

March 26, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: NCPA Sends Small Business Community Pharmacy Recommendations and Needs to Administration's Coronavirus Task Force

Dear Administrator Verma,

Attached you will find NCPA's recommendations to the Trump Administration on how our members can and are helping during the COVID-19 public health emergency. However, in order to remain viable and keep doors open to provide continued access and care, I wanted to reach out about two very important asks to CMS:

- 1. Require Part D sponsors and Pharmacy Benefit Managers (PBMs) to temporarily suspend all pharmacy audits during the public health emergency.**
- 2. Provide clear guidance stating that Part D sponsors and PBMs are not able to audit pharmacies in the future for any alterations or waivers of Part D sponsor and PBM requirements, including patient signatures as proof of delivery for any medications, made during this emergency period.**

Pharmacies remain one of the few entities open to assist patients in their local communities. Our members need relief to stay open and help their patients. Unfortunately, pharmacies are still receiving audit notices from PBMs daily. This interrupts patient care in trying times and we are asking CMS to require all Part D sponsors and PBMs to temporarily suspend all pharmacy audits.

We greatly appreciate CMS' guidance dated March 20, 2020, "Minimizing Face-to-Face Contact for Medication Delivery or Dispensing," and we continue to track how various PBMs are implementing this guidance. CMS stated the following in the guidance: "We are making clear that HHS does not require and will not audit for patient signatures as proof of delivery for any medications, including for controlled substances." However, PBMs are still requiring pharmacies to document various aspects of proof of delivery, and each PBMs notice to pharmacies can vary greatly. NCPA's concern is that Part D sponsors and PBMs will audit our members when the public emergency ends and penalize them for technicalities or Scrivener errors even though HHS has made clear it will not audit the plans on proof of delivery.

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We also appreciate CMS' guidance dated March 10, 2020, "Information Related to Coronavirus Disease 2019 – COVID-19," regarding actions to ensure pharmacy access during a disaster or state of emergency. However, once again most PBMs have implemented this in a patchwork fashion at the pharmacy level on multiple fronts, including refill-too-soon edits, prior authorization and home or mail delivery of Part D drugs which detracts from the extraordinary effort pharmacists are making to help people in their communities.

Therefore, we strongly ask CMS to make clear that Part D sponsors and PBMs are not able to audit pharmacies in the future for any alterations or waivers of Part D sponsor and PBM requirements, including patient signatures as proof of delivery for any medications, made during this emergency period.

Lastly, our members are very concerned about the impact that Medicare Part D direct and indirect remuneration (DIR) fees are having during this pandemic. These fees continue to be assessed and our members continue to have to pay PBMs during this emergency period. Since these fees are based on quality measures that will likely be negatively impacted during the pandemic, we have grave concerns that DIR fees may increase greatly. We are aware that CMS has granted exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs, and would ask that similar exceptions be granted for community pharmacies and the quality measures Part D sponsors and PBMs use to assess DIR fees during this emergency period.

NCPA offers its willingness to work with the Administration to offer solutions and request relief where needed to collaboratively help prevent the spread of COVID-19 and continue treating our patients.

Thank you,

A handwritten signature in black ink, appearing to read "B. Douglas Hoey". The signature is fluid and cursive, with a large initial "B" and a long, sweeping tail.

B. Douglas Hoey, RPh, MBA
Chief Executive Officer
National Community Pharmacists Association

Attachment

CC: Ms. Andrea Bendewald
Ms. Whitney Hubbard
Ms. Amy Larrick
Mr. Craig Miner
Ms. Cheri Rice

March 17, 2020

The Honorable Mike Pence
Vice President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20501

RE: Community Pharmacists' Recommendations to the President's Coronavirus Task Force

Dear Vice President Pence:

The nation's 21,000 community pharmacies, including independent and small regional chains which are locally and regionally owned, are located in all U.S. states and territories. Our members stand ready to assist the President's Coronavirus Task Force in fighting this pandemic.

Attached you will find community pharmacists' recommendations on how our members can help, including testing for COVID-19 as availability of diagnostic testing increases. Over 10,000 locally-owned pharmacies provide home delivery services and over 5,000 have the ability to compound necessary medications and preventative needs, such as hand sanitizer.

However, in order to remain viable and keep doors open to provide continued access and care, independent community pharmacists need an immediate suspension of all pharmacy direct and indirect remuneration (DIR) fees that pharmacy benefit managers (PBMs) assess on pharmacies. These post point-of-sale clawbacks are wreaking havoc on the business operations of our members and are a threat to their ability to offer these services.

We also need several allowances in order to continue to provide life-saving medications to our patients in this time of emergency, such as waiving all requirements for patient signature or other delivery verification requirements that put our members and their staff and patients at increased risk of acquiring coronavirus.

NCPA asks the Administration to implement the policies contained in the attachment in a broad, consistent manner, unlike the patchwork policies that PBMs have implemented to date.

Community pharmacies are open and ready to assist. Please contact me at 703-838-2648 or doug.hoey@ncpa.org, or my colleague Ronna Hauser, vice president of policy, at 703-838-2691 or ronna.hauser@ncpa.org with any questions you may have about how independent pharmacies can help our country during this urgent time.

Sincerely,



B. Douglas Hoey, RPh, MBA
Chief Executive Officer

Attachment

CC: The Honorable Ambassador Dr. Debbie Birx, White House Coronavirus Response Coordinator
The Honorable Alex Azar, Secretary, HHS
Dr. Robert Kadlec, Assistant Secretary for Preparedness and Response, HHS
The Honorable Seema Verma, Administrator, CMS
The Honorable Robert Wilkie, Secretary, Department of Veterans Affairs
The Honorable Dr. Ben Carson, Secretary, Department of Housing and Urban Development
The Honorable Dr. Stephen Hahn, Commissioner, Food and Drug Administration
VADM Dr. Jerome M. Adams, U.S. Surgeon General
Kelvin K. Droegemeier, Director, White House Office of Science and Technology Policy
Robert O'Brien, Assistant to the President for National Security Affairs
Dr. Robert Redfield, Director, CDC
Dr. Anthony Fauci, Director, The National Institute of Allergy and Infectious Diseases at the National Institutes of Health
Deputy Secretary Stephen Biegun, Department of State
Ken Cuccinelli, Acting Deputy Secretary, Department of Homeland Security
Joel Szabat, Acting Under Secretary for Policy, Department of Transportation
Matthew Pottinger, Assistant to the President and Deputy National Security Advisor
Rob Blair, Assistant to the President and Senior Advisor to the Chief of Staff
Joseph Grogan, Assistant to the President and Director of the Domestic Policy Council
Christopher Liddell, Assistant to the President and Deputy Chief of Staff for Policy Coordination
Derek Kan, Executive Associate Director, Office of Management and Budget
Larry Kudlow, Assistant to the President for Economic Policy and Director for National Economic Council
Dr. Anita Patel, Senior Advisor, Pandemic Preparedness and Response, CDC
Mark Meadows, Chief of Staff, The White House

Community Pharmacists' Recommendations to the Administration During COVID-19 Pandemic

The **National Community Pharmacists Association (NCPA)** represents over 21,000 community pharmacies nationwide (independent and small regional chains, locally/regionally owned), located in all U.S. states and territories.

Centralized coordination: Infrastructure is already in place (including [CPESN](#), which uses interoperable care plans) for coordinating nationally, regionally or locally, including immediate roll-out. Independent community pharmacies can scale quickly, are flexible, and are extremely adaptable in both urban and rural communities.

Impact in rural communities: Using independent community pharmacists is the best alternative for communicating and engaging with rural communities, especially since independent community pharmacists are trusted, well-established health care providers in their communities. *There are 6,400 pharmacies located in rural communities with pharmacists sometimes the only health professionals serving area residents.*

How community pharmacists can help:

- [Use local pharmacists to give the COVID-19 test](#), as availability of tests and versatility of available tests develop.
- [Testing site access for COVID-19](#).
- [Provide home delivery services](#) to allow patients to stay at home. Many pharmacies also have drive-thru windows.
- [Compound hand sanitizer](#). Per recently released [FDA guidance](#) on compounding alcohol-based hand sanitizer, thousands of local pharmacies are capable of making product available in their respective communities.
- [Provide up-to-date influenza and pneumonia vaccinations](#) to prevent co-occurring disease. Independent pharmacies are perfectly positioned to mass immunize once a vaccine is developed for COVID-19.
- [Test for influenza and strep](#), which assists physicians in triaging patients. Forty-four states allow for pharmacist point-of-care testing.
- [Prescribe medications via collaborative practice agreements](#) and keep primary care practices, emergency rooms, and hospitals clear for more serious cases.
- [Educate via dispersion of appropriate literature](#) to the public.
- [Relief of symptoms](#). Pharmacists are providing over-the-counter (OTC) medications, supplies and counseling.

What independent community pharmacies need to provide continued access and care:

- [Suspend all pharmacy direct and indirect remuneration \(DIR\) fees](#) assessed on pharmacies immediately.
- [Make tests for COVID-19 and protective equipment](#) available to small business pharmacies to test staff/patients.
- [Waive all requirements for patient signature](#) or other delivery verification requirements.
- [Allow pharmacists to compound commercially available prescriptions](#) if there are drug shortages.
- [Allow pharmacists to dispense early refills and emergency refills](#) for maintenance medications.
- [Instruct PBMs to allow 90-day prescription refills at any network pharmacy with commensurate reimbursement](#).
- [Authorize pharmacists to conduct therapeutic interchange](#) without physician authorization if drug shortages exist.
- [Allow pharmacists to deliver](#) any medication to patients' homes.

NCPA asks the Administration to immediately implement the above polices in a broad, standardized manner, unlike the patchwork policies that PBMs have implemented to date.