



March 31, 2020

Mr. JC Scott
President & CEO
Pharmaceutical Care Management Association
325 7th Street, NW
Washington, DC 20004

RE: Urgent Action Needed for Pharmacy Continuity during COVID-19 Response

Dear Mr. Scott:

The healthcare system's response to COVID-19 requires coordination, collaboration, and necessary action across the continuum of care to prevail over this disease. The nation's over 60,000 community pharmacies, including both chain and independently owned locations, are highly trained frontline healthcare providers and stand ready to assist in fighting the COVID-19 pandemic in all U.S. states and territories.

Community pharmacists are adapting their business practices to adjust to their patients' ever-changing needs during this outbreak. However, health plan and PBM restrictions prevent Americans we serve from receiving the best possible care. Many restrictions can and are being addressed by federal and state officials, and some plans and PBMs have taken proactive steps, but even those fall short of the overarching changes that are needed.

We ask you to urge your member companies to immediately remove barriers to care so we can be fully prepared to meet the demand of those affected by COVID-19. We request that the following be considered by each company for all government funded and commercial lines of business during the state of emergency at the national and state level:

- 1. Open formularies to allow for unrestricted interchange of albuterol inhalers and other critical medications,**
- 2. Waive all signature and documentation requirements upon dispensing, delivering or mailing of a prescription,**
- 3. Suspend all forms of pharmacy audits,**
- 4. Eliminate restrictions on home delivery and mailing of prescriptions, and**
- 5. Allow all our pharmacies to dispense 90-day prescriptions at a patient's request.**

We also ask that as plans and PBMs take steps to remove these barriers to care, plans and PBMs not audit pharmacies in the future for any alterations or waivers of plan/PBM requirements made during this emergency period.

These recommended actions are critical for allowing Americans to receive care, implementing social distancing guidelines for the health and wellness of patients and pharmacy staff, and continuity of business operations.

Open up formularies to allow for unrestricted interchange of albuterol inhalers and other critical medicines

The COVID-19 response is starting to impact availability of critical medicines. Both supply (e.g. countries limiting exports) and demand pressures (new prescriptions and increased refills) have the potential to hinder patient access to essential medicines. We have seen states take action on therapeutic interchange, and given the dynamic situation, expect more states to follow suit. [Idaho](#) allows for therapeutic interchange via statutory authority. In [Michigan](#), “pharmacists may substitute a therapeutically equivalent medication for a medication subject to critical shortages without the authorization of a provider.” In [Arkansas](#), the board of pharmacy released rules allowing for substitution of a therapeutically equivalent medication, with the first medication being albuterol or levalbuterol inhalers.

While we appreciate this strong action in specific states, we not only need additional states to follow their lead, but patients also need companies to open formularies to allow for unrestricted interchange of these critical medicines. We urge plans and PBMs to act on this recommended change, which would allow pharmacies to best serve patients during this critical time. Without this action, patients who need essential medicines may be unable to receive them as supply and demand shift.

Waive all signature and documentation requirements upon dispensing, delivering or mailing of a prescription

A critical operational barrier our pharmacies are facing right now is signature requirements upon dispensing/delivering/ mailing of a prescription medication. In HHS Secretary Azar’s request to governors, he requested their immediate action to, “Modify any laws or regulations that require a signature for delivering of pharmaceuticals to allow signature-less deliveries, which can help prevent contact between recipient and delivery personnel.” Several governors have followed suit, and we hope more will continue to do so.

Additionally, the CMS called for waiving signatures for prescription medications under Medicare Part D. In CDC’s broad guidance, and in their [Industry Guidance](#), they urge pharmacy staff who are filling/dispensing medications to implement social distancing and stay six feet away from others where possible (including not exchanging items such as pens, credit cards, etc.). For the health, wellness, and safety of both the patients and the pharmacy staff, we strongly urge payers to remove ALL signature requirement for pharmacies. Waiting for direction from states is insufficient – instead we ask companies to act upon Secretary Azar’s request to remove this requirement as the public health consequences of not doing so immediately are dire.

Though some plans and PBMs have taken steps to waive actual signatures during the state of emergency, documentation by the pharmacy of a waived signature is still required and there is no standardization of the documentation requirements across PBMs. Nor is it usually clear that these procedures are applicable to ALL lines of a plan/PBM’s business.

Pharmacies are left to adhere to different signature documentation for each plan/PBM and potentially different documentation requirements for each plan/PBM's Part D and non-Part D business. This creates an unmanageable process under which to care for patients and comply with the requirements, and sets pharmacies up for future audit recoupments based on unreasonable requirements under the conditions. Thus, a total waiver of signature and related documentation requirements is appropriate.

Suspend all forms of pharmacy audits

All audits by plans/PBMs should be suspended during the state of emergency at the federal or state level. This should include but not be limited to desktop audits, on-site audits, telephone audits, and inventory audits. The diversion of pharmacy personnel from their tireless efforts to care for patients during the unprecedented crisis to conduct audits undermines patient safety and healthcare. Additionally, on-site audits may impede efforts to satisfy social contact restrictions that have been implemented to ensure the safety of pharmacy personnel and their patients. Suspending all audits during this time will allow pharmacies to focus their energy on meeting the critical healthcare needs of the communities they serve.

Eliminate restrictions on home delivery and mailing of prescriptions

Americans have been advised to limit unnecessary trips outside of their homes. Having their prescriptions delivered to their home can save a patient a trip to the pharmacy, thereby limiting his or her exposure to the coronavirus. Many community pharmacies already offer home delivery services, and the use of these services should be encouraged. However, some patients are denied access to home delivery services because of restrictions placed by their plan/PBM. We ask your member companies to relax restrictions on home delivery and prescription mailing services so that community pharmacies can offer these much-needed services to all patients.

Allow all our pharmacies to dispense 90-day prescriptions at a patient's request

With the passing of the CARES Act, dispensing 90-day fills at the request of a patient at any retail pharmacy should be allowed to help patients limit their exposure to the coronavirus by limiting the number of trips they must take to the pharmacy. Community pharmacists are prepared to work with prescribers to ensure patients receive an appropriate quantity of their prescription medications, and prescribers are increasingly recommending that patients receive 90-day quantities of their medications. Unfortunately, patients are frequently restricted by their plan/PBMs from receiving 90-day fills from their community pharmacies. We ask that you urge your member companies to relax these restrictions for all patients in all lines of business and adequately reimburse community pharmacies at their contracted rate so those pharmacies can continue to dispense the quantities of medication that their patients and doctors request.

Throughout this outbreak, community pharmacists' and pharmacies' commitment to patient care and their ability to adapt to the changing circumstances have been inspiring. NACDS, NCPA, NGA and FMI ask you to work with your member companies to similarly adapt business practices so that patients can continue accessing high-quality services from their community pharmacies during these uncertain times. Please contact doug.hoey@ncpa.org or dbell@nacds.org with any questions you may have about how your member organizations can better assist pharmacies as they continue helping patients during this urgent time.

Sincerely,



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer
National Association of Chain Drug Stores



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



Greg Ferrara
President & CEO
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