WHEREAS, In October 2023, prescribers of anti-obesity medications were alerted by CVS’s pharmacy benefit manager (PBM) that their patients may no longer be able to get their prescribed anti-obesity medications using prescriptions from their physician or prescriber but would instead need to enroll in the CVS “Weight Management Program” to have a prescriber in that program prescribe the medication; and

WHEREAS, These policies are going in to place November 1, 2023; and

WHEREAS, This appears to be an unprecedented example of patients being required to get medical services including prescriptions from a specific prescriber that is contracted with the pharmacy benefit manager directly; and

WHEREAS, A prescriber contracted with the PBM is less likely to have the patients’ best interest when choosing a medication; and

WHEREAS, This will allow the PBM to limit access to this effective but expensive class of medications; and

WHEREAS, The American Medical Association recognized obesity as a disease; and

WHEREAS, There are currently more than 6,000 physicians that are obesity specialists as Diplomates of the American Board of Obesity Medicine; and

WHEREAS, This will have a significant impact on obesity physicians’ practices as the PBM is diverting patients from their physicians’ office to the PBM’s program; and

WHEREAS, Patients with obesity deserve comprehensive care from the physician or prescriber of their choice; and

WHEREAS, This is a threat to all physician specialties if this action is allowed to continue; who knows which disease state could be next; therefore be it

Resolved, That our American Medical Association take a strong public stance against allowing vertically integrated pharmacy benefit managers to divert patients to their own care teams for medical care and medication prescribing (New HOD Policy); and be it further

Resolved, That our AMA take immediate action (which may include legal or policy action) assess and pursue appropriate measures designed to prevent pharmacy benefit managers from
diverting patients to their own care teams for medical care and medication prescribing (Directive to Take Action).

Fiscal Note: TBD

Received: 10/16/2023

References:
1. [https://www.abom.org/abom-adds-more-than-950/](https://www.abom.org/abom-adds-more-than-950/)

RELEVANT AMA POLICY

Recognition of Obesity as a Disease H-440.842

Our AMA recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention.

Citation: Res. 420, A-13; Reaffirmed: CSAPH Rep. 08, A-23

Addressing Adult and Pediatric Obesity D-440.954

1. Our AMA will: (a) assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest, and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; (b) encourage state medical societies to collaborate with interested state and local organizations to discuss ways to finance a comprehensive program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; and (c) continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.

2. Our AMA, consistent with H-440.842, Recognition of Obesity as a Disease, will work with national specialty and state medical societies to advocate for patient access to and physician payment for the full continuum of evidence-based obesity treatment modalities (such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions).

3. Our AMA will work with interested national medical specialty societies and state medical associations to increase public insurance coverage of and payment for the full spectrum of evidence-based adult and pediatric obesity treatment.

4. Our AMA will: (a) work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment; and (b) work with interested state medical societies and other stakeholders to remove out-of-date restrictions at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity.

5. Our AMA will leverage existing channels within AMA that could advance the following priorities:
   · Promotion of awareness amongst practicing physicians and trainees that obesity is a treatable chronic disease along with evidence-based treatment options.
   · Advocacy efforts at the state and federal level to impact the disease obesity.
   · Health disparities, stigma and bias affecting people with obesity.
   · Lack of insurance coverage for evidence-based treatments including intensive lifestyle intervention, anti-obesity pharmacotherapy and bariatric and metabolic surgery.
   · Increasing obesity rates in children, adolescents and adults.
   · Drivers of obesity including lack of healthful food choices, over-exposure to obesogenic foods and food marketing practices.

6. Our AMA will conduct a landscape assessment that includes national level obesity prevention and treatment initiatives, and medical education at all levels of training to identify gaps and opportunities where AMA could demonstrate increased impact.

7. Our AMA will convene an expert advisory panel once, and again if needed, to counsel AMA on how best to leverage its voice, influence and current resources to address the priorities listed in item 5. above.