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Express Scripts Takes Fire for Decision To Keep P&T Committee Members Secret

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By **Anisa Jibrell**, Assistant Editor
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Hiding the identity of pharmacy and therapeutics (P&T) committee members is a common practice for most PBMs and insurers. But because these unidentified members are equipped with the immense power of making drug formulary recommendations, Express Scripts Holding Co. is taking heat for the practice, with critics questioning whether the anonymity is a transparency concern or a necessity for the practicing physicians and nurses who serve on these committees.

An Aug. 14 *St. Louis Post-Dispatch* article has sparked debate on what to make of the unidentified experts who determine these recommendations. Critics quoted in the article, such as Adrian Di Bisceglie, M.D., co-director of St. Louis University Liver Center, argued that the public should be able to see what contributions P&T committee members receive from pharmaceutical companies and other sources.

Express Scripts spokesperson Jennifer Luddy says the company takes a number of measures to maintain transparency without identifying the members.

"The conversations and decisions of our P&T committee are transparent — the meeting minutes are available to our clients, and our clients also are able to attend the meetings. The public anonymity of the committee members ensures that these leading physicians aren't influenced by well-funded pharmaceutical manufacturers," Luddy tells *DBN*.

PBM Draws Fire for P&T Anonymity

She goes on to explain that the P&T committee "aggressively" rectifies any conflicts of interest that may surface. "Every two months, members are required to disclose any financial connection to a manufacturer, and then the rest of the committee decides whether or not that appearance of conflict may in some way influence the vote. In the rare instances of a potential conflict, that member may be asked to step down from the committee or recuse himself/herself from voting on products related to the specific manufacturer," Luddy says. "When this happens, the committee will consult with non-conflicted physicians in the relevant specialty when reviewing the clinical merits of a particular medication."

Another PBM, Prime Therapeutics LLC, says it provides the credentials and other vital information to clients and constituents upon request.

"We routinely provide a full roster of contact information to various federal and state agencies and our accrediting bodies [URAC and NCQA] who require us to meet high standards in their accreditation requirements," explains David Lassen, Pharm.D., chief clinical officer at Prime Therapeutics. "Given this, our members should have the assurance that these health care professionals who serve in this capacity have been thoroughly vetted and are making recommendations to Prime and our health plans based on the clinical merits of each drug. Providing the names of these experts to the general public would not improve patient care. Rather, it would invite unwarranted pressure from external organizations that have the capacity to inappropriately influence the unbiased nature of the established decision making process."

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When new medications began to trickle into the market in the 1980s and 1990s, P&T committees emerged with the goal of managing these medications.

"There were more options, but the question was which options were the better options," says Mary Jo Carden, vice president of government and pharmacy affairs at the Academy of Managed Care Pharmacy (AMCP). "Should all of the options be available? A lot had to do with clinical information or lack thereof, as well as cost, so the formulary process was sort of born out of that."

According to the AMCP's website, P&T committees typically consist of physicians, pharmacists and other health care professionals with "current knowledge and expertise in the clinical aspects of prescription drugs and drug-use review, evidence-based decision making, evaluation, and intervention."

"Typically speaking, a pharmacy benefit management company like Express Scripts would have its own P&T committee, but also health plans and some other organizations that do health care decision-making would also potentially have a P&T committee," Carden says. "The reason I say 'potentially have a P&T committee' is it depends on how they're structured. If they are structured such that they have contracts with a pharmacy benefit management company, then they make use of the PBM's P&T committee to make those determinations."

It's important to keep in mind that P&T committees review the safety and efficacy of drugs, contends Bill Sullivan, principal consultant for Specialty Pharmacy Solutions LLC, not whether they should be covered or not, or on what benefit tier.

"The process, however, can routinely include a review of existing therapies to determine equivalency," says Sullivan, "especially if the products are A/B rated [by the FDA] as interchangeable."

According to Sullivan, typically P&T committees are staffed by internal employees.

"They do, however, bring in outside experts, usually leading physicians and other drug experts, with specific experience in the therapeutic category," he tells *DBN*. "As such, payers/PBMs don't usually disclose those names as they are easy to target. This has been a long-standing practice and helps keep the process ethical."

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