



August 26, 2020

The Honorable Elizabeth Warren
United States Senate
309 Hart Senate Office Building
Washington, DC 20510

The Honorable Robert P. Casey, Jr.
United States Senate
393 Russell Senate Office Building
Washington, DC 20510

RE: Request for Information on United States Postal Service Operational Changes and Mail-Service Pharmacy

Dear Senators Warren and Casey:

On behalf of the Pharmaceutical Care Management Association (PCMA), I am writing in response to your letters of August 19, 2020 requesting information regarding delays in mail-service deliveries of prescription drugs as a result of recent operational changes at the United States Postal Service (USPS). We appreciate your interest in and support for mail-service pharmacy and would like to take this opportunity to offer our thoughts on the essential role for mail-service pharmacies in helping Americans conveniently access lower cost, high-quality prescription drugs generally and during the coronavirus (Covid-19) pandemic.

PCMA is the national association representing America's pharmacy benefit managers (PBMs). PBMs administer prescription drug plans for more than 266 million Americans who have health insurance from a variety of sponsors including: commercial health plans, self-insured employer plans, union plans, Medicare Part D plans, the Federal Employees Health Benefits Program (FEHBP), state government employee plans, managed Medicaid plans, and others. Our members work closely with employers, health plans, and other issuers to secure lower prescription drugs costs, increase access, and promote better individual health outcomes.

Our member companies also operate mail-service, retail, and specialty pharmacies, which many Americans rely on for convenience and value. Mail-service pharmacies ship hundreds of millions of prescriptions each year via the USPS and other mail and shipping providers, including to individuals living with chronic conditions, such as cardiovascular disease and depression;¹ and individuals and families residing in rural, remote, and other underserved communities. Mail-service pharmacies offer important benefits for patients, including higher rates of prescription adherence, fewer medication errors, greater dispensing accuracy, and cost

¹ Juliette Cubanski, Jeannie Fuglesten Biniek, Matthew Rae, Anthony Damico, Brittni Frederiksen, and Alina Salganicoff, "Mail Delays Could Affect Mail-Order Prescriptions for Millions of Medicare Part D Enrollees and Large Employer Plan Enrollees," Kaiser Family Foundation (August 20, 2020), <https://www.kff.org/coronavirus-covid-19/issue-brief/mail-delays-could-affect-mail-order-prescriptions-for-millions-of-medicare-part-d-and-large-employer-plan-enrollees/>.



savings.² Throughout the current public health emergency (PHE), mail-service pharmacy has been especially important for facilitating safe, convenient, and reliable access to prescription drugs for patients.

The USPS and other shipping and mail providers are vital to delivering needed medications to America's patients, and PBMs value the particular role of the USPS in assuring the reliability and affordability of mail-service pharmacy. PBMs carefully plan for, and nimbly adjust in response to, any potential disruptions, including reported issues with the USPS. While PBMs are nimble in working with multiple mail and shipping providers and have not experienced significant delivery disruptions thus far, we believe it is vital to have a functional and well-funded postal service so that we can continue to connect patients with their prescription drugs affordably and on time.

PCMA appreciates the opportunity to address the essential role of mail-service delivery of prescription drugs. Initially, we believe it helpful to provide background on mail-service pharmacy; the value and benefits to patients, employers, and other health plan sponsors; and how PBMs facilitate reliable and timely access to mail-delivered prescription drugs. We then respond to your questions based on available PBM industry data and discuss the important role of the USPS and other national shipping and mail providers in facilitating continued access to prescription drugs during the Covid-19 pandemic.

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Background on Mail-Service Pharmacy

While retail pharmacies are an essential partner in helping to facilitate access to prescription drugs needed urgently, a growing number of patients find that having regularly needed medication – often referred to as maintenance medication – delivered to their homes is more convenient and affordable.

To use a mail-service pharmacy, a patient would first use their local retail pharmacy to fill a new prescription. If the prescription is for a chronic condition, a patient will often fill the first several prescriptions at the retail pharmacy. Once stabilized on the medication, the patient can use mail-service delivery for their prescription moving forward. The patient, as well as their physician or other prescriber, can use the telephone, fax, mail, or internet to submit their prescription(s) and communicate with the mail-service pharmacy. Prescriptions are filled and shipped to the patient, usually within three to five days. Some mail-service pharmacies offer delivery within 24 to 48 hours depending on a patient's needs and the type of medication.

² Elena V. Fernandez, Jennifer A. McDaniel, Norman V. Carroll, "Examination of the Link Between Medication Adherence and Use of Mail-Order Pharmacies in Chronic Disease States," *Journal of Managed Care & Specialty Pharmacy* (November 2016) Vol. 22, No. 11: 1247-1259, <https://www.jmcp.org/doi/10.18553/jmcp.2016.22.11.1247>.



Mail-service pharmacies retain pharmacists on staff who are available to counsel patients and consult with prescribers on appropriate drug therapies. Counseling is done primarily through toll-free telephone communication, which offers more privacy than the retail (in-store) setting, and often are available 24 hours a day, seven days a week.

Mail-service pharmacies are thoroughly regulated by both federal and state governments. All pharmacies must be licensed by, and be in good standing with, the boards of pharmacy in the states in which they are physically located. This licensure includes full compliance with all state pharmacy and controlled substances laws as well as federal Drug Enforcement Agency (DEA) regulations. In addition, mail-service pharmacies must comply with applicable state requirements.

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Value of Mail-Service Pharmacy

On healthcare issues, poll after poll shows that cost is the greatest concern for both consumers and employers. At the same time, the growth of online retailers highlights greater consumer demand for convenience and home delivery. While patients with short term, acute needs continue to use retail (in-store) pharmacies, patients with chronic conditions often rely on mail-service and specialty pharmacies to save money and get prescriptions delivered directly to their homes after having been stabilized on their medication, which may include having had at least two prescription fills at their local retail pharmacy.

During this current PHE, PBMs have proactively taken action to help patients stay safely at home through convenient, reliable access to their needed prescription drugs, in addition to providing the vital clinical services and supports to see them through this difficult time. Mail-service pharmacy has been a safe, convenient, and affordable way of accessing needed maintenance medications and other essential prescription drugs, particularly in response to the unique access-to-care dynamics presented by the Covid-19 pandemic (e.g., stay-at-home orders, preference for telehealth services³). In fact, data show an increase in prescription drugs dispensed through mail-service pharmacy during the pandemic.^{4,5} In addition, PBMs and our retail pharmacy partners have worked together to develop industry best practices to allow for waiver of proof-of-delivery signature requirements to minimize patient (and carrier) exposure when patients receive a prescription by home delivery during the pandemic.

Benefits of mail-service pharmacies include encouraged use of generic drugs; greater cost savings for consumers, employers, and other health plan sponsors; improved dispensing

³ Alliance of Community Health Plans, "Covid-19 Shifts Consumer Behavior, Attitudes Toward Health Care Services" (May 21, 2020), <https://achp.org/release-covid-19-shifts-consumer-behavior-attitudes-toward-healthcare-services/>.

⁴ IQVIA, "Monitoring the Impact of Covid-19 on the Pharmaceutical Market" (August 17, 2020), <https://www.iqvia.com/library/white-papers/monitoring-the-impact-of-covid-19-on-the-pharmaceutical-market>.

⁵ Alliance of Community Health Plans (May 21, 2020).

accuracy rates; convenient access to 24/7 confidential counseling and telepharmacy; and improvement in patient adherence. As described more fully below, the benefits of receiving prescriptions by mail are well documented in terms of improved clinical outcomes, safety, and accuracy, and cost savings.

Clinical Outcomes

Mail-service pharmacies are vital and effective services that PBMs provide to American consumers. Surveys show that recipients of prescription drugs by mail are highly satisfied with mail-service pharmacies, as they are convenient, safe, and more affordable. Mail-service pharmacies are not only preferred by patients and help them to save money on prescription drugs, but peer-reviewed research has demonstrated that the use of mail-service pharmacies increases adherence to drug regimens for individuals living with chronic conditions.

- Patients receiving their medications through mail-service pharmacies have higher medication adherence rates (84.7 percent) as compared to patients obtaining medications through retail pharmacies (76.9 percent).⁶
- Patients who receive their medication in 90-day supplies, the typical quantity dispensed through mail-service pharmacies, have higher adherence rates compared to 30-day supplies.^{7,8,9}
- A 2016 survey of research pertaining to retail and mail-service pharmacies and medication adherence found that a majority of studies – 14 out of the 15 reviewed – supported higher adherence through mail-service pharmacies.¹⁰
- “Compared with patients who obtained medication refills at local pharmacies, patients who received them by mail were more likely to have good adherence.”¹¹
- “A prescription refill synchronization program for Medicare beneficiaries using a mail-order pharmacy was associated with improvements in adherence to antihypertensives,

⁶ O. Kenrik Duru, Julie A. Schmittiel, Wendy T. Dyer, Melissa M. Parker, Connie S. Uratsu, James Chan, and Andrew J. Karter, “Mail-Order Pharmacy Use and Adherence to Diabetes-Related Medications” *American Journal of Managed Care* (January 2010) Vol. 16, No. 1: 33-40, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3015238/>.

⁷ Matthew Hermes, Patrick P. Gleason, and Catherine I. Starner, “Adherence to Chronic Medication Therapy Associated with 90-Day Supplies Compared with 30-Day Supplies,” *Journal of Managed Care Pharmacy* (2010) Vol. 16: 141-142.

⁸ Michael Taitel, Leonard Fensterheim, Heather Kirkham, Ryan Sekula, and Ian Duncan, “Medication Days’ Supply, Adherence, Wastage, and Cost Among Chronic Patients in Medicaid,” *Medicare & Medicaid Research Review* (2012), Vol. 2, No. 3, https://www.cms.gov/mmrr/Downloads/MMRR2012_002_03_A04.pdf.

⁹ Sarah King, Celine Miani, Josephine Exley, Jody Larkin, Anne Kirtley, and Rupert A. Payne, “Impact of issuing longer- versus shorter-duration prescriptions: a systemic review,” *British Journal of General Practice* (April 2018) Vol. 68, No. 669: e286-e292, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5863683/>.

¹⁰ Elena V. Fernandez et al. (November 2016).

¹¹ O. Kenrik Duru et al. (January 2010).

lipid-lowering agents, and antidiabetic agents, particularly in patients with low baseline adherence.”¹²

- A 2014 presentation to the Academy of Managed Care Pharmacy (AMCP) described a study finding higher medication adherence in patients who continuously used mail-service pharmacies as compared to members who switched between mail and retail pharmacies. The study found a similar pattern across multiple therapeutic classes of chronic medications and across different member populations.¹³
- In a review of oral antidiabetic medication adherence among Medicare Part D beneficiaries, findings show that beneficiaries using mail-service pharmacies had improved adherence than those who used retail pharmacies.¹⁴

Adherence to treatment is a major step in improving clinical outcomes for those living with chronic conditions. Medication adherence contributes significantly to reducing the chances of adverse outcomes and lowering overall health care costs through avoidance of acute episodes, including extra visits to the doctor and rehospitalizations arising from inconsistent treatment. According to the Centers for Disease Control and Prevention (CDC), “nonadherence is associated with higher rates of hospital admissions, suboptimal health outcomes, increased morbidity and mortality, and increased health care costs.”¹⁵

There is a well-established body of evidence demonstrating not only higher rates of prescription adherence among patients using mail-service pharmacies, but other improved clinical outcomes correlated to adherence. For example, patients with diabetes who received prescribed heart medications by mail were less likely to visit the emergency room than those patients who picked up prescriptions in person, according to a 2013 Kaiser Permanente study funded by the CDC and published in the *American Journal of Managed Care*. Although the study did not analyze why mail-service pharmacies were associated with fewer emergency room visits, a logical explanation is that automated prescription refill-and-shipment programs help to eliminate gaps in medication due to a failure to refill a prescription.¹⁶

¹² Jalpa A. Doshi, Raymond Lim, Pengxiang Li, Peinie P. Young, Victor F. Lawnicki, Joseph J. State, Andrea B. Troxel, and Kevin G. Volpp, “A Synchronized Prescription Refill Program Improved Medication Adherence,” *Health Affairs* (2015), Vol. 35, No. 8, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.1456>.

¹³ Josephine Tran, CM Conrad, Toros Caglar, W O'Bryant, Karen M. Stockl, Heidi C. Lew, and Brian K. Solow, “Adherence to Chronic Therapeutic Classes of Medications in Mail Service Users,” *Journal of Managed Care & Specialty Pharmacy* (April 2014) Vol. 20, No. 4-a, <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2014.20.4-a.S1>.

¹⁴ Lihua Zhang, Armen Zakharyan, Karen M. Stockl, Ann S. M. Harada, Bradford S. Curtis, and Brian K. Solow, “Mail-order pharmacy use and medication adherence among Medicare Part D beneficiaries with diabetes,” *Journal of Medical Economics* (2011) Vol. 14, No. 5: 562-567, <https://pubmed.ncbi.nlm.nih.gov/21728913/>.

¹⁵ Andrea B. Neiman, Todd Ruppert, Michael Ho, Larry Garber, Paul J. Weidle, Yuling Hong, Mary G. George, and Phoebe G. Thorpe, CDC, “CDC Grand Rounds: Improving Medication Adherence for Chronic Disease,” *Morbidity and Mortality Weekly Report* (November 17, 2017), Vol. 66, No. 45, <https://www.cdc.gov/mmwr/volumes/66/wr/mm6645a2.htm>.

¹⁶ Julie A. Schmittiel, Andrew J. Karter, Wendy T. Dyer, James Chan, and O. Kenrik Duru, “Safety and Effectiveness of Mail Order Pharmacy Use in Diabetes,” *American Journal of Managed Care* (November 2013), <https://www.ajmc.com/view/safety-and-effectiveness-of-mail-order-pharmacy-use-in-diabetes>.

A 2011 study on the comparative effectiveness of mail-service pharmacy use versus local retail pharmacy use for new statin users found that “new statin users who primarily refilled by mail were more likely to be in control of their LDL-C levels within 3-15 months after medication initiation than patients who used” retail pharmacies. This positive association was consistent across patient gender, race, and ethnicity.¹⁷

Safety and Accuracy

The National Academy of Medicine’s (formerly the Institute of Medicine) seminal report, *To Err is Human: Building a Safer Health System*, found that thousands of patients are harmed by medication errors.¹⁸ Citing studies of inpatient and outpatient settings of care, the National Academy of Medicine concluded a high frequency and cost of medication errors, including errors in prescribing medications, dispensing by pharmacists, and unintentional patient nonadherence, which may result in what are called adverse drug reactions (ADRs). According to a 2018 U.S. Food & Drug Administration report, ADRs may result in more than 106,000 deaths and more than 2 million injuries per year in the United States.¹⁹ One estimate of the cost of prescription drug-related morbidity and mortality is \$135 billion annually.²⁰

Studies indicate that fewer clinical errors are associated with prescriptions dispensed by mail-service pharmacies.²¹ Before shipping a prescription drug to a patient’s home, mail-service pharmacies electronically review the patient’s medications to detect ADRs, especially any potentially harmful drug-to-drug interactions — even when the patient uses several pharmacies.²² Pharmacists on staff also employ this information to conduct clinical case management and support. Their oversight is complemented by computer-controlled quality processes, robotic dispensing, and advanced workflow practices allowing pharmacies to fill large quantities of prescriptions while simultaneously enhancing quality, safety, and accuracy, and reducing potential medication errors.

¹⁷ Julie A. Schmittdiel, Andrew J. Karter, Wendy T. Dyer, Melissa Parker, Connie Uratsu, James Chan, and O. Kenrik Duru, “The Comparative Effectiveness of Mail Order Pharmacy Use vs. Local Pharmacy Use on LDL-C Control in New Statin Users,” *Journal of General Internal Medicine* (December 2011) Vol. 26, No. 12: 1396-1402, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3235607/>.

¹⁸ Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Eds. *To Err is Human: Building a Safer Health System*. Committee on Quality of Health Care in America, Institute of Medicine (now, National Academy of Medicine). Washington, D.C.: National Academies Press (2000), <https://pubmed.ncbi.nlm.nih.gov/25077248/>.

¹⁹ FDA, “Preventable Adverse Drug Reactions: A Focus on Drug Interactions” (March 6, 2018), <https://www.fda.gov/drugs/drug-interactions-labeling/preventable-adverse-drug-reactions-focus-drug-interactions>.

²⁰ J. Lyle Bootman, Donald L. Harrison, and Emily Cox, “The Health Care Cost of Drug-Related Morbidity and Mortality in Nursing Facilities,” *Archives of Internal Medicine* (1997), Vol. 157, No. 18: 2089-2096, <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/623885>.

²¹ Office of Inspector General, U.S. Department of Defense, *The TRICARE Mail Order Pharmacy Program Was Cost Efficient and Adequate Dispensing Controls Were in Place* (July 2013), <https://www.dodig.mil/reports.html/Article/1118953/the-tricare-mail-order-program-was-cost-efficient-and-adequate-dispensing-contr/>.

²² In such cases, mail-service pharmacies operated by PBMs do not have purview into competitor pharmacy data.

Cost Savings

In addition to improved clinical outcomes, safety, and accuracy, mail-service pharmacies save money for consumers and plan sponsors. According to the Federal Trade Commission, mail-service pharmacies are more cost-effective than retail pharmacies.²³ Numerous studies demonstrate that maintenance medications dispensed through mail-service pharmacies cost less overall than when dispensed by retail pharmacies. For example, a 2013 study conducted for the TRICARE program showed that the prescription mail-service program cost 16.7 percent less than prescriptions obtained through retail pharmacies.²⁴

These findings were similar to a Centers for Medicare & Medicaid Services (CMS) analysis which found Medicare Part D costs at mail-service pharmacies were 16 percent less than retail pharmacies.²⁵ Looking at total prescription expense (i.e., employer or other plan sponsor cost plus patient cost sharing), mail-service pharmacies save 27 percent for a generic drug and 14 percent for a brand drug versus a retail pharmacy.²⁶

In addition to lower drug acquisition costs, mail-service pharmacies have fewer logistics and overhead expenses. A mail-service pharmacy buys in bulk and stores large quantities in a single, centralized location, which presents efficiencies easily translated into lower costs and greater affordability for health plan sponsors and patients. A 2014 study by Visante estimated that mail-service pharmacy could save consumers, employers, and other health plan sponsors an estimated \$5.1 billion over retail pharmacies in a single year, or \$59.6 billion over 10 years.²⁷

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PCMA Response to Questions

In May 2020, we surveyed the nine member-PBM companies that comprise the PCMA Board of Directors relating to mail-service prescription volume in calendar year 2019 as compared to calendar year 2020. Of these, five member companies responded, representing 80 percent of the PBM market and 217 million mailed prescriptions. Surveys were completed anonymously, so it is unknown which of the nine surveyed member-PBM companies responded.

Within the time permitted and based on the PBM industry data available through this anonymous industry survey, we respond below to Questions 1-4 and 9. We do not have insights

²³ Federal Trade Commission, *Pharmacy benefit manager: Ownership of mail-order pharmacies* (August 2005), <http://ftc.gov/reports/pharmbenefit05/050906pharmbenefitrpt.pdf>.

²⁴ Office of Inspector General, U.S. Department of Defense (July 2013).

²⁵ Centers for Medicare & Medicaid Services, "Part D Claims Analysis: Negotiated Pricing Between General Mail Order and Retail Pharmacies" (December 2013).

²⁶ Pharmacy Benefit Management Institute, *2009 – 10 Prescription Drug Benefit Cost and Plan Design Report* (2009), Pages 18, 20.

²⁷ PCMA, "New Research: Mail-Service and Specialty Pharmacies to Save Consumers, Employers, Unions and Public Programs \$311 Billion" (September 2014), <http://www.pcmanet.org/images/stories/uploads/2014/visantepcma%20mail%20and%20specialty%20savings.pdf>.



into particular member companies’ patient complaints, actual average delivery times, standards for delivery, or changes in shipping pricing (i.e., Questions 5-8 and 10).

- 1. Please provide the number of mail-service prescriptions that your company has filled each month since January 1, 2020. Please include the number of patients served by these prescriptions and any available aggregate age, gender, and demographic information.**

To best compare and contrast the experiences of the survey respondents, we suggest it may be helpful to consider the percentage change in the number of mail-service prescriptions over a defined period. Across the five member-PBM company survey respondents, our May 2020 survey found an average 17 percent increase in mail-service prescriptions in March 2020 as compared to March 2019. We would note that a PHE in response to the Covid-19 pandemic was declared January 31, 2020 (and subsequently renewed),²⁸ and a national emergency was declared March 13, 2020.²⁹ Subsequent data may share a fuller accounting of the role of mail-service pharmacy during the Covid-19 pandemic.^{30,31}

In terms of aggregate age, gender, and demographic information, our survey did not include gender or demographic information, or information relating to specific health care conditions and diagnoses but did account for a range of age groups. For the beneficiaries that received at least one prescription through a mail-service pharmacy in 2019, our survey findings suggest the following age-group breakdown:

Age Group	Percentage of Beneficiaries
0-18	2.9%
19-64	45.5%
65 and older	51.1%

We would note with respect to the Medicare Prescription Drug Program (Part D), stand-alone Prescription Drug Plans cannot access medical claims data collected under the Medicare fee-for-service program, except for certain uses. Broader access to such data could provide more comprehensive information about an enrollee’s specific health care conditions and current treatments and enable Part D insurers to design formularies that reflect total costs of care.³² We

²⁸ U.S. Department of Health and Human Services, “Renewal of the Determination that a Public Health Emergency Exists as the Result of the Continued Consequences of the Coronavirus Disease 2019 (Covid-19) Pandemic” (July 23, 2020), <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-23June2020.aspx>.

²⁹ White House, “Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (Covid-19) Outbreak” (March 13, 2020), <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

³⁰ IQVIA (August 17, 2020).

³¹ Alliance of Community Health Plans (May 21, 2020).

³² Under the Bipartisan Budget Act (BBA) of 2018, Congress required the U.S. Department of Health and Human Services to establish a process under which a Part D plan could request Medicare Parts A and B medical claims data for enrollees in their drug plan. The BBA specified limitations on the use of the Parts A and B claims data, including prohibiting use of the data to inform Part D coverage determinations. The Senate Finance Committee approved

appreciate that Congress addressed this concern in 2018, although to coordinate care and make the best coverage decisions for beneficiaries, Part D plans need to be able to use medical data as well as prescription data. Legislative changes allowing use of these data for this purpose would promote integration and coordination of beneficiary care, allow for the creation of indication-based formularies, advance value-based payment models, and reduce prescriber burden.

2. What percentage of these prescriptions are handled by the USPS?

PCMA survey respondents reported an average of more than 85 percent of mail-service prescriptions shipped using the USPS. Several respondents reported numbers in excess of 90 percent.

3. What are the risks for patients if the USPS cannot deliver these drugs in a timely fashion?

The USPS and other national shipping and mail providers are vital to delivering needed medications to America's patients, and PBMs value the particular role of the USPS in assuring the convenience, reliability, and affordability of mail-service deliveries. While the USPS implements and considers further administrative changes to its services and processes, we caution that changes resulting in the delay of mail may cause a potential gap in care when, for example, a refill has not arrived in time, or pose a barrier to adherence.

As we discuss below in our response to Question 9, PBMs are adjusting their shipping methods and approaches to serving patients to minimize potential delays and disruptions, including use of alternate carriers, adjusting when refilled prescriptions are shipped, and allowing for transition fills at retail pharmacies.

Medication adherence contributes significantly to reducing the chances of adverse outcomes and lowering overall health care costs through avoidance of acute episodes of care arising from inconsistent treatment. There is a well-established body of evidence demonstrating not only higher rates of prescription adherence among patients using mail-service pharmacies, but other improved clinical outcomes correlated to adherence. A 2016 survey of research pertaining to retail and mail-service pharmacies and medication adherence found that the majority of studies – 14 out of the 15 reviewed – supported higher adherence through mail-service pharmacies.³³

legislation that would allow Part D plans to use Medicare claims data for Part D coverage determinations, such as to improve therapeutic outcomes.

³³ Elena V. Fernandez et al. (November 2016).

4. *How, if at all, has the COVID-19 pandemic affected the quantity of mail-service prescriptions being filled?*

During the Covid-19 PHE, mail-service pharmacy has been a safe, convenient, and reliable way for patients to access needed maintenance medications and other essential prescription drugs, and consumers are actively seeking to fill their prescriptions through mail-service pharmacies. Indeed, our May 2020 survey found an average 17 percent increase in mail-service prescriptions in March 2020, as compared to March 2019, across the five member-PBM company survey respondents. Separately, through July 2020, the IQVIA Institute has found a 20 percent increase in prescription drugs filled through mail-service pharmacies during the pandemic, as compared to 2019.³⁴ A consumer survey conducted by the Academy of Managed Care Pharmacy and the Alliance of Community Health Plans found that nearly a quarter (24 percent) of respondents shared that they depend on the mail for their prescription drugs during the pandemic.³⁵

9. *What changes, if any, has your company recently made to its business practices to ensure that mail-service prescriptions are delivered to customers on time? Have these changes resulted in your company making unanticipated expenditures?*

The health and safety of the more than 266 million Americans served by PCMA's member companies remain our collective top priority. This extends to taking every precaution to continue to provide patients with the convenient, reliable mail-service delivery of their needed prescription drugs that they have come to expect—despite publicly reported issues with the USPS. While information on particular business practices are proprietary to our individual member companies, we understand PBMs are adjusting their shipping methods and approaches to serve patients and minimize disruption no matter the condition or challenge, including utilization of alternate carriers, adjusting when refilled prescriptions are shipped, and allowing for transition fills at retail pharmacies.

Akin to mitigating prescription drug access concerns arising in response to a global health care event, natural disaster, or supply chain disruption, our member-PBM companies employ sophisticated, automated technology; geographically dispersed mail-service pharmacies; proprietary route determination and sorting processes; and contracts with multiple national delivery carriers to ensure mail-service pharmacy remains a safe, convenient, and affordable way to access prescription drugs. In addition to employing other national mail and shipping providers to minimize the potential for delays and disruptions, PBMs also remind patients to refill their prescriptions. While the combination of the ongoing Covid-19 pandemic and changes to USPS services and processes reflect new and evolving conditions, PBMs continue to take every step to facilitate the safe and timely arrival of mailed prescription drugs.

³⁴ IQVIA (August 17, 2020).

³⁵ Alliance of Community Health Plans (May 21, 2020).



During and after this pandemic, our priority remains facilitating access, as safely, conveniently, and cost-effectively as possible, to quality health care. PCMA is committed to ongoing dialogue with you on promoting reliable and timely access to prescription drugs.

If you or your staff should have need for additional information on our industry's efforts, or further questions on which we can be helpful, please contact Jonathan Heafitz, Vice President of Federal Affairs, at (202) 756-5735 or by email (jheafitz@pcmanet.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan Heafitz", written in a cursive style.

JC Scott
President and Chief Executive Officer

cc: Kristin Bass, Chief Policy and External Affairs Officer, PCMA
Jonathan Heafitz, Vice President, Federal Affairs, PCMA