

Open Meeting of the Federal Trade Commission

February 17, 2022

Public Submissions - Batch 2

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3. Abigail Linde
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6. Ajay Sharma
7. Alaina Bischoff
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9. Allison Bailey
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11. Amanda Kennedy
12. Amber Grant
13. Amber Hawkins
14. Andres Ullrich
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17. Anne Harthman
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24. Billy Newton
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34. Bryan Abernathy
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41. Catherine Hanna
42. Catherine Harris
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47. Charles Brumer
48. Charles Hartig
49. Charles Obeid
50. Charles Smithgall
51. Charlie tucker
52. Charlotte Moss
53. Chase Fowler
54. Cheryl Stimson
55. Chintankumar Gandhi
56. Chris Munden
57. Christopher Patterson
58. Codie Seymour
59. Collin Stagg
60. Craig Lehrman
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62. Daniel Griffis
63. Danny McNease
64. Darci Mandrell
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67. Dat Nguyen
68. David Cippel
69. David Goodmanson
70. David Marchewka
71. David Miller
72. Dishank Patel
73. Dolores Brobosky

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:43:37 AM

Submitted on Tuesday, February 15, 2022 - 09:43

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Aakash

Last Name: Gandhi

Affiliation: Personal

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Hello,

The PBMs do not provide fair reimbursements based in costs needed to pay for medication. Additionally, they are allowed to take back their money.

Pharmacists deserve to be paid for their work. Please investigate this matter thoroughly.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/303>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:11:50 AM

Submitted on Tuesday, February 15, 2022 - 11:04

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Aaron

Last Name: Gibson

Affiliation: Andrews Prescription Shop, LLC

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15th, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

My name is Aaron Gibson and I own 2 small pharmacies in rural west Texas. In order to gain access to >90% of my local patients I am forced to contract with PBM's. That process is decidedly one-sided--meaning that they PBM sends me a contract and I have the choice to either sign it, or lose access to the customer lives that are "owned" by that PBM. There is ZERO negotiation opportunity. The nature of the contracts force me to enter networks where the PBM has exclusive control over how I am reimbursed. One of the major issues is that the PBM's force me to join performance networks where metrics that are mostly out of my control dictate how I am paid. Additionally, the GER/BER and DIR model prevents me from knowing what my profit (or lack thereof) is at point of sale. I cannot plan or run a business when I can't predict what I am going to be reimbursed. Particularly when that reimbursement is often below my cost to acquire the medication. In addition to my inability to negotiate these contracts, the PBMs that I'm forced to contract with own and operate their own pharmacies that compete with my stores. So they have every single advantage from a reimbursement standpoint over me. They set my prices, can data mine my customer base, and drive/force my patients to use the pharmacies that they own.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one

of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Kind Regards,

Aaron Gibson, Pharm.D., M.S.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/491>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:10:38 PM

Submitted on Tuesday, February 15, 2022 - 12:10

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Abbigail

Last Name: Linde

Affiliation: Hometown Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

02/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am a community pharmacy owner and Director of Clinical Services for Hometown Pharmacies located in Wisconsin and Michigan. Community pharmacies that have been literally life saving during the pandemic for their local communities are at risk of getting shut down if the predatory PBM practices are allowed to continue. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace.

As a pharmacy owner, the take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

As the Director of Clinical Services, I know the vital role that local community pharmacies play, especially in rural areas where pharmacies are the only healthcare access. Between covid testing, vaccines, adverse event prevention and management, and safe use of medication support, communities need their local pharmacy.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen

drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Abbigail Linde, PharmD
Beaver Dam Hometown Pharmacy
Beaver Dam, WI

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/683>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 7:58:59 AM

Submitted on Tuesday, February 15, 2022 - 07:58

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Abdulla

Last Name: Shariff

Affiliation: Npa

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: PBM are intentionally killing independent pharmacies by paying negative margin, unsustainable margins and huge DIR fees to the point that force pharmacies to go out of business

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/87>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:34:03 AM

Submitted on Tuesday, February 15, 2022 - 00:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: AFIFI

Last Name: ARMANYOUS

Affiliation: ALAMO PHARMACY

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment: more than 10% of prescription are underpaid far less than the cost of medication only

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/3>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:47:43 PM

Submitted on Tuesday, February 15, 2022 - 12:47

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Ajay

Last Name: SHARMA

Affiliation: SavCare Health Co

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement: MA

Submit written comment:

I am owner of SavCare Pharmacy and we opened in 2018. We are in medical building next to Neurology Center that support patients with chronic conditions like Multiple Sclerosis, Parkinsons, Epilepsy, Memory Disorder among other conditions. Many patients come from underserved communities with Medicare insurances with Part D prescription plans run by some of the biggest PBMs.

We are exasperated with take-it-or-leave-it approach of PBMs, especially when it comes to DIR fees.

- 1) In 2021, PBMs measured us on performance that are not based on our patient population. We were told that we don't have substantial patients to be part of National average, but we still required to pay DIR fees based on National performance. I am puzzled how that can be allowed as a fair & just practice!
- 2) DIR fees are deducted by PBM without our consent. We cannot appeal or put a stop on fees being deducted. The whole process is set up that makes it easy for PBM to do as they please.
- 3) We fear reprisal by PBMs of not granting future contracts to the pharmacy if they single us out.
- 4) We also find PBMs being selective on directing certain lucrative specialty drugs (under the same contract) to the pharmacies of their choice (owned by parent etc.) This is done by putting certain accreditation requirements. In reality, some of these pharmacies may not even be in the state which we are right next to medical offices. How is that helping the underserved & senior population with best service?

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies

who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/811>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM Abuse
Date: Tuesday, February 15, 2022 11:54:27 AM

Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Alaina Bischoff, owner of Thrifty Way Pharmacy of Ville Platte in Ville Platte, La. [REDACTED]. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The big PBMs are abusing patients, independents, and taxpayer monies.

1) Patients - the DIR fees charged to pharmacies from 1 month to 6 months later are not credited to the patients, which mean that theses senior citizens reach the "donut hole" faster. More money out their pockets. Although not in every transaction, they've have been shown to overcharge a patients plan when filled by the mail-order pharmacy the PBM owns, resulting in higher premiums the next year. This should be resulting in fines/jail time, as this is also federal money that is being pilfered for excessive profiteering under the Fraud, Waste, and Abuse directives of CMS. Of course, the rebate structure also adds to the total cost of the lifesaving medications, again being primarily paid for by federal tax money.

2) The abuses being dumped on independent pharmacies are numerous, all with the intent to put independents out of business. This has resulted in "pharmacy deserts" already, areas which do not have enough business to warrant a big box location, which ordinarily would be served by an independent. The patients might have long drives to get the vital medications which they need, medications which keep the patients out of hospitals. The PBMs are requiring unrealistic business practices, such as not allowing buying medications more than a month ahead of usage - which stops independents from taking advantages of volume purchasing of medications before they have price increases based on history of sales - all the while they bulk purchase for their own mail order pharmacies (besides the rebates they negotiate). The PBMs also are so powerful because of their vertical monopolizing, they flaunt state laws!
Here in Louisiana, there is currently a federal court case determining whether the PBMs have to pay a \$0.10 fee that currently is encoded in Louisiana law. Also, in Louisiana it is state law which states that a pharmacy can turn down a prescription if the PBM is paying below the COST of the medication (not the markup, the COST). Again, flaunting Louisiana law, one of the big PBMs is demanding a cease-and-desist letter to an independent, threatening to cancel its services that are being provided to help his patients in direct violation of the Louisiana law RS 1860.3.

Of course, paying less than the cost of the medications to independents helps to compensate for the unfavorable contracts the PBMs have with the larger chain stores and the mail order pharmacies that the PBMs own. Also, in a direct and obvious attempt to go around a Louisiana law that requires the reporting of the price changed by the PBM to the insurance company (enables the patient to see the "spread pricing" being implemented above the pharmacy charge), the PBMs have countered by getting larger rebates that enables them to charge the same as they pay to independents for

a medication and still make excessive profits on the taxpayer dollars. All of this increases drug costs, meaning more costs to patients and taxpayers while the PBMs are uncontrolled, the government agencies unable to audit and verify what the PBMs claim is true (after all, it is taxpayer money, and as such, they should be held accountable for being good stewards of the taxpayer money). In other words, 'it's ILLEGAL to verify if they are doing anything ILLEGAL. Ironic, while they are auditing the independent pharmacies to death, which by the way, they buy at a reduced rate because they are no longer profitable because of their monopolistic practices.

Alaina Bischoff, PIC/Owner
Thrifty Way Pharmacy of Ville Platte

████████████████████
Ville Platte, LA ██████████
████████████████████

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:55:38 AM

Submitted on Tuesday, February 15, 2022 - 09:55

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Allie

Last Name: Staton

Affiliation: Arkansas Pharmacists Association

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment: I am currently in the process of opening an independent pharmacy in Arkansas. Start-up costs are climbing as we continue to get push-back from PBMs to contract with them. This is unnecessary and deters patients in my community from getting the care they need.

Anticompetitive (OptumRx and others) 6 month to 1 year seasoning requirements where brand new pharmacies can't get in network until in business for many months. This is designed to keep competition from having a chance as the PBM owns pharmacies and this requirement increases the chances the patients are forced to pharmacies owned by the PBM.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/315>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:18:52 PM

Submitted on Tuesday, February 15, 2022 - 12:18

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: ALLISON

Last Name: BAILEY

Affiliation: Medical Center Pharmacy-Florence

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement: AL

Submit written comment:

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson: My name is Allison Bailey and I work for Medical Center Pharmacy-Florence, an Independent Retail Pharmacy in Alabama. Over the last several years, PBMs and their mafia tactics have completely decimated Independent Pharmacy. Specific examples are DIR and GER fees. We have zero input with regards to these fees and the metrics are beyond impossible for any pharmacy to attain. The take-it-or-leave-it contracts are especially troublesome because many of our customers have used us for years and we are the only pharmacy available for many miles. For this reason, we are forced to decide between taking care of our current customers or accepting a contract that makes it impossible to pay our staff.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated

costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Allison Bailey, Pharm. D.
Medical Center Pharmacy Florence

[REDACTED]
Florence, AL [REDACTED]
[REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/707>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:41:07 AM

Submitted on Tuesday, February 15, 2022 - 09:40

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Allison

Last Name: Lucas

Affiliation: DownHome Pharmacy owner/pharmacist

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

The FTC needs to in estimate the practices of PBMs and their unfair practices to the independent pharmacy. Here are some examples of why:

CVS's retail locations are not expected to be the driver of CVS's profits for 2022. The main source of profits for 2022 will be CVS's Pharmacy Benefit Manager or PBM, CVS Caremark that often pays independent pharmacies purposefully below their cost of medications causing pharmacy closures.
#StopPBMabuse

- CVS owns the insurance company (Aetna), the PBM that makes your contract, the competing store on the corner, and the mail-order pharmacy your patients are forced to use.
- Contracts are non-negotiable. Pharmacies do not get a say in rates or fees.
- PBM clawbacks that occur weeks after the medication is out the door.
- Unconscionable metrics such as DIR/GER/BER that are anything but transparent and leave the pharmacy GUESSING what they will get paid.
- Patient steering - retail, mail-order, & specialty.
- Chain pharmacies being paid more than independents for the same medication, for the same patient, on the same day.
- Negative reimbursements - from the PBM that also owns/ is affiliated with a competitor.
- Increased fees and charges for transmitting claims, recredentialing, whatever else they can think of.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/295>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:40:51 AM

Submitted on Tuesday, February 15, 2022 - 11:40

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Amanda

Last Name: Kennedy

Affiliation: Well Lake Pharmacy

Full Email Address [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment: Between the drastic drop in reimbursements and DIR claw backs, our pharmacy has suffered financially. How is it that I can fill 6 prescriptions for a patient and only make a profit of \$0.60. How is it that I can spend \$800 for a medication and have a negative profit? NEGATIVE profit = my pharmacy has to pay to fill medications. How can we stay in business when PBMs are not paying as they should? Everybody is getting paid except for the pharmacy that is actually doing the work. Pharmacies have overhead and payroll expenses that are not being met due to poor reimbursements. Short staffed pharmacies pose as a danger to patient health as well. Pharmacists being inundated with having to do more work because pharmacies cannot afford to bring on more staff also increases risks of prescription errors and decreased time to counsel patients on medications and disease states. Please vote to investigate the PBMS. PBMS need to be tightly scrutinized, regulated and cease the illegal practices that are taking place today. Protect pharmacies, their employees and the communities that they serve.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/619>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:03:38 PM

Submitted on Tuesday, February 15, 2022 - 13:02

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: AMBER

Last Name: GRANT

Affiliation: silverton pill box

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

I am a independent retail pharmacist who has a business for 35 years that i have watched go from a successful business to a struggling business due to the PBM practices we are forced to accept year after year .I am an intergral part of our local medical community and have been a pharmacist here and also a neighbor and friend to my customers. Independent pharmacy is so important in rural communities. I am writing to express my support of the Federal Trade Commission's study of pharmacy benefit managers and specifically the biggest Aetna, Cigna, CVS, and United Health's vertically integrated PMS's that control so much of the marketplace.

I encourage you to ask PBM's for a sample of the individual pharmacy claw backs since i am not allowed to send you claw back information . PBM's are clearly concerned since they are using veiled threats against those who have submitted comments. The FTC is way to bring transparency back to the PBM practices.

The clawbacks are increasing so fast they are staggering and we have no recourse except to pay until we can no longer keep our doors open. They also want to tie performance metrics to the fees they charge which is not realistic and doesn't stop the huge clawbacks.

I would encourage the FTC to pay close attention to specialty drug limitations which steer patients back to mail order owned by the PBM and when they do allow us to fill pay us less than cost for us to purchase from the wholesaler.

Independent pharmacy is facing economic challenges as you have seen on the news this year when we stepped up to be a front line player in the pandemic and most of the challenges are the result of the anticompetitive nature of the PBM's . I would hope enforcement as a result of this study with lead to those changes .

Thank you

Amber grant Rph

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/851>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:16:38 AM

Submitted on Tuesday, February 15, 2022 - 10:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Amber

Last Name: Hawkins

Affiliation: Hawkins Lakeside Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Hi, my name is Amber Hawkins and I own Hawkins Lakeside Pharmacy in Arkansas. I would strongly urge the FTC to examine the unethical, unfair practices of pharmacy benefit managers. PBMs are a monopoly that should be regulated by the FTC. Listed are examples of why PBMs should be regulated.

- CVS owns the insurance company (Aetna), the PBM that makes your contract, the competing store on the corner, and the mail-order pharmacy your patients are forced to use. Mail order pharmacy owned by PBM steers patients by discounting copays.
- Contracts are non-negotiable. Pharmacies do not get a say in rates or fees.
- PBM clawbacks that occur weeks after the medication is out the door.
- Unconscionable metrics such as DIR/GER/BER that are anything but transparent and leave the pharmacy GUESSING what they will get paid.
- Patient steering - retail, mail-order, & specialty.
- Chain pharmacies being paid more than independents for the same medication, for the same patient, on the same day.
- Negative reimbursements on purpose with the goal of closing pharmacies - from the PBM that also owns/ is affiliated with a competitor.
- Increased fees and charges for transmitting claims, recredentialing, whatever else they can think of.
- Early refills not allowed by local pharmacies, but happens at the mail order pharmacy owned by the PBM in order to steal patients and self deal.

- Provider manual updates and requirements are take it or leave it. An example is CVS requiring notification of bulk purchasing.
- Anticompetitive (OptumRx and others) 6 month to 1 year seasoning requirements where brand new pharmacies can't get in network until in business for many months. This is designed to keep competition from having a chance as the PBM owns pharmacies and this requirement increases the chances the patients are forced to pharmacies owned by the PBM.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/363>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:24:44 AM

Submitted on Tuesday, February 15, 2022 - 11:24

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Andres

Last Name: Ullrich

Affiliation: Hawthorne Drug Co.(pharmacy)

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna(CVS-Caremark), Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave contracts that I am forced to enter with them and the fees associated with them are appalling. They make me pay fees to do business with them and then reimburse me for less than my cost of ingredients and ridiculous dispensing fees in many cases. They steer business to their corporately owned pharmacies and pay them a higher fee than they pay me while making their enrollees pay a higher copay at our pharmacy. Their claw backs and DIR fees are taken back from me sometime months after a claim is adjudicated online. PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement Thank You, Andres(Andy) Ullrich, R.Ph.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/579>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:10:38 AM

Submitted on Tuesday, February 15, 2022 - 11:09

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Andy

Last Name: Mai

Affiliation: Wayland Village Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

[02/15/2022]

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Andy Mai from Wayland Village Pharmacy. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated

pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you.

Sincerely,
Andy Mai

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/531>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM REIMBURSEMENTS
Date: Tuesday, February 15, 2022 9:35:09 AM

Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Angie Schexnayder, owner of Ville Platte Clinic Pharmacy, Inc. in Ville Platte, La. [REDACTED]. I write to express my support

of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The big PBMs are abusing patients, independents, and taxpayer monies.

1) Patients - the DIR fees charged to pharmacies from 1 month to 6 months later are not credited to the patients, which mean that these senior citizens reach the "donut hole" faster. More money out their pockets. Although not in every transaction, they've have been shown to overcharge a patients plan when filled by the mail-order pharmacy the PBM owns, resulting in higher premiums the next year. This should be resulting in fines/jail time, as this is also federal money that is being pilfered for excessive profiteering under the Fraud, Waste, and Abuse directives of CMS. Of course, the rebate structure also adds to the total cost of the lifesaving medications, again being primarily paid for by federal tax money.

2) The abuses being dumped on independent pharmacies are numerous, all with the intent to put independents out of business. This has resulted in "pharmacy deserts" already, areas which do not have enough business to warrant a big box location, which ordinarily would be served by an independent. The patients might have long drives to get the vital medications which they need, medications which keep the patients out of hospitals. The PBMs are requiring unrealistic business practices, such as not allowing buying medications more than a month ahead of usage - which stops independents from taking advantages of volume purchasing of medications before they have price increases based on history of sales - all the while they bulk purchase for their own mail order pharmacies (besides the rebates they negotiate). The PBMs also are so powerful because of their vertical monopolizing, they flaunt state laws!

Here in Louisiana, there is currently a federal court case determining whether the PBMs have to pay a \$0.10 fee that currently is encoded in Louisiana law. Also, in Louisiana it is state law which states that a pharmacy can turn down a prescription if the PBM is paying below the COST of the medication (not the markup, the COST). Again, flaunting Louisiana law, one of the big PBMs is demanding a cease-and-desist letter to an independent, threatening to cancel its services that are being provided to help his patients in direct violation of the Louisiana law RS 1860.3.

Of course, paying less than the cost of the medications to independents helps to compensate for the unfavorable contracts the PBMs have with the larger chain stores and the mail order pharmacies that the PBMs own. Also, in a direct and obvious attempt to go around a Louisiana law that requires the reporting of the price changed by the PBM to the insurance company (enables the patient to see the "spread pricing" being implemented above the pharmacy charge), the PBMs have countered by getting larger rebates that enables them to charge the same as they pay to independents for a medication and still make excessive profits on the taxpayer dollars. All of this increases drug costs, meaning more costs to patients and taxpayers while the PBMs are uncontrolled, the government agencies unable to audit and verify what the PBMs claim is true (after all, it is taxpayer money, and as such, they should be held accountable for being good stewards of the taxpayer money).

In other words, 'it's ILLEGAL to verify if they are doing anything ILLEGAL. Ironic, while they are auditing the independent pharmacies to death, which by the way, they buy at a reduced rate because they are no longer profitable because of their monopolistic practices.

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:26:08 AM

Submitted on Tuesday, February 15, 2022 - 11:25

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Anne

Last Name: Harthman

Affiliation: Broadway Apothecary

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement: OR

Submit written comment:

02/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Anne Harthman and I am a pharmacy owner. DIR/GER/BER and contract rules close independent pharmacies. Their actions should be deemed illegal - especially the patient harm that they cause. Every PBM has specific rules on how much you can fill, what type of drugs, what type of NDCs. One PBM (one of the big 3) - has a list of more than 800 drugs that by NDC you are not allowed to fill and is based on erroneous claims of Fraud Waste Abuse.

Trainings and ordering have to look at these lists daily. Large chain pharmacy technicians will sometimes leave work and then work at the pharmacy - they have no idea what these lists and rules are. It further demonstrates we are not all playing by the same rulebook. There have been times where we fill a prescription, and immediately patient gets an email requiring this to be filled at the PBM mail order. They will restrict the type of drugs you can fill, the number of fills you can have. THEY ALSO JUST WILL NOT LET YOU

IN THE CONTRACT. THERE ARE WHOLE GROUPS OF PEOPLE WITHOUT ANY CHOICE IN THE PHARMACY THEY USE. REQUIRED MAIL ORDER, REQUIRED PBM OWNED SPECIALTY PHARMACY. THEN, they send out letters saying copay will be reduced if you fill at their pharmacies OR they can get a 90 day supply - but only if they fill at the PBM owned pharmacy. Every single claim is impacted by take it or leave it contracts. They make money closing independent pharmacies. Leaving patients without options.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated

PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. As much as I would like to tell you smaller PBMs are the good guys - they can be even more restrictive about networks, especially if you are specialty or compounding.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Anne Harthman

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/587>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:40:26 AM

Submitted on Tuesday, February 15, 2022 - 09:40

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Anton

Last Name: Fallah

Affiliation: Best care pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: On many occasions, customers are forced to go by mail unwillingly. Pbm's would change the copay on them if they go to retail pharmacy. For example if the customer fills the rx from PBMs designated places the copay would be \$25, however if they decide to fill it at their retail store, copay would be inflated to \$75 instead of \$25. Pbm's are taking away the freedom of choice from the customers. Let the customer make their own decisions where they want to fill their prescriptions without the punishment if they decide to use retail pharmacy.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/287>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 7:56:47 AM

Submitted on Tuesday, February 15, 2022 - 07:56

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Ashley

Last Name: Seyfarth

Affiliation: Kare Drug

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: Yes

Link to web video statement:

Submit written comment:

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/83>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 6:29:35 AM

Submitted on Tuesday, February 15, 2022 - 06:29

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Austin

Last Name: Brown

Affiliation: Pharmacist, Vice President - Advanced Care Provider Network

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

My name is Dr. Austin Brown. I am a fourth generation pharmacist from Michigan and oversee the operations of 8 independent community pharmacies. I graduated from the University of Michigan College of Pharmacy in 2017 and proudly serve my community. I'd like to thank you all for your service to our great nation and appreciate your time and consideration.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

Our pharmacies are a vital part of the health care infrastructure in Michigan and the communities where they are located. These 8 stores employ 100 people, fill 1300 prescriptions a day and serve almost 10,000 patients per month in our communities. They have also administered over 22,000 COVID vaccinations over the past year. The patients we serve are more than customers. They're friends and neighbors in a common community where we all live and work.

Pharmacy is one of the most highly regulated professions. In addition to hundreds of government laws and regulations we must comply with daily, Pharmacy Benefit Managers impose rules and restrictions that hurt our ability to serve patients and pay the bills.

Retroactive adjudication fees continue to be a primary challenge for community pharmacies and continue to increase with no end in sight. In 2021, our stores experienced over \$800,000 in fees – this is a 66% increase in fees from the year before. The end result leaves the pharmacies dispensing thousands of prescriptions at a loss. Often times these fees are imposed weeks or even months after getting paid for dispensing a drug. These reductions for reimbursement may be for failure to reach performance standards that are largely unachievable. These standards aren't incentives for high performance — because even if we reach them, we're not rewarded. In fact, they often force the pharmacy to shift the focus away from the patient just to meet the metric goal. The payment cuts may also be to help the PBM reach cost goals.

Whatever the reason, I can't know at the time of a sale what I ultimately will be paid for a drug, which means I can't accurately project my revenue and margins. What's worse, I have to look patients in the eye that I have taken care of for years and tell them I can't afford to take care of them anymore because the reimbursement of the drug is significantly less than the cost that I paid to acquire it. My patients are now forced by the PBM to look elsewhere for their prescriptions, and it's totally outside of their and my control.

I also frequently see patients pay out-of-pocket amounts for their prescription drugs that are far above the cash price of the drug. This practice, known as a "clawback," occurs when a PBM instructs a pharmacy to collect a higher than normal copayment for a medication and then subsequently recoups that excess amount from me. It is ethically wrong to charge a patient a huge markup over the actual cost of a drug. It fuels drug inflation, makes health plans pay more than they should, and makes medications more expensive. Because of this, some patients can't afford them and will do without.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement

practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Austin P. Brown, PharmD
Vice President – Advanced Care Provider Network
Jackson, Michigan

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/35>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:05:21 AM

Submitted on Tuesday, February 15, 2022 - 09:04

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Beth

Last Name: mcbryan

Affiliation: Pharmacist

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter Commissioner Noah Phillips Commissioner Christine Wilson

Federal Trade Commission 600 Pennsylvania Ave., N.W. Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am a longtime pharmacist who spend over 20 years in retail independent pharmacy. My father owned a pharmacy but was unable to survive as PBM's slowly and steadily reduced reimbursements, basically "legally" sabotaged his business. I proceeded to continue to work in independent pharmacy's, however their survival relies on finding non-drug niches to make profits. The PBMs steal the money before it reaches the appropriate caregivers, the pharmacist. Look back to the case of the Rockford File, 2018-the supply chain of HP Acthar, a drug that increased 100,000% in 17 years. Please cut out the middle man!

I write to express my support

of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the

three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering

to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you.

Sincerely,

Beth P. McBryan

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/175>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 7:20:40 AM

Submitted on Tuesday, February 15, 2022 - 07:20

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bharat

Last Name: Sinojia

Affiliation: Sinojiarx1

Full Email Address [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment: Pbm abuse about DIR will shut down our doors as independent pharmacy if no changes will happen.plus the reimbursement is going down every year.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/55>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:02:54 PM

Submitted on Tuesday, February 15, 2022 - 12:02

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bhumin

Last Name: Patel

Affiliation: Independent pharmacies

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Ftc cares about unfair busines practice over compititor

1. Forcing patient to use their own mail order pharmacy for same product and service which is offered by local pcy.
2. Hight copay at local idnpendent pharmacy compare to chain pharmacy
3. Pbm pays higher reimbursement to chain for same service/product.
4. Set higher std for indepent pharmacy to dispense speciality pharamcy contract
5. Pay underwater dispensing fee and product cost
6. Send letter to their member to use chain pharmacy when they know memeber is using independent pharmacy.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/671>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:42:12 PM

Submitted on Tuesday, February 15, 2022 - 12:42

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Billy

Last Name: Newton

Affiliation: Newton's Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement: Arkansas

Submit written comment: i have been a pharmacy owner since 1970. I have never felt as threatened as I do right now. The negative reimbursements, patient steering, DIR fees and other types of retroactive clawbacks have made this a very serious time for community pharmacies. The big 3 PBM's are doing everything in their power to eliminate a very important part of the healthcare pipeline in our country. They want to eliminate the independent community pharmacy profession. At a time when community pharmacists have helped rescue the USA from the Covid pandemic, we need your help to rescue us from the most greedy, self-serving, companies in the history of our country. Save our country from these greedy opportunistic, money hungry PBM's. Billy Newton

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/779>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:53:07 AM

Submitted on Tuesday, February 15, 2022 - 08:52

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: BLAKE

Last Name: GOWEN

Affiliation: INDEPENDENT COMMUNITY PHARMACY

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2/15/2022

Chair Lina Khan, Commissioner Rebecca Slaughter, Commissioner Noah Phillips
Commissioner Christine Wilson

Federal Trade Commission 600 Pennsylvania Ave., N.W. Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

The fox is in the hen house. I am Blake Gowen, an independent pharmacy owner that has been established and providing healthcare for over 46 years in our community. I write to express my most sincere support of the Federal Trade Commission's study of Pharmacy Benefit Managers. It will be a challenging study as you well know because of the complexity of the design by pharmacy benefit managers. From the NON NEGOTIATED "take it or leave it" contracts, control exercised by the three biggest PBMs', and constant under cost reimbursement has put our businesses and the health of our communities at risk. Dig deeper and find the schemes of fees in which no business can operate under. I encourage you to ask PBMs' for a sample of individual pharmacy claw backs. Try to follow the clawback methodology and how a business like ours can even begin to budget/cash flow itself...impossible. No other industry allows the controller of the contract to first, compete you with its own pharmacy and second, totally dictate the terms. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. If we could have truly negotiated a fair contract we would not be here today. The drastic rise of PBM instituted claw back fees alone are staggering and have created an uneven playing field for community pharmacies. They are also loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent

pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement. Lastly, Community Pharmacies can help lower prescription cost and improve the health of their communities. Just visit a local community pharmacy and see for yourself.

Thank you,
Blake Gowen, R.Ph.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/151>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:12:19 AM

Submitted on Tuesday, February 15, 2022 - 09:11

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brad

Last Name: Van Riper

Affiliation: SIMEDHealth Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

Beyond my personal words that follow are the statistical aspects of the issue, which I am sure you will receive many times over. I wanted to let you know from my own experience, how this issue is affecting patient care and the profession of pharmacy.

I think you would agree, that if you paid \$10 for a haircut in 2010 and

then had to pay \$10,700 for that same haircut in 2020, something was wrong with the "haircutting system". Sadly, this is the actual reality with regard to DIR fee increases that PBM's have placed upon pharmacies. Aside from being unsustainable, it clearly fails the sniff test in terms of ethics.

DIR fees, as currently implemented, are retroactive, arbitrary, and punitive across all aspects of the program. Small businesses need to be able to manage cash flow in order to survive. DIR fees have made this hard. Since a prescription I fill today may not have the DIR fee applied for 18-24 months, how can I possibly run my business with confidence? After balancing my books at the end of the month, it is actually meaningless, as DIR fees will completely change the results, but not for almost 2 years. What? That should never happen in any industry.

Perhaps one of the more bizarre things about DIR fees is that they are NEVER rewarding, only less punitive. There is no other industry that functions in this way. I literally cannot enter in to a contract with a PBM that pays me for performance. They only punish me less. It is not like I have an option either. There are just a few PBMs that control that vast

majority of prescriptions processed. We are in a position where we HAVE to accept their terms, however horrible they are. This is simply unethical. Ask for some sample contracts to read for yourself. It will turn your stomach and you don't rely on the terms to take care of your family.

I currently work in an independent pharmacy, but I spent 20 years in large chain pharmacies before that. Because of DIR fees, those large companies have slashed technician hours to the point of danger. There have been many articles written about error rates and the pressures being put on today's pharmacists. What was once a patient-centered, enjoyable job has become a "get-em-in-get-em-out" assembly line. Unfortunately, the assembly line usually only has 1 worker and it is riddled with potential errors and harm to patients. It must stop before more people get hurt.

I could go on for days on the subject. Most importantly, please recognize that this is hurting small businesses, patients, and healthcare costs in general. Please act to stop these abuses and have PBM's play by the rules. They have gotten away with their actions for way too long.

Bradley W. Van Riper, PharmD

Pharmacy Director

SIMEDHealth Pharmacy

[REDACTED]

Gainesville, FL [REDACTED]

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead

to such enforcement.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/195>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 6:44:18 AM

Submitted on Tuesday, February 15, 2022 - 06:44

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bradley

Last Name: Williams

Affiliation: NCPA Member, CPA Member,

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

I write today to implore your Commission to explore the anticompetitive business tactics utilized by the three largest health care entities, Aetna, Cigna, and United Healthcare, and more specifically their Pharmacy Benefit Manager (PBM) units.

The veil of secrecy that surrounds the PBM model is slowly being lifted, and I implore the FTC to rip the band aid off, so to speak, and further shed light on how the underhanded, anticompetitive dealings of these PBM units put their corporate profits before the health of our patients, and to the detriment of our patients wallets.

With take it or leave it "contracts," pay for performance metrics that we have little to no influence on, and exorbitant fees and clawbacks for the privilege of caring for their members, it is no wonder that independent pharmacy is at such a competitive disadvantage. Having purchased my pharmacy in 2014, when clawbacks and recoupments really began to explode, I have experienced first hand the detrimental effects these anticompetitive tactics have on independent pharmacy and the care we bring to our communities. With even the best of performance scores, we still see fiscal year clawbacks and fees well into 6 figures. These monies, instead of expanding health care locally, feed back to the mother ship PBM, into the black box of PBM financial dealings.

I want enforcement that will further level the playing field, and I hope this study of PBM behavior will lead to such enforcement.

Respectfully,

Bradley Williams, Pharm.D
Owner, South Fork Pharmacy
Moorefield, WV

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/43>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:18:58 AM

Submitted on Tuesday, February 15, 2022 - 10:18

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Breck

Last Name: Rice

Affiliation: ServRx, Inc.

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600

Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am the co-founder of a pharmacy services company that works with 20,000 community pharmacies in all 50 states. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on pharmacies to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail-order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anti-competitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Breck L. Rice

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/391>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:03:28 PM

Submitted on Tuesday, February 15, 2022 - 12:02

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brent

Last Name: Ronan

Affiliation: Thompson Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

I write to express my support

of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years.

These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid

less than what it costs
to acquire the drug from a wholesaler), PBM's control of access to the
market through their
preferred networks, malicious use of, and associated costs of audits,
discriminatory
reimbursement practices where the PBM pays its own affiliated pharmacy more,
and how all of it
results in harm to my patients.
Independent pharmacies are facing many economic challenges, most of which are
the result of
the anticompetitive nature of the PBMs. I want enforcement that will level
the playing field and I
hope this study will lead to such enforcement.
Thank you,

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/675>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:04:50 PM

Submitted on Tuesday, February 15, 2022 - 13:03

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brent

Last Name: Ronan

Affiliation: Pharmacist at Thompson Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave. N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Brent Ronan, a pharmacist at Thompson Pharmacy and I would like to discuss the direct impact by take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics that we have faced. We are a local pharmacy that has been in business for over 50 years and it has been a challenge to meet the needs of our local community. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw back. I believe this request to be vitally important because The PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/855>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:48:37 PM

Submitted on Tuesday, February 15, 2022 - 12:48

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brett
Last Name: Sharp
Affiliation: BSRX Services LLC dba Sharp's Pharmacy Barn
Full Email Address: [REDACTED]
Confirm Email: [REDACTED]
Telephone: [REDACTED]
FTC-Related Topic: Competition
Register to speak during meeting: No
Link to web video statement: AR
Submit written comment:
February 15, 2022
Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am an independent pharmacy owner in Arkansas who has been negatively impacted by unscrupulous practices of PBMs. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory

reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Brett Sharp
Sharp's Pharmacy Barn
Viola, AR [REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/819>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:46:43 AM

Submitted on Tuesday, February 15, 2022 - 08:46

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brian

Last Name: Pinto

Affiliation: Tiffany Natural Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am a multi pharmacy owner in Northern New Jersey who has seen first hand the negative impact of abuses by PBM's over the better part of the last 17 years that I have been a pharmacy owner. Although we have continued to process more and more prescriptions annually over that time the relationship that we have with PBM's has eroded from fair to outright criminal based on tactics that they have employed such as take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics that have severely impacted our ability to service our patients. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Brian Pinto
Pharmacist-in-Charge
Tiffany Natural Pharmacy

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/139>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:40:38 AM

Submitted on Tuesday, February 15, 2022 - 11:40

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Brian

Last Name: Walker

Affiliation: Delmar Pharmacy

Full Email Address: [REDACTED]

Confirm Email [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: Yes

Link to web video statement: PA

Submit written comment: I am writing to confirm a place to speak with regards to the PBM's abuse relating to DIR fees

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/615>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:42:09 AM

Submitted on Tuesday, February 15, 2022 - 00:41

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bruce

Last Name: Dunkin

Affiliation: Dunkin's Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement: AL

Submit written comment:

02/14/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Bruce Dunkin, former owner and present PIC of Dunkin's Pharmacy in Tuscaloosa, Alabama. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. I do not understand how this practice is legal. Pharmacies are initially paid the contracted price as correctly adjudicated at the point of sale. Then 3 to 4 months later these PBM's take a significant percentage of the medication cost back through claw backs. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to

specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Bruce Dunkin, RPh

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/7>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:16:15 AM

Submitted on Tuesday, February 15, 2022 - 11:15

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bryan

Last Name: Abernathy

Affiliation: Pecos Street Pharmacy, Inc DbA Medical Arts Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Chair Lina Khan Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Bryan Abernathy, Owner of Medical Arts Pharmacy in San Angelo, TX. We are being destroyed by take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics. We are being hit with around \$150,000 in DIR fees every year. Our once thriving pharmacy had 18 employees and now we have 11. We have been in business for 65 years, but we cannot sustain the hit we are taking. We will probably not make it another 2 years if these issues are not addressed. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have

risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use

of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Bryan Abernathy, Owner
Medical Arts Pharmacy San Angelo, TX

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/547>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:23:50 AM

Submitted on Tuesday, February 15, 2022 - 08:23

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Bryan

Last Name: Kiefer

Affiliation: Jones Drug Store

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am a pharmacy owner in rural Missouri; I have 3 stores, 2 are the only pharmacy in town and 1 of those is the only one in the county. For those 2 pharmacies it is at least a 25–40-minute drive one way to the nearest chain pharmacy. Last month my DIR burden at 2 of these stores was [REDACTED] for 13,155 prescriptions.

I have looked at specific claims, and on a generic cholesterol medication, costing around \$2.50, I am paid approximately \$5.00, but assessed a \$62.00 DIR fee. My question to you is, why am I paying the insurance company to fill a prescription for their patient? I understand this has been called “pay to play” but patients are paying premiums for a benefit that is penalizing the providers they are using. Wouldn’t I be better off to give the patient their medication without using their Medicare Part D plan? Even if I match the \$0 copay on that \$2.50 drug, I’ll still be ahead then if I were to bill their insurance. But then this puts me in violation of the PBMs contract and the Social Security Act on gifts (For purposes of section 1128A(a)(5) of the Act, the statute defines “remuneration” to include, without limitation, waivers of copayments and deductible amounts (or any part thereof) and transfers of items or services for free or for other than fair market value. (See section 1128A(i)(6) of the Act.)

Without massive and quick reform, these beneficiaries are not going to have providers willing to play. We are on the cusp of a total breakdown of our healthcare system, patients losing access to their local pharmacy will only expedite that collapse

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Bryan Kiefer

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/107>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:29:06 AM

Submitted on Tuesday, February 15, 2022 - 10:28

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: camerina

Last Name: gamboa

Affiliation: pharmacist

Full Email Address [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: As a pharmacist working at an independent pharmacy, reading pbm contracts, following the guidelines, if any audits we have documentation from md office from any minor thing that pbm could question, including one letter misspellings of patient or provider names or street address. We go above and beyond still get kicked out of a major pbm with no reasoning or explanations. this is very unsettling and makes me nervous about my future in the industry. When working in chain pharmacies, no documentation for major things like package size dispensed, but that is standard practice at chains, for independents we have documentation recorded phone calls to cover ourselves in situations that may arise later to "prove" that we contacted md office for approvals, sending a great amount of manpower on this little items. We have a high standard at our independent pharmacy to protect ourselves from losing any contracts. However when a PBM can just say your no longer in network, and we hire lawyers to find out why and dispute it, there is no answer back from them. Is it right for them to just ignore us since we do not have the millions of dollars backing us like the chains? We can not even service our own employees with our insurance. We look like dummies in this pharmacy world.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/411>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 7:09:16 AM

Submitted on Tuesday, February 15, 2022 - 07:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Carlos

Last Name: Torrado

Affiliation: Farmacia Lechuga

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2/15/22

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am the president of Farmacia Lechuga in Hatillo, PR. Every year is getting harder to provide service to our customers with the take it or leave it contracts with reimbursements that are below the acquisition cost of the medications we provide to our patients. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics

where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/47>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:09:12 PM

Submitted on Tuesday, February 15, 2022 - 13:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Casey

Last Name: de Yampert

Affiliation: Pharmacist

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Dear Commission,

As an independent pharmacist in a small town, I would like to express my concerns on the unfair practices of PBMs. Almost every day I have to explain to my patients why their insurance provider is “forcing” them to use another chain or mail-order pharmacy. While filling prescriptions, I also see the numerous below-cost reimbursements. We as independent pharmacists make the choice to serve our patients as best we can, having to sacrifice costs and business unfortunately, stemming from the unfair practices of the PBMs. There are a list of complaints, and our state’s Pharmacist Association has done a wonderful job in this fight. Please help the local, independent pharmacies have a fair chance in continuing to serve our patients. Thank you for your consideration of this matter.

Sincerely,

Casey de Yampert, PharmD

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/883>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:33:20 PM

Submitted on Tuesday, February 15, 2022 - 12:32

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Casey

Last Name: Hedden

Affiliation: McCoy Tygart Drug

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: PBMs are monopolistic, self dealing entities that control the entire pharmacy market driving up prices to consumers & negating competition by terrible reimbursements & months later claw backs from pharmacies. The vertical integration of PBMs into insurance companies, pharmacies, quick care clinics & claims processors has allowed PBMs to control the entire pharmacy services market. Our single store in rural AR paid over \$600k in non-negotiable, retroactive DIR fees in 2021 alone. This simply isn't sustainable & PBMs know that so they offer to buy our store from us after hitting us with large claw backs. PBM contacts are take it or leave it, non-negotiable & only favor the PBM. Their practices are opaque & convoluted on purpose. The US is the only country in the world that has PBMs & it's no surprise that our prescription costs are skyrocketing.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/751>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:41:46 AM

Submitted on Tuesday, February 15, 2022 - 10:41

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Catalina

Last Name: Cross

Affiliation: Community Pharmacy Employee

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Catalina Cross, General Manager at a locally owned Pharmacy Company in Hawaii; our organization has been drastically impacted by take-it-or-leave-it PMB contracts, DIR/GER/BER, and unattainable performance metrics. I write to express my support

of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the

three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control

so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter

the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this

request to be vitally important because the PBMs will not allow me to send you claw back

information. PBMs have already been using veiled threats against pharmacies who have

submitted comments to CMS on its proposed rule. The FTC is our only hope to bring

transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years.

These staggering increases in claw backs have created an uneven playing field for community

pharmacies like mine. They are also so loosely tied to performance metrics where I could be the

most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug

limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Catalina Cross
General Manager
Pharmacare Hawaii

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/443>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:59:31 AM

Submitted on Tuesday, February 15, 2022 - 09:59

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Catherine

Last Name: Hanna

Affiliation: American Pharmacy Services Corporation

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N/W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am the Vice President of Professional Affairs for American Pharmacy Services Corporation, current President of the Kentucky Pharmacists Association, and a practicing community pharmacist in Kentucky. I have witnessed as the retail pharmacy industry has been pillaged in recent years and most notably in the past several years. The impact of recoupments due to DIR/GER/BER and unattainable performance metrics, which pharmacist have little if any ability to influence, have been detrimental to our local pharmacies. In my roll at American Pharmacy Services Corporation, I work with many pharmacies around the state. I have witnessed the closing of so many local pharmacies and fear these closings are negatively impacting the states "safety-net". The unfair terms and conditions pharmacies are subjected to by PBMs has recently come under scrutiny recently in many states.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and the UnitedHealth Groups vertically integrated PBMs that control such a large portion of the marketplace. Pharmacies have no choice but to accept the terms and conditions of these contracts as the three largest PBMs control such as large portion of the market. Pharmacies have no choice and there is

no negotiation.

I encourage you to look at the claw-back fees and unfair terms imposed on individual pharmacies. The FTC is the only agency who can bring transparency to the practices of PBM's. Allowing the PBMs to operate under a veil of secrecy is not in the best interest of anyone.

I would also ask you to look closely at specialty drug limitations, patient steering to retail and mail order pharmacies owned by the three largest PBMs, administrative fees and charges, negative reimbursements (where our pharmacies are being paid below our cost to obtain the drug from a wholesaler), PBM's control of access to the market through their networks, malicious use of and associated costs of audits, discriminatory reimbursement practices where the PBM pays their own affiliated pharmacy more. These practices all result in harm to patients.

Local community pharmacists are facing many economic challenges, the majority of which are the result of anticompetitive nature of the PBMs. Local community pharmacies are not asking to be treated differently but are asking for the playing field to be level.

Regards,

Catherine R. Hanna, PharmD
American Pharmacy Services Corporation

Frankfort, Kentucky

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/335>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:39:17 AM

Submitted on Tuesday, February 15, 2022 - 09:38

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Catherine

Last Name: Harrison

Affiliation: Independent Community Pharmacist in Virginia

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter Commissioner Noah Phillips Commissioner

Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W. Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am community pharmacist in Virginia. PBM'S have made it nearly impossible for us to

stay in business. We are keeping our doors open only because the three owners of our two pharmacies are not taking salaries. We are staying open to provide jobs for our loyal employees. It is almost impossible to pay our bills and stay in the black. If these middlemen were out of the picture, drug prices would be lower and you would not see thousands of local pharmacies going out of business.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have

created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Catherine Harris

Abingdon, VA

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/279>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:33:39 AM

Submitted on Tuesday, February 15, 2022 - 10:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Cathy

Last Name: Goodman

Affiliation: GOODMAN DRUG

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: Unfair practices by PBMs have impacted my independent pharmacy so severely that we may have to close in the near future which would create a healthcare desert in my small community that is not served by a hospital. My patients have been told by the CVS, Aetna and Optum that they must receive mailorder or drive to the nearest CVS over 30 miles away receive their prescriptions. Our community recently last week did not receive mail for one week which is happens on a regular basis. PBMs have unfairly stolen information from independents over the past to collect patient information and then herd them to their own mailorder. PBMs control pricing, patient information, insurance benefits and reimbursement in efforts to gain more profit for themselves. I don't know of anyother business that this would be tolerated. It is a monopoly and the socioeconomically disadvantaged patients in my rural town are being punished at the expense of profit. PBms have proven daily their deceptive trade practices that only benefit their profit margin.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/423>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:30:09 AM

Submitted on Tuesday, February 15, 2022 - 08:29

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Chad

Last Name: Graves

Affiliation: Independent Pharmacy Owner

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: I would like to urge the FTC to investigate the business practices of the large Pharmacy Benefit Managers. They have used unfair business practices for many years by using tactics like patient steering and underpaying for life saving medications. We are routinely reimbursed well below our cost in an effort to drive patients to the PBM owned pharmacy chain stores. Their practices have crippled independent pharmacies and in-turn harmed the patients by preventing them from having a choice. You can choose your doctor, you should also be able to choose your pharmacist.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/115>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:01:34 AM

Submitted on Tuesday, February 15, 2022 - 09:01

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Chad

Last Name: Lightsey

Affiliation: Fort Williams Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: No other business model operates like a PBM. A pimp/prostitute relationship is likely more transparent and better understood than what pharmacies deal with in regards to PBM practices.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/163>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:01:07 AM

Submitted on Tuesday, February 15, 2022 - 09:00

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: chandra

Last Name: viparla

Affiliation: Berneys Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Chair Lina Khan

Commissioner Rebecca Slaughter Commissioner Noah Phillips Commissioner

Christine Wilson

Federal Trade Commission 600 Pennsylvania Ave., N.W. Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

As one of the independent pharmacy owners among many , I write to express my total support

of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the

three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits,

discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Sincerely,

Chandra Vipparla
Berneys Pharmacy

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/159>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 7:43:25 AM

Submitted on Tuesday, February 15, 2022 - 07:43

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Charles

Last Name: Brumer

Affiliation: Hollywood Discount Pharmacy - Hollywood, FL

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement: FL

Submit written comment: We need to reign in shady PBM practices

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/71>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:11:45 AM

Submitted on Tuesday, February 15, 2022 - 00:11

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Charles

Last Name: Hartig

Affiliation: Hartig Drug Company

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement: IA

Submit written comment:

I am a practicing pharmacist and pharmacy owner living in Iowa. I have also been in the unique position to be employed at the largest PBMs and their subsidiaries. I have worked for Express Scripts and CVS/Caremark prior to operating an independent, regional pharmacy chain. Given my experience, I firmly believe the tactics employed by the three largest PBMs create a business environment that is unsustainable for any other pharmacy channel organization (i.e., pharmacy, manufacturer, insurance plan, self-funded plan, and patients).

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, CVS Health, Cigna, and UnitedHealth Group. These three PBMs have vertical and horizontal synergies that are parallel to none. Whether it is using its sheer market share to offer small pharmacies "take-it-or-leave-it" contracts to forcing patients into narrow, mandatory mail networks. These three organizations have used tactics to systematically (and some times in a targeted manner) harm other pharmacy industry businesses, either to then purchase the business or close its doors.

I encourage you to specifically review "narrow networks," specialty drug channels and limitations placed on pharmacies like mine, patient steering to PBM subsidiaries or affiliates, administrative fees and charges, negative reimbursements and retroactive claw backs, PBM's control of access to the market through their sheer size, malicious use of, and associated costs of audits, and incongruent reimbursement practices where the PBM reimburses its own affiliated pharmacy more.

Independent pharmacies and patients are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I ask for a fair assessment as to whether the FTC believes this experience to be a "level the playing field."

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/3>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:30:58 AM

Submitted on Tuesday, February 15, 2022 - 10:30

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: charles

Last Name: obeid

Affiliation: Sheehans Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: We may be forced to close our business due to many metrics that are out of our control. Administrative fees, charges, audit costs, and low reimbursements continue to negatively impact our business and other independent pharmacies, on top of the effects of the pandemic. Customers are more drawn to use mailorder due to the PBM's control, making independent pharmacies less easily attainable for patients.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/415>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:39:50 AM

Submitted on Tuesday, February 15, 2022 - 09:39

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Charles

Last Name: Smithgall

Affiliation: Owner Smithgall's Pharmacy, Value Drug Customer

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: Our pharmacy was opened in June 1916 and we are headed into our 106th year of continuous operation by a third generation family member. We value our customers and community. More and more we are losing customers who are forced to mail/cvs. It's disheartening not only to them, who trust us, but to us as we love to serve the health of our community. As an example, my best friend works for the state of PA and is forced to use CVS on refills. Last week I could not fill nuva ring for a customer as the rejection said refills not covered and she left in tears. We'd like the opportunity to serve all .. not just who we are "allowed" to continue serving. The world is pharmacy is changing away from a customer focused business to a factory style business, where customers can't have access to our friendly, kind, caring attention we pay to their medical needs. Every year our volume goes down, despite receiving new customers weekly.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/283>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:36:36 PM

Submitted on Tuesday, February 15, 2022 - 12:36

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Charlie

Last Name: Tucker

Affiliation: Arch Street Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

02/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Dr. Charlie Tucker, Pharmacist and Owner of Arch Street Pharmacy in Little Rock Arkansas. Our Pharmacy has been a staple and the most accessible healthcare facility in our community since the mid 1980's. We are extremely busy and love taking care of our patients and our community but we are very close to closing our doors forever and leaving another gap in healthcare for our patients. Why would we be close to closing our doors forever if we have almost more business than we can handle? The shortest answer is Pharmacy Benefit Managers (PBMs). Is there another business that you can think of that sales a product for cheaper than they acquired the product? This is exactly what we have to do with non-negotiable contracts that are offered by PBMs. Why do they pay us less than our acquisition cost other than the fact that it saves them money and allows them a larger profit through spread pricing? The answer is if I don't make a profit then I can't pay my bills and I have to close my business. Well if I close my business then my customers may be forced to use the CVS pharmacy that is right down the road. Interestingly the CVS down the road owns the PBM Aetna who is giving me the take it or leave contract and paying me below my acquisition cost on medications.

With that said I'm writing to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it

contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Charlie Tucker Pharm.D

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/759>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:22:22 AM

Submitted on Tuesday, February 15, 2022 - 09:22

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Charlotte

Last Name: Moss

Affiliation: Vine Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Vine Pharmacy is located in Benton, a town in rural northeast PA (Columbia County). We are the only pharmacy within 14 miles radius. We accept as many insurances as possible to accommodate the needs of the community, many of whom do not want to make the 30-40 min drive to the next closest pharmacy. A commonly used PBM in our area due to a major medical system is PerformRx. Last year 46% of our patients used either the commercial, Medicaid, or Medicare Part D plan of this PBM. Our gross profit from this PBM in 2021 was 3.9%. They sent us 4 desk audits, including a 70 line item one, in 2021, requesting not just prescription information but a variety of documents like our temperature logs and training certificates for pharmacists. The payroll costs associated with completing an audit outweigh the 3.9% gross profit when this already equates to a negative net profit. The 2021 DIR fees are not calculated yet for this PBM. I'm asking for transparency and accountability for all PBM's. The initial gross profit is not enough to sustain a pharmacy, even if additional fees were eliminated.

Pharmacy is the ONLY profession not permitted to use the free enterprise system. Instead, we are told what we will be paid rather than charging a fair price, and our buying power is significantly impacted by the organizations we are a part of.

I'm asking for transparency and accountability for all PBM's. The initial gross profit is not enough to sustain a pharmacy, even if additional fees were eliminated. Let us provide for our patients without struggling to keep the lights on and paying our staff.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/231>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:48:39 PM

Submitted on Tuesday, February 15, 2022 - 12:48

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Chase

Last Name: Fowler

Affiliation: Cedar Vallet Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement: UT

Submit written comment:

2/15/22

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Chase Fowler Pharmacist in Charge and part owner of Cedar Valley Pharmacy. We are a small town pharmacy beloved by our community. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs, it is important to remember that patients that need specialty drugs need to have the easiest possible access

and these policies often make access to crucial medications very difficult for the most venerable patients. Personally I have seen patients not be able to get crucial medication simply because their PBM forces them to get it through their preferred pharmacy which has so many hoops and steps they may or may not get it done. This practice is nefarious. There is absolutely no reason any Pharmacist cannot dispense "Specialty" drugs, this is a fictional term penned by PBMs and insurers to legitimize this tactic.), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Dr J. Chase Fowler PharmD



The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/823>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:08:13 AM

Submitted on Tuesday, February 15, 2022 - 11:07

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Cheryl

Last Name: Stimson

Affiliation: Dumas Family Pharmacy

Full Email Address: [REDACTED]

Confirm Email [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

- CVS owns the insurance company (Aetna), the PBM that makes your contract, the competing store on the corner, and the mail-order pharmacy your patients are forced to use.

- CVS paid Arkansas independent pharmacies an average of \$62 per prescription lower than CVS paid it's own retail pharmacies in early 2018 in commercial plans leading to a special legislative session called by the Governor to license PBMs and provide increased enforcement of existing deceptive trade practice laws. The Arkansas Attorney General still has an active investigation on this bad act by this PBM. At the same time CVS also sent letters to local pharmacies offering to buy them during "hard times" of aggressive low reimbursement. This was a deliberate attempt to pay low and force local pharmacies out of business and help CVS to expand its footprint with anticompetitive business practices.

- Contracts are non-negotiable. Pharmacies do not get a say in rates or fees.

- PBM clawbacks that occur weeks after the medication is out the door.

- Unconscionable metrics such as DIR/GER/BER that are anything but transparent and leave the pharmacy GUESSING what they will get paid.

- Patient steering - retail, mail-order, & specialty.

- Chain pharmacies being paid more than independents for the same medication, for the same patient, on the same day.

- Negative reimbursements on purpose with the goal of closing pharmacies - from the PBM that also owns/ is affiliated with a competitor.

- Increased fees and charges for transmitting claims, recredentialing, whatever else they can think of.

- Early refills not allowed by local pharmacies, but happens at the mail order pharmacy owned by the PBM in order to steal patients and self deal.
- Provider manual updates and requirements are take it or leave it.
- Anticompetitive (OptumRx and others) 6 month to 1 year seasoning requirements where brand new pharmacies can't get in network until in business for many months. This is designed to keep competition from having a chance as the PBM owns pharmacies and this requirement increases the chances the patients are forced to pharmacies owned by the PBM.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/519>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 3:47:58 AM

Submitted on Tuesday, February 15, 2022 - 03:47

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Chintankumar

Last Name: Gandhi

Affiliation: Vcare pharmacy

Full Email Address: [REDACTED]

Confirm Email [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: Please control PBM so that small local pharmacies can survive and cater the needs of common citizens at much economical drug prices. Removing pbm is the only way make us healthcare effective.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/23>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:30:46 AM

Submitted on Tuesday, February 15, 2022 - 08:30

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Chris

Last Name: Munden

Affiliation: Registered Pharmacist/ Independent Pharmacy Owner

Full Email Address [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Dear FTC Members:

My name is Chris Munden and my wife and I own an independent community pharmacy that has been serving Marshall, MI for over 85 years. I am writing you to express my support of the FTC studying the practices of Pharmacy Benefit Managers (PBM's). Independent pharmacies throughout the United States are facing extreme pressure as PBM's continue to lower reimbursement through "take it or leave it" contracts, often reimbursing pharmacies below their acquisition cost. Reimbursement claw backs (such as DIR fees) have risen at an astronomical rate over the past 10 years, often assessed months after the original transaction date. These fees are impossible to predict, and are often based on performance measures that are unattainable. PBM's not only determine what I am paid, but they also steer our patients to other pharmacies, including pharmacies that they own. The ability to set my reimbursements to such low levels, and the ability to use the member data to steer business to their own pharmacies is a glaring conflict of interest and threatens not only small businesses like ours, but also the ability of patients to choose their desired pharmacy.

PBM's also exact unfair audits on pharmacies. These audits nearly always target expensive medications, as this is an additional revenue stream for the PBM. We have recently experienced one of these audits, where nearly \$1000 is being recovered. It may not seem like a lot of money, but to small businesses it is. This money is being recovered not from any sort of fraud, waste, or abuse. 90% of the recovery simply comes from 2 claims where the pharmacy submitted an override to obtain an early refill that the patient requested. On one prescription, the member's plan allows for a "vacation supply", which was properly submitted and electronically approved by the PBM.

The refill was originally one day too soon, but the member was leaving on vacation out of state. Upon consulting with the patient, it was determined that a "vacation supply" override could be submitted. But the PBM recognizing this override months later (and considering the cost of the medication), determines that this prescription will be chosen for an audit. The PBM determines that the pharmacy should also document the dates of travel

on the prescription, resulting in a full recovery on this originally paid claim of [REDACTED]. In the other example, the pharmacy submitted an override for an early fill of "a lost or damaged prescription". The members house actually exploded, thus the medication was destroyed. We did not document the actual event on the prescription, and only attested that the medication was lost or damaged, leading to a [REDACTED] recovery. We are currently in the process of appealing these two audit recoveries, thus taking more time away from patients we desire to serve. We are completely at the mercy of a PBM auditor to see our case fairly and ensure we do not have these funds taken from us.

America's independent pharmacies are beseeching you to study the practices of Prescription Benefit Managers. Thank you for your time!

Sincerely,
Chris Munden R.Ph/President
Hemmingsen Drug Store
Marshall, MI

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/119>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:59:51 AM

Submitted on Tuesday, February 15, 2022 - 08:59

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Christopher

Last Name: Patterson

Affiliation: Tallent Drug Co-owner

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

02/14/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Christopher Patterson from Blairsville, GA. I am an independent pharmacy owner. I chose the profession of pharmacist because it was my desire to provide the community in which I was raised with the medication and the health services they deserved. I have been an independent pharmacist for over 20 years and am truly discouraged and concerned about the viability of my chosen profession. Pharmacy Benefit Managers (PBM's) have made it very difficult for our businesses to survive. They offer take-it-or-leave-it contracts that offer reimbursement well below the documented cost of dispense, they have instituted DIR/GER/BER metrics that are almost impossible to meet. It is now my responsibility to make sure a patient takes their medication as prescribed. If they do not, I get penalized with a clawback of funds by the PBM. I am also penalized if a patient's doctor does not place the patient on certain medications. One particular PBM (one of the Big 3) takes back a huge amount dollars (clawback) every trimester based on how well the performance metrics are met. This leads to us never knowing exactly how much we make or lose on a prescription we've already dispensed. There is no other industry that is expected to operate like this. We need your help.

I write to express my support of the Federal Trade Commission's study of

Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Chris Patterson
1018 Whispering Pines
Blairsville, GA 3051
423-618-0302
chrispatt72@gmail.com

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/155>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:34:21 AM

Submitted on Tuesday, February 15, 2022 - 08:34

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Codie

Last Name: Seymour

Affiliation: Owner Crary Drug

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

February 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Codie Seymour, PharmD, owner of Crary Drug a family owned, independent pharmacy in Temperance, Michigan. For the last few years, I have seen the drastic increase in DIR fees that has negatively impacted not only my business, but that has also increased out of pocket costs for my patients. Imagine being paid for a good or service that you have provided at an amount that is lower than the actual cost of that good. Now imagine, six months later being told that you have to pay back hundreds or thousands of dollars because you did not meet an unattainable performance metric, that is mostly out of your control, related to the sale of that good or service you provided.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Crary Drug is the only pharmacy located in Temperance, MI. However, several of my long time customers have been told that they must drive several miles outside of the city that they live in in order to have their prescriptions filled at one of the chain pharmacies that is owned by a PBM. These are patients that are elderly and would have used Crary Drug's free delivery service to attain their medications and over the counter items.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement. The importance of patient choice is an absolute necessity in allowing independent pharmacies to stay relevant in servicing their patients. Thank you,

Codie Seymour PharmD, RPh.
Owner Crary Drug

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/127>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:10:46 AM

Submitted on Tuesday, February 15, 2022 - 11:06

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Collin

Last Name: Stagg

Affiliation: Central Drug Store, Inc.

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: I would like to comment on the practices of Pharmacy Benefit Managers (PBMs) that I feel are extremely detrimental to the quality and cost of healthcare provided to the people of America. PBMs assess direct and indirect remuneration (DIR) fees to pharmacies across the country, and these fees hurt not only the businesses they are assessed to but also the end user, the patient. Insurance company and PBM “clawbacks” were found to be illegal, so they just changed the wording to “DIR fee” and are still performing this illegal action. I could give thousands of specific examples for prescriptions that end up forcing my business to lose money because of the PBMs charging a DIR fee months after the prescription has been filled. For example, I can fill a prescription that costs my business \$200 to fill. At the time of dispensing, the insurance claim will show that I will receive a \$205 reimbursement for that prescription (which is already a low profit margin – a whole separate issue). Then, six months later, the PBM will assess a \$7.50 DIR fee. So, this prescription that I am providing to my patient to better their health ultimately costs me money. There is no way that pharmacies will be able to continue to provide the quality healthcare that patients deserve when the PBMs are taking money from them for no reason whatsoever. And this is just one basic example of what this looks like. My pharmacy, a standalone, independent, family-owned business that has provided excellent quality healthcare to a community for over 40 years, was charged over \$250,000 in these criminal DIR fees just last year alone. There is no way that the people who count on healthcare in America can continue receiving quality service from pharmacies and pharmacists when the PBMs are stealing money away from them – money that is necessary to continue providing care to the patient. The DIR fees assessed to pharmacies must be stopped.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/515>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:47:24 PM

Submitted on Tuesday, February 15, 2022 - 12:47

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Craig

Last Name: Lehrman

Affiliation: Tepper Pharmacy, [REDACTED] Wynnewood, PA [REDACTED]

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

2.15.2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

My name is Craig Lehrman and I am the owner of Tepper Pharmacy, an independent retail pharmacy in Wynnewood, PA. I have been around the practice of pharmacy for my entire life. My pharmacy is and has been impacted negatively by take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have

created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

Craig Lehrman, RPh

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/807>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:08:41 PM

Submitted on Tuesday, February 15, 2022 - 13:07

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Cynthia

Last Name: Snay

Affiliation: Warner Pharmacy Inc

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment: As the owner of a small independent community pharmacy in a rural state I urge you to look into the practices of PBMs. These entities have existed without oversight for too long. Independent pharmacies are closing at an alarming rate in this country due to PBMs reimbursing at rates well below cost and different than what they pay the pharmacies that they themselves own. They take away consumer choice by demanding customers drive long distances to "preferred" pharmacies that they themselves own or mail away for their prescriptions. They give themselves kickbacks in the form of DIR fees which claw back thousands of dollars from the pharmacies months after a prescription is filled based on metrics which are impossible to control. These fees raise the price to the consumers as well. The last thing folks in this country need are higher drug prices that feed a greedy middle man.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/875>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:07:19 PM

Submitted on Tuesday, February 15, 2022 - 13:05

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Daniel

Last Name: Griffis

Affiliation: Independent Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Feb 15, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Daniel Griffs, PharmD, co-owner of Rainbow Drug Store and Coastal Pharmacare in Brunswick, GA. My father, Richard Griffis, RPh, and I are co-owners of these 2 independent pharmacies in Brunswick, GA. I grew up in the pharmacy and have seen many changes over the years. PBMs have used their unscrupulous practices to control the pharmacy industry and put profits over patient care for as long as I can remember. Our pharmacies have been hit with these unscrupulous practices and have watched its negative effects on our businesses. Contract negotiations are non-existent. Fees come out of nowhere and it seems like PBMs create new ones every year. Everything with a PBM is take it or leave it. PBMs use steering of patients to the PBMs preferred pharmacies for maintenance medications and specialty medications to create a marketplace that we cannot continue to exist in.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will

not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
Daniel Griffis, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/863>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 12:13:58 PM

Submitted on Tuesday, February 15, 2022 - 12:13

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: DANNY

Last Name: MCNEASE

Affiliation: MCNEASE DRUGS

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement: TX

Submit written comment: As in independent pharmacy owner, we have been devastated by the predatory practices of PBM's. They have poached our customers by steering them to their own pharmacies and have cut reimbursements to us each year to the point of starving us out of business, They have been allowed to buy each other up and merge with insurance companies for the sole purpose of squashing competition. They must be stopped to protect consumers and business alike. Thanks for you time.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/691>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Request for FTC to investigate unfair trade practices by Pharmacy Benefit Managers
Date: Tuesday, February 15, 2022 6:54:08 AM

February 15, at 2022

Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, specifically Aetna, Cigna, UnitedHealth Group, and CVS/Caremark's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of,

and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Sincerely,

Darci Mandrell, RPh

[REDACTED]

West Frankfort, IL [REDACTED]

[REDACTED]

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:33:31 AM

Submitted on Tuesday, February 15, 2022 - 11:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Darren

Last Name: Lew

Affiliation: The Medicine Shoppe

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement: CA

Submit written comment: The PBMs DIR fees are putting us out of business.

These take back fees should be illegal. Our fees have gone up from 2019 [REDACTED], 2020 [REDACTED], 2021 [REDACTED]. That is an 80% increase over 2 years!!!! That amount is more than a regular pharmacist's salary. This is all done while at the same time reimbursing us less and less for medications.

These DIR fees are levied against pharmacies when the PBM's own clients, the patients, don't fill their medications on time every month.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/603>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:44:41 AM

Submitted on Tuesday, February 15, 2022 - 11:44

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Darshan

Last Name: Patel

Affiliation: Compliant Pharmacy Alliance

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Pharmacy Benefits Manager has been unfair practicing and abusing the prescription coverage of clients. PBM is well known in our industry for:
(1) Forcing patient to use their own mail order pharmacy for same product and service which is offered by local pharmacy. (2) Raise copays at local independent pharmacy compare to their affiliated chain pharmacy (3) Pbm pays higher reimbursement to their affiliated chains for same service/product. (4) Set higher std for independent pharmacy unfairly to dispense speciality medications (5) Pays underwater dispensing fee and product cost to local pharmacies (6) Send letter to their member to use chain pharmacy when they know member is using independent pharmacy. (7) on an average, PBM pays 20% or more prescription medicines below cost of local independent pharmacies

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/631>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 8:21:32 AM

Submitted on Tuesday, February 15, 2022 - 08:21

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Dat

Last Name: Nguyen

Affiliation: IPCRX

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: PBMs are legal robbers and their practices should not be allowed. They should not be owned by any pharmacies and/or insurance companies. They paid themselves high and gave negative reimbursements to the Indy pharmacies to wipe us out. This is a anti-competition practices. PBMs should not even need to be existed, all pharmacies should be able to credentials directly with insurance companies just like medical doctors would do. End PBMs practices and make it an illegal business.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/103>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Public Comment February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:36:47 AM
Attachments: [REDACTED]

See attached letter and PDF attachments of examples.

David J. Cippel RPh
Klingensmith's Drug Stores Inc.

February 15, 2022

Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

My name is David J. Cippel and I'm a community pharmacy owner in Western Pa operating 7 locations in two rural counties. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

Back in March of 2020 during the height of the pandemic I submitted data to Pa Atty Express Scripts (now CIGNA) had systematically reduced generic reimbursements on 100's of the highest volume generics we dispensed in the 1st quarter – many were below my acquisition cost! --see attachments. We operated 8 locations prior to 2020, closing a rural pharmacy in December 2019, solely due to declining reimbursements and patient-steering away from our small town location.

PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, reimbursements have declined dramatically over the years.

PBM's control of access to the harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the NEFARIOUS ACTIONS of Pharmacy benefit managers.

Thank you,
David J. Cippel RPh
Klingensmith's Drug Stores, Inc

Consumer complaint form and reimbursement examples



Consumer Complaint Form

Attorney General Josh Shapiro

Bureau of Consumer Protection
15th Floor, Strawberry Square
Harrisburg, PA 17120

1-800-441-2555 – PA ONLY
1-717-787-9707

consumers@attorneygeneral.gov
www.attorneygeneral.gov

Please check if you or an immediate family member is a member of the military or a veteran.

Please check if you are age 60 or older.

Your Information

Fields marked with (*) are required.

DAVID J. CIPPEL

NAME [REDACTED]

STREET ADDRESS* [REDACTED]

Ford City PA

CITY* [REDACTED] ST [REDACTED]

[REDACTED] CO [REDACTED]

BEST PHONE NUMBER* [REDACTED] ALTERNATIVE PHONE NUMBER [REDACTED]

[REDACTED] AGE [REDACTED]

EMAIL By providing your email address, you agree to receive email communications from the Pennsylvania Office of Attorney General.

Complaint Information

Fields marked with (*) are required.

Express Scripts

BUSINESS NAME*

Various CSR's

PERSON TO WHOM YOU SPOKE

1 Express Way

BUSINESS ADDRESS

St. Louis Mo

CITY* [REDACTED] STATE [REDACTED]

63121 800-922-1557

5-DIGIT ZIP CODE BUSINESS PHONE NUMBER

We provide pharmacy services to Pa Medicaid patients -

PRODUCT OR SERVICE PURCHASED

Express Scripts pays pharmacies for providing.

DATE PURCHASED

PURCHASED PRICE

FORM OF PAYMENT:

CREDIT CARD ATM/DEBIT CARD PREPAID CARD OTHER

WHERE AND HOW DID YOU SIGN THE CONTRACT (IF APPLICABLE):

HOME (PAPER CONTRACT) HOME (OVER THE PHONE)

HOME (ELECTRONIC SIGNATURE) BUSINESS LOCATION

OTHER under contract for past 40+ years.

WHERE AND HOW DID YOU SIGN THE CONTRACT?

PLEASE CHECK IF YOU ARE OR HAVE EVER BEEN INVOLVED IN A LEGAL ACTION RELATED TO THIS COMPLAINT. IF SO, PLEASE SUMMARIZE IN TWO SENTENCES THE RESULT OF THE LEGAL ACTION.

N/A

PLEASE EXPLAIN YOUR COMPLAINT: Try to be brief, but be sure to tell WHAT happened, WHEN it happened and WHERE it happened. Be specific about any oral statements the business made to you, ESPECIALLY those that influenced you to deal with the company, including how you heard about the company. Describe events in the order in which they happened.

I am a community pharmacist in rural Pa since 1986. Our company Klingensmith's Drug Stores operates 7 locations in Armstrong + Clarion Counties. FORD CITY, LEECHBURG, RIMERSBURG, Kittanning (2), NUMINE, NEW BETHLEHEM. Since the beginning of March 2020 - as pharmacies across Pa. ramped up operations and spent resources on safety of their staff and patients - we experienced a significant reduction in the reimbursement dollars paid by EXPRESS SCRIPTS for MEDICAID patients covered by UPMC Healthplan. Patients who depend on pharmacies for prescriptions to treat serious diseases like Diabetes, Heart Disease, Asthma, Epilepsy, + Depression. I have attached 116 specific examples from just (2) of our store locations. This is only a sample - The real numbers are much larger. (See Attached.)



Consumer Complaint Form

Attorney General Josh Shapiro

Bureau of Consumer Protection
15th Floor, Strawberry Square
Harrisburg, PA 17120

1-800-441-2555 – PA ONLY
1-717-787-9707

consumers@attorneygeneral.gov
www.attorneygeneral.gov

WHEN SHOULD YOU FILE A COMPLAINT

If you are unable to resolve a problem with a business (see, “Problem-Solving Tips”, below), you may wish to file a complaint with the Office of Attorney General, Bureau of Consumer Protection (“Bureau”). You can download a complaint form from our website at www.attorneygeneral.gov or you can call our toll-free number, 1.800.441.2555, to have a form mailed to you.

The Bureau provides a mediation service to consumers where an attempt may be made to mediate individual complaints which fall within the Bureau’s jurisdiction. The information you provide will be used in an attempt to resolve your complaint and will be shared with the party(ies) against which the complaint is filed. Additionally, your complaint may be shared with or referred to other governmental law enforcement or regulatory agencies.

NOTE: (1) Participation in the mediation process is voluntary and we cannot compel a business to cooperate; and (2) We cannot mediate a matter that is already or has been the subject of legal action.

When we receive your completed complaint form, it will be reviewed by our staff and, depending on the nature of the complaint, one of the following courses of action may be taken.

- We may refer your complaint to a local, state or federal agency, which has primary jurisdiction over the subject matter. If your complaint is referred to such an agency or organization, you will be notified by mail of its name and address, so you may follow up on your complaint.
- If your complaint falls with the Bureau’s jurisdiction, we may attempt to initiate our voluntary mediation process with the business, in which case you will receive a letter with your file number and the name of the agent who will handle the mediation. Please keep your file number for future reference when contacting this office.

NOTE: Because of the volume of complaints the Bureau receives, it may take some time before we review and process your complaint. We ask for and appreciate your patience during this time.

NOTE: In order to document your complaint file and keep it up-to-date, we request communications from you and the business to be in writing.

- You will be notified by mail when we receive information regarding your case.
TO HELP US HELP YOU, PLEASE REFRAIN FROM CALLING FOR “STATUS REPORTS.”

If mediation efforts are not successful, you may be advised to seek relief either through a private attorney or through Magisterial District Court. The Bureau cannot provide you with private legal counsel or offer legal advice. The Bureau represents the public at large in its enforcement of the Unfair Trade Practices and Consumer Protection Law (“Consumer Protection Law”). The Consumer Protection Law does provide individual consumers with the ability to bring a private action, citing unfair and deceptive business practices.

PROBLEM-SOLVING TIPS

It is helpful for you to try to resolve your own complaint before contacting the Bureau. However, if you have exhausted your efforts to resolve the problem without success, contact the Office of Attorney General promptly for assistance.

NOTE: If your claim involves a dispute of charges placed on your credit card, or billing statement or if a merchant has promised to reverse or credit your charge card but has failed to do so, you must act quickly to preserve your right to challenge a charge. Under the Federal Fair Credit Billing Act, your credit card company must receive

WHAT WOULD YOU LIKE THE BUSINESS TO DO TO RESOLVE YOUR COMPLAINT?

The Attorney General of Pa. investigate the payers Express Scripts and its relationship with the Health Plan and the Dept. of Human Services.

HAVE YOU CONTACTED OTHER AGENCIES? YES NO

IF YES, AGENCIES CONTACTED AND ACTIONS THEY TOOK (IF KNOWN)

Contacted Auditor General DePasquale beginning in 2018 regarding the significant amount of taxpayer dollars being wasted by the current Pa Medicaid Rx program.

Optional Information

HOW DID YOU HEAR ABOUT US?

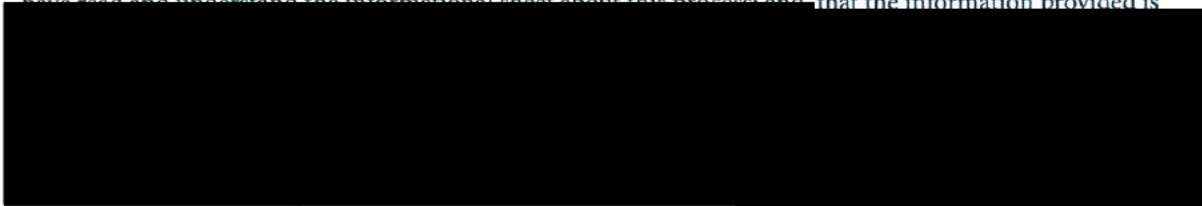
I'm an informed citizen/business owner/tax payer

WHAT IS YOUR RACE OR ETHNICITY?

- | | |
|---|--|
| <input type="checkbox"/> HISPANIC/LATINO | <input type="checkbox"/> ASIAN |
| <input checked="" type="checkbox"/> WHITE (NOT HISPANIC/LATINO) | <input type="checkbox"/> NATIVE AMERICAN |
| <input type="checkbox"/> BLACK/AFRICAN AMERICAN (NOT HISPANIC/LATINO) | <input type="checkbox"/> BIRACIAL |
| <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER | <input type="checkbox"/> OTHER |

PLEASE READ CAREFULLY

The Attorney General cannot act as your private attorney. As a law enforcement agency, the primary function of the Office of Attorney General is to represent the public at large by enforcing laws prohibiting unfair or deceptive practices. The Attorney General, through the Bureau of Consumer Protection, provides a mediation service to consumers where an attempt may be made to mediate your individual consumer complaint if it falls within the jurisdiction of the office. Please be advised that the information you provide will be shared with the party against which you have filed a complaint. Additionally, your complaint may be shared with or referred to other governmental law enforcement or regulatory agencies. Your complaint will also be kept on file with our office and the information contained therein may be used to establish violations of Pennsylvania Law. Attached to this complaint form is an informational sheet which will help you in completion of the complaint form and also will explain in greater detail the mediation process. By signing below, I authorize the Bureau of Consumer Protection to contact the party(ies) against which I have filed a complaint in an effort to reach an amicable resolution. I further authorize the party(ies) against which I have filed a complaint to communicate with and provide information related to my complaint to the Bureau of Consumer Protection. I verify that I have read and understand the informational sheet about this process and that the information provided is



Please include copies of all documents regarding your problem. Be sure to send COPIES, not originals.

a written dispute notice from you within 60 days after the first bill containing the disputed charge was mailed to you. The Bureau cannot dispute this charge for you. Look at the back of your credit card statement for specific information regarding the procedure for filing your dispute. You must file your dispute with your credit card company, a complaint to the merchant or company that made the charge is not sufficient. Even if you file a credit card dispute, you can still file a complaint with our office.

IDENTIFY THE PROBLEM

Before you complain to a company, be sure to identify the problem, what (if anything) you have already done to resolve the problem and what you think is a fair settlement. For example, do you want your money back? Would you like the product repaired? Do you want the product exchanged?

GATHER RECORDS

Start a file about your complaint. Include copies of sales receipts, repair orders, warranties, canceled checks, and contracts which will back up your complaint and help the company solve your problem.

Go to the place you made the purchase. Contact the person who sold you the item or performed the service. Calmly and accurately explain the problem and what action you would like taken. If that person is not helpful, ask for the supervisor or manager and restate your case. A large percentage of consumer problems are resolved at this level. Chances are, yours will be too.

Allow each person you contact time to resolve your problem before contacting someone else.

Keep a record of your efforts and include the names of those you spoke with and what was done about the problem. Save copies of any letters you send to the company, as well as letters sent to you.

WRITING A COMPLAINT LETTER

The letter should include your name, address, home and work telephone numbers, and the account number, if appropriate.

Make your letter brief and to the point. Specify all the important facts about your purchase, including the date and place you made the purchase and any information you can give about the product, such as the serial or model number. If you are writing to complain about a service you received, describe the service and who performed it.

State exactly what you want done about the problem and how long you are willing to wait to resolve it. Have reasonable expectations.

Include copies of all documents regarding your problem. Be sure to send COPIES, not originals.

Don't write an angry, sarcastic, or threatening letter. The person reading your letter probably was not responsible for your problem, but may be very helpful in resolving it.

Type your letter if possible. If it is handwritten, make sure it is neat and easy to read.

Keep a copy of all correspondence to and from the company, as well as a copy of your complaint.

OTHER ASSISTANCE

If you are not satisfied with the response, don't give up. If the company operates nationally or the product is a national brand, call or write a letter to the person responsible for consumer complaints at the company's headquarters, e.g., the company's public relations representative or president. Many companies have toll-free telephone numbers, often printed on the product. Before telephoning a company long distance, check to see if the firm has a toll-free number.

If you have questions concerning the specific application or interpretation of the law, you should consult a private attorney. If you do not have an attorney, you can call your county lawyer referral service or your county bar association. Other agencies may be accessed through the blue pages of your telephone director.

The Bureau is charged with identifying patterns of business practices which may violate the Consumer Protection Law. Even if you have resolved your complaint, you can forward a statement regarding your experience, with attached documents, for the Bureau's reference.

Thank you for bringing this matter to our attention. We hope we can be of assistance to you.

BLANK

Screen Shot Data.

- TWO PHARMACIES
- ONE MEDICAID PLAN (UPMC)
- ONE MONTH - MARCH 2020
- ONE PBM - EXPRESS SCRIPTS

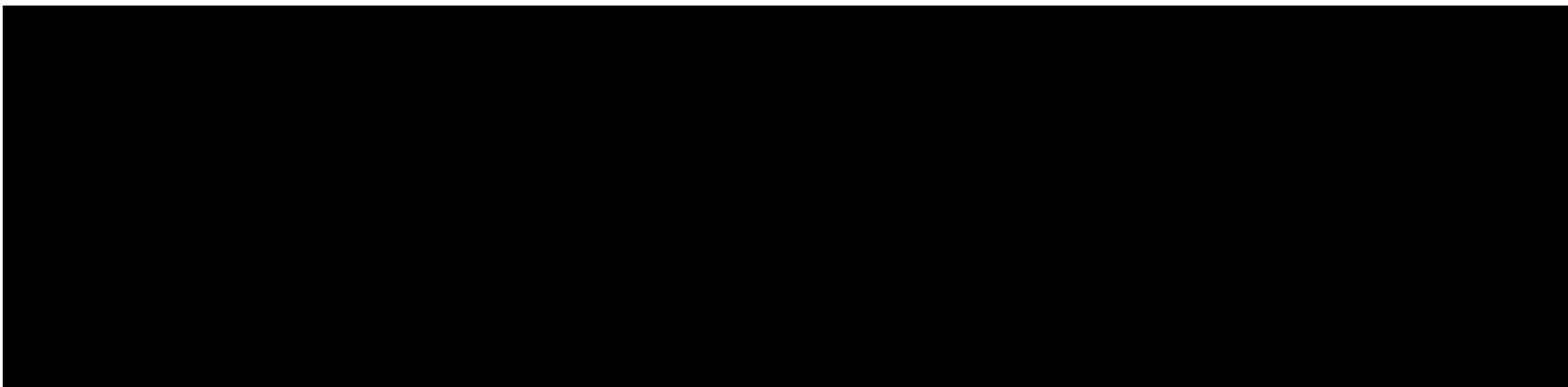








90 cents?







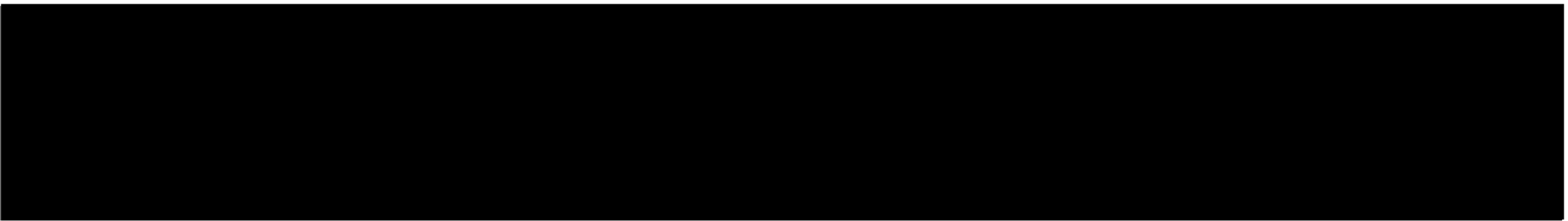
Different patient
(actually 8 pts)
These 2 stores
Atorvastatin (upmc)





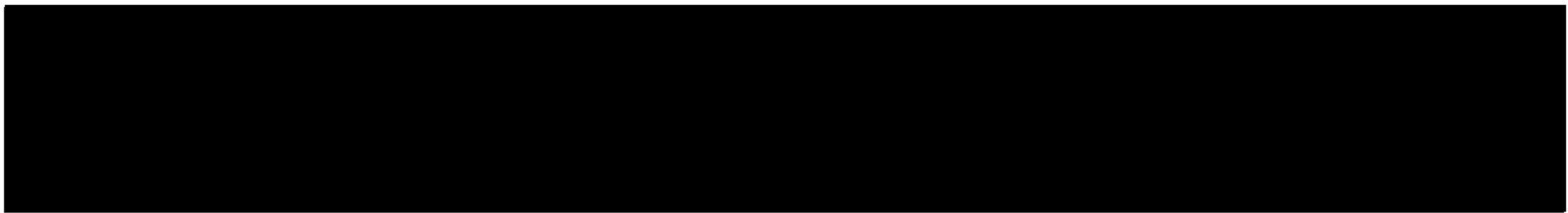


OUR ACQ. COST has not changed





- \$30 in one month?





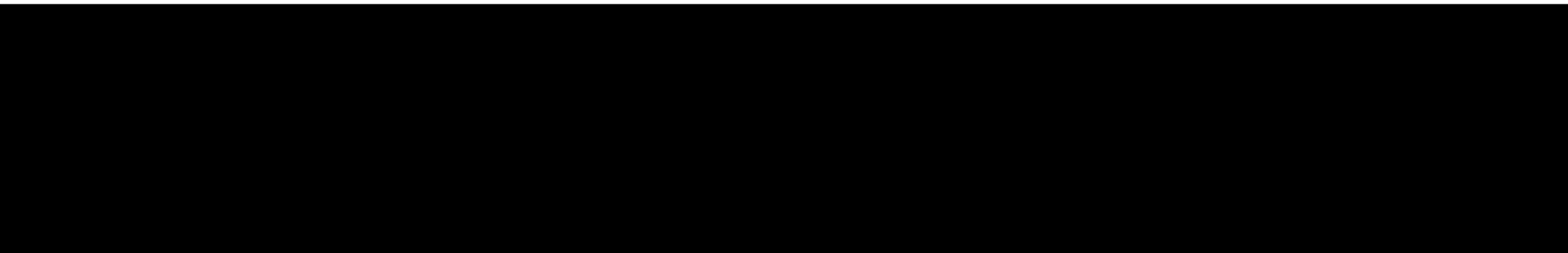
even small dollars are
important to our business





Pediatric (child
w/ special needs)





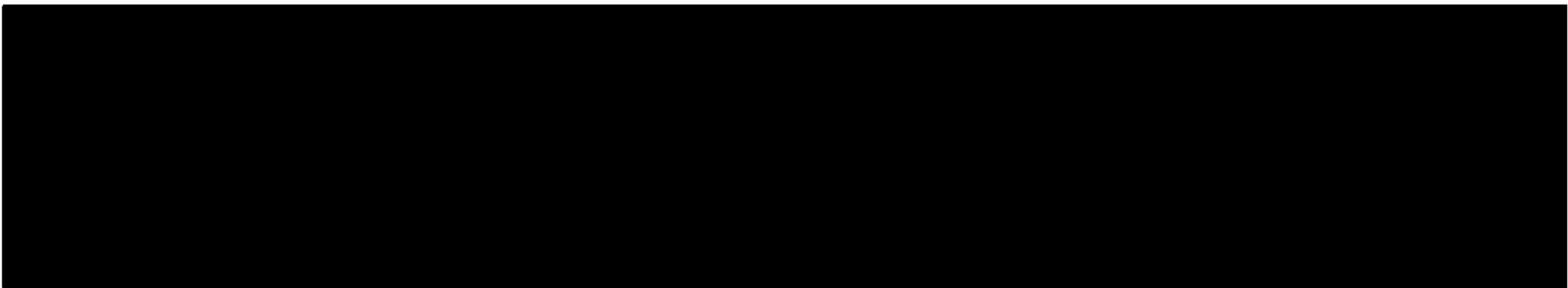


73 cents barely
covers vial + lid + label.
an insult

This med is packaged in adherence
dose pkg + delivered monthly.





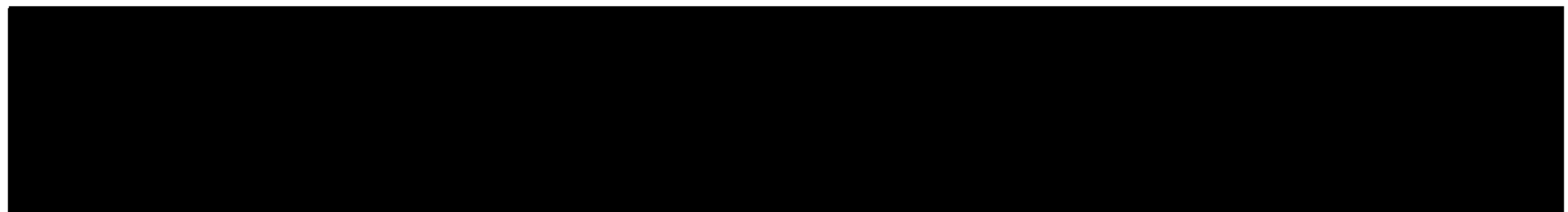








Seizure Disorder MED.



- \$20 in one month?





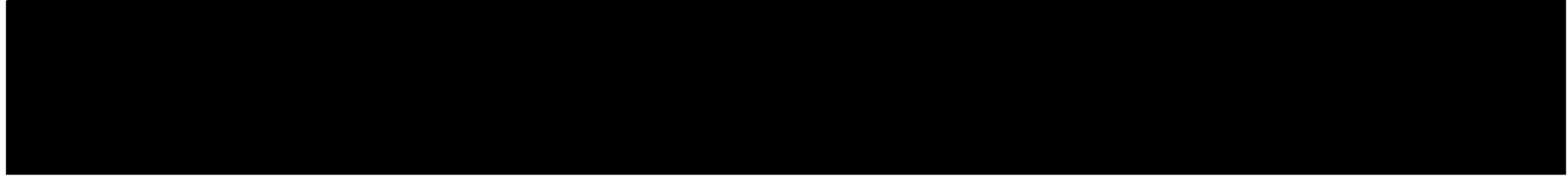


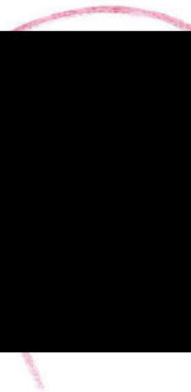
Different patient

#40 outrageous

Yes - nearly \$ 100







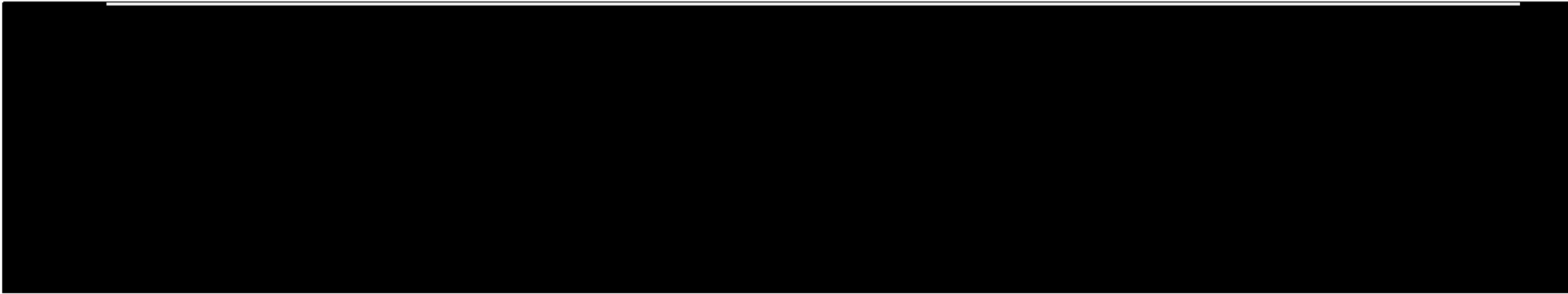


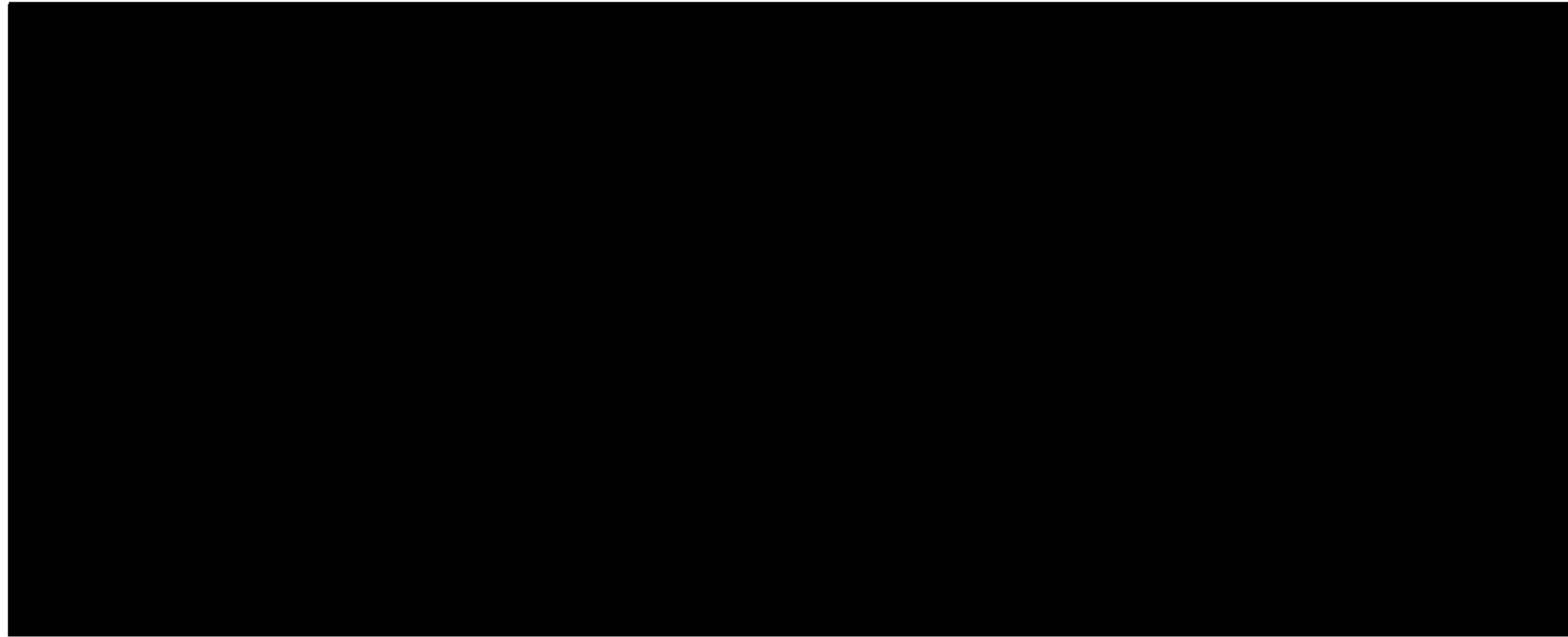




Cardiac patient

We have 30+ patients
UPMC medicaid taking
this drug.











Gabapentin - very widely prescribed
- Neuropathy







MARCH

All strengths GABAPENTIN reduced.
in MARCH



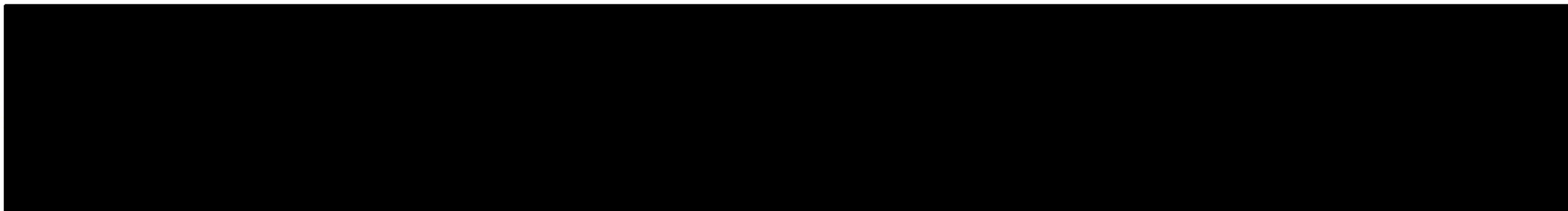
Type II diabetes



different patient



Type II diabetes

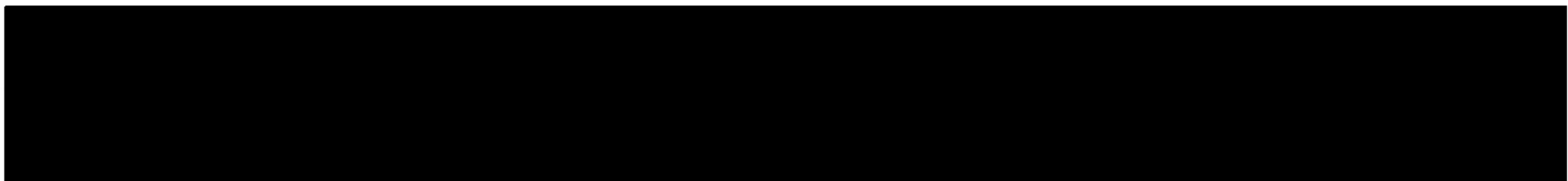






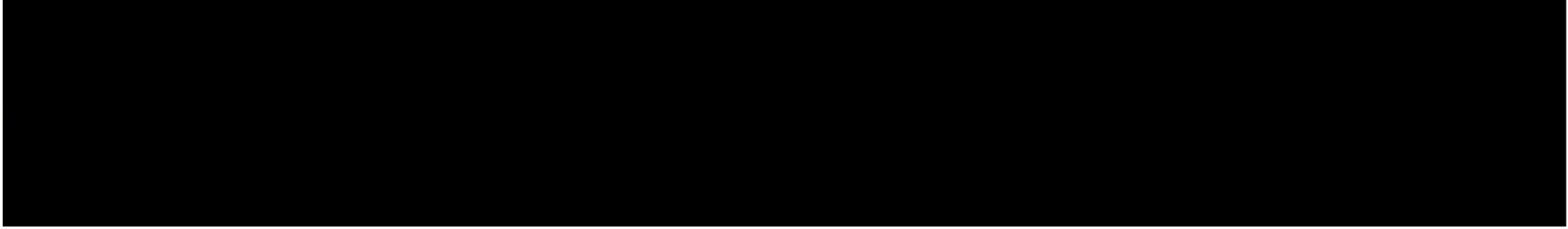


Blood Pressure MED







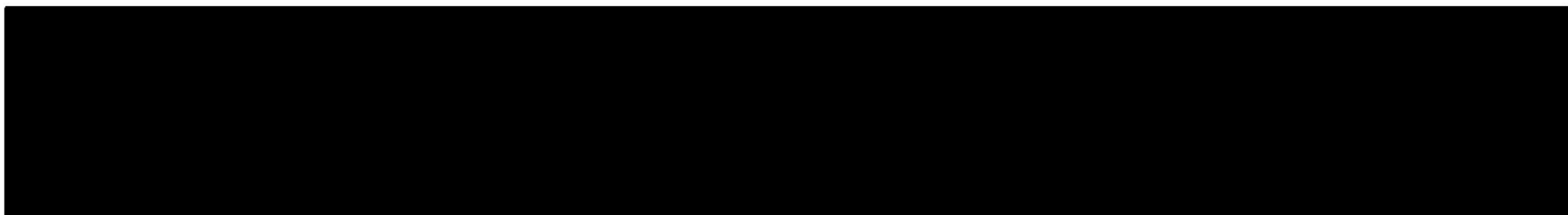







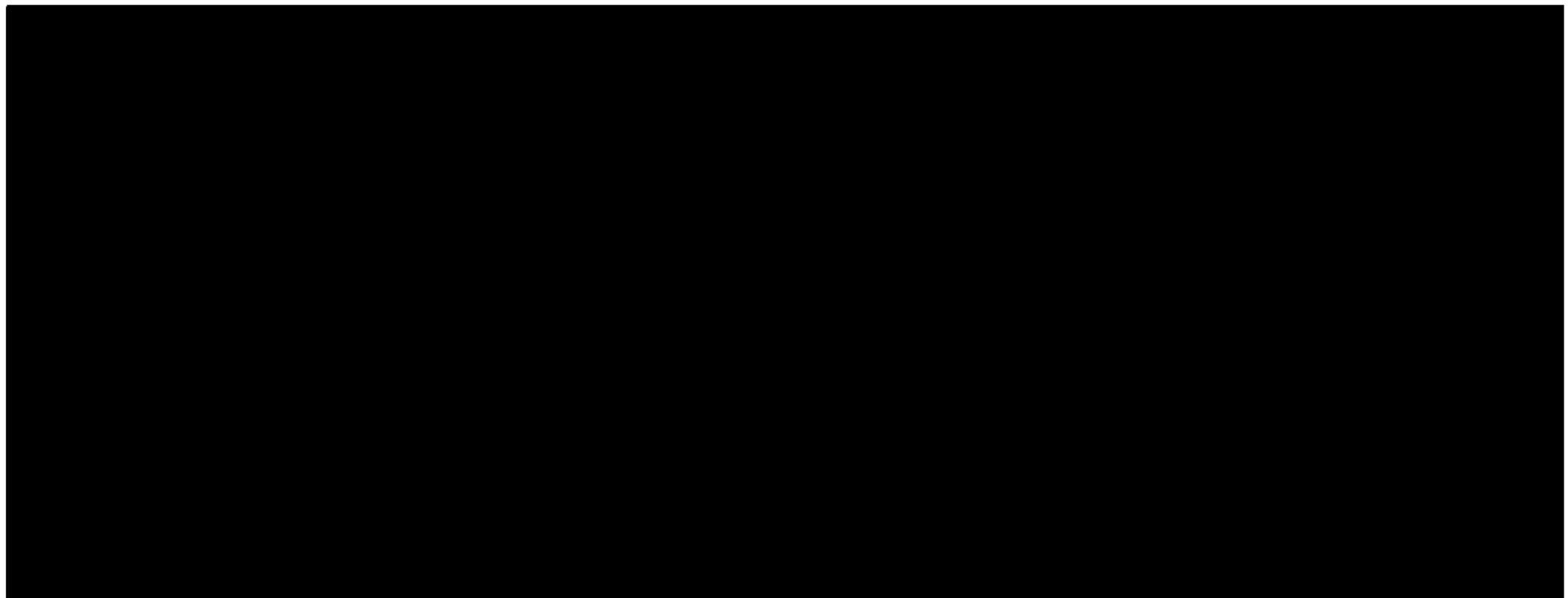


Acid
Reflux
MED.





All strengths of this drug reduced.
At least 50 UPMC MEDICAID
patients take this THYROID med.

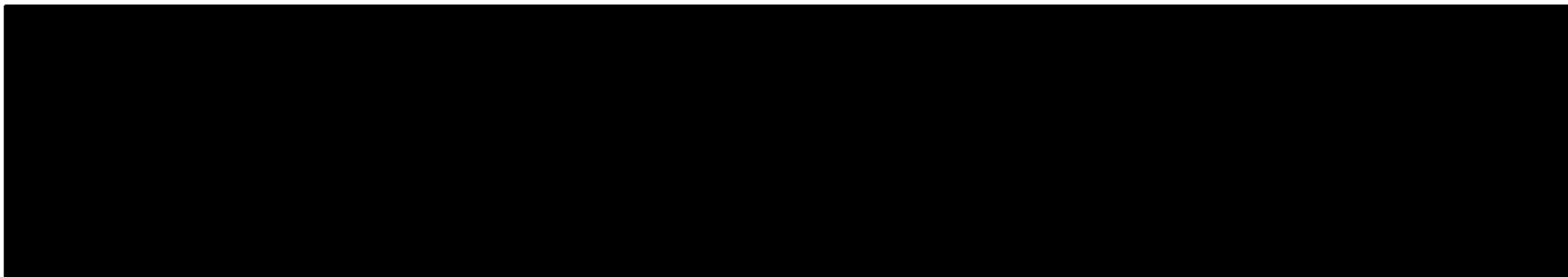


















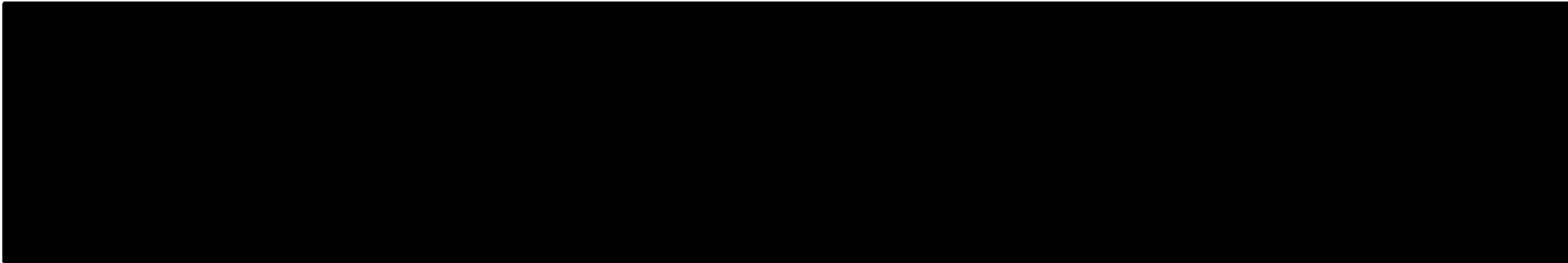




Type-II diabetes

Again - even small dollars
are meaningful.

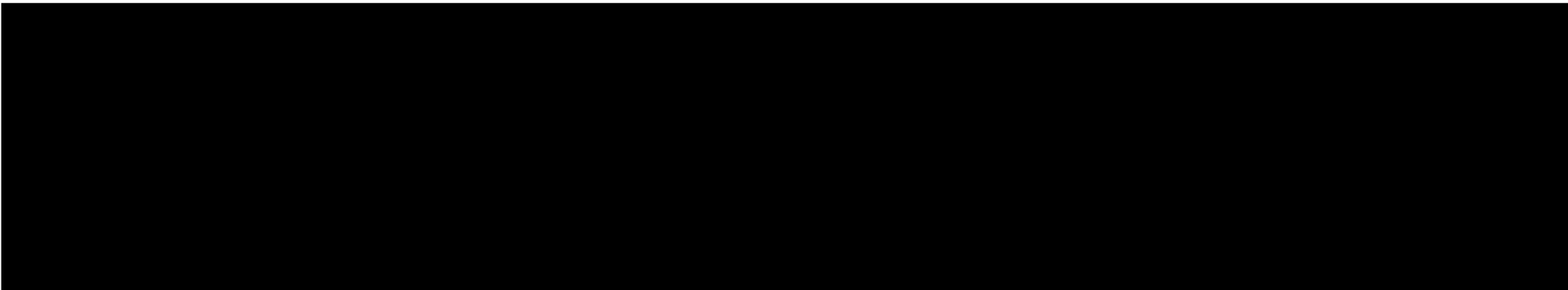






ADHD - Pediatric

- \$160.00











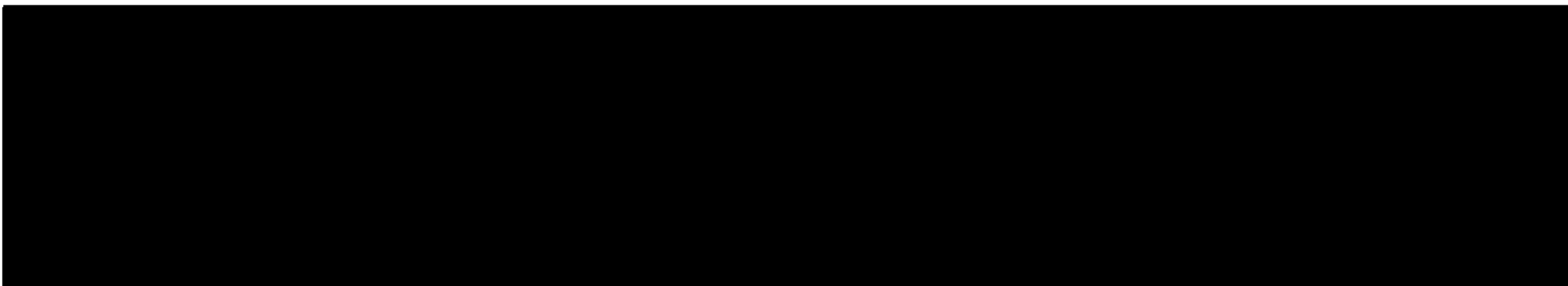
Facility patient.
Special packaging + delivery





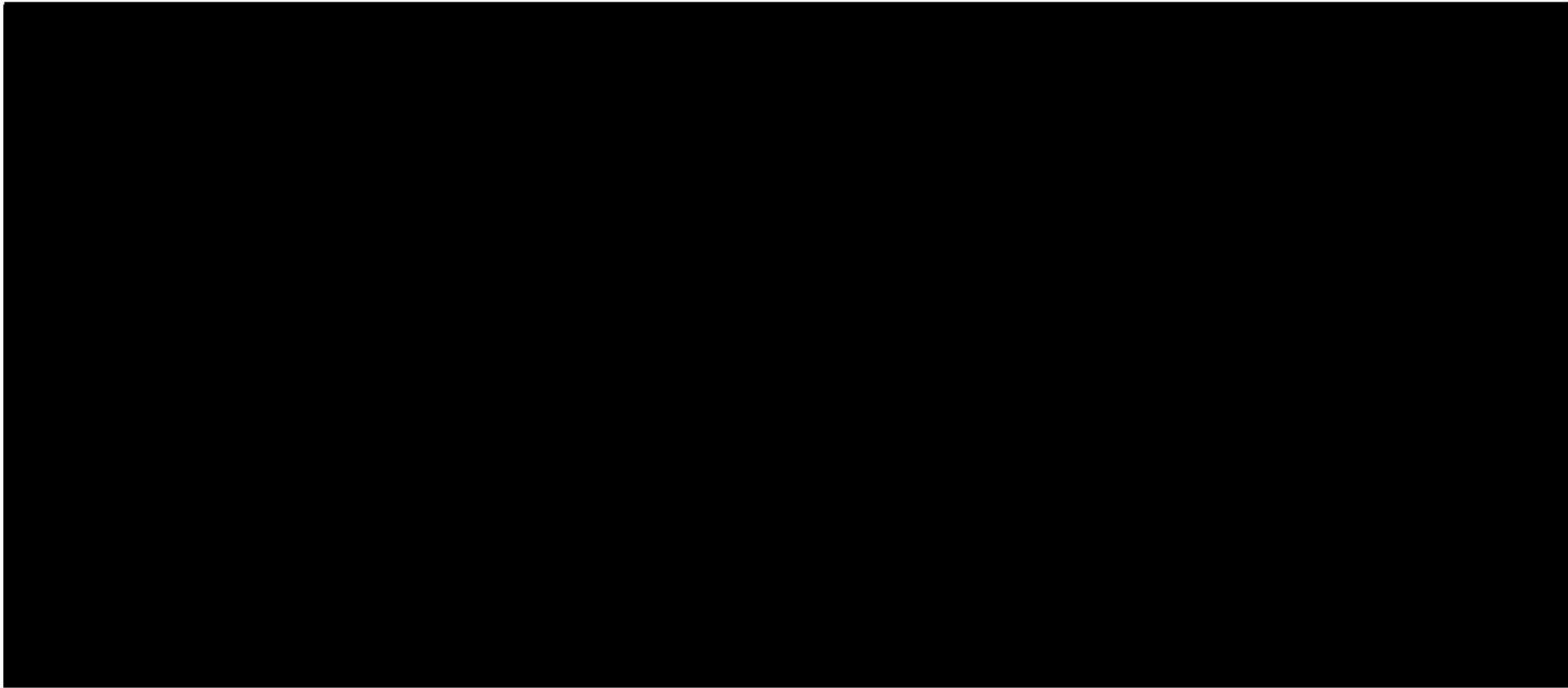


-3.00





Facility patient



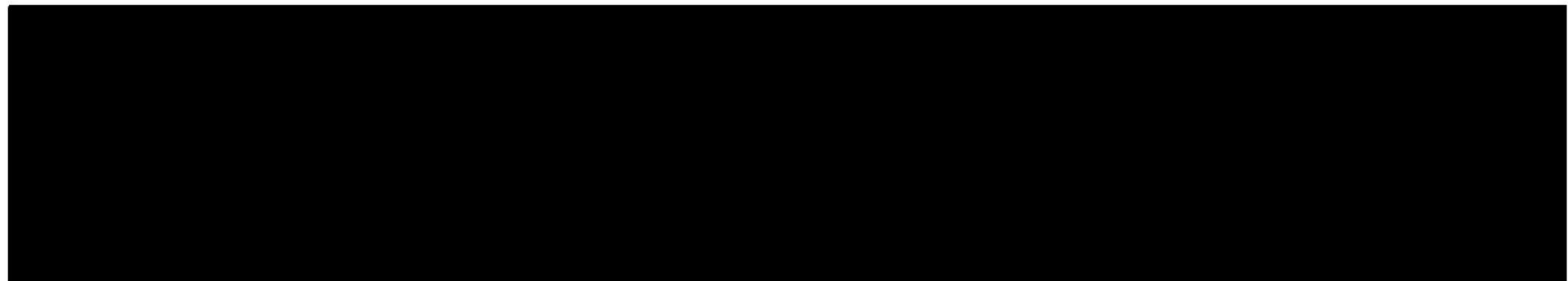
Facility patient



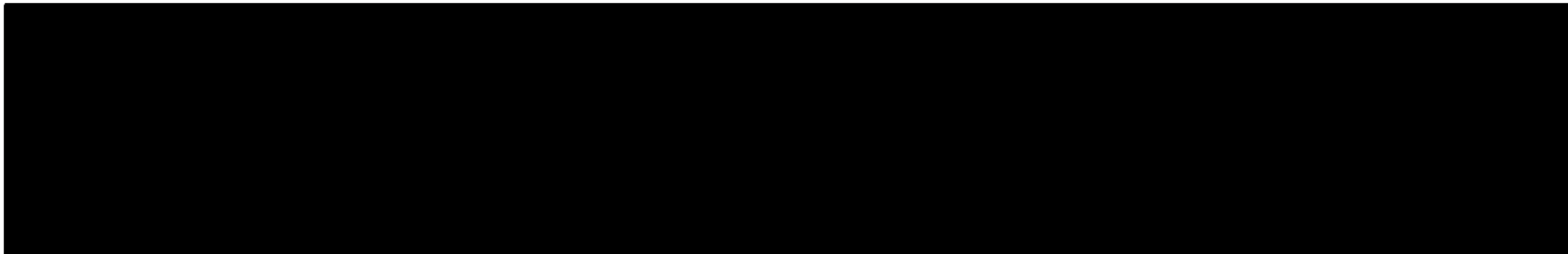
40-50 UPMC Medicaid
patients take this drug.







1

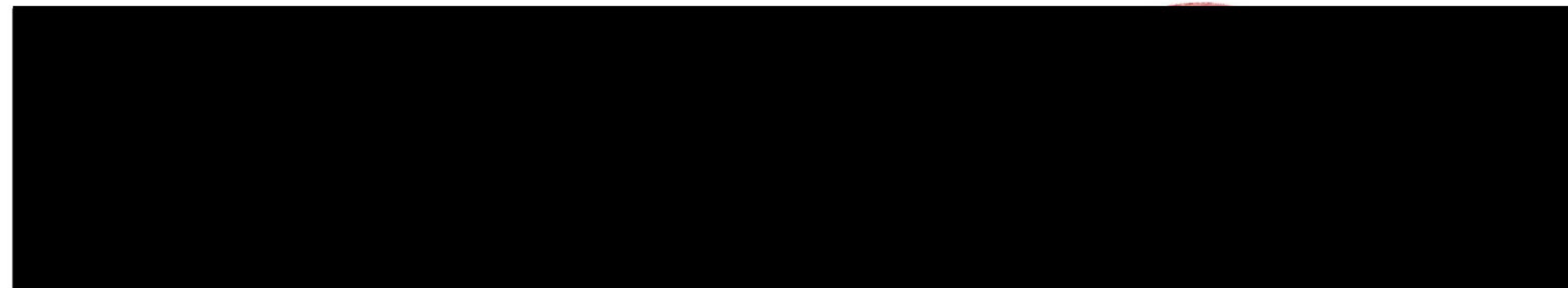


(Anti-psychotic) patient stays
functional when
taking this drug





\$5.00!







Not sustainable





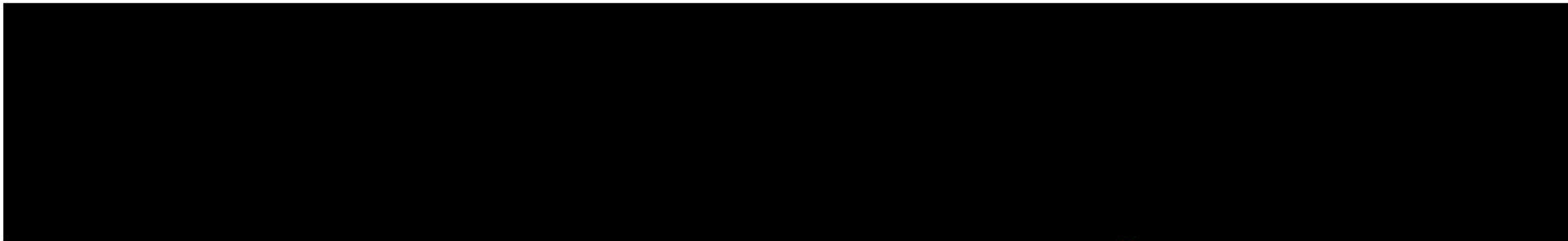
Small dollars
important



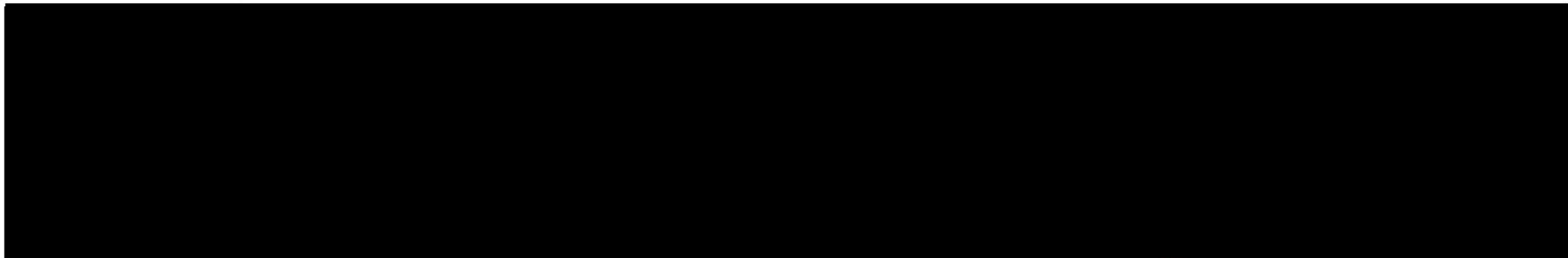


Redacted text





1









Last example.

- One Medicaid patient group
- Two Rural Pharmacies
- ONE PBM

Rural pharmacies won't survive at these rates.

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 1:03:04 PM

Submitted on Tuesday, February 15, 2022 - 13:01

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: David

Last Name: Goodmanson

Affiliation: APCI

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment: For years, PBM's have been in control of the outrageously low reimbursements to independents and excluded us from numerous plans. We have lost hundreds of customers over the years due to PBM's "requiring" customers to either go to mail order or use "closed" plans for select chain pharmacies. They penalize customers for using independent pharmacies by making them pay higher copays or denying the claims all together. The physicians write a prescription for medications best suited for the patients condition only to be denied by the PBM or requiring a Prior Authorization. Independents have long been excluded & penalized by them & it's long overdue for the FTC to investigate their practices. Thank you for your time.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/847>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 10:26:18 AM

Submitted on Tuesday, February 15, 2022 - 10:26

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: DAVID

Last Name: MARCHEWKA

Affiliation: MON VALLEY PHARMACY AND COMPOUNDING

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection
- FTC Operations

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

02/15/2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave., N.W.

Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am a 31 year old father of a 20 month old boy with another baby coming in July of this year. My wife and I own an independent pharmacy in a community that is underserved as well as restricted on other pharmacy options. Even only being opened since August of 2021, we are seeing first-hand how PBMs are playing an unfair game which is hurting small, independent pharmacies. We decided to open our own pharmacy for the sole reason to help a community and offer services that will make this a better community to live. However, DIR fees, clawbacks and unrealistic performance metrics from insurance companies are not only forcing so many independent pharmacies to limit their services but many are now closing their doors to communities they have served for multiple generations. I see this every day when "refills not covered" of life-sustaining medications are rejected for customers - forcing them to go mail order or to a big chain pharmacy miles and miles away (and in the south west PA winters, that's not easy even for myself). I see it when brand medications are being reimbursed for lower than acquisition costs, sometimes by \$50 or more! I see it when a generic medication is being reimbursed by half (!) of the acquisition cost (net loss of \$125) due to the fact that one manufacturer in a no-name place can produce it for a cheaper cost than any other manufacturers that our nation-wide wholesaler stocks. Pharmacy is one of the only businesses in the country where we have no control over what we are being reimbursed for the medications we purchase, but then after DIR fees

and clawbacks from the PBM, we are truly losing money that is unfairly being deducted for us. All I want is a fair and transparent playing field where we can see and know why reimbursements are determined.

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices. As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,
David R Marchewka, PHARM.D, owner
MON VALLEY PHARMACY AND COMPOUNDING

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/407>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:02:05 AM

Submitted on Tuesday, February 15, 2022 - 11:01

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: David

Last Name: Miller

Affiliation: Keystone Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

Pharmacy Benefit Managers (PBMs) are killing independent pharmacy and having a tremendously negative impact on patient care. Please regulate these monsters to allow community pharmacy to stay in operation and allow us to continue to help our patients.

Thank you,

David Miller

Keystone Pharmacy

Grand Rapids, MI

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/479>



KEYSTONE PHARMACY

• Grand Rapids, MI

www.keystonerx.com

Specializing In Your Health

February 15, 2022

Chair Lina Khan
Commissioner Rebecca Slaughter
Commissioner Noah Phillips
Commissioner Christine Wilson
Federal Trade Commission 600 Pennsylvania Ave., N.W. Washington, D.C. 20580

Dear Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

Pharmacy Benefit Managers (or PBMS) are literally killing community pharmacies and are having a tremendously negative impact on patient care.

PBMS hold a monopolistic stranglehold on community pharmacy. Three players, Aetna, Cigna and UnitedHealth Group control in excess of 80% of the pharmacy market. They know this because of their vertical integration. As such, they dictate everything in the pharmacy marketplace.

The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling. Last year alone, I filled 2350 prescriptions for PBMs for which the PBM paid me less than it costs me to buy the drugs. The total loss for these prescriptions was [REDACTED]. I filled these prescriptions because I am in business to take care of my patients and I am very compassionate. The PBMs know, because of their monopoly, if I refused to fill these prescriptions, the patient would go to another pharmacy and therefore they are motivated to pay less and less while their profits skyrocket. It is becoming untenable to stay in business.

These figures represent reimbursement at "point of care" or up-front reimbursement. They do not even address the horrific claw backs to which the PBMs impose a pharmacy on the back end.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vitally important because the PBMs will not allow me to send you claw back information. PBMs have already been using veiled threats against pharmacies who have submitted comments to CMS on its proposed rule. The FTC is our only hope to bring transparency to the PBMs' manipulative and market foreclosing practices.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs.

Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through

Custom Compounds for You and Your Pets • Anti-Aging and Nutrition Consultations
Pain Management • Compounded Hormone Replacement Therapy
Custom Capsules • Delicious Oral Suspensions • Topical, Transdermal Creams and Gels



their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients.

Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement.

Thank you,

A handwritten signature in black ink, appearing to read 'D. J. Miller', written over a horizontal line.

David J Miller, RPh, PhD, FAPC, FACA
Owner

djm/DM

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM Abuse
Date: Tuesday, February 15, 2022 11:05:46 AM
Attachments: [REDACTED]

Good morning Chair Khan and fellow commissioners,

Pharmacy Benefit Managers are killing community pharmacy while continuing to enrich themselves at the expense of the entire health care system.

Please see the attached letter and stop the monopolistic practices of these monsters.

Thank you,

This email may contain certain privileged content. This content is intended for the listed recipient(s) and cannot be forwarded or copied with the express written permission of the original owner. If you are not the intended receiver of this information, you must delete this email immediately and notify the sender of this error using the contact information provided.

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 11:23:24 AM

Submitted on Tuesday, February 15, 2022 - 11:22

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Dishank

Last Name: Patel

Affiliation: Independent local Pharmacy

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: Yes

Link to web video statement:

Submit written comment:

Ftc cares about unfair busines practice over compititor

1. Forcing patient to use their own mail order pharmacy for same product and service which is offered by local pcy.

2. Hight copay at local idnpendent pharmacy compare to chain pharmacy

3. Pbm pays higher reimbursement to chain for same service/product.

4. Set higher std for indepent pharmacy to dispense speciality pharamcy contract

5. Pay underwater dispensing fee and product cost

6. Send letter to their member to use chain pharmacy when they know memeber is using independent pharmacy.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/571>

From: noreply@web1.ftc.gov on behalf of [Federal Trade Commission via Federal Trade Commission](#)
To: [OpenMeeting](#)
Subject: Form submission from: Speaker Registration and Public Comment Submission Form for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:28:28 AM

Submitted on Tuesday, February 15, 2022 - 09:28

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Dolores

Last Name: Bobrosky

Affiliation: CARE Pharmacies Cooperative, Inc

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: FTC Operations

Register to speak during meeting: No

Link to web video statement: MD

Submit written comment:

I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three biggest, Aetna, Cigna, and UnitedHealth Group's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter the marketplace and get into one of their networks and the associated fees are appalling.

As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy in the land and still face crippling claw backs from the PBMs. Finally, I would also encourage the FTC's study to pay close attention to specialty drug limitations placed on pharmacies like mine, patient steering to both retail and mail order pharmacies owned by the big three PBMs (especially in the case of specialty drugs), administrative fees and charges, negative reimbursements (where I'm paid less than what it costs to acquire the drug from a wholesaler), PBM's control of access to the market through their preferred networks, malicious use of, and associated costs of audits, discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more, and how all of it results in harm to my patients. Independent pharmacies are facing many economic challenges, most of which are the result of the anticompetitive nature of the PBMs. I want enforcement that will level the playing field and I hope this study will lead to such enforcement

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/243>