2256-P-7

H 178

ubmitter:

Ms. Debra Shaw

Date: 02/08/2007

Organization:

Triplitt Drug Corp, Independent Pharmacy

Category:

Pharmacist

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

To more accurately reflect actual dispensing costs with each prescription dispensed, you must consider drug cost + cost of dispensing. Cost of dispensing includes many factors such as pharmacist time, tech time, label cost, ink cost, bottle cost, consulting time, overall operating costs, clerk time, etc. The figure is in the \$10 per prescription area. If you want to make drug cost figures more reflective of drug cost, then you must also make dispensing time (related fees) more reflective of reality. AWP was an appropriate way to calculate drug costs 25 years ago when very few generics existed. AWB is not really a good way today.

AMP may be nearer to reality, but please don't ignore the second component to prescription dispensing which is generated at the pharmacy. AMP is different for many organizations. Government agencies dictate what they will pay. Large corporations (like mail-order and retail giants like Walmart, CVS, and Walgreen) have buying power capacity. Independent pharmacies have neither opportunity for cost containment. Even our wholesalers, who profess to be looking after us, are more interested in getting their fair share (as it is when you have stockholders watching every move).

Please don't forget your independent pharmacist who has worked very hard to build pharmacy into the most respected profession in the U.S.A. We want to

continue to help people understand their medicine and to help them sort through the Medicare Part D information, and be the professional they can talk to.

Changing AWP to AMP without also making the dispensing fee in line with reality will negatively impact independent pharmacy's ability to survive.

Page 7 of 192

March 19 2007 08:57 AM

OMS-2258-P

H 179 Wholesaler

Date: 02/16/2007

bmitter :

Mrs. Kelly cash

Organization:

Exper-Med

Category:

Drug Industry

Issue Areas/Comments

Collection of Information Requirements

Collection of Information Requirements

GENERAL

GENERAL

I work for a generic distributing company. I speak with several Independant pharmacy owners daily. If you proceed with this new way of reimbursment for medicare/medicaid patient providers you are garaunteed to force them into financial ruin. They will go out of business and there Will no longer be any independant pharmacys. Can you imagine the hundred of thousand people you are going to put out of there jobs. Not only the owners, but the employees and those who like me supply them with there generics. We have 100 people alone just in our facility. Worse yet think of your grandmother who does not live any where near a Walmart or CVS. She is diagnosed with a fatal illness. Who do you think delivers her medication to her. I assure you it is not your chain pharmacies. It's the little guy that truely cares and will send a driver to every day. Not only to deliver her medication but to check and make sure she is ok and has every thing she needs to be comfortable. You are making a huge mistake. I hope your family doesn't have to pay for it!

impact

Date: 02/17/2007

Cm 5-2238-P

ubmitter:

Mr. Frank Wishnia.R.Ph

Organization:

WISH'S DRUGS #1 INC

Category:

Pharmacist

Jssue Areas/Comments

GENERAL

GENERAL

BASED FULS ON AVERAGE ARE 36% LOWER THAN AVERAGE PHARMACY ACQUISITION COSTS. AMP IS NOT AN APPROPRIATE BASE FOR REIMBURSEMENT AND MUST BE BASED TO REFLECT PHARMACY COST.

FUL

THE FORMULA FOR AMOP-BASED FULS WILL NOT COVER PHARMACY ACQUISITION COSTS FOR MULTIPLE-SOURCE GENERIC MEDICATIONS.

AMP MUST BE DEFINED TO REFLECT THE ACTUAL COST PAID BY RETAIL PHARMACY. T

WE HAVE BEEN OPERATING IN THE SAME LOCATION FOR 50 YEARS AND COUL NOT AFFORD TO STAY IN BUSINESS WHEN WE LOOSE THIS MUCH MONEY. WE WOULD NOT BE ABLE TO CONTINUE TO SERVE THIS POPULATION AND THEY WOULD HAVE TO FIND ANOTHER PHARMACY, NO PHARMACY WOULD CONTINUE TO PARTICIPATE LOSING THIS MUCH MONEY. EVEN THE ONE WITH "DEEP POCKETS" WOULD DEMAND HIGHER PRICES WHEN ALL THE REST OF US "LITTLE GUYS" WERE OUT OF BUSINESS.

Impact

PLEASE RECONSIDER AND OFFER A FAIR PRICE FOR THE ALREADY OVER-EXTENDED PHARMACISS/PHARMACISTS.

THANK YOU.
SINCERELY,
FRANK WISHNIA R.PH PRESIDENT
WISH'S DRUGS #1 INC
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LOUISVILLE KY 40242
502-425-1146
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CMS-2258-P-14

H 181

bmitter:

Mr. peyton taylor

Organization:

goochland pharmacy

Category:

Pharmacist

Issue Areas/Comments

Collection of Information Requirements

Collection of Information Requirements

Date: 02/17/2007

impact

Until retail pharmacy has a level playing field as far as discounts/rebates etc, this pricing structure will NOT work. Every retail pharmacy will have to drop out of the program. WE CANNOT ACCEPT ANY FURTHER REDUCTIONS IN REIMBURSEMENT.

GO AFTER THE MANUFACTORS & PBM'S - THEY HAVE THE MONEY.

CMS-2258-P-15

H 182

Date: 02/19/2007

ubmitter :

Mr. TILAK MARWAHA

Organization:

MADISON PINE PHARMACY

Category:

Pharmacist

Issue Areas/Comments

GENERAL

GENERAL

PWI

I AM A PHARMACY OWNER CURRENTLY SURVING APPX 2000 PAIENTS IN A UNDERSERVED AREA OF CHICAGO. AMP PRICING FOR MEDICAID WILL SEVERELY IMPACT MY BUSINESS AS I CURRENTLY DO APP 60% OF MEDICAID PRESCRIPTIONS. OUR PHARMACY ASSOCIATION STUDY SHOWS THAT 59 DRUGS OUT OF 77 SAMPLED HAVE APPX 36 PERCENT LOWER PRICE THAN MY ACQUISITION COST. I CAN NOT IMAGINE TO CONTINUE FILLING PRESCRIPTIONS AT A LOSS AND MAY HAVE TO CLOSE THE BUSINESS. IF THIS IS THE INTENT OF CMS OR CONGRESS, YOU WILL SUCCEED IN YOUR AGENDA. PLEASE RECONSIDER THE PRICING STRUCTURE AND MAKE SURE THAT THE PHARMACIES ARE REIMBURSED FOR THEIR ACQUITION COST PLUS THE DISPENSING FEE. WHO EVER CAME UP THE IDEA OF AMP MUST BE A GENIOUS IN HIS OWN SENCE WHO MUST HAVE THOUGHT OF SAVING THE MONEY AT THE COST OF OTHER.

PLEASE PLEASE PLEASE RE RETHING

THANKS