

October 6, 2022

The Honorable Jack Reed  
Chairman  
Senate Armed Services Committee  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable James Inhofe  
Ranking Member  
Senate Armed Services Committee  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable Adam Smith  
Chairman  
House Armed Services Committee  
2216 Rayburn House Office Building  
Washington, DC 20515

The Honorable Mike Rodgers  
Ranking Member  
House Armed Services Committee  
2216 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Reed, Ranking Member Inhofe, Chairman Smith, and Ranking Member Rodgers:

On behalf of The US Oncology Network (The Network), which represents over 10,000 physicians, nurses, clinicians, and cancer care specialists nationwide, we write today to draw your attention to a recent decision by Express Scripts (ESI), the pharmacy contractor for TRICARE, that will impact our practices' ability to dispense prescription drugs to TRICARE beneficiaries, effective October 24, 2022. We are concerned this disruption to comprehensive, integrated pharmacy services may negatively impact the quality of care and treatment outcomes for TRICARE beneficiaries with cancer.

The Network is one of the nation's largest and most innovative networks of community-based oncology physicians, treating more than 1.2 million cancer patients annually in more than 450 locations across 25 states. The Network unites over 1,400 like-minded physicians around a common vision of expanding patient access to the highest quality, state-of-the-art care close to home and at lower costs to patients and the health care system. We are honored to participate in the TRICARE network, with over 22 Network sites in 15 states providing high-quality cancer care to TRICARE beneficiaries.

Over the past decade, the availability and use of oral oncolytic medication (chemotherapy, biotherapy, and immunotherapy) has significantly increased. As a result, many community-based cancer clinics have established medically integrated dispensing platforms or practice-based pharmacies so patients can access their oral chemotherapy prescriptions or other medication at the point-of-care. Unfortunately, Network practices with these types of coordinated dispensing platforms were recently forced to decline the TRICARE/Department of Defense (DOD) contract under ESI for pharmacy services due to reimbursement terms that were not economically viable. In fact, our analysis showed over 80% of claims (100% of brands) would likely be underwater under the terms of this proposed contract. As a result, patients on TRICARE will no longer be able to obtain prescription drugs from practice pharmacies.

This change will disrupt ongoing cancer treatment and may lead to delayed care. We have seen patients experience significant delays in care when forced to obtain medications through PBM-aligned specialty pharmacies. Additionally, many cancer patients undergo treatment that combines IV chemotherapy with oral drugs. Delays in obtaining oral medication can delay the full course of treatment and lead to disease progression.<sup>1</sup>

Moreover, a cancer patient sees their oncologist frequently and in-person, creating a close relationship that allows them to feel comfortable asking questions, sharing side effects, and easily communicating with practice

<sup>1</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774101>

staff. It is relatively common for physicians to modify a cancer patient's drug therapy due to the patient's disease progression, side effects, or changes in the patient's liver or kidney function. This can be communicated seamlessly in a practice with medically integrated dispensing. As a result, cancer practices with medically integrated pharmacy services have been shown to significantly improve patient adherence<sup>2</sup>, reduce time to treatment<sup>3</sup>, and improve outcomes at a lower cost.<sup>4</sup>

In contrast, PBM-aligned specialty pharmacies do not have access to a patient's full medical records or lab results, they cannot answer a patient's questions about their medical condition, and they may automatically refill prescriptions with no awareness that the drug may no longer be appropriate. With cancer treatments, every day is critical and delays not only impact treatment efficacy but create stress for the patient and their caretakers.

As community cancer providers, we are dedicated to ensuring our patients receive access to timely and personalized care and believe TRICARE beneficiaries should have the same access. **We ask the Senate Armed Services Committee and House Armed Services Committee to conduct additional oversight over the TRICARE pharmacy network to ensure beneficiaries undergoing cancer treatment do not experience care delays or reduced outcomes as a result of this decision.** We welcome the opportunity to discuss this issue with you and your staff. Should you have any questions, please contact Ben Jones, Vice President of Government Relations and Public Policy, at [Ben.Jones@usoncology.com](mailto:Ben.Jones@usoncology.com).

Sincerely,



Ben Jones  
Vice President, Government Relations and Public Policy  
The US Oncology Network

<sup>2</sup> <https://www.ajmc.com/view/medically-integrated-dispensing-an-alternative-to-how-oral-drugs-get-dispensed>

<sup>3</sup> <https://www.targetedonc.com/view/the-benefits-of-medically-integrated-dispensing-for-cancer-drugs>

<sup>4</sup> [https://ascopubs.org/doi/abs/10.1200/JCO.2018.36.15\\_suppl.e18916](https://ascopubs.org/doi/abs/10.1200/JCO.2018.36.15_suppl.e18916)