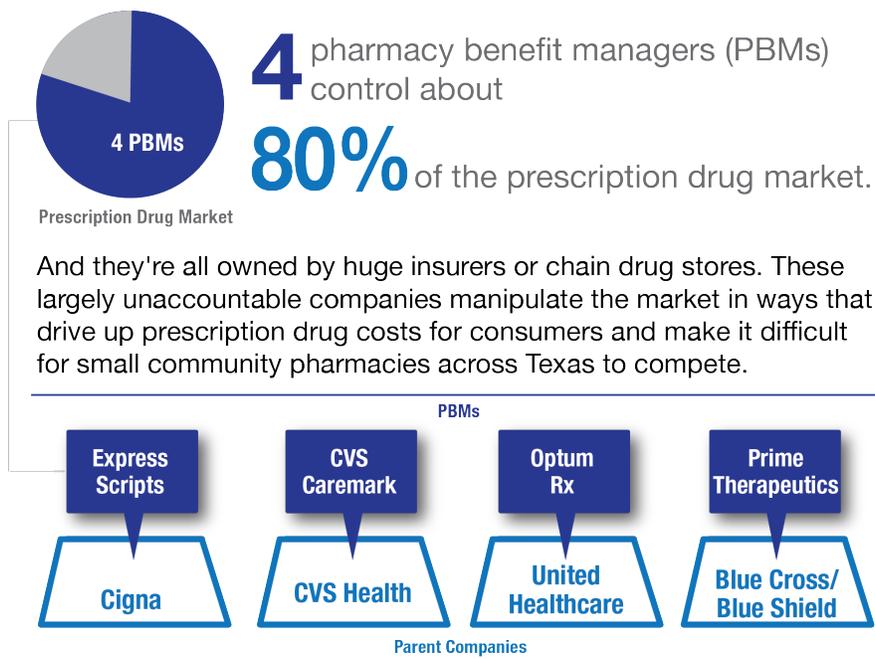


PBMs Drive Up Costs and Hurt Small Businesses



PBMs have far outgrown their original purpose

- Pharmacy Benefit Managers (PBMs) are middlemen between insurers and pharmacies.
- PBMs were created decades ago to simply process prescription drug claims.
- Today, PBMs administer benefits, negotiate with prescription drug manufacturers over rebates costs, and oversee reimbursements to pharmacies.
- PBMs control the pharmacy benefits of more than 253 million Americans, but they're subject to little oversight and their business practices are shrouded in secrecy.

PBMs drive up patient costs

- PBMs often force consumers to buy meds from pharmacies that those PBMs own.
- Drug manufacturers give PBMs rebates if the PBM covers the manufacturer's drug -- giving PBMs incentive to take less expensive medicines out of the formulary.
- Drug companies give PBMs an additional discount (kickback) for putting their preferred drug on an insurer's formulary.
- Some PBMs set the drug copays at higher prices than the actual cost of the drug.

Out-of-state PBMs are hurting Texas small businesses

- Texas has 1,600 independent pharmacies with 15,000 full-time employees.
- The failure of PBMs to properly reimburse pharmacies – especially those excluded from PBM networks – makes it difficult for small pharmacies to compete.

Many states are taking action to protect consumers from PBMs' practices

- West Virginia saved \$30 million per year by cutting PBMs out of the state's Medicaid program.
- Arkansas passed a law requiring state insurance regulators to license PBMs.
- Ohio audited CVS and OptumRx and found they kept \$224 million through "spread pricing," in which PBMs keep the difference between what they bill insurers and what they pay pharmacies.