

New COA White Paper “Unaccountable Benefit Managers” Shines Light On How Pharmacy Benefit Managers Hurt Cancer Patients

Second in White Paper Series Compiling True Patient-PBM Stories; Accompanies New Website PBMAbuses.Com

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, June 2, 2017 /EINPresswire.com/ -- A new white paper released today by the Community Oncology Alliance (COA) and the Community Oncology Pharmacy Association (COPA) continues to shine a light on the negative impact pharmacy benefit managers (PBMs) have on the care cancer patients receive.

Compiling real stories of cancer patients and physicians, the white paper [“Unaccountable Benefit Managers: Real Horror Stories of How PBMs Hurt Patient Care”](#) presents true patient stories collected from community oncology practices over the last year. The serious, sometimes dangerous, stories told in the paper include PBMs changing

prescriptions without authorization, medication being refilled for deceased patients, and patients facing weeks of delays in receiving needed medications.

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*Ted Okon, executive director
of COA*

“These horror stories expose PBM’s for what they are: large corporations putting profits over patients. Community oncology practices and even patients themselves send us stories daily of PBM abuses that have a very real, negative impact on care. It is time to stop PBM abuses. Patients should not be made to suffer because of these unaccountable corporations,” said Ted Okon, executive director of COA.

“As my fellow oncologists and I descend on Chicago for the annual meeting of the American Society of Clinical Oncology (ASCO), a big topic of discussion will be the tremendous advances in cancer care that are saving lives and the high costs we are paying for them,” said Jeff Vacirca, MD, president of COA and CEO of NY Cancer Specialists in Long Island, NY. “The sad thing is that we are only beginning to understand the role that PBMs are playing in fueling higher drug costs and restricting patient access to those



drugs.”

This is the second in a series of white papers exposing the abuses of PBMs being produced by COA. The first, “Delay, Waste, and Cancer Treatment Obstacles: The Real-Life Patient Impact of Pharmacy Benefit Managers (PBM)” was released in late April at the 2017 Community Oncology Conference.

The paper also complements www.PBMAbuses.com, a new website launched by COA to support patient education and advocacy on PBM issues. Visitors to the site will be able to access the patient horror stories series, educational videos, and other materials.

Read the full white paper “Unaccountable Benefit Managers: Real Horror Stories of How PBMs Hurt Patient Care” at <http://bit.ly/pbmstoriesv2>.

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This press release can be viewed online at: <http://www.einpresswire.com>

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May 2017

Over 15 Years
of Making a
Difference in
Cancer Care

Unaccountable Benefit Managers: Real Horror Stories of How PBMs Hurt Patient Care

There is no shortage of horror stories associated with the increasingly large role that Pharmacy Benefit Managers (PBMs) play in the United States' health care system. With their numerous offshoots and service lines, PBMs have managed to take on an oligopolistic presence that adversely impacts patients receiving treatments, their health care providers, and everyone else in between.

Originally created to lower prescription drug costs, it has become clear that these multibillion dollar PBM corporations have transformed into gargantuan and almost completely unaccountable arbiters of the care that cancer patients receive. As this story series demonstrates, the dangerous combination of PBM unaccountability, opacity, and lack of oversight have resulted in benefit managers that are focused on their profits and not patient care.

This paper is the second in a series from the Community Oncology Alliance (COA) that focuses on the serious, sometimes dangerous, impact PBMs are having on cancer patients today. These are real patient stories but names have been changed to protect privacy.

PBM KNOWS BETTER THAN THE DOCTOR?

A community oncology and hematology clinic in Pennsylvania was being forced to use a specific PBM specialty pharmacy for their patients' oral chemo prescriptions, despite the practice having its own in-office dispensary. They had actually applied to the PBM two years earlier for the right to dispense drugs; however, approval was still "pending."

Frank was one of the clinic's patients battling rectal cancer. His oncologist prescribed an appropriate medication and submitted it to the PBM specialty pharmacy for filling. Soon after, the PBM called the clinic and announced that approval was denied for the submitted diagnosis, however if the oncologist were to change the diagnosis to one of

and instructions. This was done despite the fact that a pharmacy is forbidden to change prescription instructions without the approval of the prescribing physician. To make matters even worse, the quantities sent to Edward were incorrect, even for the adjusted regimen.

Chris was another patient at the practice battling with rectal cancer and prescribed the same medication with the same dosage. He too found that his prescription had been changed by the PBM specialty pharmacy—from seven days per week to five days per week. When the PBM specialty pharmacy called Chris to schedule shipment he refused because the instructions were different from those he'd been given at the doctor's office. At this point,