

ACCC **2023**

Oncology
Reimbursement
MEETINGS

Pharmacy Benefit Managers: The What and How?



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Patient Navigator

According to the National Cancer Institute (NCI), a patient navigator is a person who helps guide patients through the healthcare system.¹



Patient Navigator

We explore and explain benefits and empower patients and caregivers to have the tools needed to engage in their benefits.

History vs. Age of Patient when Enacted²⁻¹⁰



1929	First Prepaid Hospital Plan	94 years
1935	Social Security Act	88 years
1965	Medicare and Medicaid	58 years
1968	Pharmacy benefit manager (PBM) (pharmaceutical card system [PCS])	55 years
2002	Wisconsin SeniorCare	21 years
2006	Medicare Parts D and C	17 years
2010	Affordable Care Act	13 years
2021	Act 9 PBM in Wisconsin	2 years
2022	Inflation Reduction Act	1 year

State vs. Federal in Healthcare



- States set participation and guidelines for patients and providers for Medicaid
- States regulate practices, including as follows:
 - Insurance (commercial and Affordable Care Act)
 - Pharmacy
 - Social work
 - Nursing
 - Physicians
- Federal systems set up payment and participation rules, including as follows:
 - Medicare parts A, B, C, and D
 - Approval of medications and devices

Pharmacy Benefit Managers (PBMs)⁹



- PBMs operate in both federally regulated systems, as well as commercial, Affordable Care Act, and Medicaid managed care
 - What happens when issues arise?
 - Who can help?
- In March 2021, Wisconsin legislators passed the 2021 Wisconsin Act 9, which requires a PBM to obtain licensure from the Office of the Commissioner of Insurance.
- The act passed with bipartisan support, and most parts became effective on January 1, 2022.
- The goal of the increased oversight is to increase transparency, control costs, and protect consumers.
- A PBM contracts to administer or manage prescription drug benefits for end payers, such as private insurers, cooperatives, and Medicare Part D plans.

Frequently Asked Questions about Wisconsin Act 9 – Wisconsin’s Pharmacy Benefit Manager (PBM) Law

How does the PBM law affect my prescription drug coverage?

There may be new cost sharing limitations to help reduce the price you pay, and new drug substitution rules that help you know in advance if your medication will have a different cost.

What is the cost sharing limitation?

Plans subject to Act 9 must allow members to pay the cash/non-insurance price for the drug if that amount is less than the plan’s listed copay for that drug.

Can I pay for the prescription without using my health insurance coverage?

Yes. You are allowed to pay the cash price instead of using your insurance coverage if the cash price of the drug is less than your copay.

What if my medication is no longer covered on my plan’s drug formulary?

You must be provided with advance notice if your medication is removed from your plan’s formulary and replaced with a generic alternative.

What can I do if I switch to the generic alternative and have an adverse (bad/unwanted) reaction?

If you have an adverse reaction to the generic alternative after successfully using the brand name medication, the pharmacy is allowed to give you an additional 30-day supply of the brand name medication at its former copay to allow you and your doctor time to explore options and/or request an exception from the plan.

What can I do if I believe my plan or PBM is not following one or more of these new rules?

You can file a PBM complaint with our office. We will investigate your concerns and write back to you with the outcome of our investigation. The PBM complaint form is available here: oci.wi.gov/Documents/OCIForms/51-052-PBM.pdf or by calling our office at 800-236-8517 or 608-266-3585.

Filing a Complaint to the Wisconsin Office of the Commissioner of Insurance¹³



- Click on the weblink: <https://oci.wi.gov/Pages/Consumers/Filing-a-Complaint.aspx>
- Submit online, or print PDF and mail complaint
- A copy of the complaint will be sent to the company or agent.
 - In addition to requiring a response to the Office, it may ask that the company or agent also contact the individual who submitted the complaint directly to try to resolve the problem.
- The individual may hear from the company or agent in about 25 days from the date they submitted a complaint.
 - Either may contact the individual to try to clarify the concerns or attempt to resolve the issues.
- When the Office receives the information from the company or agent, it will review the file to determine what action can be taken.
 - The Office will then notify the individual who submitted the complaint of its determination.

Now, Let's Hear From a Financial Advocate



ACCC recognizes the crucial role financial advocates play in helping their patients navigate the burdensome cost of their anti-cancer treatment.

Who Are They?



- 3 most common PBM pharmacies:
 - OptumRx (United Healthcare)
 - CVS Specialty (Caremark)
 - Accredo (Express Scripts)
- Other PBM pharmacies:
 - CenterWell (Humana)
 - Prime Therapeutics (Blue Cross and Blue Shield)
- Many other non-PBM pharmacies

Advantages & Disadvantages



- Access to limited distribution drugs
- Drug cost may be lower
- *But:*
 - Poor communication
 - Lack of person touch
 - Timeliness
 - May not help with funding
 - Can't switch pharmacies

What Do They Need?



- New prescriptions
 - Enrollment form?
 - Patient demographics
 - Insurance card(s)
 - Medication list
 - Prior authorization approval
 - Co-pay assistance
 - Foundation
 - Co-pay card
- Dose change
 - Prescription
 - Make sure to note that it is a dose change
 - A new prior authorization isn't always necessary
- Change in therapy
 - Prescription
 - Prior authorization approval

Communication Is Key!



- Request a single point of contact
 - Set expectations
- Do you have the correct pharmacy contact information?
 - Phone number
 - Fax number
 - E-prescribing
- Does the pharmacy know how to get a hold of you?
 - What is your preferred method of communication?
- Does the pharmacy have a provider portal you can use?
- Make sure to communicate with your patient, so they know what pharmacy will be contacting them!

ACCC Financial Resource: The Patient Assistance & Reimbursement Guide⁵



Welcome to the newly digital ACCC Patient Assistance & Reimbursement Guide! Healthcare professionals and patients can find the most up-to-date information on the anti-cancer medication assistance and reimbursement programs that are available to help alleviate the financial burden of cancer treatment.

This digital guide enables you to search for applicable oncology-related products and manufacturers, and you can use any applicable filters to streamline your results. You will need to search for a product or manufacturer to use a filter to return a targeted results list. Click the circled arrow icon next to the program name for details on a program's benefits, application information, and eligibility criteria. Listings also include direct links to external websites and company phone numbers.

FIND AN ASSISTANCE PROGRAM

Search by Oncology-Related Product or Company

Oncology-Related Product Company

Show products with the same active ingredient or biosimilars ⓘ

Apply Filters (optional)

Coverage

- Commercial/Private ⓘ
- Government ⓘ
- Uninsured/Underinsured ⓘ

Assistance Type

- Co-Pay Card/Out-Of-Pocket Cost Assistance ⓘ
- Dose Exchange Program ⓘ
- Independent Charitable Foundations/Organizations ⓘ
- Insurance Coverage-Related Delay Program ⓘ
- Patient Assistance Program ⓘ
- Product Replacement Program ⓘ
- Reimbursement Assistance ⓘ

SEARCH

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Thank You