

THE FACTS ABOUT PHARMACY BENEFIT MANAGERS

Pharmacy Benefit Managers

Created in the 1960's to help insurance companies process prescription claims. Today, PBMs control formularies, prior authorization, rebates, and reimbursement. PBMs have a tremendous impact on U.S. health care decision-making and drug costs, while making money off every player in the prescription supply chain, including the patient, yet, they never touch a medication.



PBMs Unique to U.S.

No other country in the world utilizes PBMs...
YET
drug prices are

278%

higher than in other developed countries.

80%

of market is controlled by 3 PBMs

CVS Caremark
Express Scripts
Optum

These 3 are a controlling oligopoly, limiting competition.

222%

increase in patient out-of-pocket costs

From 1987-2019, there was a 1279% increase in prescription drug costs & a 222% increase in patient out-of-pocket costs.

\$120

Billion

PBMs fail to pass \$120 billion back to customers.

107,400%

DIR Fee Increase

Between 2010-2020, DIR fees assessed by PBMs to pharmacies increased by 107,400%.

2,200

Independent pharmacy closures



IQVIA has estimated that between December 2017 and December 2020, nearly 2,200 pharmacies closed nationwide.

What's at Risk

if PBMs' monopolistic practices continue to go unchecked?

PHARMACISTS:

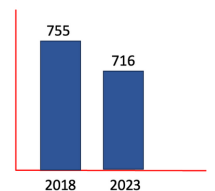
Highly Qualified Healthcare Providers

- Nearly 80% of patients view their pharmacists as an integral part of their healthcare team
- Patients see their pharmacist 12 x more frequently than their primary care provider
- There are 15.1% more pharmacy locations in low-income communities than physician practices
- Pharmacies offer 95.7% more operating hours than physician practice sites

Pharmacists assist medical providers with patient care, and are essential to public health. North Carolinians cannot afford to lose access to their local pharmacies and pharmacists.



Independent Pharmacies



Chain Pharmacies

