

# Transparency called for - big pharma costs

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The adage 'do not get sick' applies. People are finding it difficult to obtain early and ongoing medical attention. The outcomes are deterioration of health and even death.

**big pharma prescription drug costs** have skyrocketed and hit ordinary people the hardest.

Many factors are to blame:

- decisions to stop making generics
- insurance companies profit margins
- pharmacy benefit managers
- television advertising
- senior level bonuses' from **profits**.

## Pharmacy benefit managers (PBM)

**Pharmacy benefit managers (PBM)** started in the 1960s to assist prescription transactions for health insurance plans. They have now grown into **monsters**. Their scope and reach has swollen to **cancerous** proportions.

**PBMs** create, update, and manipulate formularies with lobbying by drug manufacturers. Insurance companies manage patient compliance programs dictating as to when, where, and why a person needs or receives a medication.

## Big pharm politics

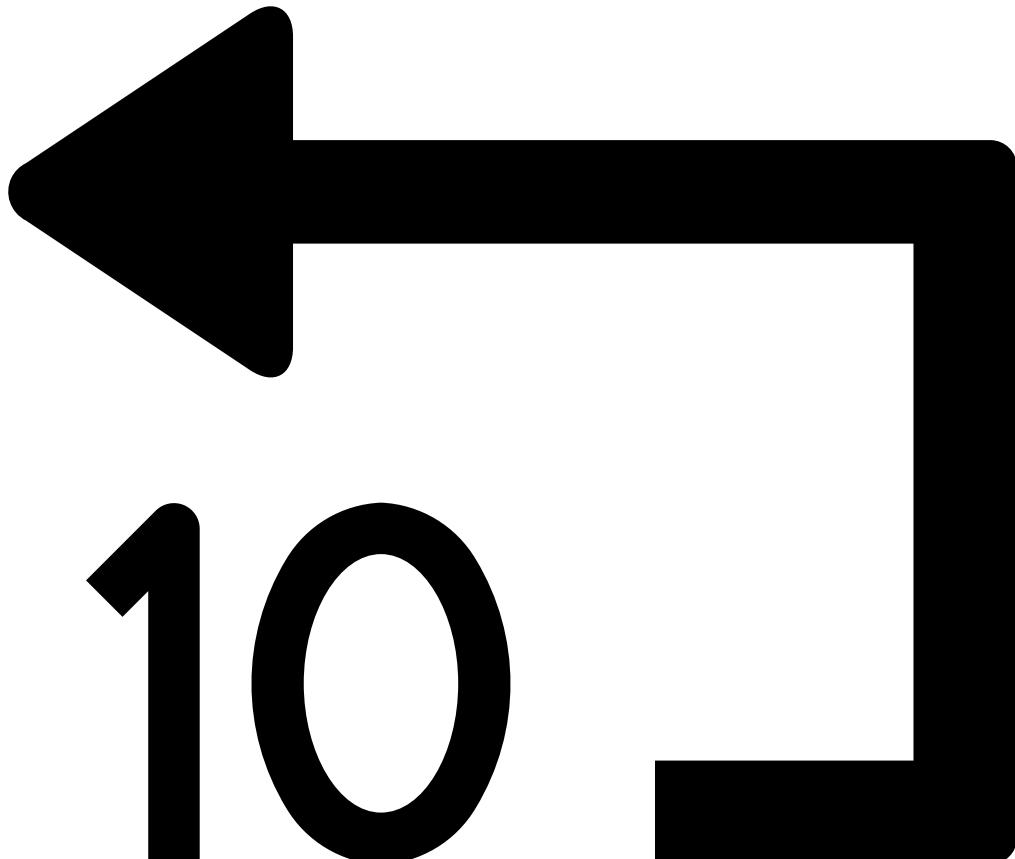
An invisible world exists. On the exterior, **pharmacy benefit managers (PBM)** look like they are working with patients, pharmacies, and healthcare providers, to provide health benefits with a cost effective advantage. Clique **politics** are involved behind the scenes and has taken a system designed to help and educate people, reducing it to **a gang circle of elites**.

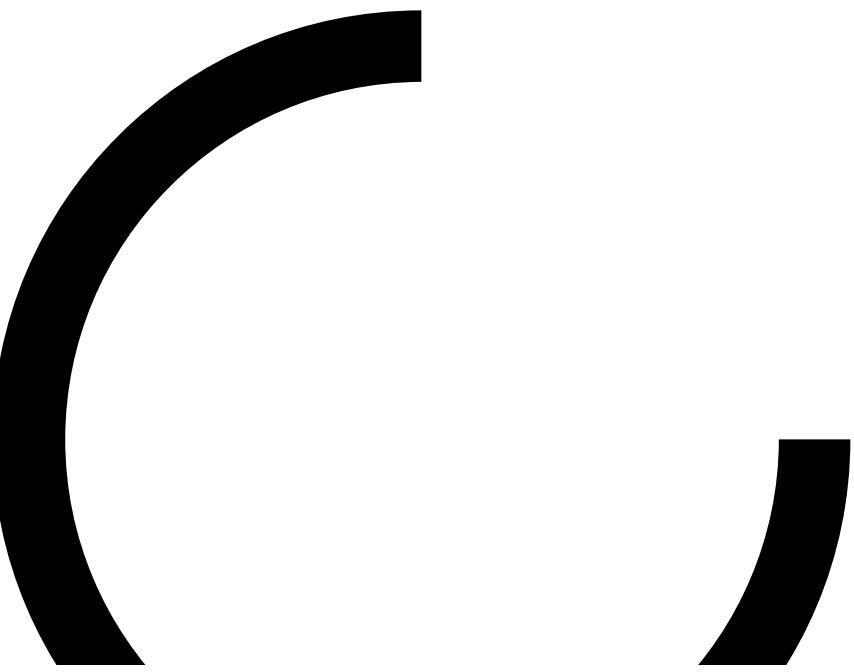
## Dubious practices

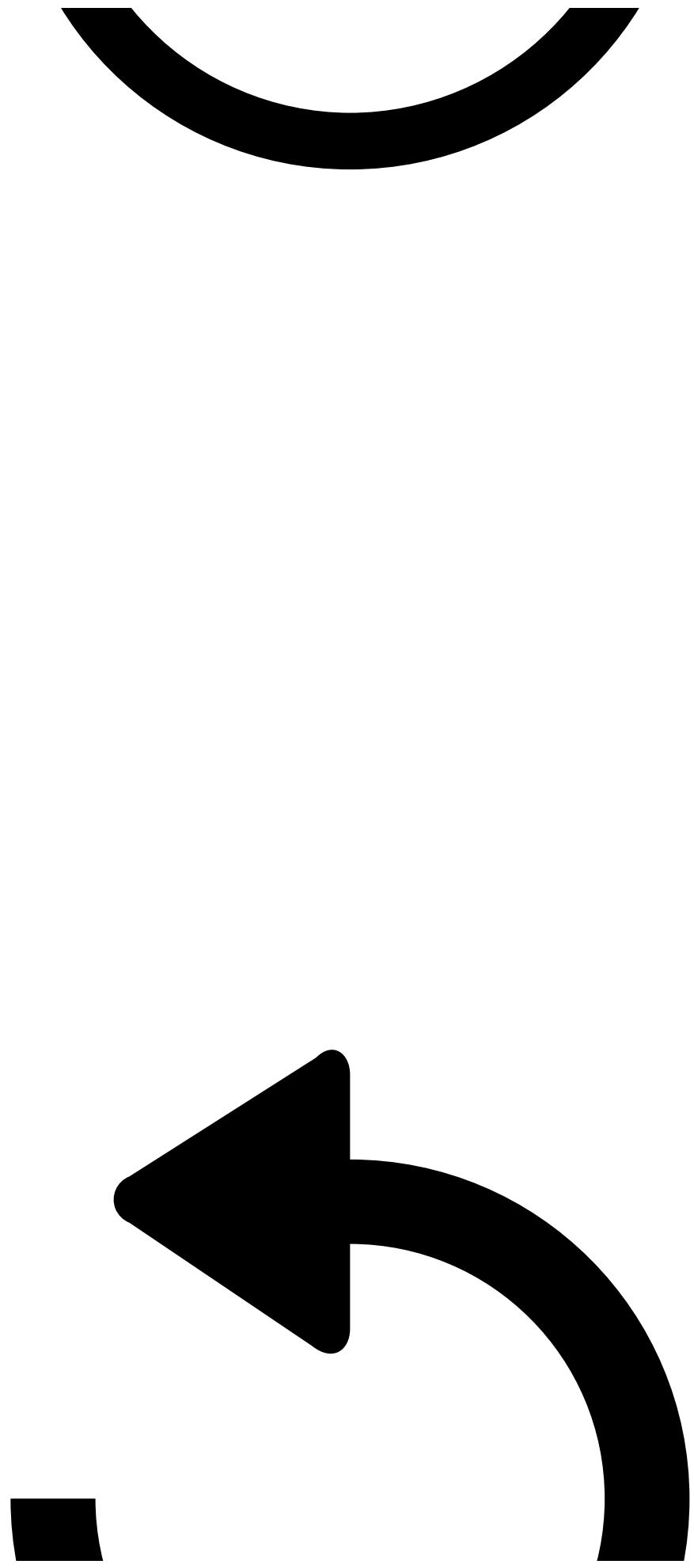
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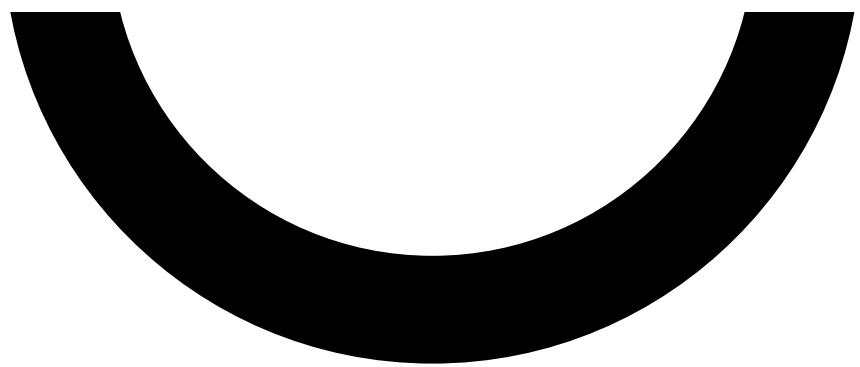
- **overcharging** copays
- underpaying pharmacies

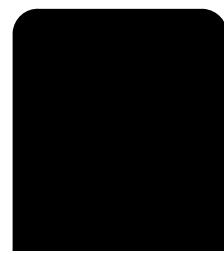
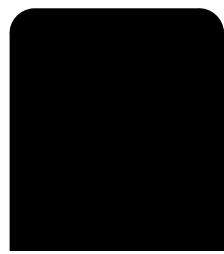
The most corrupt practice is overcharging copays. **PBM's** have the power on how much to charge customers. Customers, on their part, have no choice but to pay.

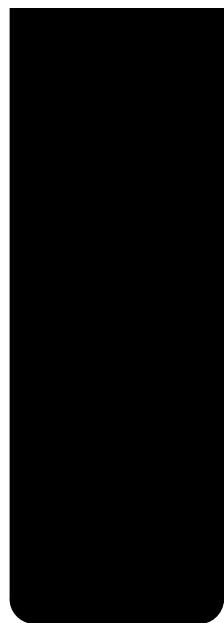
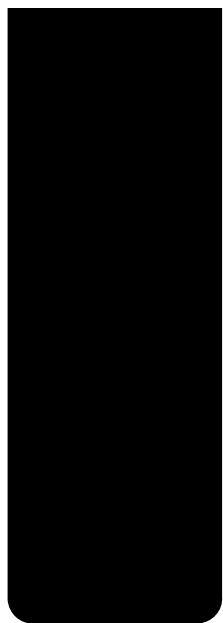


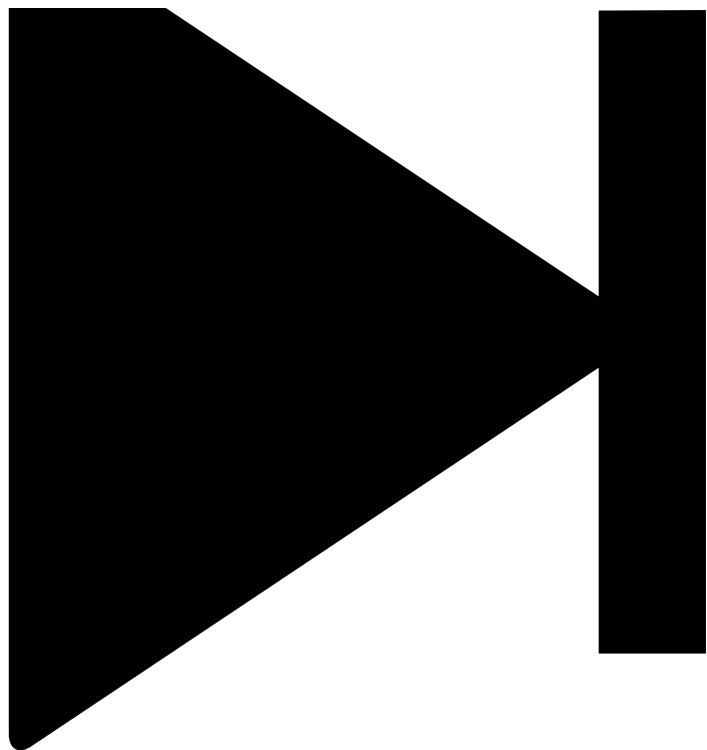




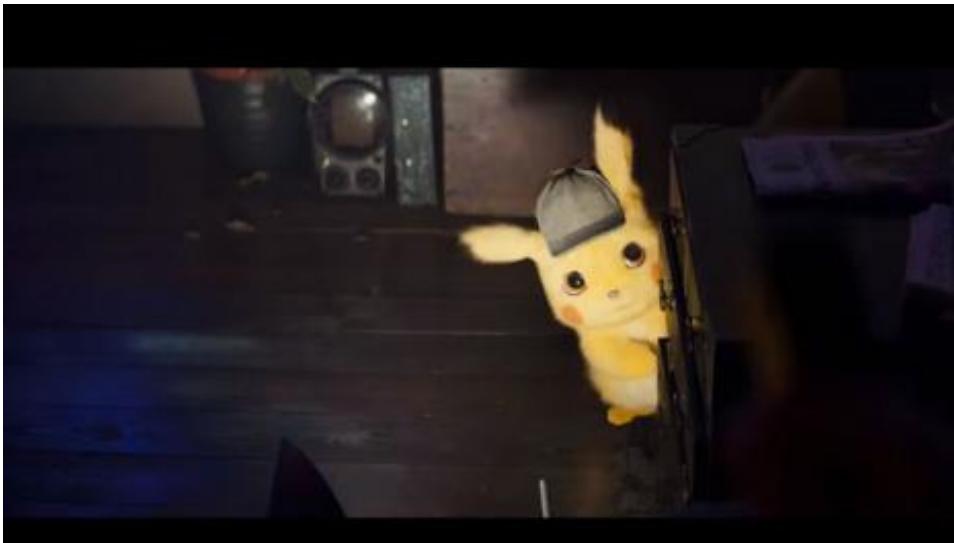








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Furthermore, insurance companies take back a portion from providers.

- discount deals from big pharma
- enticements from big pharma to keep their drugs on the formulary.

Big pharma and insurance companies negotiate **huge discounts** and can refuse to pass these savings to insurers and patients. Pharmacies are reimbursed at a certain rate. Big pharma can also pay a large amount to PBM's to push deals through.

## Checks and balances

There are **no checks and balances** in place. This system was designed with virtually no laws to govern their actions. Work arounds are found by many companies for the few directives that are in place. In this way **insurance companies** can deny, exclude, and drop medications from coverage; leaving the **people** -- the system it was designed to serve -- at risk.

## Transparency is long overdue

**PBM's** lack of **transparency** is suffocating the system. Every stakeholder, trustee, board of directors, organization president, pharmacy, employer, and patient should be demanding transparency now! When a clique system is ruthless in practice, expensive to all affected, and anonymous, progressive transformations to that model must be made.

We can no longer wait, holding our **collective** breath. This type of system is killing quality education and patient care. With leadership by design, a new federal government is coming soon. Congress will be looking into these issues, hopefully addressing the conflicts of interest, the structure, and monopolistic practices, of which the public is generally unaware.