

Voice Support to CMS for Pro-Pharmacy Provisions in the Medicare Part D Proposed Rule for 2015

SAMPLE LETTER, PLEASE INCLUDE PERSONAL EXAMPLES SUCH AS YOUR EXPERIENCES WITH PART D PREFERRED PHARMACY NETWORKS AS THEY RELATE TO PATIENT CHOICE AND ACCESS AND THE NEED FOR CMS' PROPOSED CHANGES, PROBLEMS WITH MAC REIMBURSEMENT AND THE NEED FOR INCREASED TRANSPARENCY, AND YOUR CURRENT ABILITY TO OFFER MTM SERVICES AND SUGGESTIONS FOR PART D MTM BEST PRACTICES

INSTRUCTIONS: Your comments should be submitted electronically via <http://www.regulations.gov>. You will need to search for **RIN: 0938-AR37** and then follow the "Comment Now" submission directions for "[Medicare Program: Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs](#)". The best way to submit is attach a document (Word or PDF) so as not to be limited in wordage by the text box. The category you will be submitting under will be Health Care Professional/Association - Pharmacist. Comments will be accepted until 11:59 p.m. ET on March 7, 2014. Note: Do not include any patient-specific, HIPAA-protected information in your comments.

<<Insert Date>>

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4159-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-4159-P Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; Proposed Rule

To Whom It May Concern:

I am writing in response to the release by CMS of the proposed changes to the Medicare Parts C and D programs for 2015. I applaud CMS for addressing certain issues in the Proposed Rule that have greatly concerned independent community pharmacies and our patients for many years. As an independent community pharmacist, I wish to voice my support for the following proposals that focus on eliminating abusive practices by Medicare Part D pharmacy benefit managers (PBMs) that have disadvantaged patients and independent community pharmacies. I respectfully ask that CMS implement the following proposals in the Final Rule:

Preferred Cost Sharing and Any Willing Pharmacy Standard Terms & Conditions: I applaud CMS for formally recognizing that although the agency expected costs via preferred pharmacy networks to be consistently lower, CMS' own findings proved otherwise, especially in mail-order claims. I also applaud

CMS for formally recognizing that PBM's strive to maximize profits by moving as much volume as possible to their own mail order facilities, with the ultimate outcome being little to zero savings in preferred pharmacy pricing, especially for mail order generic drugs, where costs to the government are more than via non-preferred community pharmacies like mine.

I fully support CMS' proposal to require Part D plan sponsors to offer terms & conditions for every level of cost sharing, including preferred cost sharing, to any willing pharmacy that will accept the terms. This will afford my pharmacy the ability of at least seeing the contract terms and conditions, so I can make an informed decision to participate or not. Most importantly, this proposal should benefit seniors by giving them more competition and choice among pharmacies in their drug plan. In addition, I support CMS limiting cost sharing levels offered to beneficiaries as this should help ease beneficiary confusion as well as allow patients to make choices based on customer service and ease of access rather than cost only.

Prescription Drug Pricing Standards and Maximum Allowable Cost: I commend CMS for recognizing that Maximum Allowable Cost pricing is a "prescription drug pricing standard." When entering into take-it-or-leave-it contracts, I currently have no insight whatsoever into the process PBMs employ to set MAC prices. In addition, because of a lack in timely updates to MAC prices, I am frequently underpaid when drug prices spike, as is the case recently with many generic drugs. More frequent updating should assist in alleviating this problem if the updates are based on verifiable current market conditions.

It is encouraging that CMS expects pharmacies to have current data on the amount of reimbursement they can expect, which in turn impacts costs that plan sponsors submit to CMS as well as prices displayed on Plan Finder. I also support CMS including the phrase "includes, but is not limited to" when describing what constitutes a prescription drug pricing standard, as PBMs will inevitably shift to different reimbursement mechanisms over time.

Expansion of Medication Therapy Management Program (MTM) Under Part D: Community pharmacists have been providing MTM related services for many years, to different patient populations, including Part D beneficiaries. These services are critical to patient understanding and adherence to their medication regimens, and are ideally provided face-to-face by a community pharmacist.

I fully support CMS in the agency's efforts to expand access to these critical services, as the variability in different Part D plan MTM offerings and limited compensation has made it difficult for me to provide these services in a consistent, scalable and timely manner. In addition, I am aware that many plans offer MTM via the phone only, by their own internal staff. I agree with CMS that MTM must become a cornerstone of the Prescription Drug Benefit, and for this to occur there must be more coordination with the community pharmacies that care for Part D patients and the local prescribers they work closely with.

Conclusion

The proposed rule takes substantial and very welcoming steps toward addressing Part D PBM abuses that have been plaguing beneficiaries and pharmacies. I commend CMS for recognizing the need for significant changes to the Part D program and I urge that the Final Rule retain these changes to protect the interests of beneficiaries, further promote pharmacy competition, and most importantly provide true patient choice.

Sincerely,

<<Insert Your Name>>

<<Insert Your Pharmacy/Organization Name>>

Additional considerations for LTC pharmacies:

- As an independent pharmacy providing long-term care pharmacy services, I fully support CMS' proposal to prohibit payment arrangements, such as prorated dispensing fees, that penalize efficient LTC dispensing techniques. I greatly appreciate CMS recognizing, in the preamble to the rule, that "there is no justifiable rationale for proration, since the cost of dispensing is not directly related to the quantity dispensed."
- Even though CMS has required that MTM services be provided to LTC residents, in my experience the Part D plans are not offering LTC pharmacies the opportunity to provide the required interventions.