

Submitter : Dr. Stephanie Hollander

Date: 02/07/2007

Organization : The Kroger Co.

Category : Pharmacist

Issue Areas/Comments

GENERAL

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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.

**Submitter :** Mr. Dwight Dobbins  
**Organization :** Harding Road Pharmacy  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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Submitter : Ms. Amber Wilkins  
Organization : Ohio Northern University  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

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Submitter :

Date: 02/07/2007

Organization :

Category : Pharmacist

Issue Areas/Comments

**GENERAL**

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Reimbursing pharmacies based on AMP is not the best solution to a growing problem which pharmacies are already taking the hit for. As I'm sure you are well aware, pharmacies currently make about 3 cents on the dollar for every prescription that comes through a pharmacy. Cutting into this 3 cents even more is going to result in a decrease in patient care delivered to patients because cuts elsewhere are going to be made to make sure the pharmacy can stay in business.

I would propose further looking into the drug manufacturers who are currently getting about 22 cents on every dollar and who are currently increasing health care costs faster than any other facet in the profession. It is hard to understand why drugs such as Ambien CR get approval from the FDA with little changes in therapeutic effect versus Ambien alone. It is obvious the sole reason for development is to extend the patent for the brand name drug and to continue getting outrageous profits per prescription. Most manufacturers are enjoying a profit almost double that of most S&P 500 businesses.

Medicaid and Medicare alike are already hurting pharmacies in many states who are currently losing money per prescription based on poor reimbursement rates from the government. Please research this issue further and a deeper understanding would allow better alternatives.

Submitter : Casey Jackson  
Organization : Casey Jackson  
Category : Individual

Date: 02/07/2007

Issue Areas/Comments

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**Submitter :** Dr. henry hudson

**Date:** 02/07/2007

**Organization :** Dr. henry hudson

**Category :** Other Health Care Provider

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

This proposal will drive pharmacies out of business. It is terrible for the profession of pharmacy. Retail drug stores cannot purchase their drugs at the same price as mail order facilities. They should be considered as separate entities.

Submitter : Miss. Stephanie Denham  
Organization : Ohio Northern University Raabe College of Pharmacy  
Category : Health Care Professional or Association

Date: 02/07/2007

Issue Areas/Comments

**GENERAL**

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Submitter : Mr. RICHARD CARANO  
Organization : VILLAGE PHARMACY  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

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**Submitter :** Mr. Michael Calabrese  
**Organization :** Erie Drug , 4502 Lewis Ave, Toledo, OH 43612  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**Background**

Background

I am an independent pharmacy that has been loocated in Toledo Ohio since 1930. We are a family organization employing 19 people.

**Collection of Information Requirements**

Collection of Information Requirements

The level at which you set AMP is critical to the survival of my business.

**GENERAL**

GENERAL

CMS must define AMP as 100% of the cost of the medication to the Pharmacy, if not I feel must providers will withdraw from the Medicare D Program.

**Provisions of the Proposed Regulations**

Provisions of the Proposed Regulations

A realistic definition of AMP has to be 100% the cost of the medication to the provider or pharmacy.

**Regulatory Impact Analysis**

Regulatory Impact Analysis

As I currently understand AMP, it will only cover about 50% of the cost I must pay for medication

**Response to Comments**

Response to Comments

If AMP is set less then my cost, then we will not participate in the medicare D program, and the recipients will be unable to get medication.

**Submitter :** Dr. Ned Looney  
**Organization :** Integrative Healt Solutions  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Currently I practice as a Naturopathic Physician but for over 20 years I practiced as a retail pharmacist. The pricing methodology proposed (AMP) is grossly unfair to the retail pharmacy. Only if complete access to all discounts offered at every level, mail order, government, HMO and PPO's are offered to any willing buyer will this system be fair. A level playing field in the purchase of prescription products is essential for this program to truly bring about the cost savings the bill writes imagined.

Submitter :

Date: 02/07/2007

Organization :

Category : Pharmacist

Issue Areas/Comments

**Regulatory Impact Analysis**

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**Submitter :** Sherri Miedema  
**Organization :** Ohio Northern University/Spectrum Health  
**Category :** Pharmacist  
**Issue Areas/Comments**

**Date:** 02/07/2007

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Submitter : Miss. Kara Kreisher

Date: 02/07/2007

Organization : Miss. Kara Kreisher

Category : Individual

Issue Areas/Comments

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**Submitter :** Ms. Joseph M. Lahovich  
**Organization :** The Fred W. Albrecht Grocery Co.  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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Date: 02/07/2007

Organization :

Category : Pharmacist

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Submitter : Dr. Steven Martin

Date: 02/07/2007

Organization : The University of Toledo College of Pharmacy

Category : Pharmacist

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Submitter : Mrs. Laura Morris

Date: 02/07/2007

Organization : OPA

Category : Pharmacist

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? 2007 Ohio Pharmacists Association  
2155 Riverside Drive  
Columbus, Ohio 43221-4052

**Submitter :** Mr. Barry Klein  
**Organization :** Klein's Pharmacy  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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We serve many mentally ill patients in our pharmacy and this patient population needs their medication in order to better manage their healthcare and reduce overall health care expenditures that would result in inpatient admission.

Submitter : Mr. John Jackson

Date: 02/07/2007

Organization : Mr. John Jackson

Category : Pharmacist

Issue Areas/Comments

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**Submitter :** Ms. Richard Lee  
**Organization :** Northeast Washington Medical Group Pharmacy  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**Background**

**Background**

I am a pharmacist working in a rural setting in Colville Washington. If CMS-2238-P is passed as is, I am afraid that we will have to do one of two things. Either stop filling Medicaid Prescriptions or just plain close our doors. A recently released GAO report found that the reimbursement formula in a proposed CMS regulation, based on new definition of Average Manufacturer's Price (AMP), will result in pharmacists being paid 36 % less on average than their acquisition cost on every Medicaid generic drug prescription they fill. According to a national study conducted and released Feb 1, by the Coalition of Community Pharmacy Action (CCPA), comprised of NCPA and NACDS, the average cost to dispense a prescription in the United States is \$10.500, not including the cost of the medication itself. Taking this into consideration and also the fact that the Bush Administration has proposed \$8.4 billion in Medicaid cuts over the next five years, leaves me in a very sad situation. I can not fill prescriptions below my cost and stay in business. No pharmacy can, but this is what the proposed legislation will do to us. And who will be affected the most, it will be the poorest of the poor of our nation because they will no longer have quick access to good pharmaceutical care. Another thing should be noted. I manage a professional pharmacy in a medical clinic, thus we carry very little OTC merchandise. 99% of our sales are prescriptions, thus there is no way to make up the shortfall selling merchandise other than prescriptions.

**GENERAL**

**GENERAL**

AMP- based FULS will not cover pharmacy acquisition costs for multiple-source generic medications. The GAO report specifically finds:  
 "The AMP-based FULs we estimated using AMP data from first quarter 2006 were lower than average retail pharmacy acquisition costs from the same period for 59 of the 77 drugs in our sample. We found that these estimated AMP-based FULs were on, on average, 36 percent lower than average retail pharmacy acquisition costs for the first quarter of 2006.-GAO-07-239R p 4.

This report just validates our contention that AMP is not appropriate as a baseline for reimbursement unless it is defined to reflect pharmacy acquisition cost. Using a faulty AMP definition in calculating the FUL will force myself and many other independent pharmacies to close their doors. AMP was never intended to serve as a baseline for reimbursement. If AMP is to accurately work, CMS must define AMP to reflect the actual cost paid by retail pharmacy, excluding all rebates and price concessions not available to retail pharmacy.

**INCLUSION OF ALL MAIL ORDER PHARMACY PRICES IN RETAIL PHARMACY CLASS OF TRADE. -PG. 29**

Hospital and nursing home pharmacies are extended prices not available to retail pharmacy and are not deemed to be "publicly accessible." Mail order facilities are operated almost exclusively by PBMs, are extended special prices and they are not publicly accessible in the way brick and mortar pharmacies are publicly accessible. Thus, sales to mail order facilities should not be included in AMP.

**INCLUSION OF DIRECT-TO-PATIENT SALES WITH REGARD TO AMP PG. 41**

The rebates paid to state Medicaid programs, to the Dept of Defense and to the Dept. of Veterans Affairs are rightly excluded from AMP calculations. At the same time, CMS should also exclude rebates paid to PBMs as these rebates are not available to retail pharmacies. if you do include these rebates paid to PBMs, the AMP would be driven below available market price and thus prescriptions would be filled below cost at retail pharmacies.

**HOW PBM PRICE CONCESSIONS SHOULD BE REPORTED TO CMS, - PG 33**

There is no regulatory oversight for PBMs, either at the state or federal levels, thus to include rebates discounts, or other price concessions would be improper. There is no transparency in the PBM industry.

**ALLOWING THE USE OF 12 MONTH ROLLING AVERAGE ESTIMATES OF ALL LAGGED DISCOUNTS FOR AMP - PG.70**

AMP must be reported weekly. If you proceed as decreed by this legislation, the published pricing data will be at least 60 days behind the market place pricing. Invoice pricing to community pharmacy continues to change daily thus pharmacies would end up paying more and being reimbursed less. AMP must be reported weekly.

**USE OF THE 11 DIGIT NDC TO CALCULATE AMP- PG 80**

Based on the GAO study on Medicaid Federal Upper Limits, a FUL based on the 9-digit NDC would not adequately cover pharmacy acquisition cost. The 11- digit NDC must be used when calculating the FUL.

**ASSESSMENT OF IMPACT ON SMALL PHARMACIES, PARTICULARLY IN LOW INCOME AREAS WITH HIGH VOLUME OF MEDICAID PATIENTS. - PG 110**

There is no way I can stay in business and sell prescriptions at 36 % below my cost. I already look for every discount available just to stay afloat. I am a professional pharmacy and 99 % of my business is prescriptions. I don't have an OTC section that you suggest could be used to make us profitable. According to a recent survey of over 23,000 community pharmacies across this nation, the average cost of filling a prescription is \$10.50. That was based on studying the data of over 832 million prescriptions, and that does not include the cost of the medication. If these costs are not covered, in no way can I continue to fill

**Medicaid Prescriptions or stay in business**

**Both GAO and the HHS office of Inspector General have issued reports citing historical variances in reporting the calculation of AMP. If AMP is not properly calculated, disaster awaits us**

**Submitter :** Ms. Michael Cox

**Date:** 02/07/2007

**Organization :** Pharmacy

**Category :** Pharmacist

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

As a pharmacist, it is our duty to take care of the patient's needs on a daily basis. We are on the front lines of the health care needs of millions of patients and I find it unfortunate that these pricing guidelines are being considered. Many pharmacies will not be able to operate at a loss and will be forced to close as a result of this change. This will leave many elderly and sick without a local pharmacy and pharmacist to go for medications and questions concerning their healthcare needs. I ask that these pricing guidelines be reconsidered so that pharmacies can continue to serve the public's needs in a fair and equitable business environment. Thank you for your time.

Submitter : Danya Shepherd  
Organization : Ohio Pharmacist Association  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

GENERAL

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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.

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If you have any questions, please contact OPA.

Submitter : Deanna Downey  
Organization : Ohio Pharmacists Association  
Category : Academic

Date: 02/07/2007

Issue Areas/Comments

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Submitter :

Date: 02/07/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

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Submitter :

Date: 02/07/2007

Organization :

Category : Other Technician

Issue Areas/Comments

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Submitter :

Date: 02/07/2007

Organization :

Category : Academic

Issue Areas/Comments

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Submitter : Bev Hoskins  
Organization : hesston pharmacy inc  
Category : Health Care Provider/Association

Date: 02/07/2007

Issue Areas/Comments

GENERAL

GENERAL

I am appalled at the poor design of the Deficit Reduction Act of 2005 and how this will negatively affect retail pharmacy. The recent GAO stuffy estimates that the AMP-based FULS may be on average 36% below our acquisition cost. We can not afford to sell anything below our acquisition costs, let alone 36%. If we don't make a profit, we can't pay our employees, we don't pay the rent, and we are out of business. I have been a small pharmacy owner for 15 years. In that time, we have not had a dispensing fee increase from KS Medicaid. We have had 2 decreases in dispensing fee. Yet all of our expenses have increased. I can't believe our government expects us to provide services below our acquisition cost.

You will have retail pharmacies leaving Medicaid. Medicaid beneficiaries will find themselves without a pharmacy in underserved rural areas.

We are already in a buying group that negotiates for the lowest price. We have been counseling patients to use generics for 15 years to save money. If dispensing a generic costs me money, I will ask the physician to use a different product (a brand name) so that we will receive a dispensing fee. Other pharmacies will be forced to do this also and you will see a shift back to brand names, costing the Medicaid program lots more money in every state.

We have always provided all of our customers Medicaid, Insurance or private pay professional counseling services so they can use their medications accurately and safely. Medications used correctly prevent allergies, drug interactions, hospitalizations, emergency room visits and further drug treatment, saving Medicaid thousands of dollars.

Please don't put your community pharmacists out of business. We spent 6 years in college and we learn continually to keep up with new drugs side effects, drug interactions, and how to correctly use medical devices. We are accessible to the low income and elderly in our communities and they need us. We deserve fair reimbursement.

Submitter : Ms.  
Organization : Ohio Pharmacists Association  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

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If you have any questions, please contact OPA.

**Submitter :** Bryan Gobin  
**Organization :** Alert Pharmacy Services, Inc  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

As a pharmacy owner how can we dispense medications when we get paid less than what we pay our wholesaler for the medication. No business can survive when you are selling things below the cost. The AMP formula needs to be changed.

Submitter : Miss. LN Nguyen  
Organization : Ohio Pharmacists Association  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

GENERAL

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**Submitter :** Miss. Victoria Tkacz  
**Organization :** Ohio Pharmacists Association  
**Category :** Health Care Professional or Association  
**Issue Areas/Comments**

**Date:** 02/07/2007

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**Submitter :** Ms. Cheri Welling

**Date:** 02/07/2007

**Organization :** ONU

**Category :** Pharmacist

**Issue Areas/Comments**

**Background**

**Background**

I am a 6th year pharmacy student at Ohio Northern University. I will graduate in May 2007.

**GENERAL**

**GENERAL**

I really think it would be a big mistake to define AMP this way. Aren't we trying to move toward making healthcare more available to everyone?? If AMP is defined this way, some pharmacies may have to result to turning away medicaid patients to even stay in business. The definition of AMP needs to include the community pharmacy's acquisition costs also.

Submitter : Mr. NICHOLAS RAGAJI

Date: 02/07/2007

Organization : WESTSIDE PHARMACY

Category : Pharmacist

Issue Areas/Comments

**Background**

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Submitter : R. Bryan Hutcheson  
Organization : Bryan's Family Pharmacy  
Category : Pharmacist

Date: 02/07/2007

Issue Areas/Comments

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**Submitter :** Miss. Jen Quellhorst  
**Organization :** Ohio Northern University  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**Background**

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**Submitter :** Miss. Jenna Gorsky  
**Organization :** Ohio Northern University  
**Category :** Other

**Date:** 02/07/2007

**Issue Areas/Comments**

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Submitter : Mr. Joseph Ferguson

Date: 02/07/2007

Organization : Mr. Joseph Ferguson

Category : Pharmacist

Issue Areas/Comments

GENERAL

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The Average Manufacturers Price cannot be easily defined as the industry really dose not have a true standard definition. The AMP that each pharmacy varies widely by as low as 2% and can go as high as 80% for non-Medicaid pharmacies. Manufacturer's charge a higher AMP to Medicaid dispensing stores because of the mandated rebate requirement that they must pay to each state for the purchase of these products. In order for pharmacies to continue to provide care for the Medicaid population, they must be given a fair and just reimbursement for their services, otherwise Medicaid recipients will find it harder and harder to find pharmacies willing to contract with Medicaid to provide pharmacy services.

AMP is defined differently by each source of prescription medications. There is no standard. The easiest explanation is that the more that you buy the lower your cost of purchasing. To obtain lower cost requires very very high purchase in quantities similar to the purchases of the Veteran's Administration. This size purchase is beyond the financial ability of anyone except a government if purchasing for an entire nation. It is not achieved by purchasing for a community.

In order for AMP to work, you must provide a mandated requirement that all manufacturer's sale their product at the same price set by you to all purchasers (pharmacies) regardless of the size of the order. In short you at CMS must become price controllers and setters for the nation for the entire pharmaceutical industry. This will insure that you will have a true AMP and that you will be covering pharmaceutical products at 100% of the true cost to pharmacies.

Please rethink your definition of Average Manufacturers Price. It is imparative that you redefine this to cover true community pharmacies acquisition costs. The definition should be issued as soon as possible before AMP takes effect.

Submitter : Ms. Rachel Westendorf

Date: 02/07/2007

Organization : Ms. Rachel Westendorf

Category : Pharmacist

Issue Areas/Comments

**Regulatory Impact Analysis**

Regulatory Impact Analysis

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**Submitter :** Mr. Peter Ratycz, R.Ph.  
**Organization :** DISCOUNT DRUG MART  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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**Submitter :** Mr. Scott Amstutz  
**Organization :** Ohio Northern University  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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Submitter : Cynthia Martins

Date: 02/07/2007

Organization : SSHP

Category : Academic

Issue Areas/Comments

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**Submitter :** Mr. Robert Waters  
**Organization :** Donohoo Pharmacy Inc.  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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Thank You,

Robert Waters, RPh. Pharmacy Owner

Submitter : Ms. Kristina Reinstatler

Date: 02/07/2007

Organization : Ms. Kristina Reinstatler

Category : Individual

Issue Areas/Comments

GENERAL

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I am currently a pharmacy intern and will be finishing my PharmD in 2009. 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.

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**Submitter :** Ms. Desiree Winkle  
**Organization :** Ms. Desiree Winkle  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

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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.

**Submitter :** Mr. Robert Waters  
**Organization :** Waters Pharmacy Inc.  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**GENERAL**

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Thank You, Robert Waters, RPh. Pharmacy Owner

**Submitter :** Dr. KEVIN ARNOLD  
**Organization :** VILLAGE DISCOUNT DRUGS  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

IF AMP IS PASSED INTO LAW AS CURRENTLY CALCULATED, OUR PHARMACY WILL COMPLETELY DROP OUR MEDICAID PROGRAM. WE SERVICE 30-40 MEDICAID PATIENTS DAILY WHO WILL BE FORCED TO LEAVE THEIR LONGSTANDING INDEPENDENT PHARMACY RELATIONSHIP AND SEARCH TO FIND A PHARMACY (PROBABLY A LARGE CHAIN WHO WILL NEVER KNOW THEM BY NAME) WHO ACCEPTS MEDICAID. IS THIS REALLY WHAT THE GOVERNMENT WANTS?

I AM ALL FOR COST RESTRAINTS, BUT NOT WHOLLY ON THE BACKS OF PHARMACIES (WHO BAILED OUT MEDICARE PART D BY NOT GETTING PAID FOR MONTHS WHILE MEDICARE GOT THEIR DUCKS IN A ROW.) THE GOVERNMENT IS SUPPOSED TO SUPPORT SMALL BUSINESSES, NOT RUN US INTO THE GROUND.

WHO WILL SUFFER? PHARMACIES AND PATIENTS WHO CANT FIND QUALITY CARE. IT COSTS US ANYWHERE FROM \$8-10.00 OVERHEAD TO PROCESS A PRESCRIPTION. THE AMP CALCULATIONS ARE CALCULATED TO PAY US UNDER THE COST WE PAY FOR THE MEDICATION. IS IT REALLY A HARD BUSINESS DECISION TO DROP MEDICAID? NOT AT THOSE COSTS.

PLEASE CALCULATED AMP FAIRLY SO I CAN STAY IN BUSINESS AND GIVE MY MEDICAID PATIENTS THE SERVICE THEY DESERVE.

KEVIN L. ARNOLD  
VILLAGE DRUGS  
MUSCLE SHOALS, AL 35661  
KLARNOLD1@AOL.COM  
256 381 8060

**Submitter :** Miss. Amy Stroman  
**Organization :** Student, Ohio Northern University  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**GENERAL**

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Submitter :

Date: 02/07/2007

Organization :

Category : Pharmacist

Issue Areas/Comments

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**Submitter :** Mr. Jeffrey Peterson  
**Organization :** Parson's Canby Pharmacy  
**Category :** Pharmacist

**Date:** 02/07/2007

**Issue Areas/Comments**

**Background**

**Background**

Impact on small pharmacies

**Collection of Information Requirements**

**Collection of Information Requirements**

CMS must employ a complete definition on the cost to dispense a prescription

**GENERAL**

**GENERAL**

The Definition of 'Dispensing Fee' does not reflect the true costs to pharmacies to dispense drugs. This definition must include valuable pharmacist time spent doing any and all of the activities needed to provide prescriptions and counseling, such as, communicating by telephone, fax and email with state Medicaid agencies and PBMs, entering billing information; and other real costs, such as rent, utilities and mortgage payments.