

March 5, 2024

The Honorable Matt Klein, Chair, Commerce and Consumer Protection Committee
The Honorable Judy Seeberger, Vice Chair, Commerce and Consumer Protection Committee
The Honorable Gary Dahms, Ranking Minority Member, Commerce and Consumer Protection Committee
Minnesota Senate Commerce and Consumer Protection Committee

## Re: PCMA Comments with Concerns on SF 205 – Antineoplastic cancer treatment prior authorization prohibition

Dear Chair Klein, Vice Chair Seeberger, Ranking Minority Member Dahms, and Members of the Health and Human Services Committee:

My name is Michelle Mack and I represent the Pharmaceutical Care Management Association, commonly referred to as PCMA. PCMA is the national trade association for pharmacy benefit managers (PBMs), which administer prescription drug plans for more than 289 million Americans with health coverage provided by large and small employers, health insurers, labor unions, and federal and state-sponsored health programs.

PCMA appreciates the opportunity to provide our concerns with SF 205. PBMs exist to make drug coverage more affordable by aggregating the buying power of millions of enrollees through their plan sponsor/payer clients. PBMs help consumers obtain lower prices for prescription drugs through price discounts from retail pharmacies, rebates from pharmaceutical manufacturers, and using lower-cost dispensing channels. Though employers, health plans, and public programs are not required to use PBMs, most choose to because PBMs help lower the costs of prescription drug coverage.

Prior authorization provides relevant clinical value to cancer-related drugs (antineoplastic drugs) because:

- Prior authorization promotes use of oncology agents as supported by clinical evidence and enhances adherence to established clinical guidelines.
- Prior authorization can prevent misuse of oncology medications (use for experimental scenarios without adequate clinical support). Off-label use of FDA-approved drugs is not regulated.

The introduction of SF 205 was surprising to us. This is because we negotiated the issue of including prior authorization for antineoplastic cancer treatment in last year's prior authorization law and after comprehensive debates relying on solid medical efficacy and cost data, the inclusion of this cancer drug coverage or any medications were not included in the 2024 prior authorization law. That same negotiated language is now proposed to be amended when it is not yet effective (the effective date is January 1, 2026.)

We also have serious concerns that this issue has not been evaluated through the Department of Commerce mandate review process to gather further details and cost information.



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Thank you for your time and consideration. We look forward to working with the bill sponsor on this issue.

Please feel free to contact me should you have any questions.

Sincerely,

Michelle Mack

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Copy: Sen. Lindsey Port

Sen. Alice Mann

Sen. Erin Maye Quade

Sen. Liz Boldon