



American Pain Foundation

A United Voice of Hope and Power over Pain

Consensus Statement Supporting Pharmacy Benefit Managers Act (HB 458)

March 9, 2009

The growing practice of insurer use of step therapy and therapeutic switching is interfering with the physician-patient relationship and is negatively impacting the lives of Missourians whether they be persons living with a chronic disease, chronic pain, or battling a mental health issue. We, the undersigned, find these insurer policies unacceptable and endorse legislative and regulatory policies that put prescribing power back in the hands of knowledgeable healthcare professionals in charge of a patient's care. We recognize that insurance companies are trying to cut costs, but we support the use of a physician's medical judgment which keeps the best interests of patient welfare in the forefront. We are also concerned that short-term economic practices will lead to an overall increase in health care costs over the long term, as these practices may have the unintended consequence of forcing patients to seek emergency medical treatment and have possible hospitalizations due to incomplete or inappropriate treatment options for their medical condition.

As members and representatives of the health care community, the undersigned organizations support and urge passage of the Pharmacy Benefit Managers Act (HB 458), which includes the following five actions:

1. Prohibits health benefit plans from reducing, limiting, or denying coverage for any drugs if the insured was already using the drug, was covered under the plan or contract, and the drug was covered under the plan or contract.
2. When a medicine is switched, pharmacy benefit managers (PBM) clearly document the original prescription and disclose any financial incentives the insurer may have to encourage the switch or any financial incentives which have been provided or offered to the prescribing health care professional or PBM that could have resulted in the switch.
3. Allows the prescribing physician to override any step therapy or fail first protocol when the treatment has been ineffective in the past, or, if based on sound clinical evidence, the PBM's preferred treatment has caused or is likely to cause an adverse reaction or other harm.
4. Imposes a time limit of 14 days on an each tier of a step-therapy protocol.
5. Requires PBMs provide access to United States Food and Drug Administration labeled medications without restriction for medications with no generic equivalent and for which the prescribing physician feels there is no appropriate therapeutic alternative.

We, the undersigned organizations support the pending Pharmacy Benefit Managers Legislation

American Pain Foundation
American Society for Pain Management Nursing – St. Louis Chapter
American Stroke Foundation
Beyond Chronic Pain
Center for Practical Bioethics
Missouri Association of Long Term Care Physicians
Missouri Pain Initiative
Missouri Nurses Association
National Chronic Fatigue Syndrome and Fibromyalgia Association
National Alliance on Mental Illness – Missouri Chapter
Vasculitis Foundation