



MAY 13-15, 2024

LEGISLATIVE DAYS





A primer on managed care pharmacy

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Abstract

This primer defines the practice of managed care pharmacy and introduces key competencies of managed care pharmacy organizations, including pharmacy benefit design and implementation, formulary and medication utilization management, clinical program development and implementation, quality and safety program management, and promotion of affordability.

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Key Manag Competen

Managed care ph competencies (P

1. PHARMACY IMPLEMENT

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Managed care is a structured approach to financing and delivering covered health care benefits that optimizes cost, utilization, and quality. Spurred by the Health Maintenance Organization Act of 1973,¹ which provided federal funding for managed care organizations, most of the health insurance and pharmacy benefit programs today operate under managed care principles. This primer defines the practice of managed care pharmacy and introduces key competencies of managed care pharmacy organizations.

As health insurance programs expanded in the United States in the 1970s, insurers were faced with the challenge of processing a high volume of small-dollar claims for prescription drugs. The advent of electronic claims processing and drug benefit identification cards enabled an efficient solution to this challenge through pharmacy benefits. Early pharmacy benefit managers (PBMs) (italicized words are defined in the Glossary) leveraged their efficiency in processing pharmacy claims to pioneer managed care approaches, such as discounted prices at mail order or network pharmacies, patient copays or coinsurance for a portion of the prescription price, and collection of data into an electronic database that could be leveraged for research and medication use optimization.

FIGURE 1 Prescription Drug Coverage in the United States



Today, nearly 85% of Americans have prescription drug coverage (Figure 1).²⁻⁴ With more than 20,000 US Food and Drug Administration–approved drugs⁵ and escalating drug spending, managed care pharmacy approaches have evolved into sophisticated, evidence-based competencies that leverage extensive data and decades of research.

What is Managed Care Pharmacy?

Managed care pharmacy is the practice of applying clinical and scientific evidence to support the



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When a patient can't access medication due to cost or other barriers, their condition worsens.

This puts an increased burden both on individuals and on the entire health care system.



That's where managed care pharmacy comes in.

What is managed care pharmacy?

Managed care pharmacy professionals are dedicated to getting patients the medications they need at a cost they can afford by developing strategies for patients, health plans, and providers across five key areas:



CLINICAL
Programs



PHARMACY
BENEFIT
Design +
Implementation

QUALITY +
SAFETY
Program
Management



Promoting
AFFORDABILITY



FORMULARY
+ Medication
Utilization
Management

amcp.org

Optimizing medicine. Improving lives.

AMCP is the professional society that connects pharmacists, doctors, nurses, biopharmaceutical experts, and others across the health care continuum — working together to design a more effective and equitable health care system.

AMCP BY THE NUMBERS



8,000

INDIVIDUAL MEMBERS
and growing



MEMBERS INFLUENCE

the health care coverage of the nearly

300 million individuals

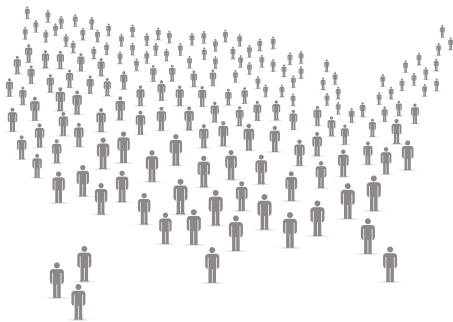
served by private/public health plans, PBMs, and emerging care models

13 AMCP AFFILIATES in the U.S.

AMCP Affiliates are regional groups of AMCP members that focus on grassroots efforts in support of managed care pharmacy and serve as local educational resources for members.

- California AMCP
- Carolinas AMCP
- Florida AMCP
- Georgia AMCP
- Great Plains AMCP
- Mid-Atlantic AMCP
- Midwest AMCP
- Northeast AMCP
- Northwest AMCP
- Ohio-Kentucky AMCP
- Southwest AMCP
- Tennessee-Alabama AMCP
- Utah AMCP

MEMBERS BY REGION



| | |
|---------------------|-----|
| Eastern | 25% |
| Midwest | 21% |
| Southern | 25% |
| Western | 30% |
| International | <1% |



MEMBERS work for
22 of
the top 25
health plans in the U.S.

Learn more about AMCP





Prescription Digital Therapeutics

Prescription digital therapeutics (PDTs) are evidence-based treatments that use software or virtual tools, and sometimes hardware, to deliver a clinical benefit to patients. These innovative products may identify, treat, or manage illnesses across a wide range of conditions, including post-traumatic stress disorder (PTSD), diabetes management, substance and opioid use disorders, attention-deficit hyperactivity disorder (ADHD), chronic back pain, and decreasing eyesight. PDTs are subject to review and authorization by the Food & Drug Administration (FDA) and must be prescribed by a health care provider. While private health payers and even certain public payers like the Veterans Health Administration already provide some beneficiaries access to PDTs, Medicare and Medicaid are prevented from covering PDTs because they do not fit into any of the statutorily-defined benefit categories for these programs.

AMCP supports the **Access to Prescription Digital Therapeutics Act (S. 723/H.R. 1458)**, which would create a Medicare benefit category for PDTs and direct the Centers for Medicare and Medicaid Services (CMS) to establish appropriate payment methodologies for these treatments. The Access to PDT Act will help millions of Americans receive innovative care to treat a growing range of conditions and illnesses.

Value-based Care in Medicaid

Value-based payment arrangements are critical tools for ensuring patient access to high-cost treatments, such as cell and gene therapies. Many high-cost drugs have highly variable outcomes between patients; what works for one patient may be ineffective for another. This makes value-based agreements, where compensation is tied to patient outcomes, more important than ever. Some therapies may only ever be available through value-based agreements. Unfortunately, value-based arrangements remain underutilized in Medicaid, limiting access for America's most vulnerable patients to the care they need.

AMCP supports the **Medicaid VBPs for Patients (MVP) Act (H.R. 2666)**, which would incentivize greater use of value-based agreements by codifying the existing multiple best price rule for Medicaid and modernizing the way pharmaceutical manufacturers report pricing structure data to CMS. This important bipartisan legislation will expand access for vulnerable patients to high-cost, life-changing therapies that may only be available under value-based arrangements.

Reimbursement for Pharmacist-Provided COVID-19 Care

Pharmacists are the most accessible health care providers, with nearly 90% of Americans living within 5 miles of a pharmacy, and patients are increasingly relying upon pharmacists as their first point of care. This is especially true in rural areas where 77% of community pharmacies serve population areas of 50,000 or fewer, making pharmacists an essential care provider to medically underserved communities. Pharmacists played a key role in America's response to the COVID-19 public health emergency by ordering and administering COVID-19 tests, treatments, and vaccines, as well as providing other services to prevent the spread of influenza, Respiratory Syncytial Virus, and strep throat. With the end of the COVID-19 public health emergency on May 11, 2023, patients stand to lose access to vital care from their pharmacist.

AMCP supports the **Equitable Community Access to Pharmacist Services Act (H.R. 1770)**, which would extend certain provisions put in place during the public health emergency that have been a critical lifeline for millions of patients. The bill would also establish coverage and reimbursement under Medicare Part B to enable and empower pharmacists to perform vital services in their communities for beneficiaries of these programs.

Inflation Reduction Act Implementation

AMCP seeks to establish consensus between health care industry stakeholders and provide CMS with valuable insight from managed care practitioners to guide the agency's implementation of the Inflation Reduction Act's (IRA) drug pricing provisions. The prescription drug pricing provisions of IRA significantly alter the Medicare program, including by requiring CMS to negotiate prices for certain single-source drugs with the highest cost to Medicare, requiring drug manufacturers to pay a rebate to CMS if a drug's price increases faster than inflation, and redesigning the Part D prescription drug benefit. Several of IRA's most important provisions, including the Medicare Drug Price Negotiation Program, will not be fully implemented for several years. Certain provisions, such as out-of-pocket smoothing, will be challenging to implement. AMCP shares CMS's commitment to improving seniors' access to safe and cost-effective treatments.

Biosimilars Research

AMCP supports enhanced federal research funding to produce real-world evidence on biosimilar utilization to inform both care and public policy decisions. Biological products (biologics) are derived using cells and tissue from living organisms such as humans, animals, and microorganisms like yeast or bacteria. Biologics have vastly improved the treatment of conditions such as rheumatoid arthritis, anemia, and various forms of cancer. Biologics are often extremely costly due to greater manufacturing complexity, higher research and development investment, and lack of competition. While biologics make up less than 5% of U.S. prescriptions by volume, they account for over 40% of net spending on prescription drugs. The high cost of biologics places financial stress on payers and prevents some patients from accessing crucial therapies. AMCP believes that speeding the adoption of biosimilars, which are certified by the FDA to be highly similar to a reference biologic with no clinically meaningful difference, can help control drug spending through competition while providing patients the same high-quality treatments. According to one recent analysis, biosimilars adoption could save the health care system over \$120 billion by 2025. One key barrier limiting the use of biosimilars is the lack of patient and provider education and misinformation about the safety and effectiveness of using biosimilar products.



ISSUE BRIEF

Access to Prescription Digital Therapeutics Act (S. 723/H.R. 1458)

BACKGROUND

The *Access to Prescription Digital Therapeutics Act of 2023* (S. 723/H.R. 1458) is an important bipartisan bill that will improve care for millions of Americans by expanding coverage of prescription digital therapeutics (PDTs). A growing class of treatment, PDTs are software-based therapies that deliver a clinical benefit to patients, either alone or in combination with other treatments. However, they do not currently fit into one of the statutorily defined coverage categories for the Medicare or Medicaid programs. This leaves beneficiaries of those programs, which include some of America's most vulnerable populations, without access to these cost-effective and accessible treatments. Previous regulatory efforts to expand Medicare and Medicaid coverage of PDTs have been ineffective at improving access for patients. This bill will add PDTs to the list of services and products eligible for coverage under Medicare and Medicaid, as well as direct the Centers for Medicare & Medicaid Services (CMS) to establish payment methodologies and product-specific Healthcare Common Procedure Coding System (HCPCS) codes.

Like other prescription therapies, PDTs are tested for safety and efficacy in randomized clinical trials, reviewed and approved by the Food & Drug Administration (FDA), and prescribed by a health care provider. PDTs treat a wide variety of diseases and conditions, including mental and behavioral health issues, substance and opioid use disorders, Parkinson's disease, and diabetes. Many can be used on a mobile phone, which helps improve patient outcomes by displaying care reminders and allowing patients to access their therapies in any setting. Although private health payers may elect to cover PDTs, the current landscape is a patchwork of reimbursement strategies and coding practices. This leads to confusion and underutilization.

AMCP Urges Passage of the Access to Prescription Digital Therapeutics Act of 2023

AMCP supports the *Access to Prescription Digital Therapeutics Act of 2023*. Expanding coverage of PDTs will improve care for millions of American patients and help standardize reimbursement practices and coding of these therapies across both public and private payers. This bill will help ensure that the greatest number of patients possible are receiving innovative, modern care, which is especially vital for closing care gaps caused by specialist shortages or geographic obstacles. As private payers continue to expand coverage, lack of a benefit category is creating a disparity of access for Medicare and Medicaid beneficiaries.

AMCP urges Members of Congress to co-sponsor and ultimately enact the *Access to Prescription Digital Therapeutics Act of 2023* (S. 723/H.R. 1458), which would add PDTs to the list of treatments eligible for coverage under Medicare and Medicaid, thereby increasing patient access and quality of care.

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ISSUE BRIEF

Medicaid VBPs for Patients Act (H.R. 2666)

BACKGROUND

The *Medicaid VBPs for Patients (MVP) Act* (H.R. 2666) is an important bipartisan bill that will enhance Medicaid patient access to new, high-cost therapies, such as cell and gene therapies, by modernizing the framework for value-based purchasing arrangements in Medicaid. It also protects Medicaid from paying for high-cost treatments that are not effective.

The *MVP Act* codifies the existing “multiple best price” rule that allows manufacturers to report multiple best prices, the lowest drug price paid by any health payer, for drugs that are subject to value-based purchasing arrangements when certain other criteria are met. Pharmaceutical manufacturers have sometimes been unwilling to offer value-based arrangements for their products due to concerns that a drug failing for an individual patient could effectively set the best price available to Medicaid at zero dollars. The *MVP Act* clarifies that the best price under a value-based arrangement is the maximum possible price paid, assuming all patient outcome benchmarks are satisfied. Importantly, this does not mean that Medicaid programs are prohibited from collecting rebates or other price concessions under a value-based arrangement when the treatment fails to meet its benchmarks. For example, cell and gene therapies are complex treatments that may be effective for one patient but not another.

The *MVP Act* further updates requirements for manufacturers to report information related to pricing structures for value-based arrangements to the Centers for Medicare & Medicaid Services (CMS).

AMCP Urges Passage of the MVP Act

AMCP strongly supports the passage of the *MVP Act*. Medicaid beneficiaries are among America’s most vulnerable patients. Value-based payment arrangements are a critical tool for promoting patient access to high-quality, affordable care. The *MVP Act* ensures that the proper channels exist to connect Medicaid patients with the therapies they need. Without wider participation in value-based payment agreements, Medicaid programs may be forced to choose between not covering a drug or paying for a treatment that does not have the expected benefit for the patient.

AMCP urges Congress to pass the *MVP Act* (H.R. 2666). This important legislation will improve patient access to life-changing, potentially lifesaving, treatments. Value-based arrangements promote patient health while protecting Medicaid programs’ budgets. As more innovative therapies come to market, it is essential to equip Medicaid programs with the tools they need to be successful.

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LEGISLATIVE DAYS

MAY 13-15, 2024 | **SAMPLE MEETING INTRODUCTION**

Please note: The following script is a template for you to practice introductions prior to your Hill meetings. Please do not read this script verbatim.

Good morning/afternoon!

My name is _____, and I am here today on behalf of the Academy of Managed Care Pharmacy. AMCP is a professional association whose members apply clinical and scientific evidence to support the appropriate use of medications while optimizing the use of limited healthcare resources.

Our 8,000 members include pharmacists, physicians, nurses, and professionals who are employed by health plans, pharmaceutical manufacturers, PBMs, and other entities within the managed care pharmacy space.

As an AMCP member and constituent of _____ (Your Home District or State), I've come to discuss three critical bills that will expand patients' access to innovative therapies and empower pharmacists to perform vital services — the Access to Prescription Digital Therapeutics Act and the Medicaid VBPs for Patients Act.



PRIMARY ISSUE

Access to Prescription Digital Therapeutics Act

The *Access to Prescription Digital Therapeutics Act of 2023 (H.R. 1458/S. 723)* is AMCP's top priority for Legislative Days 2024. This topic is the first one that should be raised during your Congressional meetings.

ASK: AMCP supports the *Access to Prescription Digital Therapeutics Act of 2023 (S. 723/H.R. 1458)*, and I encourage the Senator/Congressman/Congresswoman to co-sponsor it.

Sponsor office contacts:

Rep. Hern: Meg Maykoski, Legislative Assistant, meg.maykoski@mail.house.gov

Rep. Thompson: Crozer Connor, Legislative Director, crozer.connor@mail.house.gov

Sen. Shaheen: Vic Goetz, Legislative Assistant, vic_goetz@shaheen.senate.gov

Sen. Capito: Dana Richter (pronounced "Dan-uh", not "Dain-uh"), Senior Policy Advisory, dana_richter@capito.senate.gov

About the Access to PDTs Act:

- **Prescription Digital Therapeutic Definition:** Establishes a definition for prescription digital therapeutics (PDTs) under the Social Security Act, which is important because there is currently no standard definition delineating PDTs compared to other digital health technologies. The bill establishes conditions under which a product, device, internet application, or other technology is a PDT:
 - Is cleared or approved under section 510(k), 513(f)(2), or 515 of the Federal Food, Drug, and Cosmetic Act (FDA-cleared);
 - Has a cleared or approved indication for the prevention, management, or treatment of a medical disease, condition, or disorder; and
 - Primarily uses software to achieve its intended result.
- **Medicare and Medicaid Coverage:** This bill would expand access to PDTs for millions of seniors and low-income households, who currently have limited or no access to them because PDTs are not included in any of the existing statutory benefit categories for those programs.
 - The bill achieves this by adding PDTs to the list of statutory benefits for Medicare and Medicaid. It does not create a new Medicare "Part." These programs are defined benefit categories, which means that CMS generally only authorizes coverage for products or services that are listed in the Social Security Act.
 - Specifically, the bill amends Section 1861(s)(2) to add a new subparagraph: "(KK) prescription digital



therapeutics furnished on or after January 1, 2024;" (Medicare) and amends Section 1905(a) to add a new subparagraph: "(31) prescription digital therapeutics (as defined in section 1861(nnn))" (Medicaid).

- o **This bill does not mandate coverage.** It will allow CMS to cover PDTs, under the same determination processes it uses for other drugs or devices, when it deems that PDT is reasonable and necessary for the diagnosis or treatment of an illness or injury. Currently, Medicare cannot cover PDTs and only a handful of state Medicaid programs have covered certain PDTs after receiving waivers from CMS. For instance, Massachusetts, Florida, and California have contracted with PDT companies to provide patients access to products indicated to treat substance and opioid use disorders.
- **Coding and Reimbursement:** In addition to improving access to PDTs for individuals in public health insurance programs, the bill directs HHS to establish a payment methodology for PDTs that will address billing-infrastructure barriers to PDT coverage across all payer types.
 - o In 2022, CMS introduced a Level II Healthcare Common Procedure Coding System (HCPCS) code for prescription digital behavioral therapy under Miscellaneous Supplies and Equipment (A9291). There are several issues that remain:
 - The A9291 code does not recognize the differences between PDT products and is inappropriate for products that don't use cognitive behavioral therapy. For instance, Luminopia uses an application delivered via headset to improve vision in children with amblyopia (i.e., lazy eye).
 - In addition to HCPCS codes, additional barriers to coverage and reimbursement for PDTs under the pharmacy benefit include the fact that these products don't have a national drug code (NCD) and national compendia do not recognize PDTs.
 - Pharmacy claims must be adjudicated near instantaneously with dozens of gates for a claim to clear. We need a standardized system to facilitate smooth claims processes. Although private health payers may elect to cover PDTs, there is currently no accepted general practice. The existing patchwork of reimbursement strategies and coding practices leads to confusion.
 - o This bill directs HHS to establish a payment methodology for PDT manufacturers within 1 year of enactment. It also directs the department to establish product-specific HCPCS codes for PDTs within 2 years of enactment and create temporary product-specific HCPCS codes until permanent codes are established.
- **Where the bill stands:**
 - o House: the bill was introduced by Reps. Hern (R-OK-1), Thompson (D-CA-4), Johnson (R-OH-6), and Matsui (D-CA-7) on March 8, 2023, and currently has 24 cosponsors. It was referred to the House Energy & Commerce (E&C) Subcommittee on Health, and the House Ways & Means Committee. The bill was featured during an E&C hearing on Sept. 19 on Medicare innovation but has not received a markup.
 - o Senate: the bill was introduced by Sens. Shaheen (D-NH), Capito (R-WV), Booker (D-NJ), and Blackburn (R-TN) on March 8, 2023, and has 4 cosponsors. The bill was referred to the Finance Committee and has not had a hearing.



About PDTs:

- PDTs are therapies that primarily use software to deliver a clinical mechanism of action and have been reviewed and authorized by FDA.
 - Patients receive prescriptions for PDTs through the same channels as they currently receive prescriptions for traditional drug therapies, such as their primary care physician. After receiving a prescription, patients will be “dispensed” an access code by a pharmacy and provided devices, if applicable. Some PDTs, however, may be utilized in a clinical setting with a provider present.
- PDTs may be effective tools in addressing certain disparities in care caused by specialist shortages or geographic obstacles. In particular, they have demonstrated significant promise in treating substance use disorders and diabetes, among other conditions.
 - MassHealth, the Massachusetts Medicaid program, released data last year on its pilot program covering RESET and RESET-O, indicated to treat substance use disorder and opioid disorder. The data showed that providing patients access to these products resulted in fewer emergency department visits, inpatient hospitalizations, and acute treatment and detoxification visits. MassHealth reported saving roughly \$2,000 per user across a cohort of 359 patients.
- Many PDTs can be used on a mobile phone, which may help improve patient outcomes by displaying care reminders and allowing patients to access their therapies at any time and in any setting.
- PDTs help address provider shortages by enabling patients to receive treatment outside of their providers’ office. These products also help providers monitor their patients’ conditions by reporting information on utilization and scoring metrics.
- **IF ASKED ABOUT FDA PATHWAY:** PDTs are usually authorized under the 510(k) pathway, which is also used for devices and some durable medical equipment, where they must present evidence of safety and efficacy. They may also be approved under other pathways, such as 513(f)(2) or 515.
- **IF ASKED ABOUT EVIDENCE:** More real-world evidence needs to be generated before a truly refined coverage strategy can be developed. However, without the framework in place to begin coverage, real-world evidence cannot be gathered. AMCP will work with CMS after enactment to ensure the right data standards are in place to make responsible coverage decisions.
- **IF ASKED ABOUT WHICH PART COVERS PDTs:** The legislation doesn’t address where coverage of PDTs should live. AMCP is committed to working with CMS to figure out the most appropriate benefit, which will likely vary by product.
- **IF ASKED ABOUT THE COST:** The bill is with CBO now to be scored. The bill’s lead sponsor, Congressman Hern, is also chair of the Republican Study Committee and very focused on cost.
- **NOTE:** As of March 2024, there are 24 FDA-cleared PDTs.

**SECONDARY ISSUE****Medicaid VBPs for Patients Act**

The Medicaid VBPs for Patients (MVP) Act (H.R. 2666) is AMCP's second priority for Legislative Days 2024. This topic is the second one that should be raised during your Congressional meetings.

ASK: AMCP supports the Medicaid VBPs for Patients Act (S._____/H.R. 2666), or MVP Act, and I encourage the Senator/Congressman/Congresswoman to co-sponsor the bill.

Sponsor Office contacts:

Rep. Guthrie: Brian Fahey, Legislative Director, brian.fahey@mail.house.gov

Rep. Eshoo: Jordan Bossi, Legislative Assistant, jordan.brossi@mail.house.gov

Sen. Mullin: Jake Johnson, Legislative Assistant, jake_johnson@mullin.senate.gov

Sen. Sinema: Sylvia Lee, Policy Advisor, sylvia_lee@sinema.senate.gov

About the MVP Act:

- The MVP Act will increase use of value-based purchasing arrangements in Medicaid by codifying the Medicaid "multiple best price" rule and allowing value-based arrangements for drugs administered in an inpatient setting.
- Value-based arrangements are important tools for facilitating patient access to high-cost, potentially life-saving treatments, such as cell and gene therapies. Under a value-based arrangement, pharmaceutical manufacturers and health payers agree on pre-determined patient outcome benchmarks and tie payment amounts to those benchmarks.
 - **IF ASKED FOR MORE DETAIL ON VBAs:** Value-based payment can be structured in many ways. In some cases, payers may pay the full cost up front and receive rebates from the manufacturer when outcomes are lower than expected. In other cases, the payer may pay incrementally based on improvement in the patient's condition. Other strategies exist as well, but the key element is that overall cost is connected to agreed-upon patient outcomes.
- Many high-cost drugs treat rare diseases and conditions and may have significantly different outcomes between patients. What works for one patient isn't guaranteed to work for another.
 - These kinds of therapies are often only available through a value-based purchasing agreement.
- The MVP Act promotes patient access to high-cost therapies while protecting Medicaid programs from paying for treatments that don't deliver the expected outcome for patients.
 - VBAs are of particular interest for cell and gene therapies given that they are typically one-time treatments and are highly durable – under the traditional system they would be paid for with one lump sum. These therapies often cost over \$1 million but are highly valuable to patients and health systems due to



their potential improvements in patient outcomes and avoidance of future health care utilization. The FDA has approved 35 cell and gene therapies since 2017 and the rate of approvals is expected to increase over the next decade, which necessitates innovative payment models to ensure that plans – particularly Medicaid programs that have strict budgets – can cover these products while mitigating financial risk.

- o **Health equity perspective:** The approval last year of two gene therapies indicated to treat sickle cell disease highlights the important role that Medicaid plays in ensuring that all patients receive these innovative treatments. These products have list prices between \$2.2 million and \$3.1 million, which poses a challenge to Medicaid programs with fixed budgets. With VBAs, Medicaid programs may be encouraged to provide broader coverage to sickle cell therapies.
- The MVP Act also directs HHS to issue guidance to Medicaid programs on the use of value-based agreements to drugs administered in an inpatient setting by a medical professional.
- **IF ASKED WHY THE BILL IS NEEDED:** We haven't seen the uptake we're looking for around value-based agreements. Manufacturers can be hesitant to offer value-based agreements due to concerns that a treatment's failure for an individual patient can set the best price at zero dollars for all Medicaid programs. The multiple best price rule was implemented to address this, but unfortunately, it hasn't done so.
 - o The MVP Act clarifies that the best price under a value-based arrangement is the highest possible price paid assuming all benchmarks are met. This should address manufacturer concerns about the best price rule while expanding the use of value-based agreements to deliver treatments for vulnerable patients.
- Where the bill stands:
 - o House: the bill was introduced by Reps. Guthrie (R-KY-2), Eshoo (D-CA-16), Joyce (R-PA-13), Auchincloss (D-MA-4), Miller-Meeks (R-IA-1), and Peters (D-CA-50) on April 18, 2023, and has 35 cosponsors. The bill was reported out of the Energy & Commerce Committee on May 24, 2023, but has not been reported out of the Ways & Means Committee and has not received floor consideration.
 - o Senate: the bill was introduced on May 1 by Senators Mullin (R-OK), Sinema (I-AZ), Scott (R-SC), and Hassan (D-NH).

OTHER ISSUES

- Thank you for the question. I'm not prepared to provide an answer, but the AMCP government relations staff will follow up with you.
 - o This talking point is for any questions you may get on issues not covered in this document.

NEXUS |  AMCP

MAKE PLANS TO JOIN US

AMCP Nexus 2024

MGM Grand, Las Vegas
October 14-17

Registration opens Tuesday, July 9

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#WeAreMCPs

We are
MCPs.

Managed Care Pharmacy
Professionals Today are Shaping
Patient Care *Tomorrow.*

Join The Movement at
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Legislative Days

THANK YOU INSTRUCTIONS

Twitter is a great way to say thank you to your Members of Congress and their staff for taking the time to discuss AMCP's policy priorities. Use the template below (*also available through your Advocacy Day web portal*) to send a 'thank you' tweet and be sure to include the relevant advocacy hashtags. Tagging the relevant Member of Congress and AMCP will allow us to track all AMCP Legislative Days 2024 follow-up tweets. Posting your tweet with the attached image will help boost your tweet's visibility.

Thanks to @[Member of Congress]'s office for meeting with me to discuss @amcporg's policy priorities!
The #PDTAccessAct #MVPAct will improve patient access to innovative new treatments and critical pharmacist services. #AMCPAdvocacy



this image is sized for Twitter, file name: LegDays2024_TW.jpg and is available through your Advocacy Day web portal

THANK YOU INSTRUCTIONS | *(cont.)*

Social media platforms other than Twitter heavily restrict how users can comment on political figures' pages. In the case of Facebook, there is no option to directly send a 'thank you' message, so please use Twitter. Please send a 'thank you' email to the staffers you meet with during Legislative Days even if you also posted a 'thank you' on Twitter. **Their email addresses will be provided to you after Legislative Days, or you can send the note directly through your Advocacy Day web portal.** We will discuss sending 'thank you' messages during the May 13-15 education session. An email template is included below:

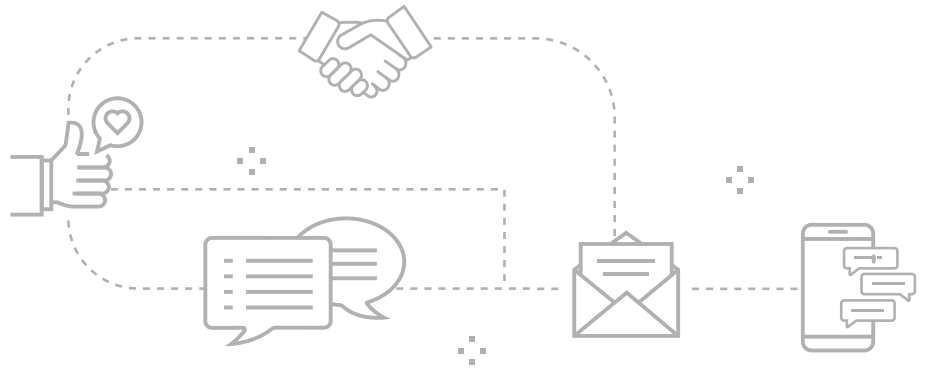
Dear [Staffer Name],

Thank you for taking the time to speak with me about AMCP's policy priorities. The Access to Prescription Digital Therapeutics Act (S. 723/H.R. 1458) will expand access to prescription digital therapeutics (PDTs) for Medicare and Medicaid beneficiaries, who currently have limited or no access to them because PDTs are not included in any of the existing statutory benefit categories for those programs. The Medicaid VBPs for Patients Act (H.R. 2666) promotes patient access to novel therapies while protecting Medicaid programs from paying for treatments that don't deliver the expected outcome for patients.

Thank you again for your time and your commitment to patients and pharmacists.

Sincerely,

[your name]



Advocacy

SOCIAL MEDIA GUIDE

FOLLOW YOUR ELECTED OFFICIALS ON ALL THE SOCIAL MEDIA PLATFORMS YOU USE

Just like advocates, elected officials use a variety of social media platforms. All officials will have Twitter and Facebook accounts, but many offices also use Instagram, YouTube, and other social media. If you use social media, search for your state and federal officials on it. Be aware that many officials maintain separate accounts for their offices and their campaigns. An official account will usually include the official's title, such as Senator or Representative, while campaign accounts often use a format such as "Candidate4State" or simply the candidate's name. Look for the blue checkmarks on Facebook and Twitter to ensure that their identity has been verified by the platform. You should follow both the official and campaign accounts to stay up-to-date, but advocacy work will primarily involve their official accounts.

ENABLE YOUR FACEBOOK CONSTITUENT BADGE

By visiting Facebook Town Hall ([facebook.com/townhall](https://www.facebook.com/townhall)), you can find your elected officials and enable the constituent badge. This badge shows up next to your name when you comment on an official's post or post on their profiles. It lets your representatives know that you are one of their constituents and helps them focus on the comments that deserve attention. It applies to both your future comments and to all comments you have made on their posts previously.

USE TWITTER BEST PRACTICES

The goal is to make sure your tweet appears publicly on your followers' timeline as well as the timeline of any official's tagged account. To ensure this, please apply these best practices:

- If you begin your tweet with a tagged user's account (i.e. @user) make sure you add a period (.) to the beginning of the tagged account (ex. @user). Without adding this period, your message will not appear in your followers' timelines nor will it appear in the tagged user's timeline. It will appear in the tagged user's notification window which is easily ignored.
 - Acceptable example tweet:
.@user Thank you for supporting AMCP's priorities!
- A period before the tagged user's account is not necessary if you mention the user anywhere else within your tweet.
 - Acceptable example tweet:
Thank you for supporting AMCP's priorities, @user!

continued

SOCIAL MEDIA GUIDE *continued*

TAG AMCP AND INCLUDE HASHTAGS AND BILL NUMBERS

Make sure to include all the important pieces of information in your social media advocacy posts. This will typically include tagging AMCP (@amcporg on Twitter, Facebook, and Instagram), using the hashtags #AMCP and #WeAreAMCP, and including bill numbers. Tagging AMCP and using the hashtags makes it easy to find other similar posts discussing the same subject and positions AMCP as a thought leader. Including the bill numbers assigned to AMCP's priority legislation will help political offices quickly identify which bills their constituents are concerned about. AMCP staff will provide you with the relevant bill numbers during advocacy campaigns.

ALWAYS STAY CALM AND COMPOSED

Advocacy work often requires you to engage with politicians with whom you have substantial disagreements. As a result, it is important to set those differences aside while advocating for AMCP's policy agenda. Offices give substantially less weight to angry or insulting messages. Keeping a professional tone in social media communications will elevate your posts above the noise.

NOTES



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