



Cancer Care Hijacked: How PBMs are Blocking Patients Access to Medication

October 8, 2025

Today's Chat Agenda

- Updates: Community Oncology Alliance (COA) and COA's Patient Advocacy Network (CPAN)
- **Christine Pfaff, MBA, RPh, Director of Clinical Initiatives**
 - What is a PBM? – Pharmacy Benefit Managers (PBMs)
 - How do PBMs impact patient care?
 - Patient Experience
 - PBM Advocacy & Resources



Christine Pfaff, MBA, RPh
Director of Clinical Initiatives
Community Oncology Alliance



Rose Gerber, MS
Director of Patient Advocacy & Education
Community Oncology Alliance

What is a PBM?

Pharmacy Benefit Manager:

- Middleman between insurers, manufacturers, pharmacies, and patients.
- Designs and manages formularies (lists of covered drugs).
- Processes and pays prescription drug claims.
- Operates and some own mail-order and specialty pharmacies.
- Negotiates drug prices and rebates with manufacturers.



Who are the top 3 PBMs in the US?

- CVS Caremark
- Cigna—Express Scripts
- United Health Group– Optum RX

Vertical Business Relationships Among Insurers, PBMs, Specialty Pharmacies, and Providers, 2022



1. In September 2022, CVS Health announced its acquisition of Signify Health. The transaction is expected to close in 2023.
2. Since January 2021, Prime's Blue Cross and Blue Shield plans have had the option to use Express Scripts or AllianceRx Walgreens Prime for mail and specialty pharmacy services. On Dec. 31, 2021, Walgreens purchased Prime Therapeutics' 45% ownership interest in AllianceRx Walgreens Prime, so this business has no PBM ownership in 2022. Effective June 2022, the company has been known as AllianceRx Walgreens Pharmacy.
3. In 2021, Centene had announced its intention to consolidate all PBM operations onto a single platform and outsource its PBM operations to an external company.
4. In 2021, Centene sold a majority stake in its U.S. Medical Management to a group of private equity firms.
5. Since 2020, Prime has sourced formulary rebates via Assent Health Services. In 2021, Humana began sourcing formulary rebates via Assent Health Services for its commercial plans.
6. Cigna also partners with providers via its Cigna Collaborative Care program.
7. In 2022, Humana announced an agreement to divest its majority interest in Kindred at Home's Hospice and Personal Care Divisions to Clayton, Dubilier & Rice. In 2022, Kindred at Home was rebranded as CenterWell Home Health.
Source: *The 2022 Economic Report on U.S. Pharmacy and Pharmacy Benefit Management*, Exhibit 212. Companies are listed alphabetically by insurer name. Published on Drug Channels (www.DrugChannels.net) on October 15, 2022.

- Own over 75% of the PBM business. What do they have in common?

How do PBMs impact cancer patient care?

While PBMs were intended to lower costs, their business practices often

- create delays in cancer care
- restrict access to medication
- drive up patient costs



If Your Coffee Shop Was Set Up Like a PBM

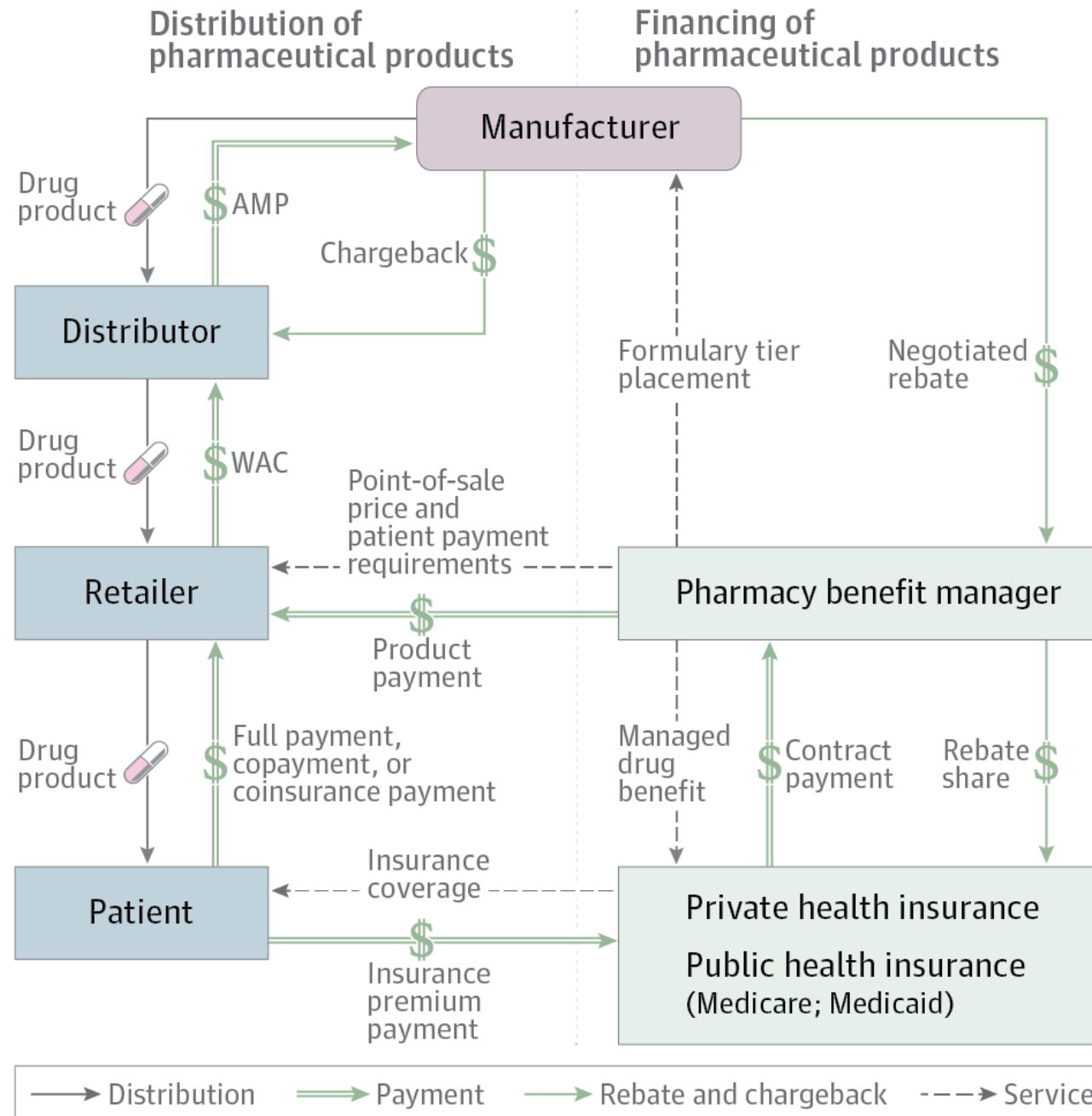


To view full video: YouTube OncologyCOA, PBM Cup of Coffee
<https://www.youtube.com/watch?v=MNKGJG7onSw>

If Your Coffee Shop Was Set Up Like a PBM



To view full video: YouTube OncologyCOA, PBM Cup of Coffee
<https://www.youtube.com/watch?v=MNKGJG7onSw>



Patient Experience

Colon Cancer: Stage IV



My father-in-law Barry



What can you do if you are a patient experiencing this?

Call your employer's health plan

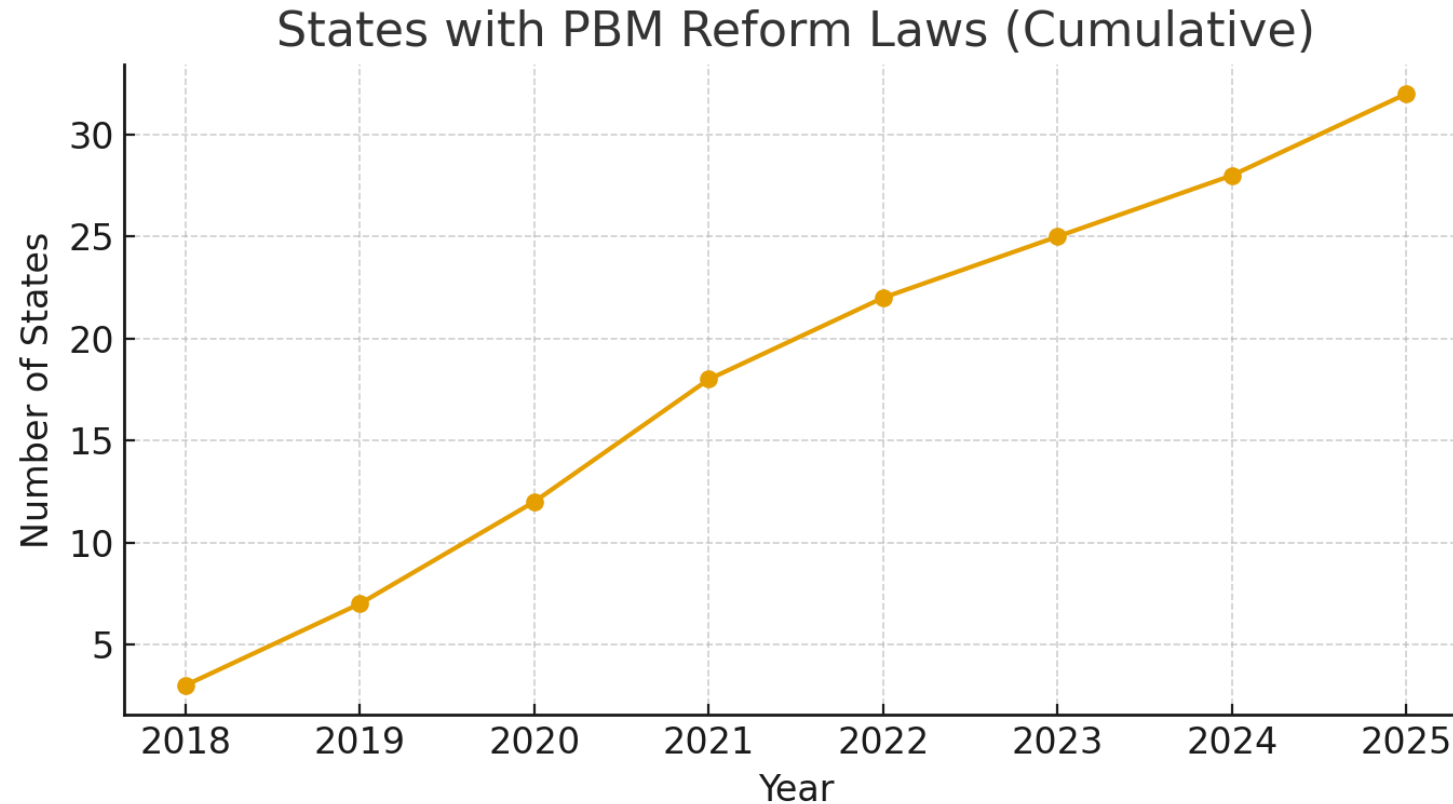
- Benefits department
- Ask to have prescriptions filled at the pharmacy in your doctor's office

Advocate for policy change at the state and federal level

- Tell us your patient story
- Connect with COA: communityoncology.org**
- Connect with CPAN: coaAdvocacy.org**



Current legislation: State



Pharmacy Benefit Manager (PBMs) Resources

Pharmacy Benefit Managers: What Patients Need to Know

Pharmacy benefit managers (PBMs) prioritize profits over patients, leading to higher out-of-pocket costs and potentially dangerous treatment delays. PBMs negotiate drug prices on behalf of insurers and employers.

PBMs Compromise Patient Care

PBMs can force patients to try cheaper drug alternatives, require PBM approval before medication is dispensed, and exclude community oncology pharmacies from insurance networks. Some PBMs may override physician prescribing orders by changing medication, dosing, or instructions.

PBMs Stand in the Way of Lower Health Care Costs

PBMs negotiate steep discounts and rebates with drug manufacturers but don't always pass the savings on to patients. PBMs can exclude lower-cost drugs from coverage lists called formularies to increase billings and "claw back" more profit from pharmacies.

A \$1 increase in drug rebates is associated with a \$1.17 increase in drug prices.

University of Southern California, *The Association Between Drug Rebates and List Prices*, 2020

Momentum for Reform Is Building

- Federal lawmakers have introduced 26 PBM reform bills since January 2023.
- State lawmakers have introduced 156 PBM reform bills since 2017.
- Employers are cutting ties with PBMs for excluding lower cost drugs from formularies.
- New, more transparent business models are forcing PBMs to reevaluate their pricing practices.

Join COA in Stopping PBM Abuses

- Ask a CPAN Chapter Leader for more ways to get involved.

Learn More Using COA and CPAN Resources

PBM Horror Stories

Real-world examples of the dangers of PBM abuses

PBM Dirty Tricks Exposé

Original research exposing PBMs' impact on patient care

Pharmacy Benefit Managers: What Patients Need to Know

Pharmacy Benefit Managers

Understanding Pharmacy Benefit Managers Impact on Patient Care

THE FACTS: PBMs PUT PROFITS BEFORE CANCER PATIENTS

Pharmacy Benefit Managers (PBMs) claim to reduce prescription drug costs and improve convenience and safety for consumers. Yet prices rise year after year, and patients are paying more. Disagreements between physicians and PBM administrators can have disastrous effects on patients' health and care.

For an industry where four mega-corporations control prescription drugs for 266 million Americans—or 80 percent of the market—most people don't really know how PBMs operate, or that they are paid to put profits before patients.

A FOCUS ON PROFITS PREVENTS PBMs FROM ACTING IN PATIENTS' BEST INTEREST.

Most community oncology practices make it easy for patients to start life-saving treatments quickly, thanks to full-service specialty pharmacies that provide drugs for cancer patients in the doctor's office.

Yet PBMs often complicate—or even prevent—access to life-saving drugs, which can have devastating impacts on patient care. PBMs are well known for forcing many patients to use mail order or preferred specialty pharmacies that may be less convenient and more expensive. Using these facilities could delay the start of cancer treatment and cause disagreements between physicians and PBM administrators over approvals, patient instructions, and dosing. Some patients wait weeks to obtain medication they could have received within a day. PBMs' actions minimize community oncologists' critical role in treating their patients, which can have dangerous or even life-threatening consequences.

PBM BUSINESS PRACTICES RAISE THE PRICE OF PRESCRIPTION DRUGS.

PBMs are hired to control the access to and cost of prescription drugs. Instead of keeping prices at reasonable levels, they receive rebates and discounts from drug manufacturers, which in the end, get included in drug prices, driving them higher.

PBMs say the rebates and discounts reduce patients' premiums, but that isn't the full story. Patients still pay full price for their drugs before rebates are applied. This contributes to higher out-of-pocket costs, especially if you're a Medicare patient in the coverage gap, responsible for 100 percent of the cost of drugs before full, catastrophic coverage kicks in. If that weren't enough, PBMs also charge pharmacy providers fees up to 9 percent of a drug's list price after they are dispensed. The higher drug prices go, the more PBMs will make from these fees.

LEARN MORE ABOUT PBMs' IMPACT ON CANCER CARE AND TAKE ACTION TODAY!

PBMs aren't who they say they are. In fact, they stand behind some of the worst abuses in our health care system. Tell your elected officials it's time to stop PBM abuse and protect local cancer care. Take action at www.cpan.communityoncology.org.

References and Links

- [Financing and Distribution of Pharmaceuticals in the United States | Pharmacoeconomics | JAMA | JAMA Network](#)
- [Drug Channels: Mapping the Vertical Integration of Insurers, PBMs, Specialty Pharmacies, and Providers: A 2022 Update](#)
- [Dabora MC, Turaga N, Schulman KA. Financing and Distribution of Pharmaceuticals in the United States. JAMA. 2017;318\(1\):21-22. doi:10.1001/jama.2017.5607](#)
- [The Real-Life Patient Impact of PBMs – Volumes I-VIII](#) - Source: communityoncology.org – Publications – PBM Horror Stories



Questions and Thank you!



Contact information:
Christine Pfaff, Director of Clinical Initiatives
email: cpfaff@coacancer.org

Reminder

Ways to Stay Engaged and Educated with CPAN

1. **Participate** in our Monthly CPAN Advocacy Chats: Educational Conversations on Cancer Advocacy & Policy
2. **Signup** for the CPAN newsletter
3. **Visit** our website to learn more and take action
4. **Share** Your Story
5. **Follow us** on social media



coaAdvocacy.org

Thank You Christine and our Listeners!

Our next CPAN Advocacy Chat

Wednesday, November 12, at 12:00 pm ET