FOR IMMEDIATE RELEASE
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NACDS, NCPA Urge Congress to Include Provisions to Protect Military Personnel Access to Retail Pharmacy Prescription Medications and Services

Alexandria, Va. – Today the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA) sent letters to Senate and House leaders urging them to include provisions that will continue to enable TRICARE beneficiaries to access prescription drugs and services at retail pharmacies. Following is the letter that was sent:

Re: Inclusion of retail pharmacy co-payments and medication therapy management (MTM) programs in the FY 2010 Defense Authorization

Dear Senators Ben Nelson and Lindsey Graham, Reps. Susan A. Davis and Joe Wilson:

As you begin consideration of the FY2010 National Defense Authorization Act, we are writing to express our thanks and appreciation for your leadership in protecting patient choice and access in the TRICARE pharmacy benefit. In order to continue to give TRICARE beneficiaries choice, provide savings to the Department of Defense (DoD), and allow retail pharmacies to provide prescription drugs and services to our nation’s military personnel, we believe provisions regarding retail pharmacy co-payments and medication therapy management (MTM) programs must be included in the FY 2010 Defense Authorization.

NACDS and NCPA represent the totality of community retail pharmacies in the United States. Retail pharmacies dispense more TRICARE prescriptions than any other pharmacy practice setting. It is a privilege for us to play such a large role in the TRICARE pharmacy benefit.
On March 17, 2009, DoD published the final rule implementing Section 703 of the FY2008 National Defense Authorization Act. As you know, Section 703 provided clarification that DoD could obtain federal pricing discounts for TRICARE prescriptions dispensed by the TRICARE Retail Pharmacy network. The rule is estimated to provide $12.658 billion in savings to DoD in Fiscal Years 2010-2015, and brings to fruition a sensible policy that the federal government has pursued for years.

In addition to providing critical savings to the Department, the rule presents an opportunity for the restructuring of beneficiary cost sharing in the TRICARE pharmacy program. Rather than using co-payments to drive TRICARE beneficiaries to a particular pharmacy practice setting, cost sharing should encourage use of the most cost effective, therapeutically appropriate medication. The TRICARE pharmacy benefit should also include programs, such as medication therapy management (MTM), that enhance patient adherence to medication therapies, improve health outcomes and reduce overall healthcare costs.

We are committed to working with Congress and the Department on these important revisions. Until an improved co-payment structure can be identified and implemented, we urge you to extend the current freeze on increases to retail pharmacy co-payments. A temporary extension of this freeze is necessary to ensure TRICARE beneficiaries will continue to have access to the pharmacy provider of their choice.

Thank you for the opportunity to share our views on the TRICARE pharmacy benefit. Please let us know how we can be helpful in advancing the FY 2010 Defense Authorization.

Sincerely,

Steven C. Anderson, IOM, CAE   Bruce Roberts
President & Chief Executive Officer   Executive Vice President
NACDS   NCPA

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