

NYT Article On PBMs Draws PCMA's Ire, Pharmacy Group's Praise

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Stakeholders in the pharmacy benefit manager (PBM) reform debate are reacting after a Friday (June 21) *New York Times* article gave extensive space to the criticisms of PBMs and their role in increasing drug costs, with PBMs denouncing the article as misleading and informed by drug makers' agenda while the lobbying organization representing chain pharmacies celebrated it as a powerful argument for policy change.

The article, by reporters Rebecca Robbins and Reed Abelson, is the first in a series "about how pharmacy benefit managers prioritize their interests, often at the expense of patients, employers and taxpayers." Among the writers' conclusions are that PBMs push patients toward more expensive drugs, charge payers multiple times the wholesale price of a drug, and are driving independent pharmacies out of business, familiar talking points to stakeholders who follow debates on the role of PBMs.

The PBM lobby, the Pharmaceutical Care Management Association (PCMA), responded to the article with ire Friday. CEO JC Scott said in a statement it was "designed from the beginning to fit predetermined conclusions about the PBM industry and advance an agenda that shares common cause with the pharmaceutical industry."

"The article lacks data and instead relies on a handful of anecdotes to make broad assertions. It disregards the role of the rest of the prescription drug supply chain, including giving brand name drug companies a free pass despite their sole power to set prices on the products they market, the majority of which are unaffected by negotiations with PBMs because they face no competition in the marketplace," Scott wrote. "PCMA is committed to correcting the record on this slanted, biased and incomplete story, and the false narratives it advances."

By contrast, the National Association of Chain Drug Stores (NACDS) lauded the reporting, with CEO Steven Anderson describing it as a "must-read and must-act article" for policymakers.

"It describes in remarkably clear terms the devastating effects of PBM tactics on people and on the pharmacies that people rely on," Anderson said. "Leaders in federal and state governments alike need to do their part to bring about comprehensive PBM reform. Only if the federal and state governments do their respective parts will reform prevent 'pharmaceutical benefit manipulation' across all markets -- Medicare, Medicaid, and commercial."

He added that legislation on PBM reform has bipartisan support and said it should be swiftly passed before the end of the 118th Congress.