

The PUTTbulletin

REALITY CHECK: REBUTTALS TO POPULAR PBM TALKING POINTS



Pharmacy benefit managers (PBMs) and their lobbyists have mastered the art of spin. They claim to lower drug prices, increase patient access, and protect consumers, but as they've come under scrutiny and investigation, their business practices reveal a different reality. While Congress and state legislatures scrutinize proposed PBM reform laws, the increasingly unpopular middlemen are ramping up their lobbying efforts, flooding lawmakers and the public with misleading narratives.

Still, even with the facts on our side, it's more critical than ever to be ready to respond.

We've assembled a short list of popular PBM lobby talking points along with our response. To help clarify where you might hear these points, we've included context and summaries of longer, researched and source-cited counterarguments (contact us for the complete response to any of the points you see below).

This list is by no means complete or comprehensive - we welcome your feedback and ask you to please send us other opposition talking points you've encountered, which we'll include in our updated "Opposition Talking Points" white paper available in the PUTT Member Library:

Dispensing fees are "prescription tax" - The word "tax" has become something of a dog whistle, intended to scare vulnerable member of the population (e.g. lower income families, seniors on a limited budget) while also distracting fiscal-minded legislators away from the mounting,

documented evidence correlating PBM practices with escalating costs in state and federally-funded healthcare. Several states are considering legislation that would require PBMs to pay pharmacy dispensing fees equivalent to Medicare's Fee for Service dispensing fee.

RESPONSE: A pharmacy dispensing fee is meant to cover the costs associated with filling a prescription, including the labor involved in preparing the medication, storing inventory, packaging supplies, pharmacist consultation, and other operational overhead costs related to dispensing the drug, essentially covering the pharmacy's professional services in fulfilling a prescription. A dispensing fee is necessary since patients cannot bring their own containers for medications and PBMs and insurers generally do not pay pharmacists for patient counseling and other common healthcare services provided in the pharmacy.

PBMs shouldn't have to reimburse pharmacies at acquisition cost because those costs are the result of how pharmacies buy drugs. PBM network pharmacies are a better option for patients because they dispense based on "competitive market rates." This talking point is often used to refute why PBMs should reimburse pharmacies at their acquisition cost while conflating reimbursement with what the patient pays at the pharmacy counter....

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Digging Deep



Attorney General Opinions: What You Need to Know for Effective Enforcement of PBM Reform Laws

Recently the Texas Attorney General (AG) [issued an opinion](#) on state House Bills 1763 and 1919. This opinion has significant implications for the regulation of pharmacy benefit managers (PBMs) in Texas. AG Paxton's opinion addresses the enforceability of these laws and their interaction with federal regulations, specifically the Employee Retirement Income Security Act (ERISA).

Why Does It Matter?

An AG's opinion is an authoritative interpretation of existing laws requested by state officers, agencies, or legislators. While not legally binding, these opinions carry significant weight and guide the implementation and enforcement of laws. They help resolve ambiguities in legislation and provide clarity on how laws should be applied in specific circumstances.

When AGs offer an opinion, they have several options:

- **Provide Legal Clarification:** The AG can clarify legal uncertainties, helping stakeholders understand the implications of a law.
- **Issue Guidelines:** The AG can issue guidelines for the enforcement and application of laws by state agencies.
- **Advising on Compliance:** The AG can advise state officials and agencies on how to comply with state and federal laws.

PBMs Refused to Follow Texas' 2021 PBM Reform Legislation... [CONTINUE READING](#)

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CALL FOR EVIDENCE

Screenshots of Wholesalers Availability of Wegovy, Ozempic Needed



Per a recent announcement by the FDA, the semaglutide shortage is now resolved. 503A pharmacies must cease compounding, distributing, or dispensing products that essentially copy the FDA-approved product by April 22, 2025 and 503B outsourcing facilities must cease compounding, distributing, or dispensing by May 22, 2025.

Based on consumer demand, the evidence suggests the semaglutide shortage is definitely NOT over. Attorneys at [Boesen & Snow Law](#) are actively working to address agency accountability and transparency so that pharmacies can provide for proper and continued patient access to care. We are asking all pharmacies to please send screenshots from their wholesaler system showing their ability to order Wegovy and Ozempic, and whether the product is in allocation. Photos should be emailed to attorney Courtney Sullivan at csullivan@bslawusa.com

PUTT is working with Boesen & Snow attorneys to ensure pharmacies that provide compounded GLP-1 medications can maintain access to products for their patients. For questions or additional information, [please contact us here](#).

Listening In

Scan the QR to catch all episodes of the PUTTcast



Arkansas is continuing to fight back against the abusive, anticompetitive practices of PBMs. Join the PUTTcast as we dive into the drivers behind HB 1150 - systemic lawbreaking by PBMs and their exploitation of current state laws - all of which comes at the expense of taxpayers, pharmacies, and Arkansas communities.

[LISTEN NOW](#)

Scan the QR to catch all episodes of PBM on the Rocks



Counterfeit medications are on the rise, and behind this growing crisis lies a web of questionable practices and systemic failures perpetrated by PBMs throughout the healthcare industry. Listen in as Lord Dr Jeremy, Shabbir Safdar & the PUTT cocktail crew explore critical issues that affect the safety, affordability, and accessibility of prescription drugs, and challenge the monopolistic grip PBMs hold over the healthcare market.

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News You Can SHARE

[ICYMI: House Energy & Commerce Health Subcommittee Hearing | An Examination of How Reining in PBMs Will Drive Competition and Lower Costs for Patients](#) (video)

[Tensions Run High on PDAB Expansion Vote](#) | Maryland Matters

[Pharmacists Across Alabama Participate in Walkout for PBM Reform](#) | MSN

[FTC Case Against Caremark, Express Scripts, OptumRx Can Move Forward, Judge Rules](#) | Healthcare Dive

[Antitrust group, Ohioans issue call to 'break up big medicine'](#) | OJ/Mahoning Matters

[Elon Musk Asks for Reason US Can't Afford Healthcare — Mark Cuban Gives 7 \(and a Solution\)](#) | Yahoo Finance

[Arkansas lawmakers move to bar pharmacy benefit managers from owning drugstores](#) | 5newsonline

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