

Open Meeting of the Federal Trade Commission

February 17, 2022

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124. **Randy Shipp**
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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 9:57:02 AM

Submitted on Tuesday, February 15, 2022 - 09:56

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Donna

Last Name: Fowler

Affiliation: Pharmacist

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 a pharmacist, in an independent owned pharmacy, everyday I see the unfairness in the pharmaceutical industry. PBMs adversely impact patient care and the lively hood of independent pharmacies. The FTC needs to investigate PBMs for the following reasons:

- 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 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 a PBM.

Thank you for your consideration,

Donna Rae Fowler, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/323>

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 12:49:58 PM

Submitted on Tuesday, February 15, 2022 - 12:49

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Douglas

Last Name: Mundy

Affiliation: Tahoe Valley 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: CA

Submit written comment: Below net cost reimbursements , Audit reversals of claims, DIR claw backs, unrealistic operating recoupments all impact Independent pharmacies ability to exist in todays market. PBM ownership of mail order pharmacy , Amazon promoting mail order pharmacy, and contract requirements to direct patient base to PBM owned is in my opinion unfair practice for restraint of trade and places patient care one the bottom of the PBM responsibilities list. They are not essential health care providers but BIG business praying on the sick, injured and terminal patients. Medical care should not be mandated by PBM operations but it has gone un-checked for too long. I took an oath to do no harm, they did NOT.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/831>

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 9:19:38 AM

Submitted on Tuesday, February 15, 2022 - 09:19

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Dr. YORDY

Last Name: PONCE DE LEON

Affiliation: PDL PHARMACY CORP

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 Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am the president and owner of PDL PHARMACY CORP, an independent pharmacy located in Miami. 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/223>

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 11:45:57 AM

Submitted on Tuesday, February 15, 2022 - 11:45

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Drew

Last Name: Turner

Affiliation: Inola 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:

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

Thank you for allowing me the opportunity to submit comments with regard to how pharmacy benefit managers (PBMs) practices affect our ability to care for our customers. My wife and I are both pharmacists, and own 4 independent pharmacies, 3 of which serve rural areas. We have been owners since 1999, and since then over the years, we have seen these PBM companies turn into monopolies whose only goal is to take away our customers and put us out of business. That sounds dramatic, but it is the truth. These companies have too much control over where our insured customers can get their prescriptions filled using their health insurance benefit. Using this huge amount of market share control, these PBMs therefore offer us take it or leave it "agreements" that have language as part of the "contract" which states that reimbursement or "fees" can be changed by them at will! When one of these companies has direct control over 30% of our business, how is this fair trade? Another contracting tactic used by PBMs is passive contracting. They send out notices via facsimile of changes to their network, which are always lower reimbursement rates for our service to their clients. If we don't REFUSE, in writing, this new amendment to the contract within a set amount of days (usually 20 days), then we have accepted the new lower rates by default!

If someone accidentally deletes or throws away the fax, too bad! Why would a company have to use these tactics to contract with another business? These companies are worth billions of dollars, but they can't afford to send us a contract by certified mail? Other tools used by PBMs to pay us less are "performance metrics" and DIR fees. These are tactics used to claw back thousands of dollars 6 to 9 months after we have dispensed a prescription. We have no idea how much we are really making or losing on about half of our prescription business. Who can do business like this, or set a budget under this type of business practice? Probably the strongest weapon that the PBMs have is the benefit of their own mail order facilities and chain drugstores. Every year our customers, especially Medicare Part D beneficiaries, get letters or phone calls from PBMs directing them to use the PBM owned mail order pharmacy and/or big chain store. Many times, the financial savings is

negligible, especially if our customers have to drive 30 or more miles round trip to get a prescription refilled. These communications our customers receive from the PBMs are confusing. Our customers are led to believe that THEY HAVE NO CHOICE, and must use one of the pharmacies that the PBM is promoting in the letter or phone call. With regard to Medicare business, we should all have equal access to these customers, and a level playing field. If PBMs continue to be involved with Medicare Part D benefits, then there should be some rules that make this fair for all willing providers.

Our comments here have only given you a few examples of how these PBM's use anti-competitive trade tactics to steer a large number of our customers to their businesses. We would be happy to provide more detailed information and many more examples of abuses if asked.

In closing, we ask that you please go forward with a study that dives deep into PBM practices. Independently owned pharmacies, especially those located in small rural communities and/or underserved areas, provide essential services (Covid vaccinations/testing, at home delivery are just a couple examples) to people where the large PBM owned chain stores have no interest in investing in a physical location. Our communities and our customers deserve this study!

Thank you,

Drew and Janet Turner, Pharmacists and Independent Pharmacy Owners

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/639>

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 9:04:35 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Edmund
Last Name: Funaro, Jr
Affiliation: Visels 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:

My name is Edmund J. Funaro, Jr, Pharmacist, Owner and Director of Visels Pharmacy, New Haven, CT, a family owned and operated independent community pharmacy, providing necessary goods and services to our patients and customers since 1913. We find ourselves in a financially precarious position due to the unfair and unreasonable practices of the Pharmacy Benefit Mangers (PBM's). The ever escalating direct and indirect remuneration (DIR) fees are creating significant financial harm and are jeopardizing our ability to continue serving our patients and community in an already underserved federally recognized Empowerment Zone.

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.

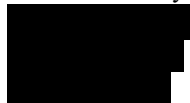
The challenges to a small business are enormous and the economic pressure on an independent, community retail pharmacy are ever increasing, most of which are the result of the anticompetitive nature of the PBMs. We cannot remain a viable business if we are not adequately reimbursed for the goods and services we provide. I am requesting regulatory enforcement that will level the playing field and am hoping this study will lead to such enforcement.

Thank you for your time and attention to this matter.

Please contact me with any questions and/or concerns.

Sincerely,

Edmund J. Funaro, Jr., R.Ph., MBA
Owner/Director
Visels Pharmacy



The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/167>

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 9:32:36 AM

Submitted on Tuesday, February 15, 2022 - 09:32

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Ednan

Last Name: Syed

Affiliation: Caro Drugs

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: Michigan

Submit written comment: PBM has to be checked and controlled

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/255>

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 9:10:36 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Elizabeth

Last Name: Amugo

Affiliation: Premier Choice 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:

- 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, etc.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/191>

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 12:55:12 PM

Submitted on Tuesday, February 15, 2022 - 12:55

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: ERIC

Last Name: HADLEY

Affiliation: Stone's 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: AR

Submit written comment:

The FTC needs to investigate the unfair and monopolistic practices of PBMS for several reasons. As a pharmacy business owner myself, these kind of practices need to be changed so that small business owners do not go out of business. The PBMs continue to take and take and ask for more and more and yet we are supposed to take it. There needs to be a more fair playing field so small business owners.

1. CVS owns the insurance company (Aetna), the PBM makes your contract, the competing store on the corner and the mail-order pharmacy that patients are FORCED to use versus giving the patient the right choose what pharmacy they want to use.
2. PATIENT STEERING- retail, mail-order, and specialty
3. CONTRACTS ARE NON-NEGOTIABLE!!!! Pharmacies do not get a say in rates or fees.
4. PBM CLAWBACKS that occur weeks after the medication is out the door. What other business model is run that way??
5. Unconscionable metrics such DIR/GER/BER that are anything but transparent and leave the pharmacy GUESSING what they will get paid.
6. CHAIN PHARMACIES being REIMBURSED more than INDEPENDENT PHARMACIES for the same medication, for the same patient, on the same day.
7. NEGATIVE REIMBURSEMENTS with the purpose and goal of closing INDEPENDENT PHARMACIES. This comes from a PBM that also owns/is affiliated with a competitor. Although these PBM's will consistently say they are not affiliated with these retail pharmacies which is a bold face lie considering the PBMs negotiate contracts that steer patients (aka steal patients) and send to their retail stores.
8. Increased fee and charges for transmitting claims, recredentialing or whatever else the PBMs can think of.
9. Provider manual updates and requirements are take it or leave like their contracts
10. Early refills are not allowed by local pharmacies, but at the PBMs mail order pharmacy in order to steal patients AND self deal
11. Anti-competitive (Optum RX and others) -- 6 months to 1 year seasoning requirements where brand new pharmacies can not get in network until business

for many months. This is designed to keep competition from having a chance as the PBM owned pharmacies tries to increase their chances the patients are forced to the pharmacies owned by the PBM.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/835>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM Practices
Date: Tuesday, February 15, 2022 11:03:18 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 the owner of a group of independent community pharmacies that have served our communities for over 100 years. Our pharmacists have administered over 25,000 COVID vaccines this past year, everywhere from senior citizen apartment buildings to the City Mission. If we are to be here and available to our communities, the PBM payment model needs to be scrutinized and reformed.

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.

Does it make any sense that CVS/Caremark would generate enough revenue to be able to afford to buy Aetna?

Thank you for your time

--

Erich Cushey, RPH
Owner/Operator
Curtis Pharmacy

[REDACTED]
Claysville, PA
[REDACTED]

Curtis Pharmacy

[REDACTED]
Washington, PA
[REDACTED]

Curtis Pharmacy

[REDACTED]
Connellsville, PA
[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 9:09:14 AM

Submitted on Tuesday, February 15, 2022 - 09:07

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Erin

Last Name: Wang

Affiliation: None

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:

In 2014, I joined a multilevel marketing company which specializes in selling essential oils and supplements.

At the time, three of my friends or new acquaintances were making \$200-\$400/month, \$900/month and ~\$4,500/month, so I thought I could too.

After working part time as a distributor for 4 years in this company, trying to make that level of income (many many hours and thousands of dollars devoted to trainings, meetings, conventions, retreats), the *best month* I had was about \$300 earnings from the company. That doesn't include what I spent on products and other items that month for the business.

For 3 *years* in a row I had a loss of ~\$3,000 per year. Several of the others who were making more than me devoted less hours than I did at the time, yet continued to make a consistent level of income because of when they joined the company and where they were in my "upline". Even the person making \$4,500/month did not turn a profit for many years.

I have a Bachelors Degree from a high ranking university and graduated with honors, and I still didn't ask enough questions. In the end I could have had a minimum wage job and made more money.

These figures need to be disclosed because many women are being deceived with the promise of "someday" making residual income from an upfront investment of hours, training and pulling the strings of the relationships closest to them.

My story is not unique, uncommon or rare. This is the norm and this is not disclosed in any meaningful way.

Also since this is a public statement - in my reflection of my time spent with this company thus far, I do not hold the women that introduced me to the company in any bad light. The fault lies with the company and the system of government rules that allow companies like them not to make disclosures. You have a chance to do a really good thing that will help a lot of people today.

I believe it is crucial for the FTC to require all multilevel marketing companies to provide complete and accurate information about the true earnings and losses of the distributors, including how many people drop out each year.

These disclosures should be provided to all prospective recruits at least one week before they have to pay anything or sign anything to join as a distributor.

I believe there are *many* other things wrong with multilevel marketing companies, but requiring such companies to provide accurate information about their supposed opportunity to recruits before they join would be a first step in protecting consumers from economic, psychological and social harm.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/187>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM Monopoly Abuses Run Wild
Date: Tuesday, February 15, 2022 7:25:30 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 Errol Duplantis owner of Lloyd's Remedies Pharmacy in Gray La, [REDACTED] 9. 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 life saving 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.

Errol Duplantis Rph LIA
LLoyds's Remedies Pharmacy
Gray La [REDACTED]
[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 9:56:57 AM

Submitted on Tuesday, February 15, 2022 - 09:56

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Finny

Last Name: Joseph

Affiliation: Josefs 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:

2/15/22

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 Finny Joseph, owner of 4 independent pharmacies in the Raleigh - Durham area of NC. My pharmacies are just in the survival mode now due to the below-cost reimbursement, DIRfees and clawbacks by the 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,
Finny Joseph, Rph and Owner.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/319>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Study of PBM Unfair/Anticompetitive Trade Practices
Date: Tuesday, February 15, 2022 10:54:48 AM

Hello,

My name is Floyd Talley and I own 2 pharmacies in Ponchatoula, Louisiana. I opened up my business 10 years ago (right after the signing of Obamacare

Each year since that opening day, large PBM's have found a way to dominate independent pharmacies across the nation and put many out of business , and I say their practices should be criminal. There have been acquisitions after acquisitions that have resulted in 5 PBM's controlling the entire PBM market. I read an article that said in 2019 that mentioned the PBM's net profit was in the range of 800 trillion dollars while independent pharmacies nation wide have closed their doors due to their outright blatant unfair trade practices.

Their tactics include:

1. Patient steering- they own the mail order, or retail pharmacy and have networks that exclude independent pharmacies l.
2. Examples of paying their owned pharmacies many times more for the same drug than independent pharmacies proven by other states' lawsuits against them (Arkansas).
3. They have found a loophole in Obamacare which allows them to charge exorbitant fees from pharmacies called DIR fees. The pharmacy has no way of knowing at the point of sale what they are being charged or when it will be taken from them. The director of CMS has acknowledged by their own study that these DIR fees charged to the independent pharmacies by the behemoth PBM's have risen 99,500 percent since 2010.
4. I list all of these unfair practices by the PBM's to independent pharmacies because not only do they help to put them out of business, it also most definitely increases prices to the consumer.
5. They also use a tactic called spread pricing to enrich themselves financially. They are mere middlemen which should only have the task of submitting claims to the pharmacy but they go to the insurances and say that they are paying the pharmacies one price (high), but they actually pay a price considerably lower to the pharmacies and pocket the difference.

I feel like I am leaving something off because their is no length that they will go to in order to suck the financial life out of independent pharmacies. Please feel free to contact me by email, or by cell listed below. And in closing, I am asking you to please go through with the study on PBM unfair trade practices, because I believe you will find a mountain of evidence which I would hope lead you to acting with action against them! I feel like all independent pharmacies' future lies in the wings of your action!

Respectfully,

Floyd Talley, Owner/PIC
Floyd's Family Pharmacy #1(Ponchatoula)
#2(Bedico)

[REDACTED]
Ponchatoula, LA. [REDACTED]
floydsfamilypharmacy.com
[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 9:22:58 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Francis

Last Name: Southall

Affiliation: Francis W Southall, Jr

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: KY

Submit written comment:

My name is Francis Southall and I am an independent pharmacy owner from Lebanon, Ky. I have owned my own store for 30 + years. I write to express my support of the FTC's study of the PBM industry and how it affects our health care system. The contracts that I have been offered on a take-it-or-leave-it basis are negatively affecting by business. Since the 3 major PBM's control so much of the marketplace, I have no other alternative but to accept. The PBM contracts do not allow me to send information concerning the fees and clawbacks we deal with daily, but the FTC could ask for this information. You have heard about the rise in DIR fees extracted by the PBM's year after year, but you might not realize this greatly affects the patients who pay for their medication. By maxing out the cost of some medication, then clawing it back from pharmacist after the patients pay for the medication sound criminal to me. The patient steering to pharmacys owned by the PBM sounds like an antitrust violation to me also, All independent pharmacy wants is a level playing field to compete and I feel the anticompetitive nature of the PBM industry is negatively affecting my business and more importantly MY CUSTOMERS. I hope this study will uncover information that will lead to some changes in the current regulations.

Thank You

Francis Southall

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/235>

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 11:05:27 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Frank

Last Name: Straub

Affiliation: U.S Complete Care, 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:

2/14/2022

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 a 4th generation pharmacist that unfortunately was forced to sell our retail pharmacy component after over 123 years in business in our local town at the same location, due to the abusive pricing practices, unattainable performance metrics, retroactive DIR, GER, BER payment claw backs, insolent auditing practices, and complete totalitarianism of the Pharmaceutical Benefit Managers (PBM's). The PBM's have created an totally unsustainable business model for Independent Community Pharmacy and are destroying the frontline infrastructure of healthcare in America.

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,

Frank X. Straub III R.Ph.

President/CEO

U.S. Complete Care, Inc

██████████
St. Marys, PA ██████████

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/495>

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 12:45:01 PM

Submitted on Tuesday, February 15, 2022 - 12:44
Submitted by anonymous user: [REDACTED]
Submitted values are:

First Name: Fred
Last Name: Gregg
Affiliation: Gregg'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: Maryland
Submit written comment:
February 15, 2022

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

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

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

I am 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 the majority 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 truly appalling.

Perhaps not as readily recognizable as a "horizontal monopoly", a "vertical monopoly" is every bit as detrimental. This is the current business model being successfully employed by large PBMs and the chain pharmacies they own or have exclusive agreements with. Patient service and pricing are negatively impacted as these vertical monopolies create a captive customer base. Independent pharmacies have to "earn" a patient's business and trust everyday. Chain pharmacies operating under the PBM umbrella simply "buy" the patient.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs. I believe this request to be vital 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 tactics 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 so closely tied to performance metrics that 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 am 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 patients.

Of the many economic challenges facing independent pharmacies, most are the direct result of the anticompetitive nature of the PBMs. The lack of adequate oversight has permitted the PBMs to accumulate tremendous wealth. Fines and penalties will merely put a small dent in the financial gain they have achieved by victimizing community pharmacies and captive patients. It is a risk they seem more than willing to take. I want enforcement that will restore the competitive market, improving patient care and stabilizing costs.

Thank you,

Fred Gregg

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/795>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: FTC Pharmacy Benefit Managers
Date: Tuesday, February 15, 2022 11:54:09 AM
Attachments: [REDACTED]

<!--[if lte mso 15 || CheckWebRef]-->

Gabe Van Lahr has shared a OneDrive for Business file with you. To view it, click the link below.



<!--[endif]-->

Please see the attached comments regarding the upcoming meeting by the FTC relating to Pharmacy Benefit Managers.

Thanks,

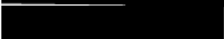
Gabe



Gabe Van Lahr, Pharm.D.



Save-Rite Family of Pharmacies



Irvington, KY [REDACTED]

<http://saveritedrugs.com/>



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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:

My name is Gabe Van Lahr, and I am a pharmacist and owner of Save-Rite Drugs, Inc, an independent pharmacy located in Irvington, KY. I'm located in a very rural area of our state and provide prescription services as well as many other services that assist our patient with their overall healthcare. I truly believe that we are an integral part of our patient's healthcare team, as many patients trust and depend on our knowledge and accessibility to assist them with their needs.

Over the last decade we have seen Pharmacy Benefit Managers (PBM's) continue to degrade and devalue our profession and our services, while they have merged, acquired, concealed and grown into mammoth companies that take from all parties they interact with. Their footprint on healthcare can be seen on the back and necks of everyone they interact with, patients, pharmacies, health plans and manufacturers. There is no limit for their reach and the way they have intertwined and insulated themselves with health insurers, helps to assure that untangling that web will be challenging but not impossible! We need your help! PBM's, specifically the biggest three, CVS/Caremark, Express Scripts and Optum, control approximately 75%-80% of all prescription benefits in the US. This consolidation and anti-competitive behavior allow for PBM's to exert their massive pressure on everyone. Their reimbursement methodologies, rebate structuring, performance metrics, conflict of interests and contractual terms are appalling.

There is no negotiation allowed on our behalf, we are presented with take it or leave it contracts, we are not allowed to select plans or networks we would like to participate in we are forced to take all plans or none. We have been transformed from a service-based healthcare provider to a product-based provider by the PBM's. All we are seen as now is simply a pusher of drug products, with reimbursements specifically tied to the cost of our product. As the cost for medications increase, PBM's profits rise, and independent pharmacies suffer. We are commonly reimbursed pennies for our professional services, PENNIES! Not only are reimbursements that we receive today suffering, with many below our acquisition cost of the product, PBM's through Generic and Brand Effective Rate (GER and BER) contracts and Direct and Indirect Remuneration (DIR), take additional claw backs fees long after the prescription is sold to the patient, to further conceal the ways in which they take from patients and pharmacies alike. Many aspects of the healthcare system are based on the cost of care at the Point of Sale (POS) and many PBM partners are misled, as these fees come out long after the POS and are not

passed or shared with anyone. We see many products that have generic options available however PBM's have contracts that prefer name brand products because of the hidden rebate structures with manufacturers. Can this really be true! There's no transparency to know the truth. We are told that if we assist with keeping patients' adherent and healthy, we will receive reductions in fees or performance bonuses however, these too are misleading. The PBM's will share 1% or possibly 2% with the pharmacy while they take 10%-40% from us initially. What they don't know is that we care about our patients' health and wellness even without these metrics and the services and programs that we provide are to help our patients. Do you know that a PBM does not actually provide any services to the patient and does not actually interact with the patient to provide a service!! They are a middleman between the patient, the pharmacy, the health plan, the employer, the government and the manufacturer, taking from all parties involved. How can they be such an integral part of the healthcare system without providing any care to a patient? And to add a cherry on top, did you know that many PBM's own their own pharmacies, consisting of retail, mail order and specialty? Patients can be forced to use these options by their PBM instead of having a choice of what pharmacy they would like to use. My pharmacy and many pharmacies like mine, already provide the in-depth services and programs that these PBM owned pharmacies tout are selective to them. And if you were to ask patients, almost all would choose to do business with their local, trusted pharmacy teams. We only ask that patients have a choice in their healthcare and not be financially incentivized or dis-incentivized based on their choice. All these topics and more are things that I hope you can and will address in your study.

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 (Express Scripts), and UnitedHealth Group's (Optum) 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.

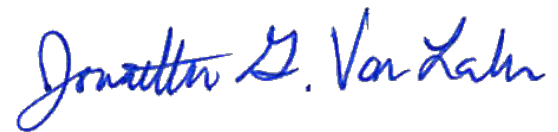
As I am sure the information will show you, my claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies like mine. They are also so loosely tied to performance metrics where I could be the most perfect pharmacy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

Gabe Van Lahr, Pharm.D.

A handwritten signature in blue ink that reads "Jonathan G. Van Lahr". The signature is written in a cursive style with a large initial 'J' and 'G'.

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 11:54:12 AM

Submitted on Tuesday, February 15, 2022 - 11:54

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Gabe

Last Name: Van Lahr

Affiliation: Save-Rite Drugs, Inc

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 have emailed my statement.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/651>

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 12:47:59 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Gary

Last Name: Boehler

Affiliation: Consultant Pharmacist

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:

FTC Commissioner Khan:

Thank you for the opportunity to submit comments for your PBM hearing. I am certain some of my comments will mirror those of others; that merely points to the problems with PBMs today as being universal and not just isolated issues.

I have been a pharmacist for 52 years, the last 35 being focused on pharmacy operations and third party contracting with PBMs. I would never have imagined in 1970 when I graduated what today might look like in terms of these "middlemen" and how they have negatively altered the entire drug delivery system in this short a time frame. What started out as simple claims processors for various plan sponsors has morphed into something that is unrecognizable (by design) and has cost this country hundreds of billions of dollars that should never have been spent to the current levels we experience today

I will use this format to lay blame (at least part of it) at the feet of the FTC and DOJ for taking far too lenient a stand with the last 20 years' happenings with PBMs, vertical integration, and lack of response to the health care community when it comes to the egregious, self-serving, and non-fiduciary actions of PBMs as a part of these vertical integrations. The last major event occurred in 2003 when Merck was required to divest itself of Medco, which was then sold to Express Scripts. Since that time and from an outside perspective, vertical integration has been allowed to grow and thrive.

In today's market there is virtually no competition in the Rx drug marketplace today. The big three PBMs control 80% to 85% of the \$470 billion prescription drug market today, and it is likely more when one considers "arrangements" such as what Express Scripts has with Prime Therapeutics. I maintain these arrangements were done to avoid the appearance of yet more

"vertical integration." We essentially have the closest thing to a monopoly one could have; certainly a monopsony or a very unfair competitive advantage in the marketplace. I am very hopeful that this hearing will help the FTC understand the egregious tactics of PBMs and reverse some of what i believe to be unsound and unwise decisions of the FTC in these past 20 years.

Consumer protection from multiple perspectives is what needs to be addressed by the FTC because these vertically integrated behemoths do nothing to support or provide protections to not only consumers, but to everyone involved in the prescription drug delivery system as we know it today. Among them I share the following comments:

1. Drug manufacturers - are forced into a "pay to play" game by PBMs for ideal formulary tier placement. I maintain drug manufacturers share 20% of the blame for high drug costs. PBMs are responsible for 80% of those costs because of "bidding wars" they create with competing drug manufacturers.
2. Patients - are subject to high cost drugs v. far less expensive generics which results in higher out of pocket costs. Look at the major PBMs' negative formularies. PBMs reap the benefits; they get the rebates, yet copays are calculated from list prices of drugs. What a sweet deal for the PBMs! Patients are forced to mandatory mail order/specialty pharmacy owned by PBMs v. patient care at their local pharmacy. There is no savings, and the few dollars that might be are funneled straight into the pockets of PBMs.
3. Plan Sponsors - are duped, either by rebates not being returned or excessively high administration fees. Either way PBMs win and the plan sponsor loses.
4. Taxpayers - it is astonishing how taxpayers, both state and federal, are duped by PBMs who claim to administer savings for Medicare Part D, state Medicaid programs yet are constantly being singled out for egregious activities. One only needs to look at states like Ohio, New York California, North Dakota, Arkansas and others to find the savings after MCO Medicaid plans were returned to a fee-for-service model. Or, giant insurers like Centene who have set aside more than \$1 billion to cover claims of mismanagement in state insurance programs, but continue to do business as usual. I FIND IT PARTICULARLY ENLIGHTENING TO FIND OUT THAT CENTENE WILL NOT FUND THE NEW CENTENE STADIUM FOR THE NEXT 20+ YEARS IN ST. LOUIS, MISSOURI. IT MAKES ME WONDER WHERE THAT MONEY HAS COME FROM.....BUT NOT REALLY AS WE ALL KNOW IT COMES FROM STATE TAXPAYERS. I FOR ONE DO NOT WANT TO BE A PART OF THAT FUNDING!!
5. Pharmacy Providers - are given take it or leave it contracts; are constantly being assessed DIR fees, performance management fees (which they have no way to achieve based on standards set by PBMs), restricted networks, egregious audits, patient steering, effective rate contracting which is very unclear as the policies vary by PBM on how accounts are trued up at the end of each year.

The time has come for change and it must be mandated by the FTC. Please take the time to explore my comments and those of others you hear from during this hearing. If your office ever needs specific examples of some of the things i have spoken about you may contact me with those questions you have and if I have documentation or supporting evidence to help you with on any decision making I will be happy to supply that information. You need only ask.

Thank you.

Sincerely,

Gary W. Boehler, R.Ph.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/815>

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 12:46:53 PM

Submitted on Tuesday, February 15, 2022 - 12:46

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Gary

Last Name: Boehler

Affiliation: Consultant Pharmacist

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:

FTC Commissioner Khan:

Thank you for the opportunity to submit comments for your PBM hearing. I am certain some of my comments will mirror those of others; that merely points to the problems with PBMs today as being universal and not just isolated issues.

I have been a pharmacist for 52 years, the last 35 being focused on pharmacy operations and third party contracting with PBMs. I would never have imagined in 1970 when I graduated what today might look like in terms of these "middlemen" and how they have negatively altered the entire drug delivery system in this short a time frame. What started out as simple claims processors for various plan sponsors has morphed into something that is unrecognizable (by design) and has cost this country hundreds of billions of dollars that should never have been spent to the current levels we experience today

I will use this format to lay blame (at least part of it) at the feet of the FTC and DOJ for taking far too lenient a stand with the last 20 years' happenings with PBMs, vertical integration, and lack of response to the health care community when it comes to the egregious, self-serving, and non-fiduciary actions of PBMs as a part of these vertical integrations. The last major event occurred in 2003 when Merck was required to divest itself of Medco, which was then sold to Express Scripts. Since that time and from an outside perspective, vertical integration has been allowed to grow and thrive.

In today's market there is virtually no competition in the Rx drug marketplace today. The big three PBMs control 80% to 85% of the \$470 billion prescription drug market today, and it is likely more when one considers "arrangements" such as what Express Scripts has with Prime Therapeutics. I maintain these arrangements were done to avoid the appearance of yet more

"vertical integration." We essentially have the closest thing to a monopoly one could have; certainly a monopsony or a very unfair competitive advantage in the marketplace. I am very hopeful that this hearing will help the FTC understand the egregious tactics of PBMs and reverse some of what i believe to be unsound and unwise decisions of the FTC in these past 20 years.

Consumer protection from multiple perspectives is what needs to be addressed by the FTC because these vertically integrated behemoths do nothing to support or provide protections to not only consumers, but to everyone involved in the prescription drug delivery system as we know it today. Among them I share the following comments:

1. Drug manufacturers - are forced into a "pay to play" game by PBMs for ideal formulary tier placement. I maintain drug manufacturers share 20% of the blame for high drug costs. PBMs are responsible for 80% of those costs because of "bidding wars" they create with competing drug manufacturers.
2. Patients - are subject to high cost drugs v. far less expensive generics which results in higher out of pocket costs. Look at the major PBMs' negative formularies. PBMs reap the benefits; they get the rebates, yet copays are calculated from list prices of drugs. What a sweet deal for the PBMs! Patients are forced to mandatory mail order/specialty pharmacy owned by PBMs v. patient care at their local pharmacy. There is no savings, and the few dollars that might be are funneled straight into the pockets of PBMs.
3. Plan Sponsors - are duped, either by rebates not being returned or excessively high administration fees. Either way PBMs win and the plan sponsor loses.
4. Taxpayers - it is astonishing how taxpayers, both state and federal, are duped by PBMs who claim to administer savings for Medicare Part D, state Medicaid programs yet are constantly being singled out for egregious activities. One only needs to look at states like Ohio, New York California, North Dakota, Arkansas and others to find the savings after MCO Medicaid plans were returned to a fee-for-service model. Or, giant insurers like Centene who have set aside more than \$1 billion to cover claims of mismanagement in state insurance programs, but continue to do business as usual. I FIND IT PARTICULARLY ENLIGHTENING TO FIND OUT THAT CENTENE WILL NOT FUND THE NEW CENTENE STADIUM FOR THE NEXT 20+ YEARS IN ST. LOUIS, MISSOURI. IT MAKES ME WONDER WHERE THAT MONEY HAS COME FROM.....BUT NOT REALLY AS WE ALL KNOW IT COMES FROM STATE TAXPAYERS. I FOR ONE DO NOT WANT TO BE A PART OF THAT FUNDING!!
5. Pharmacy Providers - are given take it or leave it contracts; are constantly being assessed DIR fees, performance management fees (which they have no way to achieve based on standards set by PBMs), restricted networks, egregious audits, patient steering, effective rate contracting which is very unclear as the policies vary by PBM on how accounts are trued up at the end of each year.

The time has come for change and it must be mandated by the FTC. Please take the time to explore my comments and those of others you hear from during this hearing. If your office ever needs specific examples of some of the things i have spoken about you may contact me with those questions you have and if I have documentation or supporting evidence to help you with on any decision making I will be happy to supply that information. You need only ask.

Thank you.

Sincerely,

Gary W. Boehler, R.Ph.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/803>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM abuse
Date: Tuesday, February 15, 2022 12:52:49 PM

Please Help!

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:

We are Gary and Liz 24 year owners of Reeves Drug Store 307 Carter Street in Vidalia, L. We wrote to express our 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 said earlier we have owned this independent Drug Store for almost 25 years and every year these PBM's find more ways to increase their profits, cut pharmacy reimbursement, decrease patient access to health care, increase price of prescriptions through spread pricing and putting name brand only on formulary where the generic is available and very cheap so that they can pad their pockets. I wish someone from the FTC would visit any independent to show you the unbelievable tactics that they are using to increase their bottom line and drive me and many like me out of business. Something has to be done to stop these billionaire PBM's. Several brand scripts a day the PBM pays below our cost, hence limits access to

The patient receiving their meds. Also, Louisiana laws are broken everyday that have been put in place to try and help

With these PBM's, but I'll summarize quote the Arkansas governor, the states can't do anything about these unlawful greedy PBM's because they have more money than the states. I

Have proof of everything in

Writing, with negative reimbursements, illegal steering of patients, spread pricing. Making patients even on Medicaid use expensive brand instead of generics. I could go on. Please help. This abuse has to stop.

Thanks In advance.

Gary Farmer
Reeves Drug Store
[REDACTED]
Vidalia, LA [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 12:03:31 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Gbenga

Last Name: Olajide

Affiliation: Pharmacy First

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:

The PBMs are making the business of pharmacy difficult for the independent. We are constrained with low and below cost reimbursement and unable to take care of our patients effectively especially in the low income communities. Charges are withdrawn from our payments long after they have been submitted. We are not paid equal amount for the same medications and same quantity as our competitors (The Chains). We cannot access the specialty drugs that our patients are prescribed, it's either mail order or go to the nearest chain. This is anti competitiveness and unAmerican. We do not want any special treatment but we want a just playing field, where the chains and independent are paid at the same rate for the same quantities and days supply. Thanks and awaiting a positive response on these issues.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/679>

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 10:42:56 AM

Submitted on Tuesday, February 15, 2022 - 10:42

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: George

Last Name: Teel

Affiliation: The Med-Shop Pharmacy

Full Email Address: [REDACTED]

Confirm [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

Link to web video statement:

Submit written comment: I am George Teel, R.Ph. owner of The Med-Shop 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,

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/451>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBM abuse
Date: Tuesday, February 15, 2022 12:43:27 PM

Chair Lina Kahn
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 Germaine Robinso, owner of independent pharmacy Germ's Thrift Clinic Pharmacy in Opelousas, La.

I write to express my support of the FTC's study of PBM's, and specifically the three biggest, Aetna, Cigna and United Health Group's vertically integrated PBM's that control so much of the marketplace.

The big PBM's are abusing patients, independents and taxpayer monies.

1. Patients- DIR fees charged to pharmacies from 1 month to 6 months later are not credited to the patients, which means these senior citizens reach the "donut hole" faster. Although not in every transaction they've been shown to over charge a patient's plan when filled by the mail order pharmacy the PBM owns, resulting in higher premiums the next year. This should be resulting in fines and jail as this is also federal money that is being pilfered for excessive profiteering under FWA directives of CMS.

2. The abuses being dumped on independent pharmacies are numerous... All with intent to put us out of business.. This has resulted in pharmacies closing in areas too isolated for the big box chains, resulting in longer drives to get vital medications needed to keep patients out of the hospital.

The PBM's are requiring unrealistic business practices such as not allowing the purchasing of meds more than 1 month ahead which stops us from taking advantage of volume purchasing before they have price increases based on history of sales... All the while they bulk purchase for their own mail order pharmacies. The PBM's are so powerful because of their vertical monopolizing, they flaunt state laws.. Here in Louisiana there is currently a Federal court case determining whether PBM's have to pay a 0.10 fee that is currently encoded in La Law. Also in LA it is a state law which states a pharmacy can turn down a

prescription if the PBM is paying below the COST of the medication (not the markup). Again, flaunting LA law, one of the big PBM's is demanding a cease and desist letter to an independent canceling its services that are being provided to help his patients in direct violation of LA law RS1860.3.

Of course paying less than the cost of medications to independents helps to compensate for the unfavorable contracts the PBM's have with the larger chain stores and mail order pharmacies the PBM's own. Also in a direct and obvious attempt to go around a La Law that requires reporting of the price charged by PBMs to insurance companies (enables the patient to see "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 taxpayers dollars. All of this increases drug costs, meaning more cost to patient and taxpayers, while the PBM are UNCONTROLLED, the government agencies are unable to audit and verify what the PBM's claim is true (after all it is the taxpayer money and such, they should be held accountable for being good stewards of the taxpayers money).

In other words It is 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 when independents are no longer profitable because of their monopolistic ways.

I am now actively trying to find a buyer for my pharmacy because I can't mentally and physically handle this any longer.... Pharmacists are among the top 10 of highest suicides per profession.

The stress of being bullied and signing contracts under duress can not continue..

I am done after 33 years of this.. and I am only 56. This should be the best time of my career but it is not and it is showing... I am not here for my customers, employee and family. I can no longer help them because I need help.

Thanks for your time
Germaine Robinson

--

GERM'S Thrift Clinic Pharmacy

Germaine Robinson, PD

Opelousas, La.

Smile it's contagious!

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 12:40:06 PM

Submitted on Tuesday, February 15, 2022 - 12:39

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Grace
Last Name: Earl
Affiliation: New Jersey Pharmacists Association
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 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 licensed pharmacist in the state of New Jersey. This past year, I served as the President of the New Jersey Pharmacists Association. I had an opportunity to hear from pharmacists employed in the community pharmacy sector who are advocates for patient care. These pharmacists work in retail pharmacies, pharmacies located in supermarkets, independent pharmacies and other types of pharmacies providing health care in the community setting. I have also spoken with pharmacists who had to sell their pharmacies due to detrimental economics imposed by business practices of Prescription Benefits Managers (PBMs). The PBM business practices occurred before and during the COVID19 pandemic at a time when the members of our communities are in dire need of health care services, medications, nonprescription medications, and vaccinations. The New Jersey government dashboard illustrates the roll out and implementation of COVID19 vaccines in 2021 and 2022 which involves community pharmacists and community pharmacies responding to the public health crises (<https://covid19.nj.gov/forms/datadashboard>). Pharmacists continue to demonstrate their value to the health care of our communities.

Pharmacists have shared that to conduct their health care pharmacy business they are required to sign PBM contracts and have no ability to negotiate the terms of the contract plus PBMs direct patients to their own PBM-supported pharmacy business. Clearly, PBMs are engaged in unfair business practices and anti-competitive business practices. PBMs establish numerous monetary give-backs and apply unattainable performance metrics. PBMs have set up monetary give-backs and use many names such as clawbacks, rebates, administrative fees or by other names. PBMs change the names of these

give-backs to put up a smoke screen that clouds transparency. I spoke with a pharmacist who was overwhelmed to learn the PBM clawback monetary fees paid to the PBM exceeded any money paid to the pharmacy by the patient or PBM. This is an example of “negative reimbursement” and IT HAPPENS EVERY DAY.

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 pharmacies 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, the amount of money from claw backs have risen drastically over the years. These staggering increases in claw backs have created an uneven playing field for community pharmacies in the State of New Jersey. They are also so loosely tied to performance metrics where a well-run pharmacy will be penalized and 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 community pharmacies like those in New Jersey. “Patient Steering” involves directing, patients 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,

Grace Earl, PharmD, BCACP
Past President of New Jersey Pharmacist Association, 2021
New Jersey

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/771>

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 6:36:05 AM

Submitted on Tuesday, February 15, 2022 - 06:35

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Gregory

Last Name: Vassie

Affiliation: CPESN

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:

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 3rd Generation Community Pharmacist and my family has a long history of taking care of our communities. My wife, sister, and both in-laws are all Pharmacists and we all want to express our support of the Federal Trade Commission's study of Pharmacy Benefit Managers. These PBMs have an unfair advantage to control the market by dominating both supply and buying side economic pressures on manufacturers, employers, wholesalers, and pharmacies. Additionally, they have been recently forming buying groups to skirt away from their PBM practices (mainly because they know PBM transparency will likely happen) and now selectively using the same techniques with these jointly aligned purchasing contracts. I would urge the commission to look deeply on how these new affiliated buying group practices will be just another way for these vertically-integrated insurers to control the market dynamics of drug purchases and distribution into their preferential and corporate-owned pharmacies.

I owned a pharmacy in rural North Carolina from 2005-2019 but was forced to close this pharmacy due to the PBM activities, marketing of mail order services by their company, and unfair clawbacks. The continual erosion of reimbursements required me to close the pharmacy because I could not generate enough revenue due to the location of the pharmacy being in a rural area and population restraints. Even if I wanted to under the contract we are provided (not negotiated) we cannot mail over a certain % of our volume so I had no other options but to shut the pharmacy's doors. After we closed, our patients were forced to drive 30 minutes to the nearest pharmacy, lost their access to delivery and had to wait sometimes hours for their medication. The three biggest insurers, Aetna, Cigna, and UnitedHealth Group's own 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,

Gregory J Vassie, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/39>

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 11:04:28 AM

Submitted on Tuesday, February 15, 2022 - 11:03

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Harish

Last Name: Odedra

Affiliation: Crystal Medical Center 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:

PBM abuse and DIR FEES Drives pharmacies out of business while chains get bigger

Total corrupt system disgrace to the profession

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/487>

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 11:03:16 AM

Submitted on Tuesday, February 15, 2022 - 11:02

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Harish

Last Name: Odedra

Affiliation: Crystal Medical Center 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:

PBM abuse and DIR FEES Drives pharmacies out of business while chains get bigger

Total corrupt system disgrace to the profession

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/483>

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 9:40:59 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: HAROLD

Last Name: REICH

Affiliation: HAROLD K REICH'S PHARMACY

Full Email Address: [REDACTED]t

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 operate an independent community pharmacy serving a large number of Medicare enrolled patients. The devastating impact DIR fees have had on my patients out-of-pocket costs at the point of sale has often led to patients not taking the medicine prescribed. Knowing that in 3 to 6 months the PBM will withhold 5 -10% of the reimbursement for the cost of the medication we dispensed as a DIR fee misrepresented the true cost of the medication - requiring the patient to pay a larger portion of their prescription cost than they legally should have paid. In addition, not displaying the true net cost of the prescription at the time of sale pushes my patients into the gap sooner which again increases their out-of-pocket costs as well as the cost to Medicare. My pharmacy alone has paid over \$100,000 in DIR fees per year over the past 3 to 4 years to the PBM. The impact this has on managing cash flow and maintaining business is overwhelming. The minimum DIR fees are stipulated in the contracts signed by the PSAO (contracting group I belong to) and so are known well in advance of the actual dispensing date and should be a part of the data available at the point-of-sale. Better yet, it's time to eliminate retroactive DIR fees altogether by changing the regulations that created the loophole in the first place.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/291>

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 10:03:26 AM

Submitted on Tuesday, February 15, 2022 - 10:02

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Hitesh

Last Name: Thakar

Affiliation: Cardinal health

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:

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/343>

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 11:09:09 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Hitesh

Last Name: Timbadiya

Affiliation: Bergeb 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: PBM is using loophole in the system to perform unfair business practises to get benefit over local compitive pharmacies. For their patient, forcing to use pbm's pharmacy by having option to pay low copay at their own mail oder pharmacy compare to local independent pharmacy. Forcing patient to use their own speciality pharmacy for the life threatening medication which they can get at local pharmacy faster then mail order. PBM pays higher prices to their own pharmacy compare to local independent pharmacy for the same service and product. PBM asks high level of accreditation for dispensing simple speciality medication. By doing this, local pharmacy will lose business of speciality medication.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/511>

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 11:24:50 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: J Mark

Last Name: Futrell

Affiliation: Futrell Pharmacy, 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: 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 J. Mark Futrell, PD, Pharmacist and Owner of Futrell Pharmacy in Pocahontas, AR. Futrell Pharmacy is the oldest pharmacy in Arkansas (since 1856) and is located on the court square in Pocahontas, AR. The predatory practices of the PBM's are threatening my pharmacy's future existence. The discriminatory DIR fees—costing my pharmacy hundreds of thousands of dollars each year—are threatening the ability of my business to operate at a profit.

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,
J. Mark Futrell, PD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/583>

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: JACK

Last Name: CELLERARI

Affiliation: CELLERARI PHARMACY 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: Pennsylvania

Submit written comment: THE PBM'S ARE FORCING COMMUNITY PHARMACIES OUT OF BUSINESS WITH THEIR DIR/GER PRACTICES. WHAT IT AMOUNTS TO THIEVERY ON THEIR PART.. IT IS HARD TO STAY IN PRACTICE WITH THESE EXORBITANT FEES PUT UPON US. IN 2021 MY STORE HAD [REDACTED] IN DIR/GER FEES TAKEN FROM ME WITH CVS CAREMARK AND AETNA TAKING [REDACTED] AND [REDACTED]. THE TOTAL TAKEN AMOUNTS TO ALMOST 10 PERCENT OF MY GROSS SALES. THIS IS TOTALLY WRONG . SOMETHING SHOULD BE DONE ABOUT THIS AWFUL PRACTICE. IT IS A STRUGGLE TO PAY BILLS AND STAY IN BUSINESS WITH THIS KIND OF PRACTICE GOING ON. THANK YOU

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/403>

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 7:33:48 AM

Submitted on Tuesday, February 15, 2022 - 07:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jake

Last Name: Galdo

Affiliation: Seguridad, 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:

[Date]

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 practicing community pharmacist and business owner of Seguridad. Our company is focused on providing standardized transparent quality measures for community pharmacies – something that is currently missing in the industry.

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,

Jake Galdo, PharmD, MBA, BCPS, BCGP
CEO, Seguridad, Inc



The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/63>

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 6:19:03 AM

Submitted on Tuesday, February 15, 2022 - 06:18

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: James

Last Name: Axtell

Affiliation: Pharmacy Owner

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: I have owned and operated a pharmacy in a rural community for over 25 years. I am blessed to have many elderly patients that trade with me. I offer free delivery to them Monday thru Saturday, and have a 24 hour after hour service for emergencies. Due to the unfair changes the PBM's have imposed on small community pharmacies I am being pushed out of servicing this special community of people along with others that count on me to service their families. Most community pharmacies have been forcefully placed on a "Non-Preferred" list. This makes the copays more expensive for the medicare part-D elderly patients. Forcing them use a mail order pharmacy or a big chain pharmacy. These pharmacies can not provide the person to person care the elderly deserve. Long wait times for questions that could easily be answered by both have discouraged this group and hurt their health outcomes forcing them to go without their medications. Exorbitant "DIR" fees and charge backs to pharmacies from PBM's fining pharmacies for patients deciding to take their medications differently or not take at all is criminal and unfair. Reimbursements from PBM's set at below WAC "Wholesale acquisition cost" is beyond unfair. Many of my elderly customers need special face to face attention and know they can contact their pharmacy of choice for questions furthering their confidence in that trusted relationship.

Community pharmacies are being penalized for the exact creed that every pharmacist took to serve communities like mine. PBM's are obviously unfairly conducting business in a unethical manner which has had dire consequences from a group of people 65 years old and older from another generation. These unfair practices have to be changed so pharmacies like mine can continue to take care and serve this population.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/31>

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 10:55:45 AM

Submitted on Tuesday, February 15, 2022 - 10:55

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: JAMES

Last Name: CREEL

Affiliation: CREELS FAMILY PHARMACY LLC

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 own a small rural community pharmacy. I have been open 22 years. The PBM's have made it almost impossible to stay in business.

The main problem is dir fees. I have had to pay [REDACTED] dollars last year in dir fees. It is like having a robber come into my store each month and rob me blind. I do not have a bad star rating but still pay hughe fees. Then there is the issue of negative reimbursments. Most of the expensive brand name medications are sold at a loss. Many times 50 to 100 dollars below my cost. Then the dir fees are taken out on top of my loss. There is no business that I have ever heard of that tries to endure such financial hardships. I will be forced to close or stop selling medication part d prescriptions if something is not done. I service many elderly customers that depend on my pharmacy. PLEASE HELP!!!

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/471>

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 12:32:33 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: James

Last Name: Dallas

Affiliation: Pharmacist

Full Email Address: [REDACTED]

Confirm [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement:

Submit written comment:

As a pharmacist at a locally owned 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,

James Dallas, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/747>

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 9:34:39 AM

Submitted on Tuesday, February 15, 2022 - 09:34

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: James

Last Name: Petty

Affiliation: Mitchell 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: Tennessee

Submit written comment:

PBM steers patients. Example. CVS Caremark kicks independent pharmacies out of preferred status then charges one copay for 90 days. We have to charge 3 copays. How does a drug store chain even OWN a PBM? That is a conflict of interest. Monopoly. Example 2. CVS buys insurance company and steers patients to own PBM and stores. Anticompetitive. DIR fees even when we are in 90% star ratings. My small drug store paid [REDACTED] in fees last year and I cant afford to pay myself when collection rolls around. I have to pay my wholesaler bill every week and they have 30-40 days to pay us. I can go on and on. The PBM forces patient to use brand name drug when generic available so they can pocket rebate from manufacturer. Call me for more scams

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/267>

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 9:17:43 AM

Submitted on Tuesday, February 15, 2022 - 09:17

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jeffrey

Last Name: Scott

Affiliation: Pharamcist

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 15, 2022

Chair Lena Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

Federal Trade Commission

600 Pennsylvania Ave, NW

Washington, D. C. 20580

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

I am Jeffrey Scott of Cheek and Scott Drugs Inc. with three locations. We have experienced continual increase in DIR, GER, and BER fees being removed from our confirmed payments. In December 2021 the claw back exceeded \$80k, over three times our profit. We have dedicated a full time person reviewing metrics and helping patients with compliance and even with great metrics and compliance the standards set forth are unattainable. We desperately need help, we receive the opportunity to participate in contracts that allow PBMs to take multiples of our profit in an ever increasing manner.

The FTC is our only hope to bring into the light these manipulative practices. They have operated under a veil and continue to change names and methods to claw back fees after adjudication of claims.

PBM's control of the networks and contracting control access to the markets thru preferred networks, discriminatory reimbursement, audits that are expensive and unfair..

I do not mind playing by the rules, but the rules change often and the playing field needs to be fair and the same for all. I hope this study leads to an enforcement of changing these unfair practices and I appreciate your consideration for justice.

Thank You,

Jeffrey Scott, RPh
Check and Scott Drugs Inc.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/215>

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 10:59:30 AM

Submitted on Tuesday, February 15, 2022 - 10:59

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jennifer

Last Name: Cardines

Affiliation: Pharmacist - NuCara Pharmacy #27

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 pharmacist working for a small independent chain pharmacy. We have been crippled in recent years by PBMs and their practices. Some locations have been forced to close their doors due to the inability to compete with the big box stores. Others have been forced to reduce their staffing to insufficient numbers in order to keep their doors open. Not only do PBMs underpay us for drugs we dispense (they pay us less than it costs us to acquire a drug, let alone any kind of additional dispensing fee for our services), they also claw back additional money at a later date and time for which we have no way to plan or anticipate for. The amounts are arbitrary and completely unfair. It will be impossible for independent pharmacies to keep their doors open long term, if these practices continue. It harms smaller rural communities who may only have 1 pharmacy within 50+ miles of their town. It removes an essential part of healthcare and makes it inaccessible for many. It also harms patients who have established care with these pharmacies and have been using the same pharmacy for years or even decades. They have a relationship with their pharmacist and trust them with their healthcare and their life. Forcing them to use mail order, or go elsewhere to another pharmacy who doesn't know them at all, does them a disservice and negatively impacts their health. It breaks a bond and creates distrust in the healthcare system, which already greatly struggles in this country. We've had

patients in the last few years walk out our door in tears, after being forced to use another pharmacy against their will, because PBMs would not cover their medications at our pharmacy, or charged significantly higher copays if they used us over the PBM's mail service. This is not healthcare. It's greed, plain and simple. Patients deserve choice and pharmacies deserve a fair playing field. Allowing insurance companies to merge into giants and own their own PBMs should have never happened. It created this mess we have today, and needs to be stopped.

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 PBMs 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,
Jennifer Cardines, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/475>

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 11:19:36 AM

Submitted on Tuesday, February 15, 2022 - 11:19

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jeramy

Last Name: Freckleton

Affiliation: Heartland 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:

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 Jeramy Freckleton, Chief Operating Officer for Heartland Pharmacy. We have 4 operations that cover 19 states. We have seen significant impact by the take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics that are in place for reimbursement for pharmacy services.

It has made is difficult for us to be competitive in an already tough market for hiring and keeping employees. Our employees work hard ever day, and we are being asked to do more from our customers because of their problems with staff shortages. Our employees want and need to be compensated for this extra work they are being asked to do. With the fear of burnout, we would like to be able to compensate accordingly, but the inability to obtain fair reimbursements makes this difficult.

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,

Jeremy Freckleton
COO
Heartland Pharmacy

[REDACTED]
Englewood, CO [REDACTED]
[REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/551>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Unethical PBM Practices
Date: Tuesday, February 15, 2022 6:32:38 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:

My name is Jessi Stout and I purchased my parents' independent pharmacy in Morganton, NC three years ago. My parents opened this pharmacy 32 years ago and it has been a staple in our community ever since. Our patients are grateful for everything we offer, as our services are not provided by chain pharmacies or by mail-order pharmacies (adherence packing, medication synchronization, custom medication compounding, free delivery, free medication reviews and much more). The services we provide have been proven to keep patients adherent to their medication regimens and out of the hospital, which not only saves lives, but also reduces healthcare expenditures significantly.

Unfortunately, direct and indirect remuneration (DIR) fees imposed by PBMs unfairly target independent pharmacies as opposed to chains, as many PBMs own chain pharmacies. It is not uncommon for us to lose \$50 on a single prescription due to these outrageous and unfair fees that the PBMs pocket themselves (mind you, we do not know we will lose this money at the time of dispensing). Approximately 30% of our patients are Medicare patients, meaning a huge percentage of our business is negatively impacted by DIR fees. Because of DIR fees, we do not know how much we may lose until 3 or more months after we have filled a prescription, as PBMs retroactively charge us back at a rate *they set themselves* and do not fully disclose. Unless this practice is stopped, independent pharmacies will continue to close their doors and patients will be forced into busy chain stores or mail order where the staff does not have the time to address their needs. Medication adherence will decline, hospitalizations will rise and costs to the healthcare system overall will rise.

Some pharmacy software products have the ability to build-in a DIR fee estimator (though it is not easy or 100% accurate and also takes technical skill and time to do). Before we spent time mastering this tool, we had no idea how much we were losing on prescriptions in DIR fees. Once we built it in, we discovered we were losing [REDACTED] on a single patient's prescription every single time we filled it. For another, we found we were losing [REDACTED]. It is simply not fair to us and not fair to our patients as we had to turn both of these patients away once we discovered the losses. A business cannot operate under the constant threat of profits being clawed back months after sales are tallied, and expenses are met. What other business in the United States operates under such an obscene model?

It seems that patients and the ultimate payers, the US taxpayer, are penalized as the PBMs put the DIR fees into their already bloated coffers. Patients are forced into their coverage gap sooner, as the DIR fees count towards the out-of-pocket expense for their medications, which means the government (i.e. taxpayers) are further lining the nests of the PBMs on what appears to be drug cost but is instead a rebate the PBMs pay themselves.

When my parents were practicing pharmacists, they were able to donate to countless charitable organizations in our community. Our cash flow is so tight and unpredictable that we have not been able to keep up these impactful donations. Additionally, when my parents owned the pharmacy, they were able to employ a large staff, which led to a low error rate, employee satisfaction, and better customer service. DIR fees have forced us to cut staff, donations, and time spent with our patients. If DIR fees continue at this rate, we will have to close my parent's legacy, leaving countless citizens in our community without access to the essential healthcare services they rely on: prompt delivery of their medications, adherence packaging to ensure they are taking their medications as prescribed, custom compounded medications

they cannot get anywhere else in our county, easy access to lifesaving vaccinations, and free medication advice they get by calling or stopping by the store at any time.

I implore you to hold PBMs accountable and put a stop to their unethical practices.

Thank you,

Jessi Stout

--



Jessi Stout, PharmD

Pharmacist/Owner

[Redacted] | Morganton, NC [Redacted]
[Redacted]
[Redacted]
[Redacted]

tablerockrx.com



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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 11:10:12 AM

Submitted on Tuesday, February 15, 2022 - 11:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jessica

Last Name: Underwood-James

Affiliation: Anti MLM advocate

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: MS

Submit written comment: Unfortunately I am unable to speak due to a conflict or I would. I have been at Anti MLM advocate since August 2018. I am the Podcast Host of The Persuasion Pitch where I discuss unethical business practices and false claims within multi level marketing. I would love for the FTC to be 100% upfront about any donations that they receive from multilevel marketing companies. I would also like it to be mandatory that every company has a accurate and updated income disclosure statement. The person who is selling and recruiting for this and MLM should be required to post the updated and accurate income disclosure statement whenever they are posting about this on social media. I would also like it for the Amway 70% rule to be enforced with every single multilevel marketing company. Herbalife got to go free with just a fine win the federal trade commission had the perfect chance to shut them down. Same with Amway.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/527>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Public Comment Submission for February 17, 2022 Open Commission Meeting
Date: Tuesday, February 15, 2022 9:55:23 AM

To Whom It May Concern,

It is my understanding that this meeting is going to be about PBMs such as ExpressScripts/Accredo?

I would like to tell you about my experience with this company.

I have [REDACTED] an autoimmune disease. To help mitigate issues caused by this disease I am taking [REDACTED]. I am told that this medication can only be obtained from a "specialty" pharmacy. Can you explain what this means because I can't. It's not a special medicine - they advertise it on tv for pete's sake! I can also find the medication at other pharmacies that are not - to my knowledge - specialty. So, what in the world dictates that this must and can only be obtained from a specialty pharmacy? **Express Scripts - the RX coverage carried by my husband's union ... the same company which owns the "speciality" pharmacy Accredo.**

Since diagnosis I have been forced by my husband's union (who has a contract with Express Scripts) to get this medication from Accredo. I signed up for their reminder texts... which stopped coming and several times caused medication to not be ordered/delivered on time. This led to the discovery that although they are a PHARMACY they don't answer their phones on Sundays - like brick and mortar pharmacies generally do. This is not a good policy when people are taking meds you have deemed "special".

One shipment never made it to my home and it took quite a while, first, to get someone on the phone. Second, to get them to understand that the meds never arrived then it was another issue just to get them to not charge me for the bottle that never arrived. The final issue was trying to get them to send another bottle.

Each time there has been an issue I have dealt with it but it's tiring because this has been YEARS of dealing with this.

Fast forward to December 2021.

I received in the mail via Express Scripts a bottle of the [REDACTED] I take [REDACTED] [REDACTED] I did not order this bottle and had plenty on hand so I didn't even open the pkg. I thought it was likely I just didn't get another of their so called reminder texts. So I didn't even open the pkg. I wrote refused on it and sent it back. I was told this was always what we could if we received something by mistake.

A week or 2 later I was working on our bills and noticed a [REDACTED] balance on the Express Scripts account. I called to ask what that was from and was told it was for the [REDACTED] But that can't be since I sent it back. These people told me that even if I send a medication back that I still have to pay for it? WHAT KIND OF CROCK IS THAT? If I refused medication at a brick and mortar pharmacy I would not still have to pay for it. Express Scripts then told me that they could extend me a one time credit. ONE TIME CREDIT?!?!? Excuse me? This is

lunacy - especially because mistakes happen on both ends!

After arguing with her a bit the Express Scripts operator then had the nerve to tell me to "control what my doctor sends to them". WHAT?! Are you for real?

So, I called my doctor's office and told them what happened. It seems that the day this [REDACTED] was ordered my doctor was away on vacation. Her PA was filling in and he received the request for metformin FROM EXPRESS SCRIPTS NOT ME. So, this "request" for [REDACTED] didn't even come from me but from someone at Express Scripts who thought they'd drum up more business and call my doctor to request a new rx! This is ILLEGAL is it not? It should be.

This last incident sent me searching for a new pharmacy. And I discovered that Amazon Pharmacy has the medications I take including the so called specialty medication! It's similar price as Accredo but I am being told I can not get the medication from anyone but Accredo. I was told this by both my husband's union ([REDACTED]) and Express Scripts that I have can only get the medication from Accredo.

And to this I have sworn that I would rather get sick and die than take another med from Express Scripts or Accredo again. So there you have it. I believe this company is so terrible that I have officially sworn to let myself get sick and/or die rather than take medication from them.

I want my freedom of choice. I want to work with a pharmacy I actually like.

--

Jessica M. Van Decker

[REDACTED]
Franklin, NJ
[REDACTED]

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Comments on Pharmacy PBM practices
Date: Tuesday, February 15, 2022 8:52:57 AM
Attachments: [PBM.pdf](#)

Thank you for your time. I have attached a brief statement expressing my experiences regarding Pharmacy Benefit Manager practices. I have had to close one of my store 2 years ago because the amount of recoupment fees exceeded my pharmacist's salary. Thank you for your time.

James W. Coker, RPh

--

Jim Coker, RPh

[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 12:23:11 PM

Submitted on Tuesday, February 15, 2022 - 12:22

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jody

Last Name: Zeng

Affiliation: Pharmacist

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:

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:

My name is Jody and I am a pharmacist at an independent, family-owned, small business pharmacy. Take-it or leave it contracts, DIR/GER/BERs and unattainable performance metrics have been hurting the business and staff for years, which in turn takes away from the community and it's people. There are unfair incentives from PBMs (essentially bribery) that already lure patients away from our pharmacy (how can you beat a \$0 copay?). On top of that, the claw backs that continue to take away from our already low (or negative) profits means that many independently owned pharmacies, that actually care about the community and individual patients, are being forced to close down. We have been doing our best to stay afloat, and provide income for our employees, but at the rate things are going, it will become near impossible. In years to come, these independent pharmacies will all deteriorate, leaving only the big corporations that have not been consistently providing the community with actual patient care, and are trying to steer pharmacy in a mail-order direction. Patients will no longer have the option to walk into a pharmacy and speak with a pharmacist about their healthcare questions and concerns. Pharmacists are THE MOST accessible healthcare provider, and patients in our communities should be able to benefit from it.

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,
Jody Zeng

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/723>

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 12:56:19 PM

Submitted on Tuesday, February 15, 2022 - 12:56

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Joe
Last Name: Forcum D.Ph
Affiliation: Independent Pharmacy Owner of 2 stores
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 Joe Forcum D.Ph. I own two pharmacies in Oklahoma. Chelsea Family Pharmacy in Chelsea Oklahoma and J&J Pharmacy & Gifts in Claremore Oklahoma. I wanted you to know that the PBM's unfair contract practices and take it or leave it negotiation has impacted my patients, our two stores and the insurance companies that the PBM's are deceiving into believing they are saving them and their policyholders money. You will find that the PBM's lack of transparency is making them more money at the expense of Independent Pharmacies, our patients, and the Insurance companies. The DIR fees that the PBM's claw back every quarter make it almost impossible to manage a business. These fee amounts are completely unknown until they are taken back out of our bank accounts. I know of no other industry that operates this way. It puts the Independent Pharmacy's future in jeopardy. Our store in Chelsea Oklahoma is the only store in town. The next pharmacy is over 20 miles away. There are many examples where the PBM's are not letting our patients fill their meds in Chelsea and forcing them to go over 20 miles to get their medications. For some that are dependent on others this steering to the PBM's owned pharmacies like CVS makes it almost impossible to get their meds in a timely fashion. We would normally deliver to their door just hours after they order their medication. I am just looking for an even playing field where all Pharmacies know at the time of sale what their reimbursement is going to be and that the PBM owned stores are not being reimbursed at a higher rate than I am.

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,

Joe Forcum D.Ph.

Chelsea Family Pharmacy

J&J Pharmacy & Gifts

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/839>

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 11:23:17 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Joel

Last Name: Burke

Affiliation: HOMETOWN 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 the owner of Hometown Pharmacy in Doniphan, MO. 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,

Joel Burke, R.Ph.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/567>

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 11:16:34 AM

Submitted on Tuesday, February 15, 2022 - 11:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: John

Last Name: Busbee

Affiliation: HealthSmart Pharmacy of Claremont,NC

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 want to-inform you of how PBMs, part of the conglomerate operation vertical chain of CVS,Walgreens,Walmart have affected my pharmacy. These corporations own insurance companies,PBMs and thrive own pharmacies across our nation. Buy signing their contracts we agree to the requirements they set. If we do not sign we have no patients as over 90 percent of people have health coverage in their plans. We have to play by their rules or we go bankrupt. They CVS etc control virtually every we do with onerous restrictions such as cabinet compliance, low dispensing reimbursement, and massive DIR clawbacks . They decide what we can fill and who can come in our pharmacies by denying patient choice to current patients we serve. Pharmacy is not a retail business anymore, as it is controlled almost entirely by the big 3 conglomerates that make there own rules to serve themselves and profit is their only motive considering the restrictions they put on independent pharmacies. Our public good is being harmed immensely due to limited access to independent pharmacies by rules they set up with no oversite from anyone. They cannot stand the light of transparency because it will revel the fraud and unfair behind the scenes dealing they do. I strongly recommend the FTC pierce the veil and uncover the fraud,unfair business practices that has enabled them to make billions of dollars and restrict ordinary citizens to choose the pharmacy that gives them they service,convience and medication information that they deserve.

, it

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/523>

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 7:35:45 AM

Submitted on Tuesday, February 15, 2022 - 07:35

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: John

Last Name: Cocchiara

Affiliation: CMS

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:

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/67>

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 8:50:29 AM

Submitted on Tuesday, February 15, 2022 - 08:50

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: John

Last Name: Little

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:

PLEASE investigate Pharmacy Benefit Managers, they are ruining healthcare. There are clear and obvious conflicts of interests, as outlined below. These faceless organizations are stealing billions of dollars from patients by cause drug prices to drastically increase. This has got to stop, please help.

- 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/147>

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 8:06:51 AM

Submitted on Tuesday, February 15, 2022 - 08:06

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: John

Last Name: Murray

Affiliation: Murray Drugs, 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: OR

Submit written comment: Dear Commission, I am a rural community pharmacy owner, Murray Drugs, Inc., in frontier Oregon who has worked with Senator Wyden for 20 years on trying to deliver the best care possible to Oregonians.

PBM's business practices and abuses are the single biggest threat to continued care in the 3500 square mile service area we serve as the only local pharmacy providers. The Covid pandemic has demonstrated the value of local pharmacy care in providing vital access to medications, reliable and confidential information and, frankly, encouragement when needed most. We will be out of business if PBM greed and abuses are allowed to persist. Why not just take a look at what they are doing now in America? If the study uncovers Billions of dollars better used to support our neediest patient populations instead of corporate greed, so be it. Changes can be made once information is known, but we have to have the information first. Thank you, John Murray RPh

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/95>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: PBMs
Date: Tuesday, February 15, 2022 8:39:48 AM
Attachments: [REDACTED]

Good morning,

Here are my comments on pharmacy benefit managers

Thanks

john pangrac
james pharmacy

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 John Pangrac, owner and pharmacist at James Pharmacy in Toledo, Ohio. 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
John Pangrac
James Pharmacy
[REDACTED]
Toledo, ohio [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 8:40:40 AM

Submitted on Tuesday, February 15, 2022 - 08:40

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: JOHN

Last Name: PANGRAC

Affiliation: James Pharmacy 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: OH

Submit written comment:

I am John Pangrac, owner and pharmacist at James Pharmacy in Toledo, Ohio. 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/135>

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 9:06:36 AM

Submitted on Tuesday, February 15, 2022 - 09:05

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: John

Last Name: Pemberton

Affiliation: 33 years as Retail Pharmacist

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: PBMs have created such a financial loss for Independent Retail Pharmacists. There are several areas that need to be reviewed regarding administration of pharmacy benefits for patients. First and foremost is freedom of choice, patients should be allowed to choose their pharmacy. They are forced into network pharmacies due to exclusive contracting. For example, oil field workers (Exxon) are restricted to mail order pharmacy and local independent pharmacies can't gain access to these contracts. Go ask them how they decide pharmacy benefits? By cost that's how, the PBM is offering unreasonable service and reimbursement due to contractual stipulations placed on subscribers. Pharmacies are in a unique position to provide extensive patient care, but it continues to be a numbers game. The only way to survive is with volume and cash paying patients. Secondly PBMs force older patients into mail order due to financial incentive. Medicare part D often charges patients to visit a local independent pharmacy verse no charge thru mail order. Day supply is another issue 30 days allowed at pharmacies and 90 days at mail order. Of course, this doesn't apply to the large corporate retail pharmacy as they are helping create this inequality. HOW? by owning PBMs. This might be examined as a conflict of interest and anticompetitive. Lastly, examination and transparency of PBM practices should take place by an impartial party to assure that pharmacists are being treated in a fair and just manner. Retail pharmacy needs to be protected in all communities to provide the care that each patient deserves. The first step is more adequate reimbursement overall to provide better staffing to provide better care and healthier people.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/179>

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: Monday, February 14, 2022 11:57:52 PM

Submitted on Monday, February 14, 2022 - 23:57

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Johnny

Last Name: Capps

Affiliation: Golden Town 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: Allowing Caremark and CVS to merge has destroyed independent pharmacy. Matter of fact, it has destroyed all retail pharmacy especially their employees. There have been studies in Ohio showing where Caremark pays CVS \$23 per prescription and pays independent pharmacies \$3.50 per prescription. They have caused me to have to sell one of my pharmacies by way of their DIR and GER fees. I blame the PBMs for me having a heart attack due to the stress they put me under when they started trying to squeeze me out. They are criminals, and it is a shame that the FTC and the DOJ sit back and watch this kind of anti-competitive behavior happen on their watch. They let the PBMs destroy the pillars of the community. Generations of pharmacist that have supported the small towns and their little league baseball teams. I am saddened by what y'all have done to destroy us as a profession. You know what to do to fix this mess you have created. Now you should start doing it.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/991>

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 10:00:40 AM

Submitted on Tuesday, February 15, 2022 - 10:00

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: jonathan

Last Name: ragan

Affiliation: westside family 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: small pharmacies are struggling because of unfair pbm practices.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/339>

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 9:38:02 AM

Submitted on Tuesday, February 15, 2022 - 09:37

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Jordan

Last Name: Marchetti

Affiliation: TDS Inc (The Drug Store of Iron Mountain)

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: In 2021 our pharmacy is on track to have paid ~\$275,000 in DIR fees without an itemized explanation from the PBMs as to how those fees are taken. Fees are taken months after claims have been adjudicated and medications are dispensed to the patients. It creates a cash flow nightmare for small businesses with tight margins and large overhead. We also spend countless hours explaining copayments, plan specific details, as well as attempting to mitigate patient's financial burden by reducing their drug expenditure due to the egregious pricing strategies PBM's are now applying. I urge you to reach out to me for examples as I have hundreds-thousands of what I consider "abuse of position" by these middlemen.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/275>

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 7:50:44 AM

Submitted on Tuesday, February 15, 2022 - 07:50

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Joseph

Last Name: Ralston

Affiliation: 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: PBMs have hijacked the prescription drug industry. They have caused brand drug prices to skyrocket, patient costs to rise dramatically and forced many pharmacies out of business with their predatory practices. Their grip on the entire prescription drug industry has greatly tightened with the mergers and vertical integration that has allowed them to become some of the biggest companies on earth. There is little to no regulation of these enormous companies. They are our competition and set the amount we are being reimbursed, often far below our cost to buy the product. Patients are coerced and often forced to leave their choice of pharmacy and use the PBM pharmacy against their will sometimes after decades of going to their preferred pharmacy. They regularly unleash predatory audits that are supposed to look for fraud, waste and abuse but instead look for minor clerical errors that they use to justify stealing thousands of dollars from pharmacies. Meanwhile there are tons of documented cases of PBMs sending thousands of dollars of unwanted medications continually to patients who did not ask for it and have even called to tell the PBM to stop but they don't. Talk about waste! I have personally filled prescriptions for a total reimbursement of less than \$2 and then was charged a fee of \$10 by the PBM. So I literally paid the PBM to give the patient the prescription for free. How in this country is that legal? It sounds and feels like extortion to me. What the PBMs do on a daily basis is the definition of unfair business practices. I urge the FTC to seriously look into all these unfair practices. It's wrong and anti American. The quality of patient care and the survival of the entire independent pharmacy business is at stake.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/75>

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 10:42:08 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Joshua

Last Name: Stauffer

Affiliation: Stauffer's Drug Store

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:

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

I am wanted to tell you about my family's 5th generation family-owned pharmacy in Lancaster County Pennsylvania and how current practices imposed by the massive Pharmacy Benefit Managers are putting pharmacies like mine out of business. I have watched too many fellow independent pharmacies close their doors in the past few years. They consistently tell me that appalling take-it-or-leave-it PBM contracts coupled with a crippling claw back fees squeezed their financials until they could take no more. I know personally that every day we are forced to make difficult decisions about continuing to serve long-standing patients who are enrolled in PBM contracts that reimbursement us below our wholesale acquisition cost or turning their business away to chain competitors. Each year we unfortunately lose more customers simply because we can no longer afford to take financial losses on their prescriptions. I frequently hear from those customers and how frustrated they are about the poor quality of service they are forced to endure at chain and mail order programs just to get their prescriptions paid for at a reasonable copay. I fear that if actions are not implemented soon to protect fair competition in the pharmacy marketplace, family-owned pharmacies like mine will soon become a thing of the past and massive pharmacy corporations will be the only option for my patients.

To protect patient pharmacy choice, I am urging you to support 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,
Joshua Stauffer, PharmD, BCGP
Stauffer's Drug Store
New Holland, PA [REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/447>

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 11:19:56 AM

Submitted on Tuesday, February 15, 2022 - 11:19
Submitted by anonymous user: [REDACTED] 0
Submitted values are:

First Name: Julie
Last Name: Breuer
Affiliation: NuCara 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: N/A
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 Julie Breuer, a community pharmacist. 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

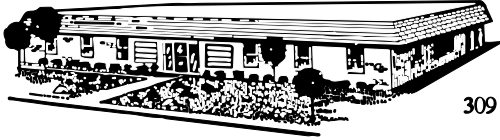
the PBMs.

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,
Julie Breuer

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/555>



J & S
Professional Pharmacy, Inc.
— IN J & S PROFESSIONAL CLINIC —
309 WEST ST. LOUIS STREET • WEST FRANKFORT, ILLINOIS 62896
Phone (618) 937-2416 • Fax (618) 932-6433
Joyce E. Fogleman, R.Ph./Owner

February 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:

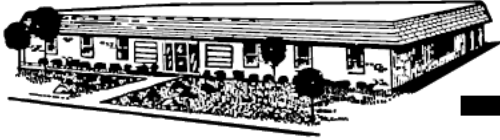
I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, specifically Aetna, Cigna, UnitedHealth Group, and CVS/Caremark's vertically integrated PBMs that control so much of the marketplace. The take-it-or-leave-it contracts that the PBMs force on me to enter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



J & S
Professional Pharmacy, Inc.

IN J & S PROFESSIONAL CLINIC

WEST BRANKFORD ILLINOIS

Joyce E. Fogleman, R.Ph./Owner

February 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 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.

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Request for FTC to investigate unfair trade practices by Pharmacy Benefit Managers
Date: Tuesday, February 15, 2022 9:40:39 AM
Attachments: [REDACTED]

Julie Butler

[REDACTED]

Marion, IL

[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 11:47:24 AM

Submitted on Tuesday, February 15, 2022 - 11:47

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Julie

Last Name: Cronise

Affiliation: The Prescription Shop

Full Email Address: [REDACTED]

Confirm Email: [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic: Competition

Register to speak during meeting: No

Link to web video statement: TN

Submit written comment:

I run an independent pharmacy with my family that has been in business for 42 years. Yesterday we lost a family of patients after over 20 years to Walgreens because their Medicare Part D would not include our pharmacy in their preferred network causing the patient's co-payments on prescriptions to be unreasonably higher at our pharmacy. This unfair practice should be stopped.

Reimbursement is so low, that many prescriptions are filled with our pharmacy losing money on the transaction. For example, our cost on a RX for the medication alone is \$2.85, and are paid 73 cents by the PBM to fill the Rx. This includes the 20 cent bottle, the 10 cent label, etc. What other business is asked to sell products at a loss? Please launch a study into PMB's unfair practices. Pharmacy is an important part of healthcare and we deserve to be paid for our services and products.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/647>

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 1:08:47 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Julie

Last Name: Hammes

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 am an owner/controller involved with multiple independent pharmacies. I have been involved in the retail pharmacy business for 27 years and I am very pleased to know that the FTC is finally deciding to take a look at the Pharmacy Benefit Manager's practices of claw back relating to DIR/GER and BER associated with independent pharmacy prescription claims. There are three big players that are absolutely going to destroy pharmacy accessibility for anyone living outside of an urban area. Independent pharmacies are given no power to negotiate contracts to help us make ends meet. They insist we do Medical Therapy Management reviews in what is supposed to help us attain a higher performance metric. We religiously complete these MTM's and still can't come close to their metrics as they are so egregiously unattainable.

Please mandate that the PBM's turn over information regarding a broad sampling of claims paid to independent pharmacies so that you can see for yourselves that they are taking all of the profitability out of our sector. Also, I don't trust the PBM's to not spoon feed you claims that have the lowest DIR fees associated with them, so you will need to make sure the data isn't skewed when it is received. I as well as a lot of other pharmacy owners are highly discouraging students from pursuing a pharmacist degree, as the future is so dismal at this point. Current owners have to work into their 70's and beyond to serve their communities as they can't find buyers for the businesses that they have worked so hard to build for decades.

Finally, I would also like to encourage the FTC's study to pay close attention to how the PBM's steer patients to retail pharmacies and mail order pharmacies owned by them. The PBM's control of access through preferred networks, malicious use of, and associated costs of audits, and discriminatory reimbursement practices where the PBM pays its own affiliated pharmacy more than independent pharmacies.

Are we not a country that should be fostering small businesses? It's time we put the big guys on notice that this country cannot be led down this road as it will result in the complete lack of accessible prescriptions to millions of Americans that live in areas where mail order pharmacy is not an option. Imagine if you were very sick and needed an antibiotic and had to wait days to get it by mail or drive many miles to a larger city to find a pharmacy to

fill your prescription. NOT acceptable in a country that is supposed to be the greatest country in the world. Please, I implore you to address the aforementioned issues and level the playing field so that my pharmacies can survive.

Thank you.

Julie Hammes

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/879>

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 11:33:29 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Julie

Last Name: Nix

Affiliation: Spoon 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: Chain pharmacies owned by the PBMs are reimbursed higher than independent pharmacies for the same med for the same patient. PBM contracts with independent pharmacies are not negotiable and require a lengthy appeal processes when issues with the contract arise.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/607>

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 11:58:10 AM

Submitted on Tuesday, February 15, 2022 - 11:57

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Justin

Last Name: Piker

Affiliation: Winningham 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: Arkansas

Submit written comment: The Pharmacy Benefit Managers (PBM's) have developed a monopoly and need to be regulated. I own a pharmacy in a small town in Arkansas with about 1000 residents. We have been in business since 1967 however with the PBM's left unregulated we are at risk of closure. This would result in my patients driving 60 miles round trip to receive medical care. The PBM's steer patients to PBM owned mail order companies or incentivize them by offering lower copays. However mailorder does not work. Patient care cannot be link to the mail which gets delayed and lost. Not to mention the storage requirements of the medications are not following in the mail order process. In addition the PBM's often reimburse pharmacies below our acquisition cost for many medications. After the sale we are subject to DIR fee's that are not clearly understood. The DIR fees are linked to outcomes that the pharmacy has no control over. As you may know these fee's have increased astronomically over the last few years. Please consider regulating these monopolies that do not care for patients and are striving to put small pharmacies out of business. It is well documented that population health declines when access to pharmacies is limited. I recommend not allowing PBM's to own pharmacies and not allow them to other discounts that hurt fair market. Independent pharmacies are an important line of defense for population health.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/655>

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 12:08:35 AM

Submitted on Tuesday, February 15, 2022 - 00:08

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Justin

Last Name: STOUT

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: CVS owning the insurance company is the basic definition of a monopoly. They tell patients where to fill their prescriptions. I have lost countless customers because they have to go Mail order or to a CVS pharmacy. There isn't even a CVS in our town. The CVS pharmacies that are within a 20 minute drive are so under staffed that patients are ignored and not helped. Patients should be allowed to go anywhere and those insurance companies should give the same copay everywhere. Let the free market work.

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 11:43:58 AM

Submitted on Tuesday, February 15, 2022 - 11:43

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Justin

Last Name: Wilson

Affiliation: Valu-Med Pharmacy, Midwest City, OK

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:

My name is Justin Wilson and I am an independent pharmacist working in my family's practice established in 1977. For the first time in my career, I am truly worried for my ability to take care of patients in our community. The PBM industry has put us on a tipping point and in danger of 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,
Justin Wilson

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/627>

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 12:38:05 PM

Submitted on Tuesday, February 15, 2022 - 12:37

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Kamlesh (KC)

Last Name: Rajani

Affiliation: NCPA

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:

1. Forcing patient to use their own mail order pharmacy.
2. High copay at independent pharmacy vs chain pharmacy.
3. PBM's pays higher reimbursement to chain for same service/product.
4. Pay underwater dispensing fee & product cost.
5. Sends letter to member to use chain pharmacy then they know member is using independent pharmacy.
6. When fill for 90 days @ their own mail order pharmacy or chain pharmacy copay is less compared to filling at independent pharmacy

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/763>

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 12:19:23 AM

Submitted on Tuesday, February 15, 2022 - 00:19

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Kandarp

Last Name: Patel

Affiliation: Rightway 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:

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 Ken Patel owner of Rightway Pharmacy in Sun City, AZ [REDACTED]. We serve seniors and specially Medicare Part D members by providing immunizations, medication adherence packaging and free prescriptions deliveries. DIR fees have heavily impacted my business and I am not able to hire technicians to compensate the loss. I feel if this continues, I will be 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,

Ken Patel
Rightway Pharmacy

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

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Request for ftc to investigate unfair trade practices by pharmacy benefit managers
Date: Tuesday, February 15, 2022 9:40:09 AM
Attachments: [REDACTED]

Karen Bennett

[REDACTED]
Benton il [REDACTED]
[REDACTED]

Sent from my iPhone

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 9:30:12 AM

Submitted on Tuesday, February 15, 2022 - 09:30

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Kaushlendra Kumar
Last Name: Vekaria
Affiliation: NCPA
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:
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 Kaushlendra Kumar Vekaria. I work as a pharmacist with Drug Mart, an independent pharmacy located in the Bronx, NY. Last couple of years the pain, we as an independent pharmacy has gone through by mean of DIR fee, Reimbursement below our cost are unbearable and Restricting access of life saving medications to their own mail order 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,
Kaushlendra Kumar Vekaria, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/247>

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 10:11:20 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Keith

Last Name: Van Heise

Affiliation: Glenview professional 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 am co-owner and a Pharmacist at Glenview Professional 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. There is no room for negotiation and we are forced to fill many prescriptions at a loss or barely make few pennies!

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,
Keith Van Heise

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/371>

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 7:23:53 AM

Submitted on Tuesday, February 15, 2022 - 07:23

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: kenneth

Last Name: ukauwa

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: Texas

Submit written comment: The practices of PBMs has almost brought my pharmacy to its knees. We believe America to be the land of competition and innovation but the unholy alliance between the PBMs and the government and the big pharmaceutical industry is seriously putting that belief in doubt. I am hoping this is not another sham investigation that leads to nowhere. Or an attempt to portray impartiality because the deck has been stacked against independent pharmacies for a very long time and I am hoping the FTC will restore its reputation and put an end to these corrupt practices of the PBMs and stop the increasing closures of independent pharmacies. I beg you to do your job because people are suffering and these big businesses are doing you, the American people and small businesses a lot of harm. I hope this investigation will happen thoroughly and expediently because every minute, every hour and every day of delay sees another independent pharmacy shutting down. Please show the American people that you still believe in the American way of fairness. Because right now, you, the government and the unholy alliance with big business is failing the American people badly.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/59>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Comments regarding FTC investigation into PBM's
Date: Tuesday, February 15, 2022 11:22:43 AM

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 Kristine Spicer, owner of LeFave Pharmacy and Compounding in Alpena, MI. My independent pharmacy and my business is significantly impacted by the unfair tactics of PBM's, to the point where it affects the ability to provide the patient care we need to provide, the prescriptions we fill, and the services we are able to offer. This is particularly important for small independent pharmacies, such as mine, in the way as we are only ONE entity, and not backed by a chain of stores or attached retail shopping department that can be used to offset a loss of pharmacy revenue.

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 clawbacks. 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 clawbacks have risen dramatically 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,

Kristine Spicer, Pharm.D.

Owner/CEO
Natural Hormone Replacement Consultant
Compounding
[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 10:53:26 AM

Submitted on Tuesday, February 15, 2022 - 10:53

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Kunal

Last Name: Nagarsheth

Affiliation: Liberty 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: Pharmacy PBMs are steering consumers to their own pharmacies with limited regulation or oversight. For example, CVS retail pharmacy and CVS Caremark gain and harm consumers by forcing them to use their own retail or mail order pharmacies with reduced copays and prohibiting consumers from filling Rx's at other pharmacies. This is restricting access, reducing competition, and eliminating consumer choice.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/467>

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 11:13:50 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Laura

Last Name: Temple

Affiliation: NCPA

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: Pharmacies should be allowed to compete for business based on customer service and business practices. Independent pharmacies should not be excluded from commercial insurance service contracts.

Furthermore, "Good RX" is a prime example of predatory pricing. A discount card which makes retail prices less for their competitors vs themselves in an effort to drive those pharmacies out of business should not be allowed.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/507>

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 11:06:55 AM

Submitted on Tuesday, February 15, 2022 - 11:05

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Lauren

Last Name: Davis

Affiliation: Republican

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: AR

Submit written comment: These PBM's have got to be stopped! They are ROBBING America's elderly, pharmacies, all while lining their own pockets. It is egregious, and should be stopped immediately!

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/503>

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 9:58:42 AM

Submitted on Tuesday, February 15, 2022 - 09:58

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Leann

Last Name: Bryant

Affiliation: Pharmacist

Full Email Address: [REDACTED]

Confirm Email [REDACTED]

Telephone: [REDACTED]

FTC-Related Topic:

- Competition
- Consumer Protection

Register to speak during meeting: No

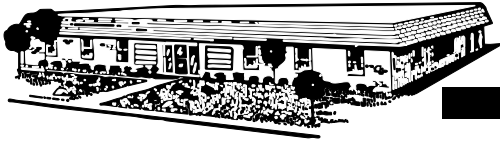
Link to web video statement: AR

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.
- 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.

Pharmacy droughts (or areas with no access to a pharmacy) are spreading with this malicious practice.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/331>



J & S
Professional Pharmacy, Inc.

IN I & S PROFESSIONAL CLINIC

ST FRANKFORT, ILLINOIS 62896

Joyce E. Fogleman, R.Ph./Owner

February 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 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.

From: [REDACTED]
To: [OpenMeeting](#)
Subject: Request for FTC to investigate unfair trade practices by Pharmacy Benefit Managers
Date: Tuesday, February 15, 2022 9:42:29 AM
Attachments: [REDACTED]

Lisa Claunch

[REDACTED] Marion, 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 11:37:47 AM

Submitted on Tuesday, February 15, 2022 - 11:37

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: LORENZO

Last Name: SOCAS

Affiliation: HINES 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:

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 Lorenzo Socas from a family owned and operated pharmacy for over 100 years, Hines Pharmacy, Union City, NJ. My pharmacy has been significantly impacted by claw backs and DIR fees that were never supposed to be imposed on pharmacies since we must dispense a product that we pay for and not just a service as these fees were originally intended for. Many times, these PBMs UNDERPAY us. 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,
Lorenzo Socas, R.Ph

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/611>

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 12:22:31 PM

Submitted on Tuesday, February 15, 2022 - 12:22

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Lou

Last Name: Scerbo

Affiliation: Independent 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:

I am Lou Scerbo, RPh from Chicora Drug in Chicora PA. 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,

PS: I have in my hand an adjudication of a prescription filled on 2-14-2022..... my TOTAL reimbursement including copay was [REDACTED] before the PBM extracts a DIR fee or clawback sometime next June! If there is a more opaque business practice in this country I would suggest that the FTC also pursue that process as well!

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/719>

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 9:26:26 AM

Submitted on Tuesday, February 15, 2022 - 09:25

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Lucas

Last Name: Smith

Affiliation: Buena Vista 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:

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 Lucas Smith, the owner of Salida Pharmacy & Fountain and Buena Vista Drug in the rural mountain area of Chaffee County, Colorado. Buena Vista Drug has been in our community for 53 years and I have been the owner for 5 years. I opened my second store 2 years ago. When I began pharmacy ownership, I heard that Pharmacy Benefit Managers (PBMs) had made it difficult to make a pharmacy a sustainable business but I didn't understand the full extent until I was directly involved with it. One of the biggest issues I see is the inability to know what my pharmacy is being reimbursed at the point of sale. DIR fees and Generic Effective Rate contracts have made this extremely difficult to predict. These DIR fees have increased exponentially with NCPA and CMS reporting they have increased over 100,000 percent since they began. These fees were intended to incentivize pharmacies that perform better but the PBMs have made these quality measures almost impossible to obtain by either setting standards without any supportive data or taking the average of a group of pharmacies rather than looking at a pharmacy individually. By looking at an average of a group of pharmacies the high standard will never be obtained because of averaging high and poor performing pharmacies to reach a middle value. As a result, I have not been able to expand my businesses to offer more services that community needs such as disease state education and health coaching to help my community live healthier. When I first started in ownership, I tried to negotiate contracts with these PBMs I correctly realized there was truly no way I could negotiate because these entities leave their contracts as take-it-or-leave-it. This has led to me not accepting a few plans which then force patients in my community to either go to a mail order pharmacy, which leads to challenges with the post office, or driving 30 miles to go to a pharmacy that accepts their insurance. Finally, being in a rural community we offer mailing or delivery of medications to

patients. However, some PBM's have prohibited this service leaving our patients struggling to figure out how they will get their medications. It also makes a logistical challenge to know which patient can and cannot receive mail/delivery based on their insurance. 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,

Lucas Smith, PharmD

Owner

Buena Vista Drug | Salida Pharmacy & Fountain

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/239>

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 12:31:04 PM

Submitted on Tuesday, February 15, 2022 - 12:30

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Mackynzie

Last Name: Anderson

Affiliation: Pinnow Hometown 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:

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:

My name is Mackynzie Anderson and I am the pharmacy manager at Pinnow Hometown Pharmacy in Brodhead, WI. 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 clawbacks. I believe this request to be vitally important because the PBMs will not allow me to send you clawback 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 clawbacks have risen dramatically over the years. These staggering increases in clawbacks have created an uneven playing field for community pharmacies, especially, independent 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 clawbacks 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,

Mackynzie Anderson, PharmD

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/743>

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 11:10:57 AM

Submitted on Tuesday, February 15, 2022 - 11:10

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Macon

Last Name: Carroll

Affiliation: APCI - Duren Clinic 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: As taken from the FTC government website (<https://www.ftc.gov/about-ftc/what-we-do>), "the FTC protects consumers by stopping unfair, deceptive or fraudulent practices in the marketplace. We conduct investigations, sue companies and people that violate the law, develop rules to ensure a vibrant marketplace, and educate consumers and businesses about their rights and responsibilities." The FTC also promotes competition because "It benefits consumers by keeping prices low and the quality and choice of goods and services high. By enforcing antitrust laws, the FTC helps ensure that our markets are open and free." As a bipartisan, consumer oriented governmental organization, the FTC should have all rights to investigate PBM "trade secrets" that have influenced, or in many cases dictated, patient rights to select particular pharmacy locations. PBMs have undermined the CMS by selectively targeting disadvantaged seniors who qualify for LIS (low-income-subsidy) Part D plans and con them over the phone into plans which lock them into a select group of pharmacies. (I have several patients who have experienced this; the nearest plan participating pharmacy being 25+ miles from their home). These practices must be investigated, not just for the sake of the small business, independent pharmacy owners, but for our disadvantaged seniors who need adequate protection from the PBM tactics.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/535>

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 Mary Walsh, a registered pharmacist and an Independent Pharmacy Owner in Exton PA. My pharmacy is teetering on the brink of insolvency, due to the impact of take-it-or-leave-it contracts, DIR/GER/BER, and unattainable performance metrics. We are being grossly underpaid on every prescription fill, and also are then penalized by having money taken back if the patient does not take their medication properly. Although we do everything in our power to help our patients, at the end of the day we cannot make them take their medication. We have been given metrics to meet that are simply not achievable. 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.

This became even more apparent this fall when CVS could not staff their stores, and I had the phone ringing off the hook with hysterical patients needing medicine. They shop at CVS ONLY because they have to, or think they have to. Patients see CVS on the prescription card and think automatically they must get their prescriptions there. (This is untrue in many cases, and when they must shop there, it is simply another example of PM abuse and an unfair marketplace.) This is perhaps the most obvious and damaging example of patient steering that I can cite.

Sincerely,

Mary C. Walsh R.Ph.

Exton Pharmacy at Marchwood

██████████.

Exton, PA ██████████

From: [REDACTED]
To: [OpenMeeting](#)
Subject: letter to FTC concerning PBM abuse
Date: Tuesday, February 15, 2022 9:29:19 AM
Attachments: [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 12:01:24 PM

Submitted on Tuesday, February 15, 2022 - 12:00

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Maryann

Last Name: Migliorelli

Affiliation: Independent Pharmacy Owner in Hoboken, NJ

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: NJ

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 Maryann Migliorelli and I am the owner of an independent pharmacy in Hoboken, NJ. We have been serving this community since 1973. Over the years PBMs have made it increasingly difficult on us to run a business and has also made it hard on our customers to choose to fill their prescriptions at our pharmacy. The service we provide is unmatched by the chain pharmacies. We go above and beyond to know our customers and help them with their needs. But now, many times our customers are being forced to go to chain pharmacies. Their insurances provide take-it-or-leave-it contracts that make us accept claims at a loss. They reimburse less than what we paid for the medication. Some networks do not allow us to contract with them even if we want to. Or they will put us in a non-preferred network so the customer pays more out of pocket. Which coerces them to go to a chain pharmacy or mail order, because at a chain pharmacy or mail order, they will pay less or not pay anything. DIR/GER/BER fees make it hard for us to know what we are actually making on claims. Although we do our best to get high performance metric scores, we still lose out on money through DIR fees. Some situations are out of our control, we can't force a customer to pick up a medication if they can't afford it or if they chose not to pick it up. Or a doctor may not want to change or discontinue a medication to what the PBM is suggesting. Although it is not our fault, this will contribute to low metric score which increases the DIR fees. PBMs have been given too much power and control. They are

making it difficult for us to serve our customers while trying to stay in business. This pharmacy has been operating as a pharmacy in this community for over 40 years and we would like to continue to do so because we love this 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), 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,
Maryann Migliorelli

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/659>

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 11:29:54 AM

Submitted on Tuesday, February 15, 2022 - 11:29

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Matt

Last Name: Munson

Affiliation: Owner Parkhurst 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:

Parkhurst Pharmacy

[REDACTED]
Grants, NM [REDACTED]

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 Matt Munson, owner of Parkhurst Pharmacy in a poor rural New Mexico town. The current contracts from PBMs have left near impossible to do business. Many contracts actually pay less than the actual cost of drug, much less a reasonable dispensing fee to cover expenses such as vials, labels, and staff. Medicare D plans are a bit better when it comes to paying drug cost up front, but then months later the DIR fees rip back at least 3% of drug cost. For brand drugs (insulin/COPD brand drugs in my area), I suddenly lose hundreds of dollars. The metrics set up are unattainable since patients decide not to fill drugs due to expense and low monthly incomes.

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,

Matt Munson, Pharm D., RPh
Owner Parkhurst Pharmacy

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/595>

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 11:46:57 AM

Submitted on Tuesday, February 15, 2022 - 11:46

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Matt

Last Name: Tootell

Affiliation: Boyd's Pharmacy of Pemberton

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:

Boyd's Pharmacy

[REDACTED]

Pemberton, NJ [REDACTED]

February 14th, 2022

Chair Lina Khan

Commissioner Rebecca Slaughter

Commissioner Noah Phillips

Commissioner Christine Wilson

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

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

My name is Matt Tootell, I am a co-owner and Director of Operations of 3 independent pharmacies in Burlington County, NJ. I write to express my support of the Federal Trade Commission's study of Pharmacy Benefit Managers, and specifically, the three largest: 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 us to participate in their networks and the associated fees are appalling.

I encourage you to ask PBM's for a sample of individual pharmacy claw backs (money they take back after they reimburse us for drugs dispensed). 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, our 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. It is to the point where these claw backs, when combined with the already terrible reimbursement rates imposed on us, will put us out of business.

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,

Matt Tootell
Director of Operations & Co-Owner

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/643>

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 9:16:59 AM

Submitted on Tuesday, February 15, 2022 - 09:16

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Matt

Last Name: Windham

Affiliation: Belew Drug Washington Pike

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 Matt Windham, a pharmacy owner and operator with 15 years of independent pharmacy experience and 10 years of ownership. Over the course of these years, PBM tactics have continued to put a strain on pharmacy operations by taking more and more money out of community pharmacies using DIR/GER/BER and unfair audits to line the pockets of these huge publicly traded companies. DIR was supposed to help put money back into the hands of patients, but instead it has been used to rob pharmacies of money that helps to create jobs in local economies. Last year alone, our four stores paid a combined total of \$250,000 in DIR fees. This does not even consider GER/BER fees. Just recently, we received a note from our PSAO, Elevate, stating that they had saved us 25% on GER/BER figures, but that we still owed over \$9,000 in reconciliation fees for plan year 2020 to OptumRx. This is egregious and makes it almost impossible to grow a business when you cannot be sure your cashflow will be there. These contracts are take it or leave it and we cannot conduct business without being in networks. PBM's need to be controlled for the sake of patient access, otherwise local independents will soon be a thing of the past.

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,

Matt Windham Pharm.D.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/207>

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 12:01:22 PM

Submitted on Tuesday, February 15, 2022 - 12:00

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Matthew

Last Name: Fricks

Affiliation: Fricks 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:

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

I am Matthew Fricks, owner of Fricks Pharmacy in Milton, FL. I am writing you in anxious anticipation of the noble task set before you to shed light on the abuse PBM practices. These practices directly affect patient care and our livelihoods. We are located right down the street from a CVS and Walgreens. We have patients come in regularly begging for our help. Patients cannot even get through on the phone to these overworked chains so we set in and help answer questions even though we cannot even bill for their prescriptions because the chain-owned PBMs steer the patients there. Often times we are not even offered their "take it or leave it" contracts. When we are, there are no room for reasonable negotiations based on local factors and expenses associated with filling for their patient population. For example, it has taken over 2 years for Humana to even get us through their process and our "contract loaded." The DIR fee abuses are well documented at this point. We have a patient that is on Medicare/Medicaid dual eligible. She requires seizure medication. The other chain pharmacies cannot provide the service she requires since she is disabled and needs home delivery. My cost is [REDACTED] CVS Caremark pays [REDACTED] at the time of processing (it actually takes 8 weeks or more to receive payment) for an initial loss [REDACTED]. Then comes the DIR fee of [REDACTED] for a total LOSS OF [REDACTED]! The DIR fee is nearly more than the total reimbursement! We have to decide to fill for her because we cannot leave her to the chains but we cannot maintain profitability from a business perspective for long losing like that. Brand/Generic Effective rates are similar in nature. You don't actually know what you are being paid for months down the road. The last practice I would encourage you to investigate are the unreasonable metrics that the PBMs say we can attain to positively affect our DIR. 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.

I am actually risking that the PBMs terminate my contracts by speaking out. Your work is critical to our survival!

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/663>

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 8:29:50 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Matthew

Last Name: Talbot

Affiliation: Independent Community 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:

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

My name is Matthew Talbot and I am the owner of two independent community pharmacies in rural northern Maine. 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. In the 7 years I've been running my family's pharmacies after graduation I have witnessed ominous trends in the industry due to practices of Pharmacy Benefit Managers. PBMs started out as electronic claims processors and have evolved into incredibly large, powerful corporations with immense influence over prescription drug channels. Over the years of unbridled industry consolidation, the vast majority of the prescription marketplace has become dominated by a handful of PBMs. The years of growth in size and power has enabled by minimal regulation at the state and federal levels. The aggressive and, honestly downright predatory, practices of the PBMs in pharmacy contracting has wreaked havoc on small independent pharmacies like ours. These "take it or leave it" contracts provide abysmal reimbursement to pharmacy providers with little, if any, negotiation. Even large networks of independent pharmacies represented by Pharmacy Services and Administrative Organizations (PSAOs), which are designed to help small pharmacies negotiate with the PBM behemoths, are nearly powerless in working on our behalf. So pharmacies like mine are faced with either accepting often below cost reimbursement or being shut out of insurance networks that cover large portions of our communities. Then the introduction and exponential proliferation of retroactive "Direct and Indirect Remuneration fees" (DIR fees) further clawed money back from small businesses, dealing a death blow to many pharmacies already facing uncertainties with low reimbursements and competition from chain pharmacies and mail order. These fees are embedded in PBM contracts and can taken back months, sometimes years, later. These fees have grown tens of thousands percent over the last decade. PBMs often own their own mail order pharmacies which they deceptively and often forcefully direct our patients to receive prescriptions. I'm sure the reimbursements they send to independent pharmacies are not the same ones they use with their

own in-house mail order pharmacies. The combination of predatory contracting, retroactive fee proliferation, and conflict of interest from steering patients to their own pharmacies creates the impossible competitive environment we are faced with.

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/111>

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 12:23:45 PM

Submitted on Tuesday, February 15, 2022 - 12:23

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Melissa

Last Name: Rummelhoff

Affiliation: N/A

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 believe it is absolutely critical for the FTC to require all Multilevel Marketing companies (MLMs) to provide complete and accurate information about the true earnings and losses of the distributors, including how many people drop out each year. The Business Opportunity Rule needs a serious overhaul. And prospective recruits should be given 7 days to decide without being continuously harassed to "hurry up join now."

I joined Beachbody about 7 years ago thinking I might make a little extra money and find a like-minded community with the same goals. I didn't even know what an MLM was. The upline did a very good job of concealing critical information, like just how saturated Beachbody already was with "coaches." They also never mentioned that you have to make rank EVERY MONTH. They made it sound like it was a one-time deal and then you could earn recruitment bonuses. We were constantly pressured to recruit for our challenge groups and what went on in these groups and just inside of the MLM were gaslighting, disgusting manipulation tactics and psychological damage (disordered eating) by people who were unqualified to be "coaches" of any sort.

My husband was also recruited into Ambit, which is the very definition of a pyramid scheme (buying part of your energy bill for a savings of a few dollars???), and he was constantly hounded to attend training sessions on his own dime and recruit, recruit, recruit. Thankfully, he got out of that really quick.

As a federal employee, I find it deeply frustrating that we let a commercial cult industry get away with deception, fraud, and scams.

Requiring MLMs to provide accurate information about their supposed opportunity (which should thoroughly include the fact that you CANNOT make money without RECRUITING) to potential consultants before they join would be a first step in protecting consumers from economic, psychological, and social harm.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/727>

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 9:31:49 AM

Submitted on Tuesday, February 15, 2022 - 09:31

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Michael

Last Name: Burns

Affiliation: Independent Retail 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:

PBM considerations:

PBMs argue that they save the system money. They will show numbers to support, but do not tell the whole story. They have many practices that actually harm the system and give them a competitive advantage.

The first practice is spread pricing. This is where they may reimburse the pharmacy ([REDACTED]) for a medication and then charge the insurer ([REDACTED]). While this seems like a small amount, this was a personal example that I could verify from my own insurance benefits summary. The pharmacy ended up with a gross profit of [REDACTED] and the PBM with a gross profit of [REDACTED]. Spread pricing has been investigated and found to cost state Medicaid programs tens of millions of dollars a year. To control business costs, a company may choose to have a deductible on their prescription benefit. Since the PBM cannot spread price during the deductible, they make sure the patient does not get the benefit of the negotiated pharmacy rate during the period. Every year, we see patients with copays around \$30 during the deductible period (when they pay 100%). After meeting their deductible, the PBM will adjudicate the claim at a maximum allowable cost rate (MAC Rate) of \$10.00. They purposefully push the patient through the deductible by not applying MAC Rates during the deductible so they can begin spread pricing. So, the very thing put in place to save an employer on cost actually costs the patient more and saves the employer less.

The next practice has to do with even more price manipulations. PBMs negotiation drug rebates with manufacturers for preferred placement on formularies. This competition they create between companies with products in the same therapeutic area seem to be solely based on money and not on patient outcomes or risk associated with medications. By placing competitors in a rebate bidding war, the rebates go up every year. Since manufacturers have to come up with this rebate money, they increase the list price. This too leads to patients blowing through their deductible at a faster rate since patients do not benefit directly from rebates. The increased list price allows the PBM to make more money because they pay the pharmacy based off a

percent off list and then charge the insurer a higher percentage. Even if this difference is only 2%, increasing the list price results in larger profits for the PBM. The handling of these rebates is even more interesting.

There are employers that don't know about this practice and therefore do not ask for this rebate money to offset the cost of the plan. Since many employers are now aware of this practice, the insurers use it to sell their plans and steer toward PBM owned mail order pharmacies. An insurer may offer a \$60 rebate for a brand fill at a retail pharmacy. They may offer a \$320 rebate for that same drug filled at a mail-order pharmacy. It would make sense to offer a \$180 rebate due to mail-orders only filling 3 months at a time, but surely the PBM is collecting the same rebate on a retail claim. For an employer, they are likely to sign off on a forced mail-order provision to help control costs by gaining the larger rebate. What they don't know is, dealing with mail-order to stop an auto-shipment is difficult, so they may have cost themselves a larger amount of money than they ended up saving when a patient is taken off a drug, but it ships to them anyway. This also causes issues when the mail-order pharmacy does not ship the med on time and the patient ends up at their retail pharmacy trying to get a fill. The PBM will often offer an override, but the expense incurred by the pharmacy to get the override, often exceeds the gross margin paid by the PBM. In some cases, there is no override available and the retail pharmacy has to deliver the news to the patient that the plan requires them to pay out of pocket for the item. Making a patient decide whether or not taking their med is worth the cost is not good patient care.

PBMs have also added coupon or discount offerings into their insured patient contracts recently. We have an issue this year where an item that is excluded from the Medicare Part D program comes back as a paid claim when billing the part D plan. It has a message in the claims data that says the drug is excluded, but was processed as a discounted rate. In one instance, the discounted rate was [REDACTED] for an over-the-counter item. Of this [REDACTED], the PBM was going to recoup [REDACTED] from a future payment to the pharmacy. In other words, the insurance was going to make [REDACTED] off of processing an excluded item at a discounted rate. In this example, the patient had a secondary insurance that then refused to pay for the medication because they didn't want to pay the primary insurance the [REDACTED] fee. In trying to opt out of this program, our pharmacy was told we would have other insured patients that would no longer be able to fill at our pharmacy. So, we are forced to choose whether the first patient should be able to have a \$0 copay from their secondary or whether other patients can use us as a pharmacy. It is common for PBMs to have "free" discount cards that reduce pharmacy payment and charge the pharmacy a fee to process. While many pharmacies try to avoid processing them because of the fee, they are often reminded they are contractually bound to process these cards.

DIR fees are a hot topic and also benefit PBMs. They will say they decrease the cost of Part D costs, but how? Included in these DIR fees are fees that PBMs claim are tied to pharmacy performance and other price concessions such as rebates. Let's look at DIRs fees where the claim is they are tied to pharmacy performance. We have one payer that used to include all claims in their performance program. The criteria were looking at 3 classes of drugs and patient adherence to this medication, completion of medication therapy management with patients, use of a statin in patients with diabetes, and formulary compliance. Instead of setting benchmarks like, if a pharmacy meets the CMS standard, there is no DIR, they compare pharmacies to one another. This results in a performance program where if all pharmacies meet CMS's standards, there are still pharmacies that will pay the maximum DIR

fee. Now, the claim that these are tied to pharmacy performance, can be debunked by watching this PBM move generic claims off of this performance system for most contracts to a Generic Effective Rate (GER) contract where you don't have a chance to earn any of the money back. Regardless, these fees have increased exponentially over the past 6-10 years. With an increase in fees, you have a faster push through the deductible period and through all other phases of the Medicare program. Keep in mind, the faster patients get to catastrophic coverage, the faster tax payers take over the cost of the program. There is a study posted on CMS's own site of how DIR fees reduced plan sponsor liabilities while increasing the government. I encourage you to review it at

<https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir>

I can almost guarantee that if these DIR pharmacy fees are taken away, the plans will cut reimbursement for these items at adjudication. This will keep patients in the deductible and early coverage phases longer, which will decrease the government's portion of the bill. At the pharmacy we see generics that adjudicate at [REDACTED] a claim and then the GER reduces payment to [REDACTED]. We also see items that process at [REDACTED] then have [REDACTED] withheld resulting a profit loss at the pharmacy.

Pharmacies are also charged transaction fees, customer service fees, recredentialing fees and various other fees that offset the PBMs cost to do business.

The reason why the practices above are disturbing is because just about every large insurer owns a PBM. PBMs own their own mail-order and specialty pharmacies. PBMs also own retail pharmacies. Why are the practices disturbing besides what I have pointed out. Pharmacies owned by the same parent company can accept less or take a loss on filling meds because their parent company makes money on every script filled at other pharmacies through spread pricing and fees. These vertically integrated companies also can engage in legal money laundering. If you need to show growth of revenue and profit to investors every year and you have to spend 80% of plan premiums on patient care, why not find a way to pay more of those premium dollars to a company you own. In this case, it may not be the pharmacy, but it is likely the PBM. The PBM is the perfect tool to spend money and keep it in your pocket for every prescription patients insured by the insurance company under the same ownership.

Sadly, the PBMs have made just about everything they do protected as a trade secret under the Freedom of Information Act. They also believe that no one has the authority to regulate them. The Supreme Court Ruled in *Rutledge v. Pharmaceutical Care Management Association (PCMA)* that states can regulate pharmacy benefit manager reimbursement practices. Still many states have laws that PBMs appear to ignore.

Further, PBMs claim to save money and care about patient care. However, they will find any reason possible to take back money for a silly reason in an audit, but don't seem to care that patients have to wait 30-60 minutes to talk to a pharmacist on the phone at pharmacies they own.

Hopefully, I've made it abundantly clear the advantages that these vertically integrated companies have over competing pharmacies. It is sad that these companies can set reimbursement for pharmacies that they are in competition with and protect those same contracts with FOIA. It is also wrong that they can afford to take a loss because they are making money with spread pricing on the back end of every prescription they process regardless of whether they fill it at their pharmacy or a competing pharmacy.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/251>

From: [REDACTED]
To: [OpenMeeting](#)
Subject: FTC Open meeting for February 17, 2022
Date: Tuesday, February 15, 2022 11:50:43 AM

I am writing to you today to ask that you investigate the unfair and secretive practices of Pharmacy Benefit Managers (PBMs). PBMs offer only take it or leave it contracts to independent pharmacies, in which 3 of the PBMs through mergers and acquisitions control more than a 90% market share leaving independent pharmacies that are integral in patient care in a very precarious position for the future of their businesses and access for patient care especially in rural areas. More independent pharmacies close their doors everyday. PBMs have created a deceptive business model that needs to be finally reigned in.

PBMs also engage in patient steering, in which they take the data from pharmacy claims billed by pharmacies and send patient letters to their homes and call patients on the phone in order to tell them they should fill their prescriptions at mail order pharmacies that are owned by the PBMs themselves. The PBMs also have special networks that they create in which the only pharmacies that are in those contracts are the pharmacies that they own themselves. It has been documented that they pay themselves significantly more for the same drug than they do other independent pharmacies that they do not own.

PBMs force contracts with drug manufacturers allowing their brand drugs to be included in their formulary by forcing the manufacturer to pay rebates back to the PBMs. If the manufacturer refuses, their drug is not allowed on the PBMs formulary. The drug manufacturer then is forced to increase the sales price of their drugs to drug wholesalers in order to pass the cost of rebates on to the pharmacy and ultimately the consumer. The PBM thus forces the pharmacy to purchase a brand name drug at a much higher cost than the generic to dispense to the patient who then pays a higher copay than they would have for a generic drug.

The PBM also in their take it or leave it contract only pays the pharmacy less than \$10 above the cost of these brand name drugs that often cost upwards of \$1000 and more than a handful of popular brand name drugs that you see everyday in commercials cost significantly more than that. The PBMs then charge the health insurance plan significantly more money than what they paid the pharmacy for the cost of the drug and the clinical expertise of the pharmacist and the PBM pockets the difference in what is called "Spread Pricing". They then hide the spread pricing data from everyone involved. The PBMs also use a loophole in federal law to steal money back from pharmacies months after the prescription has been picked up for Medicare patients in the form of "DIR fees" which the PBM pockets into their profits. The DIR fees average 10% of the price of the drug the PBM paid the pharmacy for originally.

A simple mathematical example of the above information:

Brand name drug cost to the pharmacy: \$800

PBM payment to the pharmacy (includes co-pay): \$810

PBM tells the patient's health insurance plan the drug cost: \$1000

PBM charges the pharmacies DIR fee months later (if medicare patient): \$81

In the above scenario that plays out MILLIONS of times PER WEEK:

The pharmacy in actuality LOST \$71 in order to fill the brand name prescription. (\$810-\$800 drug cost) - \$81 DIR Fee = \$71 loss

The PBM PROFITED \$271 (Spread pricing of \$1000 - Actual cost paid to pharmacy of \$810 + DIR Fee charged to pharmacy of \$81)

When politicians go on television and say they want to reign in health care costs, it sends a confusing message because all of the health care providers have been explaining this to the politicians for years so they know where to investigate and what is exactly causing the increase in health care costs. The confusion becomes decreased when you look at the campaign financial contributions to all of the politicians promising to cut health care costs and you will find significant contributions from all of the PBMs and health insurance plans. The PBMs are one of the biggest root causes to the never ending increase in health care costs and its time for them to be investigated and stopped. If they aren't, almost all independent pharmacies will be forced to close and this will affect patient access to health care never before seen. Independent pharmacists are the most accessed health care providers in America and that will all change if the PBMs are not reigned in, leaving patients out in the cold.

--

Michael Jeanfreau, Pharm D.
Pharmacy Manager
Floyd's Family Pharmacy

[REDACTED]
Ponchatoula, LA 70454
[REDACTED]

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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 12:43:56 PM

Submitted on Tuesday, February 15, 2022 - 12:43

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Michael

Last Name: Leake

Affiliation: The Pharmacy Inc

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 a registered pharmacist and the pharmacy manager of a rural, independent pharmacy in southwestern Vermont. 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, and help to keep my patients eligible to fill their medications at my pharmacy.

Thank you,

Michael Leake, RPh

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/787>

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 12:16:04 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: MICHAEL

Last Name: RABURN

Affiliation: Michael's Prescription Corner 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: NM

Submit written comment:

February 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 a pharmacist owner of 3 pharmacies located in rural New Mexico. I have been negatively impacted by the vicious business practices of the PBMs. The PBMs have sold themselves as advocates for public health but in reality, they are greedy business machines making billions of dollars in profit at the expense of pharmacies and the public. The bait and switch business actions with DIRs is an unfair tactic to steal away my profits which support my employees, provide pharmacy services to the communities I serve and support the economy of rural areas of my state. Please take action to end the malicious practices by the PBMs. An example of unfair reimbursement: the PBM Express Scripts and others will require a brand name medication to be dispensed when a lower cost generic is available in order to reimburse the pharmacy an amount below the pharmacy's cost. In addition, the pharmacy is contractually required to dispense the medication at a loss. No business can survive such unfair and one sided contracts, which are "take it or leave it". 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,

Michael Raburn RPh
Michael's Prescription Corners
Lovington, Hobbs, Eunice NM

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/699>

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 12:34:23 PM

Submitted on Tuesday, February 15, 2022 - 12:34

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: MICHAEL

Last Name: SCHALTENBRAND

Affiliation: MEDICATE 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: IL

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 Michael Schaltenbrand. I am the owner of Medicate Pharmacy Inc. We are located in an economically depressed area in southern Illinois. Each year we are given one way contracts from Nation wide, non-transparent PBMs. We are left with little or no option than to take the insurance that our patients are signing up for, as Chain drug stores with deeper pockets and greater ability to bargain for lower DIR fees with PBMs that want them in there network. This incredulous financial stress has negatively impacted us for years with 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,

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/755>

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 10:31:20 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Michael

Last Name: Wohlfeiler

Affiliation: AIDS Healthcare Foundation

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/419>

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 7:14:57 AM

Submitted on Tuesday, February 15, 2022 - 07:14

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Mike

Last Name: Gallegos

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: New Mexico

Submit written comment: Monopolies exist and antitrust laws are ignored.

There are unfair mergers and tons of patients have given me letters of pbm

soliciting business to their mail order or retail stores. Insurance

companies like caremark should not be allowed to have interests with CVS.

It is an outrage. Also predatory take it or leave it contracts should be

addressed. These business should be fined and 100 percent of it paid to

independent pharmacies tax free.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/51>

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 12:19:00 PM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Mike

Last Name: Vinson

Affiliation: Independent Pharmacy Owner-Adams Drugs- Montgomery, AL

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: <https://youtu.be/AevBOjFLKJE>

Submit written comment:

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/711>

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 10:05:34 AM

Submitted on Tuesday, February 15, 2022 - 10:03

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: MITA

Last Name: MEHTA

Affiliation: GLENVIEW PROFESSIONAL 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 am co-owner and a Pharmacist at Glenview Professional 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. There is no room for negotiation and we are forced to fill many prescriptions at a loss or barely make few pennies!

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/347>

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 11:23:11 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Mohamed

Last Name: Saleh

Affiliation: Woodside Pharmacy, [REDACTED] Valparaiso, IN, [REDACTED]

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:

America used to be all about supporting small businesses, as a small business that is just starting, it's impossible to survive due to large corporation monopoly of the health system. all we want as small businesses is to be fairly through having equal access to consumers and cancelation of all underwater fees that are put on us.

****PLEASE SUPPORT SMALL BUSINESSES - STOP PBM ABUSE - STOP CORPORATE GREED****

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/563>

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 9:45:53 AM

Submitted on Tuesday, February 15, 2022 - 09:45

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Morgan

Last Name: Green

Affiliation: SigDay Pharmacies

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: My name is Morgan Green and I work for SigDay Pharmacies, an Independent Retail Pharmacy Group 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,

Morgan Green, MS, CBS, CPhT
Director of Marketing and Sales
SigDay Family of Pharmacies
Muscle Shoals, AL



The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/307>

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 9:37:27 AM

Submitted on Tuesday, February 15, 2022 - 09:37

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: MUHAMMAD

Last Name: KHAN

Affiliation: NEXTDOOR COMMUNITY 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:

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 the owner of Independent Pharmacy Nextdoor community pharmacy. My business is hurting due to underpayments from PBMs every day. I am trying to give help community to give pharmaceutical care and vaccination. 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,
Muhammad Khan
Nextdoor Community Pharmacy
[REDACTED]
Philadelphia, PA [REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/271>

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 9:08:49 AM

Submitted on Tuesday, February 15, 2022 - 09:06

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Murali

Last Name: C

Affiliation: Chapel Street 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:

I am Murali C, An Independent pharmacy owner and 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,

Murali,C,
Chapel Street Pharmacy

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/183>

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 10:09:54 AM

Submitted on Tuesday, February 15, 2022 - 10:09

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: MyLove

Last Name: Oppong

Affiliation: N/A

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: MD

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 owner of a Pharmacy. My Pharmacy has been impacted by

take-it-or-leave-it

contracts, DIR/GER/BER, and unattainable performance metrics negatively

financially. 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/367>

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 10:16:19 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Nathan

Last Name: Mouton

Affiliation: Mouton Pharmacy 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: I am an owner and pharmacist at a small independent retail pharmacy. The prescription benefit management companies are slowly closing my business. We are continually being pain under cost for prescriptions dispensed. We also in some cases are forced to dispense a brand-name drug when a cheaper generic is available. This only increases our inventory and increases our cost. No explanation is given due to the secrecy the PBMs operate under. We definitely need some help to keep our business open and serve the people of our small community. Thank-you.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/383>

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 10:35:52 AM

Submitted on Tuesday, February 15, 2022 - 10:35

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Neeraj

Last Name: Tirunagari

Affiliation: Medicine Center Rx LLC

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: NY

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 long suffering owner of Independent community pharmacy in Bronx NY who has been serving this community for over 14 years and has been impacted negatively for years 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.

Yours truly,

Neeraj Tirunagari

Medicine Center Rx LLC

[REDACTED]
Bronx, NY [REDACTED]

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/431>

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 11:05:43 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Nelson

Last Name: Bobrowski

Affiliation: Consumer and former 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:

My comment is on 6(b) Study on Pharmacy Benefit Managers' (PBMs)

Relationship with Affiliated and Independent Pharmacies: The Commission will vote on whether to issue Orders to large pharmacy benefits managers to study the competitive impact of contractual provisions, reimbursement adjustments, and other practices affecting drug prices, including those practices that may disadvantage independent or specialty pharmacies.

In the year 2000 Fortune 500 a health care tested company did not appear until the 30s and today there are 4 in the top 8 and two of these, CVS Caremark and United health care, own PBMs. These companies achieved their profits by acquiring competing companies and vertically integrating so that the remaining competition has fewer options to maintain survival for their businesses (ie independent pharmacies are offered take it or leave it contracts designed by PBMs to lower reimbursement far enough that independents either have to close or sell out to them).

CVS lobbyists are manipulating state and federal legislators, (example a state representative's wife in the state of Kentucky is employed by PCMA which is the lobbying group for PBMs) to change or adopt laws that harm a free market environment (ie forced mail order or only in network pharmacies that they own are the only options for patients to fill their medications.) . Several states such as Arkansas, Kentucky, Ohio, and California terminated state Medicaid contracts with CVS because they found in each state over a 100 million dollars annually being taken out through a practice known as spread pricing that was simply a way to boost profits and In no way contributed to patient care.

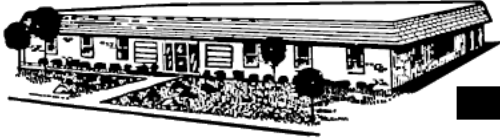
The opioid problem that has ravaged the country the last 15-20 years has been ramped up by PBM owned pharmacy business practices. Early refills on highly addictive schedule 2 opioids have been found company wide and seem to be have promoted by management to insure an increase in market share. This was brought to light during court hearings in 2020 and 2021 in Ohio were a judge ruled CVS was liable for their behaviors that added fuel to the fire of

the opioid epidemic.

By removing the bullies that are PBMs then pharmacies, both large chain and community independents, would be on a much more level playing field. Patient care would be vastly improved because the pharmacies that take the best care of patients and their outcomes would be rewarded by an increases in business not simply because a few companies corner the market and force people into a situation that places shareholder profits over patient care

I ask that you take long hard look into PBMs and their business practices. Reach out to the staff at the Columbus Dispatch newspaper who covered both the Medicaid spread pricing issue as well as the opioid trial in Ohio. Talk to the pharmacists who have been elected to representative positions in Washington D.C. and see why they got involved to try to protect their profession that they have dedicated so much of their life to that is being destroyed by PBM abuses. Thank you for allowing me to comment.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/499>



J & S
Professional Pharmacy, Inc.
IN J & S PROFESSIONAL CLINIC
WEST FRANKFORD, ILLINOIS

Joyce E. Fogleman, R.Ph./Owner

February 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 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.

From: [REDACTED]
To: [OpenMeeting](#)
Subject: REQUEST FOR FTC TO INVESTIGATE UNFAIR TRADE PRACTICES BY PHARMACY BENEFIT MANAGERS
Date: Tuesday, February 15, 2022 9:36:55 AM
Attachments: [REDACTED]

Nicholas Minor

[REDACTED]
mulkeytown 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 10:44:40 AM

Submitted on Tuesday, February 15, 2022 - 10:44

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Nick

Last Name: Lund

Affiliation: Nucara 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:

My name is Nick Lund and I am the Pharmacist-in-Charge at Nucara Pharmacy in Nevada, IA. 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,

Nick Lund, PharmD, MPA

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/459>

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 12:43:24 PM

Submitted on Tuesday, February 15, 2022 - 12:43

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: oleg

Last Name: beda

Affiliation: nature med 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:

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:

I am Oleg Beda, registered pharmacist and owner of a community pharmacy in New Jersey. My pharmacy has been in business and part of the local community for over eighteen years and we have been negatively impacted by PBMs and their take-it-or-leave-it contracts. On a regular basis we fill and lose money on prescriptions for patients who have been customers with us for a long time. Many times the amount we get paid is below the acquisition cost for both brand and generic medication. Even when I contact multiple generic wholesalers I am not able to find any who can even match the cost let alone provide me with a price where I actually make a profit. Since I can only order brands from specific sources I am taking losses on a monthly basis. 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,
Oleg Beda Rph
Nature Med Pharmacy LLC

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/783>

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: Monday, February 14, 2022 11:49:14 PM

Submitted on Monday, February 14, 2022 - 23:48

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Pam

Last Name: Layton

Affiliation: pharmacist

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 have to say they PBM'S should face jail time: Fraud waste and abuse of cms waste medication thru the mail order system by abundant of auto refill which it mails to the customer. I had a customer transfer to me from The Windsor wich is a long term care facility due to the fact he had so much insulin and medications that he ran out space!. I actually could not believe it but saw it for myself..Now if Walgreens or any pharmacy would auto fill the patient has to pick it up they can refuse but not the mail service which they are charging the tax payers. Mail order just keeps on mailing it waisting tax payers money. Yeah they want to mail it there making money on it and abusing the system big time.

I really wich we would see more independent pharmacies not the big box ...we do give better service, better care, we can actually staff our stores, give covid shots, covid treatments, be a part of the community but its getting harder for us.

PBMs have a monopoly they steer patients to their pharmacy, I wonder how does the government keep up with them with all the laws they are breaking you don't really see how its charging . hidden. Express Scripts is so big I remember that Walgreens broke the agreement many years ago they didn't agree to the prices well I can't even reach them thru email ...I tried no answer .. who operates like this???

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/987>

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 10:22:31 AM

Submitted on Tuesday, February 15, 2022 - 10:22

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Pamela

Last Name: Wiltfang

Affiliation: NuCara

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 Pamela Wiltfang, a pharmacist for NuCara 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,
Pamela Wiltfang, Clinical Pharmacist/Director of Clinical Services &
Innovative Practice
NuCara Pharmacy

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/399>

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 2:33:41 AM

Submitted on Tuesday, February 15, 2022 - 02:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Parth

Last Name: Parikh

Affiliation: 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: CA

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.
- 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/19>

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 10:41:12 AM

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

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Patra

Last Name: Gilbert

Affiliation: 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: OK

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.

- 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.

This post represents my own views and does not represent any employer's opinions, strategies, or positions.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/439>

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 9:34:16 AM

Submitted on Tuesday, February 15, 2022 - 09:33

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Patrick

Last Name: Hilger

Affiliation: Pharmacy owner/ Pharmacist/ Patient advocate

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: Kansas

Submit written comment: PBM practices surrounding DIR fees have been devastating to my patients. They have caused patients to reach the donut hole earlier and they have caused my patients to pay higher prices. Each year this continues to increase the cost of prescriptions medications. The DIR practices have also caused my pharmacy significant issues around reconciliation of claims because we do not know at the time of dispensing what our actual reimbursement will. These deceptive practices make it impossible to know if we are losing money or how much money we lose. We should be able to know this at the time of dispensing.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/259>

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 9:14:01 AM

Submitted on Tuesday, February 15, 2022 - 09:13

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: PATRICK

Last Name: KOVACS

Affiliation: CHEFFY DRUGS

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 writing in regards to PBM's predatory practices.

I own an independent pharmacy in rural Ohio. We have been an important part of our community since 1925. We have seen every change & challenge in health care that has been thrown our way and survived them all. However the current state of affairs with the PBM practices have severely threatened our survival. The business philosophy of the PBM industry is to financially cripple independent pharmacies, steal business from us to steer them to their own pharmacies, & force us into "take it or leave it" contracts. The list of egregious examples are actually unbelievable. They have been allowed to run a "legal" ponzi scheme right under your nose. I have personally had over \$300,000 taken back from me from audits of legal, legitimate prescriptions because of "fine print violations". The monies from that were not returned to the employer that sponsored the plan & kept by Cvs/caremark. Please explain how ethical it is for a competing business to control my reimbursements & then offer to buy my business for pennies on the dollar? Also explain how said business can reimburse their own pharmacy at a higher rate for the same exact drug than what they pay me? Meanwhile their revenue goes up in turn making their stock prices go up, how is this not securities fraud? The DIR & clawback structure are shrouded in mystery that only result in profiteering for the PBM. The guise of saving consumers health care dollars is a total sham. I have specific examples that I could share as to how wrong that is. At the end of the day, my business goal is to provide excellent customer & take care of my community but financially I have been crippled. Don't let them destroy any more community pharmacies. We are the ones that sponsor little league teams, community fundraisers, we sit with families at the funeral home when a loved one dies, etc. Please protect us!!

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/199>

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 12:56:53 PM

Submitted on Tuesday, February 15, 2022 - 12:56

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: paul

Last Name: reed

Affiliation: NCPA, APHA, OPHA, Reed Family 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:

021522

FTC

It is time to do something about the unfair trade practices that hurt PATIENTS as well as PHARMACIES.

I am Paul Reed an Independent Pharmacy owner of 30 years. We have no ability to negotiate any contracts, they are take it or leave it. Our fees have continually increased and claw backs under various names have increased at the same time reimbursements have decreased. Our entire nation of the pharmacy system is about to collapse except for those pharmacies owned by the vertical integrations or Aetna, Cigna and UnitedHealth Group. They are forcing patients to leave the pharmacies of their choice to move either to mail order or the chain pharmacies owned by the PBM's.

Fees are being shifted to the patients in many ways.

You have all this info from other sources. What I want to know is why Standard Oil had to break up? Why did "MA BELL" have to break up into regional phone carriers, and then allow even more competition from there? it is time for you to act in the best interest of PATIENTS and in the name of fair trade the PHARMACIES.

Paul Reed

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/843>

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 12:45:05 AM

Submitted on Tuesday, February 15, 2022 - 00:44

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Payal

Last Name: Thadani

Affiliation: Buy low 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: Dlr fees must end

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/15>

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 12:25:44 PM

Submitted on Tuesday, February 15, 2022 - 12:25

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Pete

Last Name: Powers

Affiliation: The Med Shop 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: TX

Submit written comment:

Please address the PBM practices these money hungry corporation have really taken over the Pharmacy industry. The consumer is paying higher copays for name brand drugs while there is a generic available at a much cheaper option and usually less copay for the patient. The PBM mean while is receiving rebates from the manufacture and not passing them on. The PBM have really dominated the Pharmacies with there take or leave it contracts. The PBM's access fees that our taken out a year or so later which makes it hard to predict on how to budget your business. What business in America sells someone a product at a loss? Pharmacies fill a prescription at a loss so in other words they wrap a \$20 bill around a vial full of medicine and watch them walk out the door. No other business in America is forced to do that. PBM's Audit us frivolous things and take back all money paid to us including the cost of the drug. Example Was the prescription phoned in, faxed in, or send electronically. It really doesn't matter what matters is that the right patient got the right drug with right directions from the correct doctor. I was just sent a letter that my Pharmacy owes [REDACTED] for Dir fees for year 2020. Todays date is February 15, 2022 this is atleast over 1 year ago. This is done on purpose to hurt me and my Pharmacy which in return will hurt the Patients I serve. I could go on and on about the ruthless and heartless practices of the PBM industry.

Thanks

Pete Powers

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/735>

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 10:37:52 AM

Submitted on Tuesday, February 15, 2022 - 10:37

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Peter Sr.

Last Name: Camporese

Affiliation: Partner/Owner of Independent Community Retail Pharmacy in upstate NY.

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 Chair Khan and Commissioners Slaughter, Phillips, and Wilson:

I am Peter Camporese Sr. Partner and owner of a small independent community retail pharmacy in upstate New York . 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,
Peter Camporese Sr.

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/435>

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 8:47:51 AM

Submitted on Tuesday, February 15, 2022 - 08:47

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Poumil

Last Name: Patel

Affiliation: 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:

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 a pharmacy owner. I am writing to notify you how bad things have become in the world pharmacy and mainly due to the unmonitored and irresponsible practices of PBM. Forcing patients to choose a pharmacy of their choice not covering drugs or penalizing the patient by charging 10 times the copay, inadequate reimbursement to small pharmacies to even cover the cost of the medications and unfair audits are amongst many practices of PBMs to ensure that their preferred pharmacies stay as profitable as possible while wiping out the competition leaving consumers with no choice but to use the PBM preferred pharmacy. As a consumer, you should have a choice what pharmacy to use regardless of what the employer and the plan agree upon contractually. PBMs take away this choice by providing different types of incentives to the employers. 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/143>

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 9:19:10 AM

Submitted on Tuesday, February 15, 2022 - 09:18

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Rachel

Last Name: Cole

Affiliation: Pharmacist

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 staff pharmacist at a local community pharmacy whose reimbursements are frequently in the negative for many medications. 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,

Rachel Cole, Pharmd, BCGP

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/219>

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 11:42:13 AM

Submitted on Tuesday, February 15, 2022 - 11:42

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Rami

Last Name: Brignac

Affiliation: Mills Cashway 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: LA

Submit written comment: Our industry is at the mercy of PBMs. When we file appeals on prescriptions that are paid below our cost, the appeals are routinely denied. And we have no idea what our DIR fees will be, because the formula is purposely obscure and difficult to decipher. And our customers, especially the elderly on Part D plans, are subjected to scare tactic efforts by the PBM to convince them that they MUST fill their prescriptions at a preferred pharmacy. Fortunately, many of our customers reach out to us before they move their business. But this adds insult to injury, as many PBMs won't even let an independent pharmacy look at a preferred contract, much less sign it. Also, we are routinely subjected to audits that are outside of the legal limits of Louisiana law, but there seems to be no recourse for us to fight these efforts.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/623>

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 12:45:59 PM

Submitted on Tuesday, February 15, 2022 - 12:45

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Randall

Last Name: Shell

Affiliation: swiss 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: Ohio

Submit written comment: CVS Caremark is the main culprit behind a lot of misleading information. The Medicare part D patients were not informed that there prescriptions could only be filled at CVS . Claw backs are beyond ridiculous . On the scripts that come in a generic the are mandating brand be utilized, and the n not even reimbursement does not even cover cost of medication. To make matters worse there is no one to talk with about under payments. This situation has been going on for a long time, its about time to make some big changes for the future.

The results of this submission may be viewed at:

<https://www.ftc.gov/node/1591350/submission/799>

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 10:46:06 AM

Submitted on Tuesday, February 15, 2022 - 10:45

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Randy

Last Name: Shipp

Affiliation: NCPA

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: TX

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 wife and I decided to chase our dream of owning our own pharmacy just over 5 years ago. It was a struggle getting started because we were an unknown pharmacy to local residents, but word got out that we were different and really cared for our patients. When someone walks in the door they are greeted and treated as friends because they really do become friends of ours. We have worked hard to grow the business, but I am concerned with the way the DIR/GER fees have been increasing over the last few years that we will not be able to continue providing care to our patients. I am still chasing the American dream and don't mind good strong competition, but I want a level playing field. When your main competitor (CVS) owns healthcare plans that require our patients to stop using our pharmacy and either use a mail order that they own or use their pharmacy it just doesn't seem fair. They are so big that they give us take it or leave it contracts that are not sustainable. My patients are upset that they are not able to choose the pharmacy that they want to use. This would be like buying a Chevrolet and then only being able to fill it up with gas from a gas station that Chevrolet owns....that wouldn't make sense but that is exactly what is happening in pharmacy. Also in Texas a law was passed that went into effect on 9/1/21 where they were not allowed to force patients to use their pharmacy and take away the patients choice but they have just overlooked this law for the most part and do whatever they want. We have called them and explained the law many times but

as soon as we mention it we get “disconnected”. 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,
Randy Shipp
Red Door Pharmacy and Gifts

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/463>

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 12:41:44 PM

Submitted on Tuesday, February 15, 2022 - 12:41

Submitted by anonymous user: [REDACTED]

Submitted values are:

First Name: Rannon

Last Name: Ching

Affiliation: Tarrytown 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:

[Tuesday 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 Rannon Ching and I run a locally owned and operated independent community pharmacy called Tarrytown Pharmacy in Austin Texas, and am urging you to help us fight back against the Pharmacy Benefit Managers (PBMs) and their targeted efforts to put everyone else out of business with their anti-competition and bully tactics. I could spend days telling you all about the devious ways that PBMs are trying to put us out of business, but I'll focus on the outrageous claw back DIR fees (basically just stealing money from us), take-it or leave-it contracts, and the way that they force patients to only use pharmacies that are owned by the insurance company themselves! The most personal example I can give is that my own insurance that my family has through my wife's company (Caremark is the PBM) forces us to use CVS (which owns the Caremark PBM), otherwise they will not pay for our prescriptions. I run a small-business pharmacy, and I can't even fill my family's medication at my own pharmacy because of the PBM insurance company taking away our choice. In regards to running my business, we are constantly attacked every year with contracts that pay us less and less for medications and pay nothing for dispensing fees that are used to pay my staff and keep the lights on. All the while they continue to increase copays of patients, which again they use to try and force people away from using small businesses and use their own mail order or chain pharmacies. Lastly DIR fees are just blatant theft that PBMs use to pad their pocketbooks, increase their profits, and increase their stock prices for their own shareholders. All the while making consumers pay more, non-insurance owned pharmacies make less, and negatively impact the ability for people to get prescriptions easily.

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

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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,
Rannon Ching

The results of this submission may be viewed at:
<https://www.ftc.gov/node/1591350/submission/775>