*Comments Submitted to: dha.buckley.AD-SPT-CAE.mbx.tpharm6@health.mil*

May 11, 2026

Viktoria Reed
Managed Care Contract Directorate
16401 E. Centretech Pkwy
Attn: AEA
Aurora, CO 80011 USA

**RE: TRICARE Pharmacy Program RFI (Draft Section C & H)**

Dear Ms. Reed,

Thank you for this opportunity to respond to the Defense Health Agency's (DHA) recent TRICARE Pharmacy Program Request for Information (RFI) (Draft Section C & H). The National Community Pharmacists Association (NCPA) is the voice for the community pharmacist, representing over 18,900 pharmacies that employ more than 235,000 individuals nationwide. Community pharmacies are rooted in the communities where they are located and are among America's most accessible health care providers.

In general, the retail pharmacy landscape has changed significantly since the TPharm 5 contract was implemented. At the time those requirements were being written in the 2020-2021 timeframe, there were approximately 90,000 retail pharmacies in the United States according to a January 2025 Journal of the American Medical Association article. However, by 2022 when the TPharm 5 contract started, 29.4% of those pharmacies, both independent and chain, had closed. In fact, more recent data published by NCPA revealed that in 2025, there were 33,797 chain, supermarket, and mass merchant pharmacies and 18,960 community retail pharmacies, for a total of slightly more than 52,750. Given this decrease in the number of retail pharmacies across the United States, our initial comments regarding the RFI are focused on **Draft Section C, Statement of Work, C.3.3 – Retail Pharmacy Network.**

**C.3.3.2.1.1** At least one network pharmacy within 15 minutes driving time of 90% of the beneficiaries.

**C.3.3.2.1.2** 75% of the 10% of beneficiaries that do not have a network pharmacy within 15 minutes driving time shall have at least one pharmacy within 30 minutes driving time.

**Comment:** The use of a driving time metric is unclear and ambiguous in relation to retail pharmacy accessibility since many factors can influence driving time. The time of day or night, speed limit, volume of traffic, personal driving habits, weather conditions, etc. can all impact driving time. Thus, we believe it is confusing for any offeror to understand this metric without further clarification. NCPA suggests using a straightforward number of miles a beneficiary needs to travel to use a network pharmacy. This method correlates with a 2022 Journal of the American Pharmacists Association article noting that across the overall U.S. population, 48.1% lived within 1 mile of any retail pharmacy, 73.1% within 2 miles, 88.9% within 5 miles,


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and 96.5% within 10 miles. Only 8.3% of counties had at least 50% of residents with a distance greater than 10 miles. Using a straight mileage standard appears to be much more workable that a driving time standard while still ensuring a valid metric.

**C.3.3.2.2.** No fewer than 35,000 retail network pharmacies.

**Comment:** According to the current TRICARE website, there are 41,000 retail network pharmacies available to beneficiaries. This section of the Draft RFI indicates that a reduction of 6,000 pharmacies (15%) will be acceptable under TPharm 6. Given the reduction in the number of retail pharmacies still operating from when TPharm 5 was implemented, it does not appear that shrinking the number of retail network pharmacies available to beneficiaries is in the best interest of patient care. Any further decline in the number of retail network pharmacies may limit access to a beneficiary's closest health care professional, contribute to medication nonadherence, particularly for older adults, and result in higher cost hospitalizations or additional medical interventions and treatments. Moreover, depending on the geographical areas where any retail network reductions may take place, racial, ethnic, rural, and suburban disparities could widen the access gap for services such as vaccination, naloxone distribution, and contraception.

NCPA highly recommends that the final TRICARE Pharmacy Contract Request for Proposal increases the minimum acceptable number of community pharmacies included as part of the retail pharmacy network.

**C.3.3.9**. Changes to the Retail Pharmacy Network (in part)

The Contractor shall have a plan for communicating to beneficiaries when a pharmacy is removed from the network. As part of the plan, the Contractor shall do the following in the event of network changes:

• Identify and provide advance notification to beneficiaries who have filled prescriptions at the designated pharmacies during the previous six (6) months. The notification shall provide the beneficiary with names and addresses of the pharmacies closest to the beneficiary remaining in the network. The notification shall include information on how to search for additional pharmacy options. The Contractor shall ensure that the beneficiary receives the letter at a minimum of 30 days prior to the effective date of the change.

• Monitor and track prescription fills by impacted beneficiaries in specific categories (CDRL R020).

• Make changes to the plan as necessary to ensure successful communication with all beneficiaries and minimum disruption to therapy.

**Comment**: While this section covers in some detail what the contractor must accomplish when there are retail network pharmacy changes, it is aimed primarily at the patient, not the pharmacies that are no longer participating as a TRICARE network pharmacy. NCPA members who may have been network pharmacies in the past, but have since either been dropped from the TRICARE Retail Pharmacy Network or have declined to continue, are not actually disconnected and removed from the network. Even though our members are no longer stating or advertising that they are TRICARE network pharmacies, nor actively seeking to fill

prescriptions for TRICARE beneficiaries, the contractor has done nothing to sever the network connection. In essence, despite our members' choices and desires, they are still able to mistakenly fill prescriptions, adjudicate claims, and still be listed by the contractor as participating in the network. Hence, they must then accept an unacceptable network reimbursement rate the pharmacy had explicitly rejected.

In addition, this behavior on the part of the contractor causes confusion among beneficiaries. This is especially so for those patients who have been loyal patrons of a specific pharmacy for many years and trust their healthcare to that pharmacy and pharmacist. NCPA members believe this type of activity should not be allowed and DHA must ensure that the contractor has a method in place so only those pharmacies who have accepted the terms and reimbursement rates offered to them can file claims through the TRICARE Retail Pharmacy Network.

The final section we are addressing is Draft Section C, Statement of Work, C.13.1 – Financial. NCPA would like DHA to provide a clarification to the following sub-section, as well as consider our comment.

**C.13.1.** The Contractor shall not collect, receive, retain, or benefit from, directly or indirectly, any additional fees, rebates, discounts, premiums, or any other consideration of any kind specific to processing TRICARE prescriptions other than recoveries (payable to the U.S. Treasury) resulting from audits of network pharmacies. The Contractor shall not negotiate or collect, receive, retain, or benefit from, directly or indirectly, any agent rebates, data-use rebates, vendor chargebacks, or any other like consideration of any type from agent manufacturers, wholesalers, and/or network pharmacies on behalf of the Government or for itself in regard to the services performed under this contract. The prohibitions cited herein against earning an additional fee and negotiating with pharmaceutical agent manufacturers or wholesalers do not apply to the task(s) described in C.6.8.28.

**Comment**: It is difficult to discern exactly what C.13.1 refers to because although it mentions "task(s) described in C.6.8.28," no such section is in the Draft RFI. Could DHA please clarify what tasks are included in C.6.8.28? Notwithstanding the answer, NCPA does strongly advocate that to avoid organizational conflicts of interest, reduce the risk of self-dealing, and preserve fair competition within the military pharmacy benefit, DHA shall not award the TRICARE TPharm6 contract to any pharmacy benefit manager ("PBM") that is vertically integrated with, owned by, or under common control with a retail pharmacy chain, specialty pharmacy, mail-order pharmacy, pharmaceutical manufacturer, wholesaler, insurer, or affiliated healthcare services entity that could financially benefit from formulary placement, network design, reimbursement determinations, prescription steering, spread pricing, or utilization management decisions made under the contract. This restriction is necessary to protect the government from impaired objectivity and unfair competitive advantage, consistent with federal procurement integrity principles, organizational conflict-of-interest standards under the Federal Acquisition Regulation, and longstanding federal antitrust policy disfavoring market structures that permit dominant intermediaries to preference affiliated entities at the expense of competition, transparency, independent pharmacies, and beneficiary choice.

In closing, NCPA understands the need for DHA to balance fiscal responsibility while providing a robust pharmacy benefit to all TRICARE beneficiaries. There are many, many studies and peer-reviewed articles

available all noting how exceptional pharmaceutical care can reduce overall costs to a health system. However, pharmacy benefits and pharmacy care only help patients if they are easily accessible. Our membership steadfastly believes that access to community pharmacists and pharmacies serve as a platform for high quality, patient-centered, medication management and other services that enhance the health and wellness of both communities and beneficiaries. Additionally, these important services are provided in a manner that can reduce overall TRICARE costs. More retail network pharmacies are needed, not fewer. Thank you for your time and consideration of the National Community Pharmacists Association's comments.

Sincerely,

Ronna Hauser, PharmD
Senior Vice President, Policy and Pharmacy Affairs