

October 7, 2022

The Honorable Kathleen Hicks Deputy Secretary of Defense 1000 Defense Pentagon Washington, D.C. 20301-1000

Dear Deputy Secretary Hicks,

I am writing in regards to the TRICARE Pharmacy 5th Generation (TPharm5) contract awarded to Express Scripts in August 2021 and expected to begin on January 1, 2023. The new contract makes some welcome adjustments such as measuring network access by driving time which likely provides a more accurate access estimate. However, I have serious concerns about the transition from the current TRICARE Pharmacy 4th Generation (TPharm4) contract to the new contract, as well as other aspects of TPharm5 that are resulting in independent community and rural pharmacies being dropped from in-network status. These changes are leaving vulnerable TRICARE beneficiaries with limited options to get the prescriptions they need. In Maine, it is expected that 29 pharmacies will be removed from in-network status, which is more than tenpercent of the 243 pharmacies that were part of the TPharm4 contract. These changes will impact an estimated 695 beneficiaries across our state. I therefore respectfully request answers to the following questions:

- 1. How does Defense Health Agency (DHA) plan to monitor the access requirement of the current contract through December 31, 2022, and what steps will it take if Express Scripts falls short of those requirements?
- 2. How many rural¹ beneficiaries, in Maine and nationally, will lose access to their current pharmacy under the transition process to the new contract between October 24, 2022 and December 31, 2022?
- 3. How many beneficiaries, in Maine and nationally, whose retail pharmacy under TPharm4 will no longer be in-network under TPharm5, have the option of a retail pharmacy within a 15-minute drive? What is that percentage and number for rural² beneficiaries?
- 4. Under the TPharm5 contract, what percentage of rural³ beneficiaries, in Maine and nationally, have an in-network pharmacy within a 15-minute drive? Within a 30-minute drive?

¹ https://www.hrsa.gov/rural-health/about-us/what-is-rural#:~:text=We%20define%20the%20following%20areas.35%20or%20less%20per%20sq.

² Ibid.

³ Ibid.

- 5. Please describe the following:
 - a. DHA, and by extension Express Script, education and outreach efforts to inform and enhance beneficiary awareness about impending changes to the TRICARE pharmacy network and options for pharmacy services.
 - b. Beneficiary and pharmacy education and outreach requirements in relation to the transition period between the TPharm4 and TPharm5 contracts.
 - c. How DHA will monitor compliance with such requirements.
 - d. Steps DHA will take if Express Scripts falls short of those requirements.
- 6. Regarding contract renegotiating with community retail pharmacies:
 - a. How much time were community retail pharmacies given to negotiate with Express Scripts for new contracts?
 - b. Were negotiation guidelines set in the contract, or left to the discretion of Express Scripts?
- 7. Of particular concern to me is the plight of beneficiaries who live in long-term care facilities where access to other pharmacies and the option for mailed prescriptions are severely restrictive. For these vulnerable beneficiaries, the administrative and financial burden of reimbursement mechanisms can be overwhelming, leading to loss of access to the medications they need.
 - a. How many beneficiaries, in Maine and nationally, are served by long-term care pharmacies leaving the Express Script network under TPharm5?
 - b. What tailored outreach, if any, is being taken to address the specific difficulties facing beneficiaries in long-term care facilities whose current pharmacies will be out of network under TPharm5, and during the transition from TPharm4 to TPharm5?

Thank you for your attention to this important issue affecting Mainers and Americans across the TRICARE network. I look forward to your responses and working with you on ensuring TRICARE beneficiaries receive the care they need.

Sincerely,

United States Senator

2