It has been a busy few weeks during this transition time for IACP. The search committee has interviewed several outstanding candidates for the open Executive Vice President position. We hope to have a recommendation to the Board of Directors at the educational conference in San Diego on February 24. We feel confident that IACP is going to be stronger than ever with our new leadership. Meanwhile, IACP has not missed a beat under the direction of Cythia Rankin of Rose Law Firm, Little Rock Arkansas, who is IACP’s transition director.

Here at home, we’ve seen all of you who were compounding for office use, pursuant to state law, received a letter from the Georgia Drugs and Narcotics Agency demanding that you cease this activity, and preparation compounded for office use after October 1, 2015 could be construed as unlicensed by FDA and DEA. Interestingly that we weren’t notified of this in a timely manner, rather than a retroactive manner. Also interesting due to the fact that appropriations language in the Omnibus Bill signed by President Obama in December gives FDA 90 days to issue guidance as to how office use compounding can be allowed. When the Drug Quality and Security Act (DQSA) was passed, the intent of Congress was that FDA would not interpret provisions of the Federal Drug Agency Modernization Act (FDAMA) any differently than in the past. Shortly after passage of DQSA, FDA interpreted the law regarding office use compounding differently than in the past, making a statement that all office use compounding was not allowed. This is another example of Federal agencies taking away states rights. We

AIP Mission Statement

To advance the concept of pharmacy care designed to enhance patient quality of life and positive outcomes.
Please don’t forget, if you have a desire to sell your pharmacy or if you have an interest in buying a pharmacy, please contact Jeff Lurey at 404-419-8103. We have been quite successful during the past several years at keeping independents independent. We maintain a list of pharmacists who want to buy additional pharmacies and we also keep a list of young pharmacists who want to own a pharmacy. All information is kept strictly confidential.

If you change wholesalers please be sure to let us know. Please contact Verouschka Betancourt-Whigham “V” at vbwhigham@gpha.org or 404-419-8102.

AIP NOMINATES OFFICERS FOR 2016-2018
The AIP Nominating Committee met on February 8th to nominate a slate of officers for 2016-2018. The nominees are the following:
1. Chairman – Elect – Lindsay Walker
2. Secretary – Laird Miller
According to the Bylaws, these names will now be submitted at the Annual Meeting (March 13, 2016) in Macon. Any additional nominations may be made from the floor. A ballot will then be sent by approved means to the membership no later than 25 days after the Annual Meeting and voting must be completed by midnight of the 40th day following adjournment of the Annual Meeting.

Q. Are Pharmacy DIR Fees Only Present in Medicare Part D?
A. The use of DIR fees initially started in Medicare Part D but are now being extended into commercial network arrangements—often under different names.

Q. What are pharmacy DIR fees starting to become more and more prevalent?
A. One theory is that DIR fees charged to pharmacies have risen in popularity (particularly in the commercial marketplace) in response to the increasing number of state MAC transparency laws that have been enacted over the past few years. It is likely that the plans/ PBMs have determined that utilizing DIR reconciliation processes after claim adjudication allows them to keep published MAC amounts high while ultimately reducing the aggregate reimbursement for generic drugs at the end of an established reconciliation period, further obscuring true reimbursement amounts to pharmacy.

Q. Shouldn’t DIR Fees Show Up or be Reflected in Claim Adjudication Amounts?
A. Many DIR fees are the result of a reconciliation between a contractual term and actual reimbursement realization. Typically, the Plan/PBM will conduct periodic “reconciliation” every few months and charge pharmacies for the difference a month or two later. Precisely because of this “lag time,” it is extremely difficult for pharmacies to assess their actual reimbursement rate truly is at the outset of the contract, at the time of dispensing and also at the end of the contractual term. It is NCIPA’s position that all of these reported DIRs could be reasonably estimated at point of sale and reflected in the adjudication process.

Q. As a Pharmacy Owner, What Can I Do to Manage These Fees?
A. First and foremost, you must do your due diligence when evaluating contracts and make sure you are aware of and understand all of the different terms and conditions contained in your contract including network pharmacy manuals when incorporated by reference into a contract. Alternatively, make sure any contracting entity that might negotiate on your behalf (PSAO) explains to you the parameters of all of your contractual terms.

Q. Are federal regulators aware of these “DIR fees” being charged to pharmacy in the Part D marketplace?
A. CMS is aware of these arrangements in the Medicare Part D marketplace and has serious concerns that pharmacy DIR fees have resulted in preferred pharmacy price appearing lower than they actually are. In addition, CMS is also concerned that point of sale concessions from pharmacies to Plans/PBMs result in bids reflecting higher amounts and premiums. These are ultimately reconciled in year-end process—but amount to an interest-free loan from the Medicare Trust Fund to the plans.

The Final 2014 Part D rule established a new definition of “negotiated price” (effective 2016) to include all pharmacy price concessions which can be reasonably determined at point of sale. Proposed CMS guidance (still pending) interpreted “reasonably determined” to include fees that could be reasonably estimated or approximated at the point of sale. If finalized, this guidance should eliminate any discrepancy in pharmacy costs at claim adjudication as well as larger transparency to plans and pharmacy about actual reimbursement (again, the potential for an interest free loan to Plans/PBMs).

The Final 2014 Part D rule established a new definition of “negotiated price” (effective 2016) to include all pharmacy price concessions which can be reasonably determined at point of sale. Proposed CMS guidance (still pending) interpreted “reasonably determined” to include fees that could be reasonably estimated or approximated at the point of sale. If finalized, this guidance should eliminate any discrepancy in pharmacy costs at claim adjudication as well as larger transparency to plans and pharmacy about actual reimbursement (again, the potential for an interest free loan to Plans/PBMs).
As we start 2016, there are 262 co-sponsors from all 50 states. This intense effort has made a difference.

Members of patient care stories from pharmacists and student pharmacists. By May, five times more letters from supporters were generated through cards, email and media alerts. APhA grew online support substantially and Focus newsletter updates, the CEO Blog, webinars, commitment to pharmacist legislation quickly garnered widespread bi-partisan support. Within 30 days, more than 600 House members had become co-sponsors and momentum never abated during the year. By June, co-sponsors of the House bill surpassed support enjoyed by the bill in the previous Congress. A key highlight came in October when Representatives Buddy Carter (R- GA), Doug Collins (R- GA), Austin Scott (R- GA), Rick Blom (R- NV) and David Loebsack (D- IA) discussed the importance of provider status during a special floor session of the U.S. House. That same month, the bill achieved an important milestone when the majority of House members signed on as co-sponsors. Another highlight occurred in November when the APhA Academy of Student Pharmacists’ hosted Representatives Debbie Dingell (D- MI), Austin Scott (R- GA), and Bill Keating (D- MA) at the Walgreens Regional Meetings, and they spoke in support of provider status.

We want to take a moment to thank the U.S. House and U.S. Senate members who introduced The Pharmacy and Medically Underserved Areas Enhancement Act into Congress and for their work in building support among their colleagues.

Remarkable Progress: A Look Back at the APHA Provider Status Campaign in 2015

Each New Year, we have an opportunity to reflect on the accomplishments of the previous year. With your help, the campaign to pass The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 572/ S. 318) made major strides in 2015.

Re-introduced in the U.S. House in January, and introduced for the first time as a companion bill in the U.S. Senate, provider status legislation quickly garnered widespread bi-partisan support. Within 30 days, more than 600 House members had become co-sponsors and momentum never abated during the year. By June, co-sponsors of the House bill surpassed support enjoyed by the bill in the previous Congress. A key highlight came in October when Representatives Buddy Carter (R- GA), Doug Collins (R- GA), Austin Scott (R- GA), Rick Blom (R- NV) and David Loebsack (D- IA) discussed the importance of provider status during a special floor session of the U.S. House. That same month, the bill achieved an important milestone when the majority of House members signed on as co-sponsors. Another highlight occurred in November when the APhA Academy of Student Pharmacists’ hosted Representatives Debbie Dingell (D- MI), Fred Upton (R- MI) and Bill Keating (D- MA) at the Walgreens Regional Meetings, and they spoke in support of provider status.

We want to take a moment to thank the U.S. House and U.S. Senate members who introduced The Pharmacy and Medically Underserved Areas Enhancement Act into Congress and for their work in building support among their colleagues.

APhA continued its leadership role in growing support for the legislation. For help logging onto the MirixaPro platform, contact Mirixa Support toll free at 866-275-1888 or email support@mirixa.com. Please Note: all Mirixa programs are voluntary for patients.

As we start 2016, there are 262 co-sponsors from all 50 states. This intense effort has made a difference. Members of patient care stories from pharmacists and student pharmacists. By May, five times more letters from supporters were generated through cards, email and media alerts. APhA grew online support substantially and Focus newsletter updates, the CEO Blog, webinars, commitment to pharmacist legislation quickly garnered widespread bi-partisan support. Within 30 days, more than 600 House members had become co-sponsors and momentum never abated during the year. By June, co-sponsors of the House bill surpassed support enjoyed by the bill in the previous Congress. A key highlight came in October when Representatives Buddy Carter (R- GA), Doug Collins (R- GA), Austin Scott (R- GA), Rick Blom (R- NV) and David Loebsack (D- IA) discussed the importance of provider status during a special floor session of the U.S. House. That same month, the bill achieved an important milestone when the majority of House members signed on as co-sponsors. Another highlight occurred in November when the APhA Academy of Student Pharmacists’ hosted Representatives Debbie Dingell (D- MI), Fred Upton (R- MI) and Bill Keating (D- MA) at the Walgreens Regional Meetings, and they spoke in support of provider status.

We want to take a moment to thank the U.S. House and U.S. Senate members who introduced The Pharmacy and Medically Underserved Areas Enhancement Act into Congress and for their work in building support among their colleagues.

APhA continued its leadership role in growing support for the legislation. For help logging onto the MirixaPro platform, contact Mirixa Support toll free at 866-275-1888 or email support@mirixa.com. Please Note: all Mirixa programs are voluntary for patients.
Part D MAC Updates Finally Required; What You Can Do to MAC It Happen
By B. Douglas Hoey, RPh, MBA, National Community Pharmacists Association CEO

Every year at this time NCPA’s email and phones start to light up with reports from members about problems with prescription drug plans (PDPs) as they try to take care of seniors. We have already received numerous reports about MACs being dramatically below acquisition cost on a variety of products, but especially on topicals.

NCPA wants to hear about any problems you are having with Part D so that we can take action with CMS. Of course, on product pricing, your first communication should be to the entity that administers your contract with the plan, usually your PSAO, so it can contact the health plan and try to work out pricing disputes. But after you have reported the problem to your PSAO, make sure that NCPA gets the message so we can also reach out to CMS and/or the health plan.

Also, remember that CMS is now requiring PBMs to update MACs at least every seven days. The first seven-day period of 2016 is today, so keep a watchful eye to make sure MACs are being updated. Based on the complaints we are hearing, compliance with the MAC update and disclosure requirements could be put to the test early.

In addition to regular updates, health plans must indicate the source used by the Part D plan for making such updates.

If you are having problems, please report them to us by emailing michael.rule@ncpanet.org.

NCPA Attorney’s Note: Please DO NOT provide any patient-specific data or personally-identifiable information (name, address, birth date, phone number, insurance ID number, Rx number), from any information you share.

The Part D program has morphed into something very different than how it began 10 years ago. But one thing is the same—community pharmacists have to scrup for every detail to help their patients and hold PDPs to the spirit of the law.

Save The Date:
- AIP Spring Meeting Sunday, March 13, 2016 Macon Marriott & Centreplex, Macon, GA
- GPA Convention Thursday June 16 - Sunday June 19, 2016 Hilton Head Marriott Resort & Spa, Hilton Head, SC
- AIP Fall Meeting Sunday, October 23, 2016 Macon Marriott & Centreplex, Macon, GA

AIP Spring Meeting
Sunday, March 13, 2016 Macon Marriott & Centreplex Macon, GA

SAVE THE DATE
2.0 CEUs

Network with Colleagues
Meet with Partners

Agenda
8:00-9:00 am Registration & Continental Breakfast
9:00-10:00 am Re-Engineering your Pharmacy Practice - Bringing adherence based, patient centered care to the heart of your business (1.0 CEU GA Board of Pharm) Brit Morrie, Pharm.D., NCPhA
10:00-11:00 am Critical Key - Getting Outside of the Box Revenue Opportunities Beyond Dispensing (Gerry Gallion, Clinicals and Annals Gould, R.Ph., AIP Director of Clinical Services)
11:30-12:30 pm Network with Partners
12:00-1:00 pm Lunch
1:00-2:00 pm AIP/Union Springs Healthcare: A Collaborative Approach to Build Revenue (Rory Grigg, Union Springs Healthcare)
2:00-3:00 pm Essential Oils: A New Opportunity for Front-End Profits (1.0 CEU GA Board of Pharm) Aaron Dawson, Pharm.D.
3:00-4:00 pm MAC Appeals in a Post-HB470 World (Greg Byrd, GPA VP of Public Policy and Association Counsel)
4:00-4:45 pm AIP Elections
4:45 pm Adjourn