

Principles for Direct-to-Consumer (DTC) Programs

Health care providers and economists agree that pharmaceuticals serve as a cost-effective intervention for improving patient health. Yet, when used incorrectly without a pharmacist's assistance, medications can also result in significant additional health care visits and costly hospital admissions. **In fact, for every \$1 spent on drugs in 2017, Americans spent \$1.55 on the consequences of drug-related problems.** Most favored nation drug pricing and DTC initiatives hold promise for reducing the cost of medications. Yet these initiatives do not go far enough to ensure Americans receive the full value and effective use of their medications. The American Pharmacists Association (APhA) maintains that any DTC program from pharmaceutical manufacturers must include:

- Adequate payment for the pharmacist's time, from the manufacturer and/or insurer to the pharmacist ***of the patient's choosing***, to provide personal instruction on the appropriate use of medications distributed through the DTC program. This pharmacist's payment may be made to the pharmacy or health system that employs the pharmacist.

To ensure appropriate utilization of medications, certain pharmacist services should be fully covered under Medicare Part B, Medicaid, TRICARE, and commercial health plans, including but not limited to:

- Coverage of an annual comprehensive medication management visit for every American provided by the ***pharmacist of the patient's choosing***. The pharmacist–patient relationship is critical to ensuring optimal drug therapy outcomes and reducing costs. America's seniors, in particular, deserve access to the care services of a personal pharmacist.
- Coverage of the services of the ***patient's personal pharmacist*** during care transitions when being discharged from a hospital, or when transitioning into a new care setting, such as assisted living or skilled nursing care.
- Coverage of the services of the ***patient's personal pharmacist*** for any patient who has not achieved the goals of therapy as established by the patient's physician; for example, controlled blood glucose, blood pressure, asthma, or other chronic or acute conditions.

Background

To operationalize the [Executive Order](#), leveraging the accessibility and expertise of pharmacists is essential. Local, community-based pharmacists are well-positioned to ensure that patients receive medications at reduced costs without compromising the quality of patient care. Implementation of this program must also correct longstanding gaps in federal, state, and commercial health plan recognition and reimbursement for pharmacists' services under the medical benefit. ***To accomplish these shared goals, APhA recommends addressing primary care and treatment gaps left unaddressed by the last Administration.***

A pharmacist-centered DTC model ensures patients gain affordable access to medications while receiving the clinical support needed for safe and effective use. Manufacturers that implement DTC programs based on these principles will enhance health outcomes, strengthen pharmacy partnerships, and develop sustainable models that benefit both patients and the broader health care system.

For more information and additional ways in which APhA can assist with this process, please contact APhA at mbaxter@aphanet.org.