



**FOR IMMEDIATE RELEASE**

## **National Association of Specialty Pharmacy Applauds CMS for Enhancing Oversight & Holding Large Pharmacy Benefit Managers Accountable for Rising Drug Costs**

**ALEXANDRIA, VA (June 19, 2017)** – [The National Association of Specialty Pharmacy](#) (NASP) applauds the Centers for Medicare & Medicaid Services (CMS) for enhancing the oversight of large Pharmacy Benefit Managers (PBMs), as they are misusing Medicare’s Direct and Indirect Remuneration (DIR) fee provisions to drive up profits, despite dangerous consequences for sick seniors and the specialty pharmacies that serve the population’s unique healthcare needs.

Last month, CMS announced its proposed 2016 reporting requirements for DIR fees, which refer to retroactive fees levied by PBMs on pharmacies on the sale of prescription drugs. They were originally conceived to ensure accountability in Medicare Part D prescription drug program for seniors. Yet, over the past few years, PBMs have expanded the types of fees that they argue fall under the umbrella of “DIR,” including pay-to-play network fees and patient adherence fees.

NASP’s [comments urge CMS](#) to use its authority to drive greater transparency from large PBMs by strengthening reporting requirements, and requiring more data as PBMs negotiate drug prices with pharmacies and plan sponsors. Specifically, NASP urges CMS to require reporting on DIR fee data by pharmacy type, further clarifying the term “reasonably determined at the point-of-sale.”

“In the last few years, large pharmacy benefit managers have re-engineered financial models for Medicare Pharmacy benefits to impose increasing DIR fees on specialty pharmacies that provide much-needed healthcare for sick seniors. PBMs refuse to provide evidence that these fees make seniors healthier or keep overall drug benefit costs down,” said Rebecca Shanahan, President of the National Association of Specialty Pharmacy and CEO of Avella Specialty Pharmacy. “We applaud CMS for further investigating and categorizing these fees, as they threaten quality, affordable care for seniors facing life-threatening diagnoses. It’s time for CMS to put an end to the inappropriate application of DIR fees, which PBMs are recklessly using to elevate out-of-pocket costs on seniors, pull funds from pharmacies, and keep more Medicare dollars for themselves.”

Using new regulations, CMS can determine how DIR fees are impacting seniors and resolve whether these fees provide any savings to the Part D program or health benefits to seniors. Specialty pharmacies across the country report that DIR fees hurt seniors financially and clinically, as the extra costs driven by PBMs make it more difficult for seniors to follow prescription medication treatment plans, as directed by their doctors. The out-of-control engineering of financial models to levy DIR fees on specialty pharmacies limits seniors’ access to clinical support when these inappropriately applied costs push pharmacies out of the Medicare market. These fees reduce the ability of specialty pharmacies to deliver the high-touch, white-glove, and comprehensive care that these patients require and deserve. CMS is expected to issue final reporting requirements later this year.

Full comments from NASP are here: <http://naspnet.org/wp-content/uploads/2017/02/Proposed-Medicare-Part-D-DIR-Reporting-Requirements-for-2016.pdf>

### **About National Association of Specialty Pharmacy (NASP)**

NASP was founded in 2012 and is the only national trade association that represents specialty pharmacy, serving as the leading educational resource and national advocate for specialty

pharmacy healthcare professionals and patients alike. Specialty pharmacy provides important medications to patients with conditions including cancer, hepatitis C, infectious disease, infertility, Crohn's disease, rheumatoid arthritis, psoriasis, HIV/AIDS, multiple sclerosis, and cystic fibrosis. Additionally, specialty pharmacy features support programs and services to ensure patients receive the most benefit from their medication, therapies and services, working to make it easier for patients and families to manage these tough conditions. The core mission of NASP is to elevate the practice of specialty pharmacy by developing and promoting continuing professional education and certification of specialty pharmacists while advocating for public policies that ensure patients have appropriate access to specialty medications in tandem with critical services. NASP members include specialty pharmacies, integrated health systems, pharmaceutical and biotechnology manufacturers, healthcare payers, GPOs, wholesale drug distributors, and technology and other vendors. To learn more, please visit [naspnet.org](http://naspnet.org).

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