



Comments of the American College of Clinical Pharmacy

Statement to the Senate Committee on Finance

**Prescription Drug Price Inflation: An Urgent Need to
Lower Drug Prices in Medicare**

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Statementsfortherecord@finance.senate.gov**



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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement to the Senate Finance Committee related to the March 16, 2022 hearing on Prescription Drug Price Inflation: An Urgent Need to Lower Drug Prices in Medicare.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of more than 17,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

ACCP's members practice in a variety of team-based settings, including ambulatory care environments, hospitals, colleges of pharmacy and medicine, the pharmaceutical industry, government and long-term care facilities, and managed care organizations. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals,

ACCP welcomes the growing recognition in Congress of the unique opportunity that prescription drugs offer to improve health and enhance the quality of life for millions of American patients, and the unique challenges we face in ensuring affordable access to these vital therapies.

We look forward to working with you to incentivize integration of qualified clinical pharmacists into value-based patient-care teams in order to achieve better outcomes from the medication therapies our entire health delivery system is so heavily invested in.

Achieving Medication Optimization

ACCP believes that in order to achieve a health care system that delivers better care, smarter spending, and healthier people and communities, it is vital to establish a truly team-based, patient-centered approach to health care consistent with evolving delivery and payment models currently available under private and commercial health plans.

It is estimated that \$528 billion dollars a year¹, equivalent to 16 percent of total health care spending, is consumed due to inappropriate or otherwise ineffective medication use. Given the central role that medications play in care and treatment of chronic conditions, combined with the continuing growth in the range, complexity and cost of medications – and greater understanding of the genetic and physiologic differences in how people respond to their medications – the nation's health care system consistently fails to deliver on the full promise medications can offer.

Comprehensive medication management (CMM) is a direct patient care service, provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients.

Optimizing Specialty Drug Use

¹ Watanabe, J., McInnis, T., & Hirsch, J. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *The Annals of pharmacotherapy*, 52(9), 829-837. <http://dx.doi.org/10.1177/1060028018765159> Retrieved from <https://escholarship.org/uc/item/3n76n4z6>

The rapidly increasing cost of many existing and newly approved specialty drugs is a major and growing concern to patients, the American public, commercial and federal payers, and health policy economists and regulators.

Specialty prescription drugs can be defined as a prescription drug that “has a total average prescription cost greater than \$1,000 per prescription; or has a total average cost per day of therapy greater than \$33 per day.”² The Centers for Medicare & Medicaid Services definition of specialty drugs is also based on price—pharmaceuticals costing \$600 or more per month are considered specialty drugs.³

ACCP believes that a patient-centered, team-based, and evidence-driven approach to CMM must be paired with emerging value-based pricing approaches to better ensure that the rational and economical use of specialty drugs is optimized both for patients and for the health care system. CMM, applied through standardized clinical practice processes is a cornerstone of interprofessional, patient-centered care that can better ensure optimized, economical specialty drug use.

ACCP urges the Committee to pursue specialty drug pricing models that ensure patients and health systems receive commensurate value from the appropriate use of specialty drugs, employ rational and transparent pricing practices, and enable pharmaceutical manufacturers to sufficiently recoup research and development (R&D) investments.⁴

Value-based pricing models might include indication-specific pricing, bundled payments, and explicit investigations of cost, value, comparative effectiveness and safety of specialty drugs.

Implementation of Pharmacogenomics (PGx) to Achieve Medication Optimization

Pharmacogenomics (PGx) allows clinicians to assess how a patient’s genetic profile determines their responses to specific medications. Appropriate diagnosis and access to advanced diagnostics like PGx testing is essential to ensure safe and effective therapy for each patient. When applied as a component of CMM, PGx ensures that a patient’s medications are individually assessed to determine that each is indicated, effective, consistent with patient expectations, and safe, in view of the comorbidities present, other concurrent medications, and the patient’s ability to adhere to the prescribed regimen.

When integrated into CMM, PGx testing allows for targeted treatment decisions based on the unique characteristics of the patient’s unique genetic profile. The integration of PGx within CMM reduces costs, improves outcomes and access to care, and enhances patient and provider quality of life and satisfaction. To ensure medication optimization, pharmacogenomics (PGx) should be integrated into CMM.

² Schondelmeyer SW, Purvis L. Rx price watch report. Trends in retail prices of specialty prescription drugs widely used by older Americans, 2006 to 2013 [research report], 2015. Avail-able from www.aarp.org/content/dam/aarp/ppi/2015/rx-price-watch-specialty-prescription-drug-prices-continue-to-climb-final.pdf.

³ Centers for Medicare & Medicaid Services (CMS). Medicare part D specialty tier [guidance document], 2014. Available from www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/SpecialtyTierMethodology.pdf.

⁴ ACCP Position Statement, 2017. Optimizing Specialty Drug Use, *Pharmacotherapy*, 37: 973-975. <https://doi.org/10.1002/phar.1945>

“Cures 2.0” legislation (HR 6000) currently being considered by the House Committee on Energy and Commerce includes Section 408: Medicare Coverage for Precision Medicine Consultations. Section 408 would require the Secretary of Health and Human Services to create a pilot grant program within the Center for Medicaid and Medicare Innovation (CMMI) to test approaches to delivering personalized-medicine PGx consultations by qualified clinical pharmacists.

We thank the Finance Committee for tackling these serious issues related to the increasing cost of prescription medications, Medicare coverage and payment for digital health and personalized medicine infrastructure. We urge you to advance payment policy to support the integration of evolving team-based, quality-focused payment and care delivery models that shift Medicare payment policy for providers toward value of care and away from volume of services.

About “Qualified Clinical Pharmacists”

Clinical pharmacists are practitioners who provide CMM and related care for patients in all health care settings. They are licensed pharmacists with specialized, advanced education and training who possess the clinical competencies necessary to practice in team-based, direct patient care environments. Accredited residency training or equivalent post-licensure experience is necessary for entry into direct patient care practice. Board certification is also expected once the clinical pharmacist meets the eligibility criteria specified by the Board of Pharmacy Specialties (BPS). In providing CMM, they establish a valid collaborative drug therapy management (CDTM) agreement with the patient’s provider or are formally granted clinical privileges within a health care practice/institution.

We would welcome the opportunity to provide additional information, data, and connections to successful practices that provide CMM/PGx services as part of this effort to optimize the use of medications in the U.S.

Summary

We thank you for the opportunity to provide input on the Finance Committee’s efforts to address prescription drug price inflation and its impact on the long-term sustainability of the Medicare program.

As part of this effort, we urge you to consider efforts to modernize access to and coverage of innovative therapies and we encourage you to utilize the unique contributions of clinical pharmacists in the area of medication optimization. We welcome the growing understanding in Congress of the unique value that qualified clinical pharmacists provide in the therapeutic management of complex conditions.

ACCP is dedicated to advancing a quality-focused, patient-centered, team-based improvement in health care delivery that (1) helps assure medication optimization, (2) enhances patient safety (3) promotes value-based rather than volume-based care and (4) contributes to greater affordability and sustainability for the Medicare program. We look forward to working with you to help achieve these goals.