Mail-Order Pharmacy and Its Ethical Dilemmas

By:

Carlin Jamil

As a pharmacy student, I have a growing concern on the impact of mail-order pharmacy. Many pharmacists and pharmacy students may be wondering "if mail-order pharmacies are becoming increasingly popular, then why did I spend 6-7 hard-working years in school learning everything there is to know about drugs and how to implement that learning to patient care?" Knowing the value of my services it is a concern not only for my career, but also for the patients that are affected. For this reason, I will discuss the reasons for mail-order pharmacies, laws and regulations, advantages/disadvantages. Surveys were conducted to find out how pharmacists and patients really feel about mail-order pharmacies. Survey results will also be discussed.

Linda is a 51 year old woman on maintenance estrogen and medications for hypertension. When she mentions the cost, her primary care physician suggests she try her HMO's mail-order option and get three months' worth for two co-payments. Sounds like a deal. But is it? Linda saves five bucks and the hassle of bellying up to the pharmacy counter once a month for the next three months. But is her HMO actually saving money? What if Linda's physician changes her medication a month from now and two months' worth goes into the trash? What if her local pharmacy had been willing and able to sell her a three-month supply for two co-payments without making her get a fresh prescription and fill out mail-order forms? What if there had been an interaction problem with her two meds? Her old pharmacist always talked to her about what she was taking. Would a pharmacist on an assembly line five states away catch a problem? If he did, would he call Linda or her physician?5

Welcome to the long-standing war over mail-order pharmacy, the fastest growing part of the $60 billion retail pharmacy market. According to the 1997 Novartis Pharmacy Benefit Report, retail drug sales went up 16 percent from 1995 to 1996, while mail order grew at nearly twice that rate. In 1994, about 55 percent of health plans offered the mail-order option; by 1996, it was 71 percent.5

First, I will discuss the advantages according to the insurance companies and others that promote the use of mail-order pharmacies. Carol J. McCall, vice president of pharmacy management at Louisville-based Humana, which has 6.2 million members in 16 states and Puerto Rico says "we look at a number of factors in offering mail order, one of which is convenience."5

Does mail order, in fact, mean less personal counseling by the pharmacist, for better or for worse? Some say yes, some say no. Chris D. Robbins, a principal of Vita Rx, which manages Aetna U.S. Healthcare's mail-order operation, says that his pharmacists have an opportunity to examine prescribed dosages and assess
potential interactions before the medicine is prescribed and taken. "The managed care company can't detect a problem in time because it doesn't have the information in real time," Robbins says. "There is no such thing as cheap bad medicine. Mistakes cost money." Ray Vrabel, Pharm.D., director of mail service pharmacy for Prescriptions Solutions, the pharmacy benefit manager for PacifiCare, which has 3.8 million covered lives, maintains that mail-order pharmacy is nothing earthshaking. "Here, at least, if we need to clarify or question something, we have a customer service area to make the outgoing calls," he says. "We also can look at the patient's whole claims history and what he's taking to see if something is amiss. The retail pharmacy, which may be one of several used by the patient, doesn't have this information." Assistant Professor David A. Mays, Pharm.D., of the University Of Maryland School Of Pharmacy in Baltimore, cites a recent Primetime Live broadcast in which two strongly contraindicated drugs were prescribed in combination and few pharmacists in retail stores pointed out the error. "People should make sure they talk to their pharmacist," Mays says. "Whether they take advantage of the information available depends on the patient." Mays, in fact, is cheered by assembly-line mail-order pharmacy. "I bet they can fill 10,000 prescriptions a day with fewer errors than a neighborhood pharmacist with 100 a day and the phone ringing and people coming to the counter," he says. "Mail order is done by bar coding and quadruple-checked."5

Express Scripts' Loeber counters: One of the challenges of retail programs is being able to track the quality of dispensing as it can be tracked through a mail facility. We continue to look for ways to better quantify quality and credentialing through retail networks." At Humana, contact between members and the mail-order company is actively encouraged. "We tell them to talk to our members whenever possible," McCall says. "Especially about generic substitution, because our members have significant savings when generics are substituted."5 From the standpoint of the health care company, mail order makes sense, according to Robbins. "About 40 to 50 percent of an HMO's costs," he says, "are from antidepressants, gastrointestinalis, anticholesterol and cardiovasculars--all maintenance drugs, all amenable to mail-order delivery." HMOs evaluate mail order the same way they would a formulary, says Brad Kozar, president and chief operating officer of MediMedia Managed Care, a marketing and communications company advising drug and managed care companies, pharmacy benefit managers, and integrated physician networks. With both mail order and formulary, Kozar says, companies evaluate quality, access and cost. "Under quality, mail order has fewer dispensing errors thanks to automation, and it deals with an elderly population that has to worry about interactions," he says.2 On the access side, many managed care organizations have a limited network of pharmacies. That means some in rural areas may lie at a distance from the patient. Mail order cuts driving time, he says.5 Cost of course is the kicker. "A dominant drug chain may insist on a dispensing fee of three dollars. Mail-order companies can come in at a buck. "Humana's McCall says there can be a lot of variation in price from one pharmacy to another but when mail order is substantially less, the employer is in essence paying extra for local access to respond to the desires of its employees. An eight year old study performed a Brandeis University found that managed care organizations saved only 2 cents per day, per
prescription requiring mail order. Robbins, however says the savings are more like 10 to 20 percent. But hard numbers seem to be scarce. Duane M. Kirking, Ph.D., professor of pharmacy administration at the University of Michigan in Ann Arbor, says that evidence that mail order is a lot cheaper is not strong. "There have not been a lot of studies," he says. "It probably saved more money early on when generic substitutions were not so commonplace. "Others say what Konnor says: "If it weren't saving the plans money, they wouldn't be using it."5

"It’s money," insists Daryl Tomkins, R.Ph., owner of Tomkins Pharmacy in Hauppauge, N.Y. "If patients weren't saving money on mail order, they would prefer to deal with their local pharmacy. They know us by name. With multi-tiered pricing and discounts from the large pharmaceutical manufacturers, the mail-order places can offer better prices. Some offer no co-payment. They are killing retail pharmacy." As for his role as patient counselor, Tomkins says he hands over a leaflet, as required by law. "People read it and don't understand it," he says. "If I am standing there, they can ask me. And don't tell me the mail-order houses have toll-free numbers people can call. Often there is nobody there or the patient can't get through, so they come to me. I am not being paid to counsel the mail-order customer. It's not fair."5 "We are not looking to kill retail," objects Vita Rx's Robbins. "We even go to the retail pharmacy to deliver a drug if it is needed quickly. People also use retail pharmacies to get an antibiotic. You wouldn't want to wait for that to come in the mail. We can offer drugs cheaper because we don't have the overhead. We also have more ability to monitor for interactions and more time to make sure the prescription is clinically correct."5

Looking at the larger picture, Mays sees the shift to mail order as a sea of change for pharmacists. "Lick, stick and pour is going to be gone," he says. "In Canada, you use an ATM-like card that contains your whole pharmacy record. A pharmacist comes on the screen and asks about interactions and how you are doing on a drug. Changes are coming. There will always be retail pharmacists, but they are going to be paid for their cognitive services, such as monitoring conditions and establishing clinical pathways. That will make up for income lost to mail order."5

Impact on Patients, Pharmacies & State Economy: Some public and private health care plans are considering a mandate that their enrollees obtain their maintenance medications through a mail-order pharmacy. Other programs create strong financial incentives for patients to use mail-order over their local retail pharmacy. These actions are being taken because plans are being told that mail-order will save them money. Evidence indicates that mail-order does not save money and, in fact, encourages waste and the over-utilization of prescription drugs. Mail-order can also place patients' health in jeopardy because consumers do not have the benefit of the important face-to-face prescription counseling and medication management services provided by local pharmacists. Finally, consumers should have the choice of using community pharmacy or mail-order, and not be coerced into using one method over another."6 Mail-order impairs quality of care: Prescription drugs are medical treatments,
not commodities. For that reason, seniors should not be restricted to the use of mail-order pharmacy in obtaining their chronic care prescriptions. Restricting or financially coercing seniors to use mail-order pharmacy denies them the benefits of coordinated prescription medication management by their local pharmacist. Further, there is nothing more convenient than the local pharmacy for the elderly and disabled to obtain their medications. Waiting for the mail to bring medications can result in patients not having them when they need them. Inclement weather, federal holidays, and other such occurrences can delay mail delivery and thus the arrival of a patient’s much needed medication.

Mail-order encourages wasteful spending: There is no established proof that mail-order pharmacies provide payers with savings over retail pharmacies. In fact, when the price of mailing the prescription is included, the cost to fill a prescription at a mail-order pharmacy is about the same price as through a community pharmacy. Furthermore, mail-order firms dispense more costly brand name drugs than do retail pharmacies because mail-order firms receive incentives (i.e. rebates) from pharmaceutical companies to dispense more costly brand name drugs over lower-cost generic drugs. The saving Pharmacy Benefits Manager’s (PBMs) and their mail-order pharmacies allege to offer third-party plans have nothing to do with the cost of filling a prescription. It’s all about the product rebates the PBM negotiates with pharmaceutical companies and how the PBM allocates those rebates to show client savings. PBMs give more of the rebate money to the mail-order pharmacy when they own that facility because it adds to their profit. If all of that rebate money was passed on to the purchaser (third-party plan) then the retail pharmacies would be extremely price competitive with mail-order pharmacies. A recent study found that it will cost the Federal government and the Medicare program an additional $30 billion over the next ten years as a result of allowing PBMs to shift patients to their own mail-order facilities. In addition, mail-order dispenses large quantities of expensive medications, and there is always a significant portion of mail-order prescriptions that go partially unused. That is because the physician might change the drug being taken by the patient, or the patient’s medical condition changes. About 3-4 percent of the average mail-order program’s total spending is “wasted” on unused medications.

Generic Utilization in mail-order much lower than community pharmacy: Use of lower-cost generics in mail-order pharmacies is lower than in traditional community pharmacies. Data from NDCHHealth, a healthcare information services company, indicate that mail-order pharmacies use generics in less than 30 percent of the prescriptions they fill. This is quite low compared to retail pharmacies, which use generics for 55 percent of the cash prescriptions that they fill and over 47 percent in the Medicaid prescriptions that they fill. Reluctance by mail-order pharmacies to dispense generic drugs at a higher rate further contributes to the wasteful spending of benefit program funds.

Mail-order takes local jobs and taxes out of communities: Mail-order pharmacy takes important prescription revenues away from local pharmacies and transports these dollars, jobs, and taxes out of state. This is unfair to businesses that have invested in
local communities and serve as important community health care providers. This lost revenue can lead local pharmacies to reduce hours or workforce and thereby limit pharmacy access for all residents in the community, as well as limit access to non-pharmacy related merchandise, such as over-the-counter drug products. For example, Maine has implemented voluntary mail-order system for maintenance medications for Medicaid beneficiaries. NACDS estimated that, even if only 15 percent of these maintenance medications were shifted to out-of-state mail order, Main in-state pharmacy businesses would lose $21 million in sales, 85 jobs, and $2.2 million in wages and benefits.6

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<th>% member to switch to mail order pharmacy</th>
<th>Lost to Rx mail order</th>
<th>Lost rx sales to mail order</th>
<th>Store closings</th>
<th>Lost jobs</th>
<th>Lost wages and benefits</th>
<th>Lost state tax revenue</th>
<th>Cost to state for unemployment benefits</th>
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<td>30%</td>
<td>876,000</td>
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<td>15%</td>
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<td>85</td>
<td>$2.2 million</td>
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In 2003, the Michigan-based auto workers union included a mandatory mail-order provision in their new contracts. Health Management Associates found that the shift to out-of-state mail-order would result in a $268 million loss to Michigan pharmacy businesses and mean that 167 jobs would be lost.6

**Health Management Associates Evaluated Categories**

**Estimated Impact**

Total Number of UAW Employees Impacted 856,060

Lost Prescriptions to mail-order 4,259,346

Lost Prescription Sales to mail-order $268,193,679

Lost Pharmacist and pharmacy Technician Jobs 167
Mail-order is not a panacea for cost savings. Patients should have the choice of using their retail pharmacy or a mail-order pharmacy without having to pay an economic penalty. Payers and others considering mail-order should remember that mail-order promotes fragmented- not coordinated health care, that mail-order generally dispense larger quantities of medications, some of which are usually wasted; that mail-order firms have a conflict of interest to steer plan enrollees to mail-order given the lucrative nature of the mail-order business; that mail-order has much lower generic dispensing rates because of the incentives that they have to dispense higher cost brands; and that mail-order hurts local communities economically by taking away revenues, taxes, and jobs.6

Another issue is if mail service an acceptable way to distribute pharmaceuticals? Last spring, the U.S. Postal Service determined that drugs in a mailbox can get as hot as pizza warming in an oven. The study showed that only 8.4 percent of the packages experienced temperature variations allowable under the Postal Service's definition of controlled room temperature. Sixty-five percent of the packages were exposed to temperatures between 84 and 104 degrees. About a quarter were exposed to "excessive heat"--above 104 degrees. In addition, calculations showed that almost a third of the packages were exposed to mean kinetic temperatures above 170 degrees for as long as 21 days in transit through the system. In one instance, a woman received frozen insulin of dubious efficacy. Still other anecdotes concern medications left on doorsteps and downed by children, with dire consequences.5

Retail pharmacy is fighting back in Congress and state legislatures with bills requiring licensure of mail-order companies in every state, licensure of individual pharmacists at mail houses in every state to which drugs are mailed, and allowing retail druggists to offer the same services as mail order at the same price. Some states want the federal government to require state employees to buy only from mail-order companies in their state, which could eliminate mail order for those employees in states with no mail-order pharmacies.5

The lead bill, introduced by New York Democratic Rep. Nita Lowey, is, in part, the brainchild of the independent pharmacies. Ostensibly to achieve that D.C. favorite, the "level playing field," the Lowey bill would bar health plans from making members use mail order. No health plan could offer a mail-order benefit exclusively. Obtaining drugs locally also would have to be an option. Medicare and Medicaid would have to follow suit, as would the federal government (employees now pay nothing for mail-order prescriptions, 20 percent for those filled at retail). If mail-order pharmacy could offer three months' worth of drugs at a time, retail could also. If mail order could cut co-payments, so could retail pharmacists.5
Critics point out that many mail-order operations are unlicensed. Even if a pharmacist does fill the prescription, that pharmacist in all likelihood is not licensed in the patient's state. After a number of skirmishes and despite a last-minute grass-roots campaign by PBMs warning members that passage would double or triple their prescription costs, Missouri passed prototype legislation that prohibits health plans from contracting for mail order with any company not licensed by the Missouri Board of Pharmacy. The bill also applies the same co-insurance, co-payment and deductibles to all prescriptions filled by a pharmacy provider meeting the contract's terms, and prohibits HMOs from limiting the quantity an enrollee can obtain at one time unless the same limits apply to all providers. Key to pharmacies in the Show Me State was the provision to equalize co-payments.5

Michigan's Consumer Prescription Protection Act, a bill introduced in the Michigan House of Representatives in January 2004, is a so-called "freedom of choice" bill. It would prohibit insurers from using financial incentives that encourage the use of mail order or narrow networks that result in the restriction of retail pharmacies, among other provisions. The bill was prompted by a change in benefit design for some members of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW). Starting in January 2004, union members employed by the three major auto manufacturers are required to use mail order to obtain certain maintenance drugs for chronic conditions including hypertension, diabetes and high cholesterol.8

Michigan will lose nearly $2 billion in prescription drug business in 2004 because of the UAW health plan, according to a report commissioned by Michigan's Coalition for Quality Healthcare, a group supported by the National Assn. of Chain Drug Stores and the Michigan Pharmacists Assn. Walgreen and other retail pharmacies object to the health plan because "retail pharmacies are not being allowed to fill those prescriptions even if they accept the same rate [as mail-order PBMs]," says Walgreen spokesperson Michael Polzin.8

The Michigan Assn. of Health Plans and the Michigan Chamber of Commerce oppose the package of pharmacy bills. "Our members feel very strongly that these kinds of questions should be decided by the private sector by labor and management," says Rich Studley, senior vice president of government relations for the Michigan Chamber of Commerce. "Our members feel that not only would this legislation increase the cost of prescription drugs, but it really represents unwarranted state government intervention in the private sector."8

Meanwhile, Rhode Island lawmakers are considering seven bills that would establish "any willing provider" and "freedom of choice" provisions. The measures also would develop specific procedures that insurers would have to follow when creating pharmacy networks and would prohibit mail-order pharmacies from participation in the networks.8
The Federal Trade Commission, which was asked to review the bills, declared them anticompetitive. "Although several of the bills recite that they are intended to maximize competition and assure greater 'freedom of choice,' we believe that, if enacted, any of the bills would likely have the unintended consequences of limiting competition, undermining freedom of choice, and increasing the costs of pharmaceutical services," FTC said. "Of course, to the extent that these prices rise, they would also have the effect of increasing health insurance prices and restricting the availability of insurance -- exactly the opposite of the bills' intent."8

Walgreen says its decision to stop joining new Rx benefit programs that have mandatory mail-order rules for maintenance medications has paid off, according to Polzin. "To date, we have not had to drop any plans due to a mandatory mail component," he says. "There was one plan that was considering including a mandatory mail component in their plan, but it did see the advantages of having Walgreen's retail pharmacy in its network and so it chose not to implement a mandatory mail program in order to ensure that access to our pharmacies."8

Legislative efforts to restrict PBMs are likely to fail, says Phil Blando, spokesperson for the Pharmaceutical Care Management Assn. Retail pharmacies "are trying to achieve in the legislative arena what they have been unable to impose in marketplace. Unfortunately this is a time-honored tradition in industries that are unable to compete in the private market. They look to legislatures and courtrooms for relief and protection."8

Surveys

I conducted two surveys; One for pharmacists (including pharmacy students), and a separate survey for patients. The purpose of the surveys were to reveal the thoughts and beliefs about mail-order pharmacy from the patients’ and pharmacists' point of view. I felt it was necessary because literature and statistics do not always reflect real life situations; sometimes the literature one finds is biased. I will discuss the results of each survey separately. Twenty five pharmacists or pharmacy students completed the written survey.

1. Mail-order pharmacies are not acceptable?

28% replied that they strongly agree, 40% replied agree, 16% don't know, 16% disagree, none strongly disagree. This is not surprising that 70% agree. Pharmacy professionals know the value of their services.

2. Mail order pharmacies have negatively impacted pharmacy as a profession greatly (especially community pharmacies)?

44% strongly agree, 48% agree, 4% do not know, 4% disagree.
3. Mail order pharmacy is acceptable because most pharmacists don’t even practice patient care anyways? (they only count, lick, and stick)

8% strongly agree, 20% agree, 4% don’t know, 40% disagree, and 28% strongly disagree. According to this response, only 3 out of 10 patients are not being counseled by their pharmacist. The other seven patients are receiving the benefits of their pharmacist.

4. Do you have a friend or relative that orders his/her prescriptions by mail?

40% circled yes, 60% circled no. The purpose of this question was to show the relevance of this topic. We know that mail order pharmacies are becoming more prevalent, but this shows how many patients are actually utilizing them. I expect this number will continue to grow as it has not reached the 50% mark.

5. If you were not a pharmacist and had no pharmacy background would you purchase through mail order pharmacies?

68% circled yes, 28% circled no, 4% circled I don’t know. This question shows how much people don’t know about the value of the service of a pharmacist. This question lets the pharmacist “walk in the patient’s footsteps” and evaluate the reasons for choosing mail order. Most people don’t know about the advantage of having a pharmacist near their house. If they did they probably would not choose mail-order pharmacy over community pharmacy. Pharmacists know how much knowledge they have and how much of that knowledge they can share. It is up to us to give that information to our patients.

6. Would you ever consider working at a mail order pharmacy? Why or why not?

80% circled no, 20% circled yes. 40% chose no because it is too boring, 64% chose no because there is no patient interaction, 5 other responses were that it is not professional, and there is no trust between patient and pharmacist. Some responses to yes were that it depends on where he/she lives, they know someone who works at a mail-order pharmacy and enjoys it, and one response was that “eventually it will be the only source that insurances will accept.” This answer reveals that pharmacists don’t want to work without patient interaction.

7. The majority of people who purchase from mail-order pharmacies do not like the service?

44% say they agree, 44% don’t know, 8% disagree, 4% strongly disagree. The patients complain the most about not getting their medications on time, being left on hold for a long period of time when calling, and no one to answer questions. Other responses such as senior citizens like to come to the pharmacy instead, no pharmacist interaction, received frozen insulin.
8. This puts added pressure to our profession (i.e. when they don’t get their drugs on time, they come to you)

28% strongly agree, 56% agree, 12% don’t know, 4% disagree.

9. We as pharmacists can make a difference in our legislation regarding mail-order pharmacies?

20% strongly agree, 52% agree, 24% don’t know, 4% disagree.

10. Have you ever taken any action against mail-order pharmacies? If so how?

Only 8% said yes, 92% said no. One person wrote they had a petition at work where patients could sign against mail-order pharmacies and sent it to the Big 3. The other person gave the patients the number to call legislation and complain. Question #9 shows how many people actually believe they can make a difference and how many people actually take the steps necessary to accomplish it.  

Patient survey and results

1. Have you ever purchased your medications from a mail-order pharmacy?
   40% answered yes. 60% answered no.

2. If yes, how was the service?

70% answered they did not receive the medications on time. 80% answered they were left on hold for a long time when they called. 40% answered they did not answer questions about the drug. One person answered they were sent the wrong drug. Another person said they lost her medication, but still were able to cash her check, and were going to charge her again for the medication.

3. How often do you get counseled when you get your medications from the community pharmacy?

  12% answered always. 32% answered most of the time. 28% answered sometimes. 28% answered never. The purpose of this question was to either support or disclaim the argument that mail-order pharmacies are the same as community pharmacies because most pharmacists don’t even counsel anyways. The answers to this survey disclaim this argument because only less than 1/3 of the patients do not get counseled on their prescriptions.

4. Besides the fact that you mail your prescription and it’s cheaper there is no difference from getting your medication from the local pharmacy

No person answered they strongly agree. 28% answered they agree. 8% answered they don’t know. 32% answered they disagree, and 32% answered they strongly disagree.
Most of the people that disagree marked that the difference is there is no counseling with mail order pharmacies, and their questions are not answered. Some people checked that they don’t check for drug allergies, interactions and correct dosages.

5. The pharmacy profession is very valuable and should not be replaced by mail-order pharmacies even though it is more expensive.

40% strongly agree, 36% agree, 8% don’t know, 16% disagree. Even though the people circled they agree with the statement the fact they order through mail-order pharmacies is contradictory. From the results of this survey, I gather people want to come to their local pharmacy and speak to their pharmacist, but most people are not willing to pay extra in order to do that.

6. Have you ever taken any action against mail-order pharmacy?

Only 4 people out of 25 answered yes. Out of the 4 most signed a form from senators to give retail pharmacy the same access. This shows that although the patients do not like mail-order service they do not take the time and initiative take any action against it.

Is mail order pharmacy an ethical issue? The answer is yes. The problem involves two choices that require moral values. Either you get your medications from mail-order pharmacy or the community pharmacy. It is a moral issue because by making mail-order the patient’s only option or by charging a more expensive co-pay you are denying the patient access to a local pharmacist and denying valuable healthcare. Almost all patients if given the choice of equal co-pays would choose community pharmacy. In relating beneficence to this ethical dilemma, as a pharmacist concerned for my patients we must not let mail-order pharmacies take over. If we sit back and let it happen we are violating beneficence. As shown by my survey, pharmacists are not taking the steps necessary to fight this. It requires more education to the public of the potential harm and more lobbying to our legislatures, and also encouraging the patients to write letters to their representatives. There are also the issues of justice and fidelity. It is not fair to make it harder for patient’s to receive optimal health care. It is also not fair to the pharmacist who might lose his/her job or have to counsel a patient that receives his/her medication through mail-order. Fidelity is an issue because pharmacists have a code of ethics they must follow. “The pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.” This is hard to do over the phone or by mail. If we continue to let mail-order pharmacies grow, some pharmacists will lose their job and all that will be left is to work for a mail-order pharmacy.

The advantages to mail-order pharmacy from the PBM’s and insurance companies point of view is that with chronic medications it is not necessary to visit your local pharmacy every month. Their main concerns are convenience for the patient and the amount of money they will save by using mail-order pharmacies. The disadvantages are that mail-order has been proven to take local jobs and taxes out of communities and in turn hurt the state economy. It also impairs the quality of care, and encourages wasteful
spending. In conclusion, mail-order pharmacies deny the patients of the benefits of coordinated prescription medication management by their local pharmacist.
References


