



September 21, 2022

The Honorable Seileen Mullen  
Acting Assistant Secretary of Defense for Health Affairs  
Defense Health Agency (DHA)  
7700 Arlington Boulevard  
Suite 5101  
Falls Church, VA 22042-5101

Dear Acting Assistant Secretary Mullen:

The American Pharmacists Association (APhA), the National Alliance of State Pharmacy Associations (NASPA) and over 40 state pharmacist and pharmacy associations write to express our strong concerns regarding the health and medication safety of our nation's 9 million TRICARE families under the DHA's new contract with one, large vertically merged pharmacy benefit manager (PBM).

As you know, the Department of Defense (DoD) awarded a new \$4 billion TRICARE contract to one, large vertically merged PBM, effective next year, that is limiting patient choice and access, decreasing access to preventive health care services, wasting taxpayer dollars, and putting the medication safety and health of our military families enrolled in TRICARE in harm's way.

- **Decreasing Patient Access:** The DOD's new contract with one large vertically merged PBM incentivizes the insurance company to reduce its pharmacy network for TRICARE members by 33% (from 50,000 to 35,000 community pharmacies) nationwide for 2023. The net result is a vast reduction in TRICARE patients' and their families' access to their local, trusted community pharmacists and pharmacies.
  - For example, 90% of independent community pharmacies are expected to be out of the TRICARE network in Arkansas—with similar results in other states. There will be numerous cities and counties that have zero in-network pharmacies in Arkansas.
- **Decreasing Use of Preventive Health Care Services:** By October 24, 2022 (this year), many TRICARE beneficiaries will lose access to their current, trusted pharmacists right in the middle of the upcoming COVID-19 booster campaign and annual influenza vaccinations with guaranteed disruptions in prescription refills with potential negative impacts on these families' use of preventive health care services, medication adherence and patient counseling services.
- **Penalizing TRICARE Families from Filling Local Prescriptions/Disrupting the Local Patient-Pharmacist Relationship:** Many TRICARE families that do choose to

stay with their current pharmacist next year will be penalized under the current contract and have to pay cash to receive their medications from their trusted local, community pharmacist—which also disincentivizes filling their family medications due to this unnecessary increase in cost.

- **Decreasing Medication Safety:** Many TRICARE families that are forced to leave their current pharmacies for this new, very narrow, network of pharmacies will also be forced to receive their medications by mail where they will face delivery delays and serious increases in medication safety (e.g., extreme temperatures that can be dangerous for certain medications and unrealistic or unnecessary delays in filling time-sensitive or immediate prescriptions).
- **Increasing the Burden on TRICARE Families:** Many TRICARE families will also be forced to drive great distances to find the nearest in-network pharmacy simply to fill their families' medications rather than continuing to visit their trusted, local community pharmacies.

Due to the serious patient access and medication safety concerns outlined above, our organizations request DHA undergo a gap analysis on whether the estimated “cost savings” by this one vertically-merged PBM, possibly realized by mail order and a narrow network, outweighs the larger patient access, safety and efficacy concerns, or promotes better health outcomes for TRICARE members. We also strongly recommend DHA amend its current PBM contract immediately to maintain TRICARE families' access to their trusted community pharmacists, access to preventive health care services and to protect the affordability, safety and integrity of their families' medications.

Sincerely,  
American Pharmacists Association (APhA)  
National Alliance of State Pharmacy Associations (NASPA)  
Alabama Pharmacy Association (APA)  
Alaska Pharmacists Association (AKPhA)  
Arizona Pharmacy Association (AzPA)  
Arkansas Pharmacists Association (APA)  
California Pharmacists Association (CPhA)  
Colorado Pharmacists Society  
Delaware Pharmacists Society (DPS)  
Florida Pharmacy Association (FPA)  
Georgia Pharmacy Association (GPhA)  
Hawai'i Pharmacists Association (HPhA)  
Idaho State Pharmacy Association (ISPA)  
Illinois Pharmacists Association (IPhA)  
Indiana Pharmacy Association (IPA)  
Iowa Pharmacy Association (IPA)  
Kansas Pharmacists Association (KPhA)  
Maryland Pharmacists Association (MPhA)  
Michigan Pharmacists Association (MPA)

Minnesota Pharmacists Association (MPhA)  
Missouri Pharmacy Association (MPA)  
Montana Pharmacy Association (MPA)  
Nebraska Pharmacists Association (NPA)  
Nevada Pharmacy Alliance  
New Jersey Pharmacists Association (NJPhA)  
New Mexico Pharmacists Association (NMPhA)  
Pharmacists Society of the State of New York (PSSNY)  
North Carolina Association of Pharmacists (NCAP)  
North Dakota Pharmacists Association (NDPhA)  
Oklahoma Pharmacists Association (OPhA)  
Oregon State Pharmacy Association (OSPA)  
Pennsylvania Pharmacists Association (PPA)  
Rhode Island Pharmacists Association (RIPA)  
South Carolina Pharmacy Association (SCPhA)  
South Dakota Pharmacists Association (SDPhA)  
Tennessee Pharmacists Association (TPA)  
Texas Pharmacy Association (TPA)  
Vermont Pharmacists Association (VPA)  
Washington State Pharmacy Association (WSPA)  
West Virginia Pharmacists Association (WVPA)  
Pharmacy Society of Wisconsin (PSW)  
Wyoming Pharmacy Association (WPhA)

cc: The Honorable Buddy Carter, U.S. House of Representatives  
The Honorable Don Bacon, U.S. House of Representatives  
The Honorable Tom Cotton, U.S. Senate

U.S. Senators