

Randolph George Tammara

[REDACTED]

[REDACTED]

[REDACTED]

RANDOLPH GEORGE TAMMARA
CERTIFIED DIABETES EDUCATOR
PUBLIC HEALTH SPEAKER
1 844 726 3363

Department of Justice

Peter Mucchetti

Chief, Healthcare and Consumer Product Section

Antitrust Division

450 Fifth Street, NW, Suite 4100

Washington, DC 20530

Dear Dr. Mucchetti:

When pharmacy benefit managers, large chain pharmacies, and insurance companies merge and own each other, conflicts of interests unequivocally exist. Patients, especially senior citizens, will suffer greatly. Senior citizens represent the fastest growing segment of the population and they are ones who suffer the most, being dependent on the mailman rather than their local pharmacist.

Small independent pharmacies that provide home delivery to seniors are being systematically forced out of business by restrictive contracts that mandate patients get their medications from behemoth pharmacy providers that are owned by the same payors that are controlling all of components of the system. The majority of these providers tout the (false) benefits of mandatory mail order pharmacy for all.

The United States healthcare system is a complex maze of multiple governmental and private contracted payors. The private payors (insurers) and agents (PBMs) have shareholders to satisfy and are profit driven. PBMs have been in the spotlight recently and a quick GOOGLE search will show that they are already being scrutinized at many levels for their complete lack of transparency and deceptive practices.

We have lost over half of our retail customer base to mail order and specialty pharmacy facilities. The community pharmacy has been a pillar of the community for centuries and is now being forced out of business thanks in large part to the greed of PBMS and the obvious conflicts of interest that arise when PBMs and insurers own their own chains of retail pharmacies. Pharmacy as we know it today has its roots in the corner drugstore. Now, we are becoming extinct at the hands of PBMS and larger pharmacies that purchase these PBMS and insurers. While horizontal mergers and acquisitions are often recognized as anti-trust, vertical or cross-industry mergers are being permitted. When consumers are offered less choices quality goes down.

Patients are herded (contractually or with reduced copay incentives) to the providers that are affiliated with the very same PBMs that own them. **Certainly, all Aetna patients will be forced to use CVS pharmacy if this merger completes. Regardless of these patients are steered to mandatory CVS/CAREMARK mailorder or to the brick and mortar CVS stores, the independent pharmacy will be excluded.**

All the while, small community pharmacies are subject to one audit after another, not for clinical reasons, but for clerical issues that the PBMs chargeback the full cost of the medications, even when properly filled and dispensed clinically. PBMs reimburse community pharmacies below their cost of doing business, and often below the acquisition cost of the medication. PBMs make significantly more money on every prescription than the pharmacy does, especially via the manufacturer kickbacks they receive. To make matters worse, the very same PBMs inflate the patients' copays to the point that INSURED people cannot afford their insulin, asthma inhalers and other life saving drugs.

PBMs and chain pharmacies make no secret of the fact that they want community pharmacies out of the picture. I have a collection of 100 year-old letterheads from all of the pharmaceutical companies and small drugstores that started in Philadelphia and elsewhere. I'd like to share them with you.

The population is aging and the community pharmacies that have always provided free home delivery to their patients will soon be gone. How will geriatric patients be able to continue getting their prescriptions? Those without family will be forced into nursing homes earlier! Yes, the mailman can bring the meds, but he/she will not be able to explain how to safely use the medications.

I pray that we have family that plans to take care of you when you get old, because once all the community pharmacies are extinct and there is no more competition, CVS and Cigna will NOT be delivering our medications to us.....except via the mailman. Insulin and other temperature sensitive items will be at risk of becoming adulterated.

At 52 years old and a second-generation pharmacist, not only did I steer my own children away from pharmacy school, I have personally gone back to school to pursue additional career options because of the "community pharmacy genocide" being inflicted by the PBMs.

Once the competition is eliminated, chain pharmacies and their PBM-owned mail order counterparts, will provide the absolute minimum of services to those that need it most: our senior citizens. PBMs put a price only on the commodity (drug).

Quality of service and quality of life will diminish when the small independently owned pharmacies are gone. Please do a few quick GOOGLE searches of PBMs such as CVS and CIGNA and then please take immediate action to **prevent the CVS/AETNA** and CIGNA/ESI mergers if it's not too late for our senior citizens and for the community pharmacists they depend upon.

Thank you

Randolph Tammara

Pharmacist, Certified Diabetes Educator. Candidate for MPH