

The PUTTbulletin



SURPRISE, SURPRISE: EXPRESS SCRIPTS - CPESN TRAVESTY IS JUST ANOTHER PBM WHITEWASHING ITS FAILURE TO KEEP PROMISES

Earlier today PUTT issued a statement on behalf of our members who are also CPESN members correcting Express Scripts (ESI) for its overreaching May 23rd announcement of a “collaborative” agreement with CPESN that doesn’t exist. (It exists with Cigna, not ESI)

We’re a bit surprised. We didn’t think we’d have to call out ESI so soon after protesting at their St. Louis headquarters on May 17th along with about 1300 fellow protesters online

and in person, but we were wrong (BTW shout out to everyone who joined us onsite, including AIDS Healthcare Foundation, St. Louis Arthritis Center, Missouri Pharmacy Association, PSSNY members, Illinois Pharmacists Association and of course a very special thank you to protest organizer Loretta Boesing and Unite for Safe Medications!)

Poor Express Scripts. These must be difficult times with all the negative press and lawsuits (e.g. the State of Hawaii’s “deceptive business practices” lawsuit; the price-fixing lawsuit news that broke in January, not quite a year after a similar lawsuit in March 2023 brought by the State of Ohio. Then there was the wave of negative publicity in late 2022 after dropping 15,000 community pharmacies from the TRICARE network with almost no notice, etc.). The added scrutiny from Congressional and Senate hearings can’t be much fun either.

But now we’re learning the May 23rd announcement may have been distributed to Congress in addition to a widespread blast on PR Newswire - a surprisingly risky publicity stunt considering whose names are actually on the agreement. If that’s true, we’ll have to call out Express Scripts again, this time for their bluff ahead of the House Committee on Oversight’s PBM hearing next month.

We’ve never been afraid to call out Express Scripts. When ESI launched its “IndependentRx Initiative” and organized its Independent Pharmacy Advisory Council (IPAC), our president Deborah Keaveny penned a direct and unambiguous missive to Dr. Stephanie Cooney, former independent pharmacy owner and now head of the IPAC, offering step-by-step advice on how ESI could best work with independent pharmacies to fulfill its stated purpose to “enable an expanded role for pharmacists.”

Not surprisingly, our letter, sent via registered mail, went unanswered by Cooney or ESI. Also not surprisingly, ESI reportedly used IPAC members’ time to explain how ESI works, which if we are to believe, is to say ESI doesn’t work. It’s apparently a series of silos in which no division talks to another and senior contracting officials become “misty eyed” when learning the contract addendums they thought were being sent and executed via digital signature are in fact arriving by fax, no signature needed. (The only surprise here is that anyone would believe that story)

Critics of the IndependentRx initiative have pointed to numerous instances of ESI’s failure to follow through with promises. Complaints have included ESI devoting more time and attention to promoting the IPAC than convening IPAC meetings to work with members; operating in bad faith with pharmacy services administrative organizations (PSAOs) that contract on behalf of independent pharmacies; offering individual pharmacies worse repayment terms than those given to PSAOs representing pharmacies in the same geographic area; and creating duress by giving pharmacies short timeframes in which to review and decide whether or not to accept the non-negotiable contract terms.

We’re not surprised. Are you?

We’ve linked Express Scripts crappy reimbursements to walk outs in major retail chain pharmacies and questioned their relationship with GoodRx in the past. We’ve collected ESI “oops we goofed” patient steering letters and tracked a mountain of below-cost

reimbursement data from them. We're never shocked to hear ESI takes discussions and attempts at renegotiating terrible contracts off the table. We expect them to behave badly and they never disappoint.

So why should we or anyone else be surprised that Express Scripts would try to nab credit for an agreement that's not theirs? Why would anyone even consider making an agreement with such reliably bad actors?

Express Scripts is under enormous pressure to appear like they're the good guys. ESI is using the agreement between CPESN and Cigna to give themselves unearned cover from the increased scrutiny by lawmakers, the FTC, and the Department of Justice.

We're not surprised - obfuscation and deception are what Express Scripts does best. But you will be if you think partnering with Express Scripts, Cigna or any of the major health insurers will be working in your pharmacy's best interest.

PROVING OUR POINT

▶CMA's "How PBMs Work" video... CORRECTED

Watch this video at www.youtube.com/@TruthRx

PUTT SETS RECORD STRAIGHT ON PBM AGREEMENT WITH CLINICALLY INTEGRATED INDEPENDENT PHARMACY NETWORK

May 23rd Announcement Should Have Listed Cigna, Not PBM Express Scripts, in Agreement With CPESN to Cover Non-Prescription Clinical Services

Pharmacists United for Truth and Transparency (TruthRx.org) issued the following statement in response to a news release issued by pharmacy benefit manager (PBM) Express Scripts announcing a "collaboration" agreement with CPESN USA, the country's first and largest clinically integrated network of independent pharmacies.

"The agreement is with Cigna, not with its PBM Express Scripts," said PUTT President Deborah Keaveny, whose pharmacy is part of the CPESN network. "This is an important distinction because the clinical services provided by our pharmacies are not the same as

traditional dispensing of medications or counseling patients. Because PUTT and CPESN share an overlapping membership, we felt it was important to set the record straight to avoid further confusion and disruption to patient care."

Clinically integrated pharmacy networks (CINs) were created in response to years of changes in how PBMs reimburse pharmacies for dispensing prescription medication and counseling patients. . CIN pharmacies provide certain types of healthcare services, such as wellness checks, vaccinations and helping patients with chronic illness monitor their treatment progress. As pharmacists have seen an expansion in their scope of practice to include wellness checks and limited prescribing ability, moving to a clinically-integrated pharmacy model has made better business sense for independent pharmacies. At the same time, PBM business practices have come under public scrutiny in the wake of record pharmacy closures.

"Express Scripts may feel pressure to correct mistakes of the past and overstepped with an announcement that was meant for its health plan parent company," said Monique Whitney, PUTT's Executive Director. "Since the PUTT-led protest at Express Scripts headquarters on May 17th and in response to mounting pushback from independent pharmacies and patients across the country, we've seen what we hope are meaningful attempts to reverse course toward a more productive relationship."

ESI is one of six PBMs under investigation by the Federal Trade Commission. In 2023, ESI launched its "IndependentRx Initiative" which it said was intended to expand access to rural healthcare through a partnership with independent pharmacies. In 2023 ESI also formed an "Independent Pharmacy Advisory Council" (IPAC) composed of independent pharmacists who would advise ESI's IndependentRx program manager on how to better work with independent pharmacies.

Critics of the IndependentRx initiative have pointed to issues including complaints that ESI spends more time promoting its IPAC than meeting with members and offering different, non-negotiable contracting terms to pharmacy services administrative organizations (PSAOs) that contract on behalf of independent pharmacies than to individual pharmacies. These are some of the practices the FTC is studying to better understand the PBM-pharmacy relationship.

ABOUT PHARMACY BENEFIT MANAGERS

PBMs manage patients' prescription drug benefit, acting as the middlemen between the patient, the pharmacy, and the patient's employer or health plan sponsor. Since 2019, numerous studies have uncovered evidence of PBM practices that result in endpayers paying significantly more for patients' prescription medication than the patient's pharmacy was reimbursed (a practice called "spread pricing"); and patients "steered" away from their pharmacy of choice to PBM-owned/affiliated pharmacies. Additional studies have shown the drug manufacturer rebates PBMs negotiate increase a drug's list price year over year, causing patients to pay more out of pocket because of rebate-inflated costs.

To understand how PBM practices affect patient care and affordability of medication for consumers and end payers, visit PUTT's website at TruthRx.org.

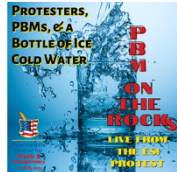
EAR CANDY

From Water to Whiskey



It's not difficult to equate vertically-integrated corporate control of American healthcare with "the Dark Side" - which makes patient advocates like Jen Laws of [CANN](#), pro-independent pharmacy lawyers like Miguel Rodriguez of [APRx](#), and the board members of [Pharmacists United for Truth & Transparency](#) definitely part of "the Rebel Alliance"!

LISTEN NOW



It's a special LIVE version of PBM on the Rocks!

Join Lord Dr Jeremy as he hosts a battalion of guests including NCPA CEO Doug Hoey, Arthritis Center STL's Julie Baak, independent pharmacy lawyer Mark Boesen, Pharmacy Dr of Comedy Maurice Shaw, and other drop in friends like Unite for Safe Medications' Loretta Boesing, PUTT board member Brandi Chane, the Angry Pharmacist, and Shane Jerominski aka the Accidental Pharmacist.

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ICYMI

2024 Anti-Monopoly Summit | The American Economic Liberties Project



2024 Anti-Monopoly Summit Showcases Federal and State Officials Unafraid to Stand Up to Corporate Power

READ ABOUT WHAT HAPPENED



Remarks by Chair Khan at the 2024 AELP Anti-Monopoly Summit

READ THE REMARKS



Assistant Attorney General Jonathan Kanter Delivers Remarks at the American Economic Liberties Project 2024 Antimonopoly Summit

READ THE REMARKS

STATE BY STATE



State lawmakers send Gov. Pritzker's health insurance overhaul to his desk

READ THE ARTICLE



Florida Pharmacy Association Applauds Sunshine Health and Express Scripts for Retroactive Rate Increase

READ THE FPA PRESS RELEASE



NY Appellate Court Upholds State Supreme Court Decision regarding Medicare Advantage

Read the Appellate Court's full decision by [clicking here](#)

READ THE NYC COMPTROLLER'S STATEMENT



Navarro Announces Completion of First Pharmacy Benefit Manager Exams

READ THE STATEMENT BY DELAWARE INSURANCE COMMISSIONER NAVARRO



NEWS AND STORIES



Senators See Possible Conflicts of Interest in Health Care Pricing Tools

A data analytics firm that helps insurers collect big fees while leaving some patients with unpaid bills has been summoned to explain its business model.

READ THE ARTICLE



Pharmacy Benefit Managers and their impact on the pharmaceutical market

Capital This Week host Curtis Jackson talks with Antonio Ciaccia about Pharmacy Benefit Managers and the controversial effect they have on the pharmaceutical market.

WATCH THE INTERVIEW



Podcast: Litigation Lawyer on PBMs and Defending Independent Pharmacies

Experienced litigation lawyer Mark Cuker sat down with Drug Topics to discuss pharmacy benefit managers and their often corrupt practices.

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Patients with pricey meds experience insurance companies 'double dipping'

Feds lost lawsuit on copay accumulators, but Utah not enforcing the change

READ THE ARTICLE



P.B.M :
(pharmacy benefits manager)
subsidiary of a multi-billion dollar, vertically integrated conglomerate that **pretends** to provide healthcare services while **gauging** employers, **stealing** taxpayer dollars, & making patients **sicker**

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