



PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION

July 24, 2013

The Honorable Harry Reid  
Majority Leader  
United States Senate  
522 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mitch McConnell  
Republican Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, DC 20510

The Honorable John Boehner  
Speaker of the House  
U.S. House of Representatives  
Capitol - H-232  
Washington, DC 20515

The Honorable Nancy Pelosi  
Democratic Leader  
U.S. House of Representatives  
235 Cannon House Office Building  
Washington, DC 20515

Dear Members of Congress:

Amidst the political divide over health care policy, both parties agree on the need to curb one of the most deadly and costly problems in America today: prescription drug abuse. Fortunately, there are a few simple solutions that offer bipartisan appeal and deliver tangible results.

As simple as it may sound, the key is to prevent abusers from actually acquiring controlled substances at the drugstore counter. While it is difficult to stop abusers from “doctor shopping” for prescriptions among hundreds of thousands of prescribers, it is much easier to keep them from gaining physical custody of narcotics and other controlled substances.

The Centers for Disease Control and Prevention (CDC) has declared prescription drug abuse a national epidemic that costs 20,000 lives and \$72 billion dollars a year. The good news is that the current system has a variety of ways to combat this, including state prescription drug monitoring programs (PDMPs) and high-quality pharmacy networks. The bad news is that these tools are underutilized and discouraged by federal and state policies that can and should be updated.

The Pharmaceutical Care Management Association (PCMA) represents America’s pharmacy benefit managers (PBMs) and stands ready to help fight the scourge of prescription drug abuse. Our industry administers prescription drug plans for more than 216 million Americans with health coverage through Fortune 500 companies, health insurers, labor unions, and Medicare.

The following policies comprise a *Safe Rx Initiative* that would deliver real results in both the short and long term. The policy proposals target the overall marketplace and are also directed at improving Medicare.

1. **Create ‘Safe Pharmacies’ in Part D for Controlled Prescription Drugs.** Allow Part D plans to create a select number of “safe pharmacies” that can dispense controlled substances to beneficiaries at high-risk for abuse. This maintains beneficiary access to needed medications, but prevents “drugstore shopping.”
2. **Require Drugstores and Pharmacists to Register With State Prescription Drug Monitoring Programs (PDMPs).** PDMPs can alert pharmacists when someone is “drugstore shopping” to acquire controlled substances. Unfortunately, most drugstores choose not to participate in PDMP programs. In Nevada, only 14 percent of pharmacists are even registered to use their PDMP system. Unless pharmacists are registered, they cannot take the next step and actively participate in these programs.
3. **Allow Payers to Coordinate with State Drug Monitoring Databases.** The overwhelming amount of prescription drug abuse occurs when prescriptions are paid for in cash. These purchases are never seen by public or private insurers. Payers need access to prescription cash sales data in order to detect drugstore shopping. Access to state drug monitoring programs provides these data and helps payers spot patterns of abuse.
4. **Give Part D Plans the Same Fraud Prevention Tools as Plans in Medicare Parts A & B.** In Medicare Parts A and B (and Medicaid) plans have stronger authority to detect fraud and suspend payments before claims are paid. This is not the case in Medicare Part D. Congress should clarify that Part D plans – like those in Medicare Parts A and B – can suspend reimbursements at any time based on a “credible allegation” of prescription drug fraud, waste, or abuse, and can also use the same 30-day reimbursement schedule used to pay doctors and hospitals that participate in Medicare.
5. **Create Uniform, Federal ‘Track and Trace’ Standards.** Congress should authorize a national, uniform system that tracks prescription drugs throughout the supply chain. A patchwork of state laws is unworkable if a drug is tracked by wholesalers and the rest of the supply chain across multiple states.

We look forward to working with Congress and state policymakers to combat prescription drug abuse and ensure the United States has a safe and effective drug distribution system.

Sincerely,



Mark Merritt  
President and Chief Executive Officer

cc: The Honorable Tom Harkin  
United States Senate  
*Chairman, Committee on Health, Education, Labor and Pensions*

The Honorable Lamar Alexander  
United States Senate  
*Ranking Member, Committee on Health, Education, Labor and Pensions*

The Honorable Max Baucus  
United States Senate  
*Chairman, Committee on Finance*

The Honorable Orrin G. Hatch  
United States Senate  
*Ranking Member, Committee on Finance*

The Honorable Fred Upton  
U.S. House of Representatives  
*Chairman, Energy and Commerce Committee*

The Honorable Henry Waxman  
U.S. House of Representatives  
*Ranking Member, Energy and Commerce Committee*

The Honorable Dave Camp  
U.S. House of Representatives  
*Chairman, Committee on Ways and Means*

The Honorable Sander Levin  
U.S. House of Representatives  
*Ranking Member, Committee on Ways and Means*