

# PBM Hub: Employer Strategies to Break the Monopolies

January 30, 2025



# Speakers



**Mike Stancil**  
**MODERATOR**  
Vice President  
AffirmedRX



**Shawn Gremminger**  
President & CEO  
National Alliance of Healthcare  
Purchaser Coalitions



**Renzo Luzzatti**  
President  
US-Rx Care



**Craig Burton**  
Senior Vice President of Policy and  
Strategic Alliances  
Association for Accessible Medicines



**Greg Baker**  
CEO  
AffirmedRX

# Survey Feedback

## **The Changing PBM Landscape:** Josh Bindl, National CooperativeRx

Relevant and helpful - especially the insight into contract language, working with 'trusted' advisors and mis-aligned incentives. Appreciate the practical takeaways

## **Understanding Rebates, GPOs, and Claims-Level Data Access:** Bill Dreyer, Health Delegates

This session put context around the players and being 'close to the source' of rebates. I also appreciated the definitions and discussion on GPO benefits, lowest net formulary and claims level detail. Also, the advice to consider pharmacy goals in all transactions.

## **Deep Dive into PBM Contracts: Avoiding Pitfalls and Asking the Right Questions:** Greg Baker, AffirmedRx, PBC

There was a lot in this presentation that was really valuable - particularly the tricks and exclusions of information and contract expectations.

## **Understanding the Consolidated Appropriations Act (CAA) and Minimizing Risk in Benefit Design:** Renzo Luzzatti, US-Rx Care

Practices to avoid and mitigate risk. I'm looking forward to seeing the list of questions.

## **Biosimilars, PBMs, and the Future of Formulary Design:** Craig Burton, Association for Accessible Medicines

- There was a lot of data here. More tricks uncovered and shared. Employers are not savvy drug shoppers - especially around biologics and generics.
- It was useful and I have been trying for years to increase biosimilar usage. The Brokers/PBMs do not seem to follow through even though it is a discussion at renewal meetings.
- This topic was a bit deeper than I can go at this point to try and curb costs.



# Navigating the Consolidated Appropriations Act and Avoiding Compliance Pitfalls



**Renzo Luzzatti**  
President  
US-Rx Care



# Best Practices To Avoid or Mitigate Risk Exposure



- Hire a PBM that is philosophically and fiscally aligned with the plan's fiduciary obligation
- Deconflict clinical decision-making
- Utilize an independent PBM contracting expert to review and negotiate your contract before signing
- Limit contracts to renewable one-year terms
- Avoid hidden revenue going to the PBM
- Utilize independent third-party auditors to monitor "approved charges" versus wholesale cost, not just conformance with contractual discounts
- Require broker / advisor attestation regarding conflicts of interest, sources of revenue, and fiduciary commitment



# Discussion



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# Why Employers Should Have a PBM Biosimilar Strategy



**Craig Burton**

Senior Vice President of  
Policy and Strategic Alliances  
Association for Accessible  
Medicines

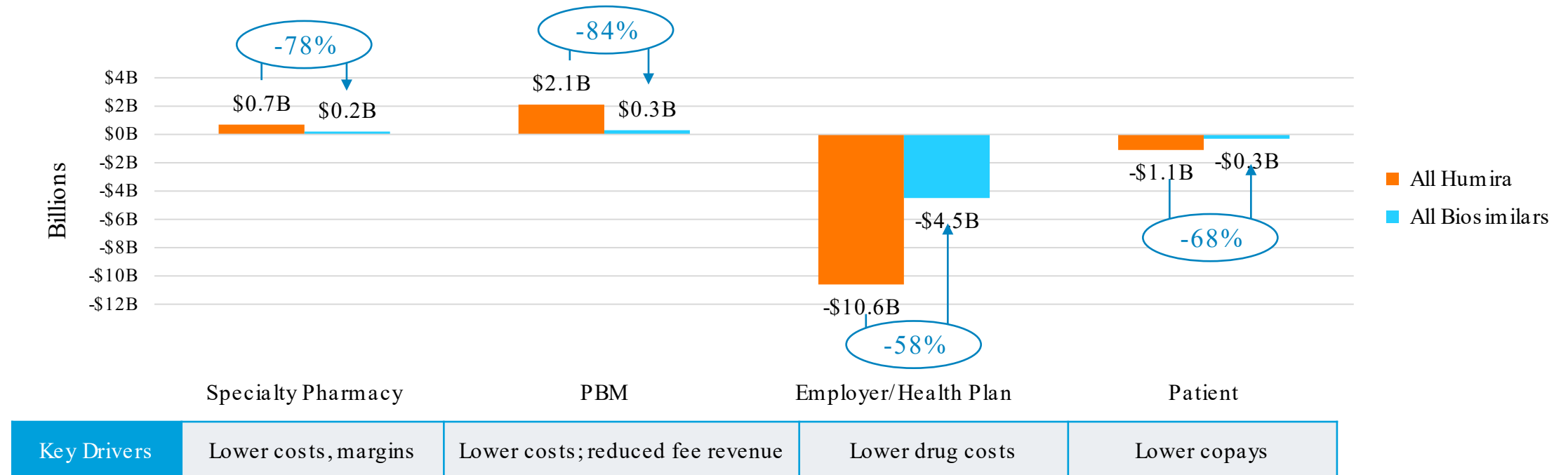




# PBM Biosimilar Strategy Cost Patients and Employers \$6 Billion in Lost Savings in 2023

Many PBMs and health plans continued use of brand Humira instead of biosimilars with lower net costs

Projected Net Profit Differential from Humira to Biosimilar Transition



Various sources\*; Sales estimates from IQVIA NSP and AbbVie financial statements

Source: US Market Access Strategy Consulting analysis; \*Humira gross and net sales sourced from IQVIA NSP and AbbVie financial figures for 2023; revenue and costs by stakeholder sourced from various reports, NADAC data, and LAAD claims data; Assumes biosimilar WAC of \$995.



# Biosimilar Coverage – Key Questions for Employers

Key questions relating to biosimilar launches, coverage, utilization management, and pharmacy network strategies

## Rx Pipeline

Ask your PBM to identify the biosimilar pipeline by expected launch dates and therapeutic area.

Information provided by your PBM should address product variability based on marketing (i.e., private label), discounts, interchangeability and formulations and concentrations.

## PBM Rebate Strategy

Your PBM should be transparent in its brand rebate strategy and if formulary design and tiering is driven by lowest net cost at the “product level.”

Ask if your PBM is using a bundled rebate strategy as a mechanism to drive rebate and fee revenue from larger brand product portfolios in a therapeutic area.

## Utilization Management Strategy

What capabilities does your PBM have in place to effectuate formulary changes across the employer pharmacy network?

What strategy is your PBM using to address prescriber, pharmacy and member education and outreach to initiate script conversions when necessary?

## Pharmacy Network Implications

Is your PBM formulary design driving dispensing volume through a restricted channel (i.e., PBM SP affiliate) or can selected products be dispensed across a broader pharmacy network?

If restricted, what benefits associated with lower costs to dispense is your PBM returning to employers?

## Commercial and Government Programs

Ask your PBM to describe both its commercial and government program formulary and network strategy and if/how those strategies differ based on cost and value from the employer market.

Is your PBM prepared to address state and federal policy changes and how they may impact the employer market?

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# PBM Hub 2.0

- June 9, 2025
- 1:00 p.m. – 5:30 p.m.
- The Westin, Las Colinas Hotel, Dallas, TX
- Registration and agenda details coming soon!



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