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James Q. Del Rosso DO

The Hypocrisy of Many Pharmacy Benefit Managers: "Pay No Attention to That Man Behind the Curtain"

Times have certainly changed with regard to gaining access to medications for our patients with acne and rosacea. I remember when you would give the patient a prescription and they would actually be able to get the product that was prescribed. Nowadays, we face strong pressures to substitute based on what is usually dictated by the Pharmacy Benefit Manager (PBM), that entity that is not immediately identifiable to take responsibility for the roadblocks they put in place that impede the ability for the patient to obtain the actual medication that was selected by their clinician. Over time, this situation has reached a point of high tension with branded products used to treat acne and rosacea, especially newer agents. Simply stated, why would any company invest in the development of new and innovative medications if there was little potential for some reasonable return on their investment?

It is understandable that there needs to be a balance between medication cost and preferred access availability. At face value (no pun intended), it seems intuitive that pharmaceutical companies can simply lower the price of medications, make their products more accessible, and procure a reasonable profit by increasing their volume of sales. In fact, a large piece of the medication cost is due to the percentage that PBMs require to be paid in order for a product to be accessible, especially on a preferred list. For example, if a new topical medication for acne or rosacea is priced "too low", the percent that goes to the PBM is not attractive enough to them. Ultimately, the PBM can select coverage based on their own financial interest. Therefore, the PBM is in the ultimate position of power to make decisions on medication access, and we are at the mercy of how they weigh the different factors that influence their choice.

In addition, to further discourage prescribing of certain products, PBMs and third-party insurers establish tiers that place paperwork burdens on physician offices in order to apply for medication access. These burdens include the prior authorizations, appeal letters, and "peer-to-peer" phone calls that drain a lot of the time and energy of ourselves and our staff. As clinicians, we face these additional challenges in the crevices of time between trying to see our patients and provide the best care for them. Unfortunately, the puppet master who is "the man behind the curtain" that is controlling the strings are remote individuals at PBMs and third-party offices who remain faceless and far removed from the clinicians and the patients.

Most recently, I was informed that one of the major PBMs did not offer any topical agent that is FDA-approved for treatment of persistent facial erythema of rosacea in a preferred status category. I conferred with their medical director about this and provided a through explanation of the disease state with supporting scientific references. The reply I received stated that their review committee evaluates available therapies and that if I wanted one of the FDA-approved agents that I can apply through their prior authorization process. They are fully aware that if they overburden our office staff with cumbersome paperwork and bureaucracy that they will

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fatigue the human capabilities that we have available to work through their inexorable maze. This same PBM is also taking the stance of deciding to not cover new therapies for acne.

So where do we go from here? It is certainly important that dermatology take a strong stand to fight for patient access to quality care and treatments for our patients. However, the approach that is taken to change the stance of PBMs will have to be one that exposes how the dollars are distributed, how PBMs control dollar distribution that can selectively benefit their interests as opposed to patients, and ultimately challenges their bottom line. Until then, the voices of individual clinicians may lead to individual changes at times, but the overall scenario will continue to evolve and erode the ability of dermatologists to optimally care for their patients. It is time for the "man behind the curtain" to be exposed on center stage.

James Q. Del Rosso DO

JDR Dermatology Research / Thomas Dermatology

Las Vegas, NV

Past President, American Acne & Rosacea Society

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