

International Mail Prescriptions: CBP Delays Rule to Jan. 20

What the Entry Type 13 extension means for employer health plans that use international Rx sourcing

A NOTE FROM JAKE

With CBP's changes to international mail entry in the news, plan sponsors are reasonably asking what comes next. The extension to January 20, 2027, buys time, not certainty. International sourcing is one lever, not the only way to address high-cost Rx and claims, and the next 90 days are a practical window to review how your plan manages these costs.

Jake Velie, CPT

Founder, Chairman & CEO, National Integrative Health

International mail-entry requirements are shifting. On October 14, 2026, U.S. Customs and Border Protection (CBP) announced that the mandatory implementation date for International Mail Entry Type 13 was extended from October 22, 2026, to January 20, 2027. Plans that prepared for an October 22 change now have roughly 90 more days; CBP states there are no changes to international mail entry procedures before January 20, 2027. This is a change to the international mail-entry process, not a blanket ban on international drug sourcing; the CBP notice concerns international mail, not express courier shipments. [Read the CBP announcement.](#)

For plan sponsors, the practical question is whether their current program depends on international mail, and what contingency applies if a shipping route or service changes.

This issue explains the CBP timeline and outlines questions plans can ask about shipment routes, continuity, and other ways to review high-cost Rx and claims.

AT A GLANCE

Old date: October 22, 2026

New mandatory date: January 20, 2027 (a 90-day extension)

What it covers: Informal entry of international postal shipments, filed electronically in CBP's ACE system

Why drugs are affected: Mail under a Partner Government Agency's jurisdiction, such as FDA, falls within the requirement

What it does not cover: Express courier shipments, which follow separate CBP rules

What's Changing

- **Shipment routes and service continuity.** Plan sponsors using international sourcing should confirm whether shipments move through international mail or express couriers, whether the vendor expects any service changes, and what transition support is available.
- **Regulatory timeline.** CBP extended the mandatory implementation date for International Mail Entry Type 13 to January 20, 2027. The date applies to that mail-entry process; it should not be described as a deadline for every international sourcing route.
- **Continuity planning.** If a sourcing route or program changes, affected members may need a coordinated transition. Confirm the plan for continuity and any changes to delivery timing or plan cost with the vendor.
- **What to watch.** CBP has also proposed, in an October 8 Notice of Proposed Rulemaking titled "Low-Value Shipments," applying the new entry and data requirements to nearly all international mail packages. This is a proposal, not a current requirement.

Questions Plan Sponsors Should Be Asking Now

1. Is our current sourcing vendor continuing international services, and is that commitment in writing?
2. How many members are filling medications through international channels today, and for which drugs?
3. What is the transition plan if the route or service changes before or after January 20, 2027?
4. How would our stop-loss carrier view a shift in high-cost claims back to domestic channels?
5. Are we relying on a single lever for high-cost Rx savings, or an integrated strategy?
6. Does our vendor ship through international mail, express courier, or both, and who files customs entries on members' behalf?

Sourcing Is One Tactic, Not the Full Strategy

International sourcing is one possible lever. A broader review can also consider the following options and more:

- Clinical review, coordinated with treating providers where appropriate
- Plan design structure with clear generic, biosimilar, and therapeutic alternative formulary guardrails
- Site of care optimization for infusions
- Claims data analysis, including both in pharmacy and the J-code/Q-code/high-cost medications that hide in the medical claims
- Evaluate domestic and other procurement options, where appropriate
- Coordinate cost review with stop-loss considerations
- Potential clinical trials

These are areas a plan can assess without making international sourcing its only pathway. Potential impact depends on the plan, claims, contracts, and clinical circumstances.

How NIH Can Help

National Integrative Health provides managed-care pharmacy services for high-cost, specialty, and infusion medications. Where engaged, our team can review utilization, identify potential transition considerations, and outline options that may include clinical review, site-of-care coordination, claims data review, acquiring high-cost medications at the lowest net cost, and stop-loss coordination.

Request a Repricing Analysis

Contact: info@nationalintegrativehealth.com | [Schedule a conversation](#)

Read More

- **Related article:** [The 2027 Cost Challenge Employers Can Act On: Site of Care, Stop-Loss, and Specialty Drug Sourcing](#)
- Browse Jake's articles and appearances: [VBA / Daily Industry Report](#) | [NIH featured articles and results](#)
- Follow National Integrative Health on [LinkedIn](#) for ongoing marketplace updates.

National Integrative Health | 2829 Westown Parkway, Suite 335, West Des Moines, IA 50266 | NationalIntegrativeHealth.com

You are receiving this because you have previously connected with National Integrative Health about high-cost Rx and claims.

[Unsubscribe](#)