CMS Proposed Rule Could Be a Win for Community Pharmacy

Independent community pharmacists and the seniors they serve could benefit from a new rule the Centers for Medicare & Medicaid Services has proposed for the 2019 Medicare Part D plan year.

NCPA has strongly advocated for the proposed rule, in which CMS would explore requiring all pharmacy price concessions to be reflected as part of the negotiated price. This would reduce net beneficiary costs by $10.4 billion, CMS concluded, and would give community pharmacies greater predictability regarding reimbursement rates.

More than a third of the prescription drugs dispensed in independent community pharmacies are for Medicare Part D beneficiaries. NCPA member pharmacies provide access to care and medication in underserved areas, but several issues threaten continued beneficiary access to these providers.

NCPA continues to fight for the elimination of retroactive pharmacy Direct and Indirect Remuneration (DIR) fees, which NCPA's Chief Executive Officer B. Douglas Hoey, Pharmacist, MBA, calls independent pharmacy's greatest challenge.

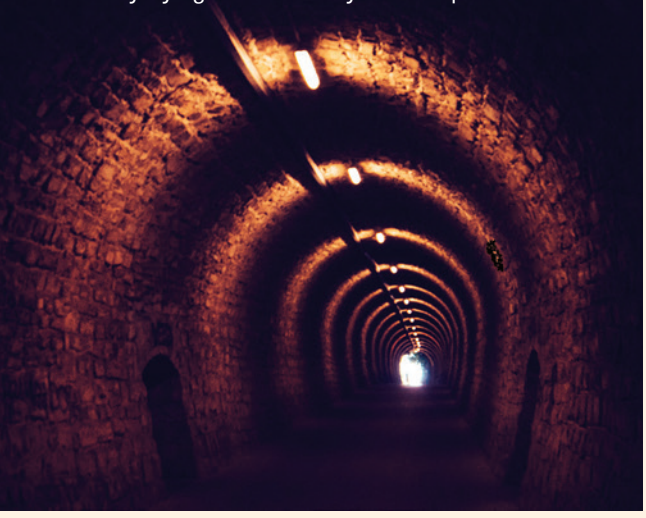
NCPA also supports CMS' proposal to address concerns regarding plan sponsors or their PBMs limiting patient access and excluding community pharmacies from participation in Part D standard networks.

These limitations are "based on arbitrary reasons that effectively limit competition and steer patients to PBM-affiliated pharmacies. Contrary to misinformation circulating from the PBMs, this proposed rule would not open Part D preferred pharmacy networks to participation from any willing pharmacy," Hoey said.

In addition, NCPA commends CMS for its proposal to give community pharmacies easier access to Part D plan terms and conditions for network participation. NCPA has pushed for CMS to implement these and other policies in the proposed rule and will continue to do so.

"These changes will make it easier for independent community pharmacies to provide seniors with prescription drug services," Hoey said, "which means more time can be spent focusing on what matters the most — driving better health outcomes for Medicare beneficiaries."

CMS is accepting public comment on the proposed rule until Jan. 16, and they need to hear from you. NCPA has sample comments that you can personalize and submit. Email Michael Rule at mrule@ncpanet.org to obtain a copy of the sample comments and instructions on how to submit them. Your supportive comments on this proposed rule will go a long way in combating the efforts of the PBMs, who are actively trying to strike many of these provisions.



NCPA EXPOSES PBM MIDDLEMEN IN NEW AD CAMPAIGN

We're always looking for ways to raise awareness about pharmacy benefit managers and their questionable practices. Our new effort is a media campaign designed to influence decision-makers in Washington.

The campaign is called "You Should Know." And we're telling lawmakers and the public that PBMs control 78 percent of the market and that as your prescription drug costs soar, PBM profits do, too.

Our goal is to gain policymaker support for a handful of legislative bills aimed at bringing greater transparency into the ways of PBMs and greater patient choice and access to pharmacists. The legislation includes:

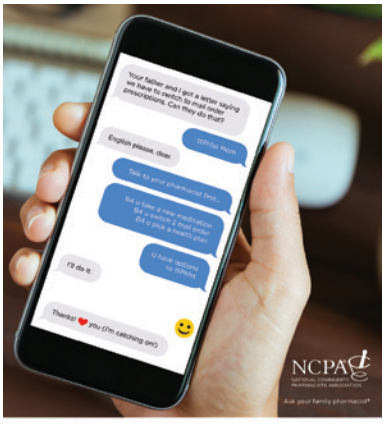
- S. 413/H.R. 1038, the Improving Transparency and Accuracy in Medicare Part D Drug Spending Act.
- H.R. 1316, the Prescription Drug Price Transparency Act.
- S. 1044/H.R. 1939, the Ensuring Seniors Access to Local Pharmacies Act.

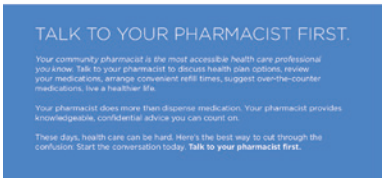
But we need to get this message out beyond Washington. You can use them, too. Help us spread the word. Ask us about using them in your local advertising efforts.

We really believe that "You Should Know" applies to everyone. You should know, your patients should know, and lawmakers should know. And once they know, we think they'll fight for PBM transparency right along with us.

You may download our 'You Should Know' print ad at www.ncpanet.org/marketingmaterials.

Tell Your Patients: ttPh1st





We all know that pharmacists are the most accessible health care providers and do more than just dispense medication, but chances are your patients don't. They can turn to you for counsel on Part D issues too, but they may not know that.

We want to fix that. NCPA has created new marketing materials for you to use in your pharmacy to encourage patient-pharmacist conversations — and they're free for members.

Make sure your patients know they can ttPh1st when they're considering changing health plans. They can ttPh1st when they're being pushed to mail order pharmacy. In short, use these materials to make sure your patients know to ttPh1st for all issues related to Part D.

We included a "Talk to Your Pharmacist First" poster in the November issue of *America's Pharmacist*® magazine for you to display in your pharmacy. Need another one? We have a limited supply left; contact NCPA if you need one.

Or you can download differently sized versions of the poster, as well as bag stuffers, on the NCPA website at www.ncpanet.org/marketingmaterials (member login required). These materials are a great way to start a conversation with your patients.

NCPA Comments on CVS Health-Aetna Merger

CVS + Aetna

In response to the announced merger of CVS Health and Aetna, NCPA released a statement from CEO Doug Hoey saying that the move may not create the purported cost-savings and that there may be detrimental effects on consumers and pharmacy.

Excerpts from the statement:

- "The anticipated efficiencies CVS and Aetna tout may benefit the merged company more than the consumer, who is likelier to be driven to use health care resources chosen by the health plan rather than those of his or her own choosing."
- "We believe that one possible driver for this merger is the increased scrutiny of the role pharmacy benefit managers play and the growing evidence that they contribute to the higher costs of prescription drugs. The main source of purported cost savings touted by CVS and Aetna may be in containing the costs PBMs add to prescriptions."
- "Control and manipulation of patient data is also a concern. Consumers should have the freedom to choose the providers that produce the highest quality outcomes and cost effectiveness, rather than being coerced into using certain physicians or pharmacies."
- "In short, bigger is not always better. A close examination of whether this acquisition will lead to higher drug prices and fewer quality and convenience options for consumers is warranted."

The full text of Hoey's statement can be found at www.ncpanet.org/newsroom.

THE AUDIT ADVISER

Is Your Pharmacy Ready to Vaccinate?

Q: What do we need to do to prepare for vaccination season?

A: This time of year, many patients come to your pharmacy for annual vaccinations such as the flu vaccine. Do you have an established protocol/standing order? If so, do you know the correct origin code to use?

If you have an established protocol for a vaccine from a physician, keep a copy of it on hand in case of an audit. The vaccine administration record needs to be completely filled out and signed and dated by the patient. The pharmacist should document on the VAR the lot number and expiration date of the vaccine used as well as the injection site. The VAR also serves as proof the vaccine was administered by the pharmacy and not just dispensed.

The correct origin code to use for an established protocol is "5" (pharmacy created). If you are using a different origin code, it could be audit-flagged. Some helpful websites for resources and forms:

http://www.cdc.gov/vaccines
http://www.immunize.org

By Mark Jacobs, RPh, PAAS National, the Pharmacy Audit Assistance Service. For more information, call 888-870-7227 toll-free, or visit www.paasnational.com.

NCPA never stops advocating for independent community pharmacists. Thanks to pharmacy visits and other grassroots work, sponsorship of our members' priority legislation continues to grow. Here's what you need to know about our five key issues:

Federal Pharmacy Legislation Cheat Sheet

Bill Number/ Name	Sponsor	What It Does	What It Doesn't Do	Number of Cosponsors	Status
S. 413/H.R. 1038, **Improving Transparency and Accuracy in Medicare Part D Spending Act**	Sen. Shelley Moore Capito (R-W.Va.), Rep. Morgan Griffith (R-Va.)	**Addresses DIR** by prohibiting retroactive reductions in pharmacy payments in Medicare Part D and reduces federal spending by $3.4 billion over 10 years	Prohibit PBMs from rewarding pharmacies for achieving performance metrics	13 Senate/64 House	Pending before committee and gathering cosponsors
H.R. 1316, **Prescription Drug Price Transparency Act**	Rep. Doug Collins (R-Ga.)	**Provides for greater transparency in MAC pricing** in federal programs and establishes a uniform appeals process	Increase costs to taxpayers	40	Pending before committee and gathering cosponsors
S. 109/H.R. 592, **Pharmacy and Medically Underserved Areas Enhancement Act**	Sen. Charles Grassley (R-Iowa), Rep. Brett Guthrie (R-Ky.)	**Recognizes pharmacists in medically underserved areas as health care providers** under Medicare	Expand services beyond each state's already existing scope of practice	49 Senate/239 House	Pending before committee and gathering cosponsors
S. 1044/H.R. 1939, **Ensuring Seniors Access to Local Pharmacies Act**	Sen. Shelley Moore Capito (R-W.Va.), Rep. Morgan Griffith (R-Va.)	Gives seniors more access to discounted cost sharing and promotes greater competition in Medicare by **allowing more pharmacies to participate in preferred networks**	Increase Medicare premiums or costs	5 Senate/22 House	Pending before committee and gathering cosponsors
H.R. 2871, **Preserving Patient Access to Compounded Medications Act**	Rep. Morgan Griffith (R-Va.)	**Specifically allows for office-use compounding** by 503A pharmacies where allowed by state law	Pre-empt state laws and oversight	40	Pending before committee and gathering cosponsors

Required Reading…

"Community pharmacies already have deep roots in their communities and go beyond the fill every day as valued healthcare providers … As long as community pharmacies keep using human relationships to their advantage, there will always be a place for them … even when Amazon comes knocking."
Why Community Pharmacies Are Not Susceptible to an Amazon Takeover,
Forbes, Nov. 28, 2017

"… Attempting to curb the number of drug deaths by hyper-focusing on prescription opioids is like calling the fire department to extinguish one house fire while the surrounding three houses next door burn to the ground."
We Have a Drug Overdose Crisis, Not a Prescription Opioid Crisis,
The Hill, Nov. 16, 2017

"… Patient-centered approaches that can identify the reasons for non-adherence and provide the necessary adjustments are crucial … By providing populations known to have low health literacy with specific interventions, patients may be more likely to take their medications as prescribed."
CDC Offers Pharmacists Advice on Improving Medication Adherence,
Specialty Pharmacy Times, Nov. 28, 2017

"When pharmaceutical companies are criticized for raising their list prices, they routinely protest that nobody actually pays those prices. Yet the true money flows remain a mystery."
Here's What Feds Can Do to Cut Drug Prices,
New Hampshire Public Radio, Nov. 30, 2017

"Joe Grogan, director of health programs at the White House's Office of Management and Budget, called 340B 'really screwed up'" … and said the Trump administration isn't afraid to take on the program. 'We are not wimps.'"
Heated and Deep-Pocketed Battles Erupts Over 340B Drug Discount Program,
Kaiser Health News, Nov. 28, 2017

TO LEARN MORE AND GET INVOLVED, VISIT THE NCPA ADVOCACY CENTER

NEW: Pharmacy Impact Fact Sheets for Every State

You know that independent pharmacies have great impact on the economy. We want to help you carry that message to others, so we have created state-specific fact sheets that tell the story in real numbers.

Each sheet lists the following for the state:
- Number of independent community pharmacies
- Total pharmacy and front-end sales
- Total Part D and Medicaid prescriptions filled
- Number of full-time employees
- Economic impact by sales and employment

Use these sheets to spread the word to policymakers so they can see the overall economic impact of independent community pharmacy.

These sheets are available to all NCPA members and can be downloaded. They are available at ncpanet.org under the Advocacy tab.

If you want a sheet that details the impact in your Congressional district, we can help. Contact us at lamar.gillespie@ncpanet.org.

NCPA Members Forum: Community Pharmacy 2018 Checklist

In early December, NCPA held a members forum with the theme "Community Pharmacy 2018 Checklist."

The forum covered eight key topics. NCPA Advocacy Center staff provided overviews on each and potential developments in the coming year. The topics covered were:

- The new Part D proposed rule
- The Medicare Part D Comprehensive Addiction and Recovery Act of 2016 (CARA) Lock-In Program
- Compounding
- The Drug Supply Chain Security Act
- Medicaid Managed Care
- Tricare
- 340B
- The Medicare Diabetes Prevention Program

A recording of the presentation is available on the NCPA website at www.ncpanet.org/membersforums.