Feb. 8, 2007

To Whom it May Concern,

The proposed AMP definition under CMS-2238-P Prescription Drugs will cause great harm to my pharmacy. It is estimated that the reimbursement will be far below what it actually costs my pharmacy to buy drugs. I would like to request that CMS redefine AMP so that it reflects what I actually pay for the product. If reimbursements do not cover costs, many independents may have to turn away Medicaid patients.

A proper definition of AMP is the first step towards fixing the problem. It should be defined so that the pharmacies total ingredient cost is reflected allowing an adequate reimbursement to be attained. The Secretary of the Department of Health and Human Services has been given leeway in writing this definition and should take the chance to stand up for small business pharmacies and do it right. As it is currently defined, AMP is estimated to cover only HALF the market price paid by community pharmacy. Currently, each manufacturer defines AMP differently, and without proper definition, Medicaid reimbursement will not cover pharmacy acquisition costs.

Pharmacies that are underpaid on Medicaid prescriptions will be forced to turn away Medicaid patients, cutting access in rural communities like mine. Additionally, the reimbursement cuts will come entirely from generic prescription drugs so unless AMP is defined to cover acquisition costs an incentive will be created to dispense more brands that will end up costing Medicaid much, much, more. Patient care will also likely suffer if community pharmacies have to turn away their Medicaid patients, in turn costing Medicaid more. Most independent pharmacists/owners like myself spend a good deal of time helping and counseling our patients, increasing the likelihood that they will take better care of themselves and be more compliant with their medications.. This , in the long run, cuts Medicaids costs. If these patients are forced to turn to chain pharmacies or no pharmacy at all (if everyone starts turning down Medicaid) Medicaids costs will only go up in the number of medical appointments and hospital stays.

Please issue a clear definition of Average Manufacturers Price that covers community pharmacy acquisition costs. The definition should be issued as soon as possible, BEFORE Amp takes effect.

Sincerely,
Kris Gundler, Rph
Kris Gundler
Main Street Pharmacy

70-1

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2238-P,
P.O. Box 8015,
Baltimore, MD 21244-8015

February 7, 2007

Leslie Norwalk,

I am currently a fourth year student in the pharmacy program at Ohio Northern University.

The proposed AMP definition under **CMS-2238-P** Prescription Drugs will cause great harm to my pharmacy. It is estimated that the reimbursement will be far below what it actually costs my pharmacy to buy the drugs. I respectfully request that CMS redefine AMP so that it reflects what I actually pay for the product. If reimbursements do not cover costs, many independents may have to turn their Medicaid patients away.
A proper definition of AMP is the first step towards fixing this problem. I understand that the Secretary of the Department of Health and Human Services (HHS) has been given wide leeway in writing that definition. I ask that *AMP* be defined so that it reflects pharmacies' total ingredient cost. If *AMP* were defined so that it covers 100% of pharmacists' ingredient costs, then an adequate reimbursement could be attained. As it is currently defined, AMP is estimated to cover only HALF the market price paid by community pharmacy. Currently, each manufacturer defines AMP differently, and without a proper definition, Medicaid reimbursement will not cover pharmacy acquisition costs.

Pharmacies that are underpaid on Medicaid prescriptions will be forced to turn Medicaid patients away, cutting access for patients, especially in rural communities. Additionally, the reimbursement cuts will come entirely from generic prescription drugs so unless AMP is defined to cover acquisition costs an incentive will be created to dispense more brands that could end up costing Medicaid much, much more.

Please issue a clear definition of Average Manufacturers Price that covers community pharmacy acquisition costs. The definition should be issued as soon as possible, before AMP takes effect.

Thanks for taking the time to read my concerns and for acting on behalf of the future of health care in America.

Sincerely,

Elizabeth D. Weimer

Elizabeth D. Weimer, PharmD candidate

Dear CMS,

The proposed AMP definition under **CMS-2238-P** Prescription Drugs will cause great harm to my pharmacy. It is estimated that the reimbursement will be far below what it actually costs my pharmacy to buy the drugs. I respectfully request that CMS redefine AMP so that it reflects what I actually pay for the product. If reimbursements do not cover costs, many independents may have to turn their Medicaid patients away.
A proper definition of AMP is the first step towards fixing this problem. I understand that the Secretary of the Department of Health and Human Services (HHS) has been given wide leeway in writing that definition. I ask that *AMP* be defined so that it reflects pharmacies' total ingredient cost. If *AMP* were defined so that it covers 100% of pharmacists' ingredient costs, then an adequate reimbursement could be attained. As it is currently defined, AMP is estimated to cover only HALF the market price paid by community pharmacy. Currently, each manufacturer defines AMP differently, and without a proper definition, Medicaid reimbursement will not cover pharmacy acquisition costs.

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Please issue a clear definition of Average Manufacturers Price that covers community pharmacy acquisition costs. The definition should be issued as soon as possible, before AMP takes effect.

Thanks for your time,

Dustin G. Lewis

3290 Rapid Forge Rd

Bainbridge Oh, 45612

Phone: (937)981-2743

70-3

Athila Vamos
701 Union St
Ada, OH 45810
P-5 pharmacy student

February 14, 2007

Centers for Medicare + Medicaid
Dept of Health + Human Services
Attn: CMS-2238-P
P.O. Box 8015
Baltimore, MD 21244-8015

Dear Sirs/Madam:

The proposed AMP definition under CMS-2238-P Prescription drugs is absurd and will inevitably cause significant harm to pharmacies nationwide. The reimbursement will be far below the cost pharmacies actually pay to buy medications. Pharmacies will be left to eat the remaining costs, and many Medicaid patients may be turned away by independent chains. CMS has an obligation to patients, pharmacies, and the health care world as a whole to redefine AMP to reflect the actual cost of medications.

A proper definition of AMP is the first step towards fixing potential harm to patient care. The Secretary of the Dept of Health and Human Services has been given a wide leeway in writing the AMP definition. Please redefine AMP so it reflects pharmacy's total ingredient cost. Redefining AMP so it covers 100% of ingredient costs would allow adequate reimbursement to be attained.

As it is currently defined AMP is estimated to cover only HALF of the market price paid by community pharmacy. Currently, each manufacturer defines AMP differently, and without proper definition, Medicaid reimbursement will not cover pharmacy acquisition costs.

Pharmacies that are underpaid on Medicaid prescriptions will be forced to turn Medicaid patients away, cutting access to patients, especially in rural communities.

Additionally, the reimbursement cuts will come entirely from generic prescription drugs. unless AMP is defined to cover acquisition costs an incentive will be created to dispense more brands that could end up costing Medicaid much, much more.

Please issue a clear definition of Average Manufacturers Price that covers Community Pharmacy acquisition costs. The definition should be issued as soon as possible, before AMP takes effect.

Sincerely,

Attila Vamos

avamos@onu.edu

330-603-5499

71

Arensberg Pharmacy #3
1272 W. Main Street
Newark, OH 43055

February 12, 2007

Acting Administrator Leslie Norwalk
Center for Medicare & Medicaid Services
Department of Health And Human Services
Attn: CMS-2238-P
Room 445G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

2007 FEB 21 AM 8:01

RE: CMS-2238-P 9AMP ISSUES)

Dear Acting Administrator Norwalk:

On behalf of Arensberg Pharmacy #3, I would like to take this opportunity to provide our comments on the Proposed Rule CMS-2238-P "Implementing the Medicaid Drug Rebate Program provisions of the Deficit Reduction Act of 2005."

The proposed AMP definition under CMS-2238-P Prescription Drugs will cause great harm to my pharmacy. It is estimated that the reimbursement will be far below what it actually costs my pharmacy to buy the drugs. I respectfully request that a CMS redefine AMP so that it reflects what I actually pay for the product. If reimbursements do not cover costs, many independents may have to turn their Medicaid patients away.
A proper definition of AMP is the first step towards fixing this problem. I understand that the Secretary of the Department of Health and Human Services (HHS) has been given wide leeway in writing that definition. I ask that AMP be defined so that it reflects pharmacies' total ingredient cost. If AMP were defined so that it covers 100% of pharmacists' ingredient costs, then an adequate reimbursement could be attained. As it is currently defined, AMP is estimated to cover only **HALF** the market price paid by community pharmacy. Currently, each manufacturer defines AMP differently, and without a proper definition, Medicaid reimbursement will not cover pharmacy costs.

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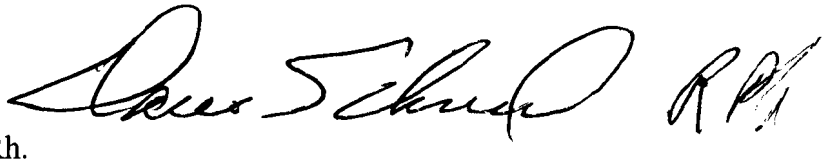
Arensberg Pharmacy #3
1272 W. Main Street
Newark, OH 43055

February 12, 2007

Please issue a clear definition of Average Manufacturers Price that covers community pharmacy acquisition costs. The definition should be issued as soon as possible before AMP takes effect.

Respectfully,



Dave Schmid, PRh.
Managing Pharmacist

70 submissions

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2238-P
P.O. Box 8015
Baltimore, MD 21244-8015

I am writing to express my concern with the Centers for Medicare and Medicaid Services proposed changes in the payment for prescription drugs in the Medicaid program. These proposed changes would implement provisions of the Deficit Reduction act of 2005.

The proposed rule dictates the Federal Upper Limit for a generic drug will be based on 250% of the product that has the lowest AMP for all versions of that generic medication. A December, 2006 GAO report stated that community pharmacies will be reimbursed on average 36 percent lower than their costs to purchase generic medications dispensed to Medicaid beneficiaries. This would fail to cover the pharmacy's costs of purchasing the medications.

This payment formula could be devastating to many community pharmacies. I ask that you reconsider an AMP that accurately reflects pharmacy acquisition costs.

Thank you for your consideration.

Sincerely,