

IPA Member Update
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House Committee Approval of PBM Reform Provisions Full House should swiftly consider bipartisan package

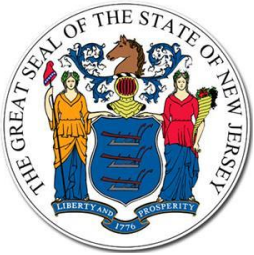


Anne Cassity, senior vice president of government affairs at the National Community Pharmacists Association, says NCPA is pleased the House Energy and Commerce Committee passed the *Promoting Access to Treatments and Increasing Extremely Needed Transparency (PATIENT) Act* (H.R. 3561), which includes several provisions vital to lowering prescription drug costs and bringing transparency to anticompetitive practices of pharmacy benefit managers.

It would move all Medicaid programs to a fair and transparent pharmacy reimbursement system based on average acquisition costs plus the state's Medicaid fee for service dispensing fee. The PATIENT Act passed the committee in a unanimous vote of 49-0.

[Click this link to read the entire article.](#)

New Jersey Bill to Expand PBM and Supply Chain Transparency in Prescription Drug Pricing Advances



In an effort to make prescription drugs more affordable, the New Jersey Senate Budget and Appropriations Committee today advanced legislation which would establish certain data reporting requirements for prescription drug supply chains. S-1615, would establish data reporting requirements for pharmacy benefits managers, pharmacy services administrative organizations, wholesale drug distributors, insurance issuers, and manufacturers. The bill would direct the Division of Consumer Affairs (DCA) to issue an annual report, using data collected, on emerging trends in prescription drug pricing at each stage of the supply chain.

[Click this link to read the entire article.](#)

Listen & Subscribe! NCPA Interview: The Fly-Ins, DIR Hangovers, and Two Big PBM Reform Bills



Ever go a little too crazy the night before and feel terrible the next day? For an independent pharmacist, I promise a DIR Hangover is way worse. This week we spoke with two members of the National Community Pharmacists Association (NCPA), the Senior Vice President of Government Affairs, Anne Cassity, and the Senior Vice President of Policy Pharmacy Affairs, Ronna Hauser about being in D.C., two big PBM Reform Bills, the Congressional Pharmacy Fly-In, and they tell us what exactly a 'DIR Hangover' is.

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U.S. SENATOR MENENDEZ (NJ) SLAMS PHARMACY BENEFITS MANAGERS' PRACTICES THAT PRIORITIZE PROFITS AND DRIVE UP THE COST OF PRESCRIPTION DRUGS FOR PATIENTS



WASHINGTON, D.C. – U.S. Senator Bob Menendez (D-N.J.), a senior member of the Senate Finance Committee, during a hearing questioned witnesses about the impact pharmacy benefits managers (PBMs) have on the prescription drug supply chain and how their warped incentive structure drives up prices for patients and consumers.

“PBMs benefit significantly from high list prices and have no incentive to choose lower-priced drugs to drive down patient cost. PBMs extract rebates from manufacturers based on list price in exchange for a manufacturer’s drug receiving formulary placement. Those rebates are passed on to plans and employers, but almost never to patients.”

[Click this link to read the entire article.](#)

CMS Announces Proposal to Advance Prescription Drug Transparency in Medicaid



The CMS’ latest notice of proposed rulemaking would shed light on the actual cost of drugs covered by Medicaid. Under this proposal, Medicaid would have increased ability to hold drug manufacturers accountable for what Medicaid programs pay for drugs.

The proposed rule also focuses on the potential misclassification of drugs as brand name or generic. The proposed rule includes provisions to ensure states would receive the appropriate rebates to which they are entitled, since states receive a higher percentage of rebate dollars for brand-name drugs compared to generics. With increased transparency, states would be able to determine if manufacturers appropriately classified their covered outpatient drugs, and if they did not, give CMS the ability to take action to correct the misclassification.

[Click this link to read the entire article.](#)

Pharmacy News: FDA, Medicaid, COVID, State Updates

Click these links to read the news!

- [NJ Medicaid/NJ FamilyCare will no longer automatically allow the dispensing of a ninety \(90\) days' supply of maintenance medications and early prescription refills after the Public Health Emergency ends May 11.](#)
- [NY Medicaid Member Dashboard NYRx, the Medicaid Pharmacy Program Member Resources](#)
- [NYRx Providers Dispense Brand Name Drug when Less Expensive than Generic Program](#)
- [New York Department of Health one-stop-shop for NYRx transition to Medicaid fee-for-service](#)
- [ICYMI: Contract trends for FY24 and the DIR hangover](#)
- [House committee opens hearing on PBMs, asking where health care ends and self-interest begins](#)
- [FDA Approves New Treatment for Pneumonia Caused by Certain Difficult-to-Treat Bacteria](#)
- [N.J. ends daily COVID case count reporting](#)
- [FDA Issues Final Report for Drug Supply Chain Security Act \(DSCSA\) Pilot Project Program](#)
- [FDA approves treatment for relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma](#)
- [FDA: G-Suppress DX Pediatric Cough Drops may have incorrect drug in packaging](#)
- [FDA approved Rinvoq \(upadacitinib\) for adults with moderately to severely active Crohn's disease](#)
- [FDA is announcing exemptions for covered COVID-19 products from certain requirements in the Food, Drug and Cosmetic Act \(FD&C Act\), as added by the Drug Supply Chain Security Act \(DSCSA\)](#)
- [FDA Approves First Respiratory Syncytial Virus \(RSV\) Vaccine](#)

Independent Pharmacy Alliance

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