Center for Medicaid and CHIP* Services Releases Guidance on Increasing Pharmacists’ Role

Yesterday, Vikki Wachino, Director of the Center for Medicaid and CHIP* Services (CMCS), released a guidance document addressing flexibilities that states may have to facilitate timely access to specific drugs by expanding the scope of practice and services that can be provided by pharmacists. Options may include dispensing drugs based on their own independently initiated prescriptions, collaborative practice agreements (CPA) with other licensed prescribing healthcare providers like physicians, “standing orders” issued by the state, or other predetermined protocols. These practices can facilitate easier access to medically necessary and time-sensitive drugs for Medicaid beneficiaries.

* Children’s Health Insurance Program

Per the CMCS guidance:

Medicaid benefits in every state and the District of Columbia include “prescribed drugs.” In accordance with Section 1927(k)(2),(3) and (4) of the Social Security Act, in order to be covered under the Medicaid prescribed drug benefit, such drugs, including nonprescription and over-the-counter (OTC) drugs, must be prescribed by an authorized licensed health practitioner prior to being dispensed by pharmacies. This practice is consistent with the requirements of other public and private third-party payers for prescription and nonprescription drugs. When an individual with Medicaid or third-party insurance requests drugs at a pharmacy without presenting a prescription, the pharmacist may either 1) advise the individual to contact their prescribing provider to obtain a prescription, or 2) contact the individual's provider to obtain a prescription. However, the need to contact a provider who has knowledge of the individual's medical circumstances may pose barriers to the initiation of drug therapy. The individual may not have established a relationship with a prescribing provider. The time required for individuals or pharmacists to contact prescribing providers for prescriptions could undermine access to, and the efficacy of, certain medications that require timely administration in order to be effective.

Through laws and regulations, states establish sets of standards that dictate the scope of practice and services that may be provided by each type of licensed health practitioner in the state. The scope of practice for pharmacies and pharmacists are either authorized through legislation, or implemented by state Departments of Health and/or Boards of Pharmacy, or another governing body authorized by the state, and in addition to drug dispensing, may enable pharmacists to provide a range of clinical services that include the initiation, modification and monitoring of a patient’s drug therapy.

This scope of practice is typically tailored to meet state, jurisdiction or institution-specific public health needs related to specific diseases, conditions, epidemics, drugs or drug classes. In its definition of the authorized scope of practice for pharmacists, a state can specify that pharmacists can dispense certain drugs either:

1. After independently prescribing them;
2. After entering into collaborative practice agreements (CPA) under which the pharmacists operate under authority delegated by another licensed practitioner with prescribing authority;
3. Under “standing orders” issued by the state; or
4. Based on some other predetermined state authorized protocols. Forty-eight (48) states and Washington D.C. use one or more of these methods that, in effect, expand pharmacists’ scope of practice.

CMCS recognizes that states continue to look for innovative tools to address pressing public health issues, such as the opioid epidemic or preventing influenza infections. State flexibilities in expanding the ability of pharmacists to prescribe, modify, or monitor drug therapy for certain medications may be effective at helping to address such issues by improving access to care. CMCS encourages states to consider using these methods to promote access particularly to those drugs that can help address priority public health issues.

The Tennessee Pharmacists Association thanks the National Alliance of State Pharmacy Associations (NASPA) and our other national pharmacy association partners for their continued work to support the recognition of pharmacists as providers. In Tennessee, TPA will continue to lead the advancement of pharmacy practice through collaborative pharmacy practice and other initiatives which recognize the role of pharmacists as providers of care and services.

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