



*Diane Koontz
President*

March 19, 2020

The Honorable Seema Verma, M.P.H.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-9915-P
P.O. Box 8010
Baltimore, MD 21244

Re: Providing Appropriate Pharmacy Access to Senior Care Beneficiaries; COVID 19

Dear Administrator Verma:

In light of the rapidly changing environment that Long Term Care Pharmacies and the at risk beneficiaries they service are faced with, Managed Health Care Associates (MHA) is reaching out on behalf of our member pharmacies serving Senior Care Beneficiaries. MHA currently is the largest Network of Long Term Care Independent Pharmacies representing over 895 members, 1,668 locations servicing over 1 million seniors.

Senior Living Facilities receive all of their medications via contracted third party pharmacies, Long Term Care (LTC) pharmacies. These LTC pharmacies serve patients that are the most vulnerable and at risk to COVID-19. Forty-eight percent (48%) of prescriptions dispensed for Senior Care Beneficiaries in Senior Living Facilities are covered through Part D.

CMS has made several policy changes to ease the burden of dispensing medications, such as the override codes for “refills to soon” – (RTS), which will reduce the number of deliveries and potential exposure, and for this the industry commends the agency.

The LTC industry has identified several other administrative barriers impacting the ability for LTC Pharmacies to service the Senior Care Beneficiaries. We respectfully request CMS to review and take into consideration suspending the following requirements during this national crisis. We believe that easing these requirements would provide significant additional measures to protect the Senior Care Beneficiaries. Within these facilities, as well as the LTC pharmacies and their staff.

1. Dispensing brands 14 day supply or less.
 - a. The CDC has already issued recommendations for nursing homes and other LTC settings to include restrictions on all visitors as well as “non-essential health care personnel”. Allowing the dispensing of up to 34 days’ supply will reduce the exposure of the facility and LTC pharmacy personnel to COVID 19 by decreasing the amount of deliveries necessary and further reduce the risk of location-to- location transmission.
 - b. Reducing the number of deliveries and providing a greater days’ supply per dispense could also mean less packaging into the Senior Living Facility, further reducing the risk of viral transmission via plastic and cardboard containers such as blister packs. (NEJM March 17, 2020).

2. Non-Formulary Prior Authorizations (PA) and Formulary Interchanges.
 - a. PAs are required for many drugs and the prescribing physician must provide the appropriate documentation supporting the use of the drug for the specific patient. With the demand that has been placed on the overall healthcare system, physicians and medical directors, the need for the PA is placing a huge administrative burden on the pharmacies and in many cases they are only allowed to provide a 3 day supply until PA is obtained.
 - b. In addition, PDPs also require that select and or preferred drugs which are part of the formulary are dispensed. Allowing formulary interchanges to occur based upon the professional judgement of the pharmacist would enable timely and appropriate therapy to patients, as physician attention to these requests are currently being delayed. Furthermore, these requests are often creating additional visits to Senior Living Facilities.

The LTC Pharmacy/Facility/Beneficiary care model provides a highly managed environment with an interdisciplinary team ensuring beneficiaries are receiving appropriate medical and pharmacy care. The suspension of the referenced administrative requirements would go far to reduce possible risk of transmission of COVID-19; would not expose patients to any adverse events and would provide a pathway for less disruption of the LTC pharmacist’s ability to deliver the appropriate level of care to this most vulnerable population during this crisis.

MHA is available to answer questions and provide any additional information to CMS to help implement these changes expeditiously.

On behalf of our members we thank you for your consideration.

Sincerely,



Diane Koontz

Cc: Ms. Amy Larrick