



Coronavirus (COVID-19): Pharmacy Recommendations

March 18, 2020

Ensure uninterrupted patient access to life-sustaining medication therapies:

- Allow pharmacists to initiate prescriptions for up to a 90 day supply of maintenance medications (excluding controlled substances), regardless of whether or not the patient has refills remaining.
- Allow pharmacies to utilize all available options regarding prescription delivery services, such as drive-thru, home delivery, or delivery to a parked car if patient drives to the pharmacy.
- Allow patients to have access to medication therapies from the pharmacy of their choosing without penalty, regardless of limitations or network restrictions imposed by payers, insurers, or pharmacy benefits managers.

Increase access to care and services provided by pharmacists:

- Authorize the Chief Medical Officer for the Tennessee Department of Health to implement and sign state-wide collaborative pharmacy practice agreements authorizing pharmacists to provide designated services and allow for increased patient access to testing, screening, or prescribing of medications and therapies intended to prevent, treat, or mitigate COVID-19.
- Authorize pharmacists to perform therapeutic substitution of medications within the same therapeutic class, without prescriber authorization, if disruptions in the pharmaceutical supply chain or prescription drug shortages should occur.
- Allow pharmacists to practice without having to be located within the walls of licensed facilities (e.g., licensed pharmacies).
- Allow pharmacists to deliver Board-required medication counseling, drug utilization review, and other face-to-face patient care services through electronic technology or telehealth.

Decrease state-specific regulatory burdens to align pharmacy focus on patient care and services:

- Temporarily suspend all Board of Pharmacy regulatory deadlines related to licensing, audits, documentation requirements, inspections, and continuing education requirements, until after the end of the emergency period, except in instances of protecting patient safety, suspected fraud, or as required by federal law.
- Authorize the Board of Pharmacy to waive any applicable Board rules which may impede or delay patient access to pharmacist-provided care and services, when in the best interest of the health and safety of patients.
- Remove pharmacy technician-to-pharmacist ratios.
- Allow non-registered or non-certified pharmacy staff to assist with pharmacy operations under the direct supervision of a pharmacist.
- Allow pharmacy locations outside of the state to enter into agreements with Tennessee-licensed pharmacies to permit the sale, transfer, and delivery of prescription drugs which may be in short supply.
- Suspend Tennessee Board of Pharmacy rules to allow for remote processing and review of prescription orders, both in Tennessee and outside of Tennessee.

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- Suspend Tennessee Board of Pharmacy enforcement of applicable rules and regulations related to USP 797 standards on use of personal protective equipment (PPE) in non-hazardous sterile product preparation.
 - o PPE resources are in short supply and are greatly needed in the healthcare system. Suspending Board enforcement of applicable USP 797 standards related to PPE in non-hazardous sterile product preparation would allow health systems and compounding pharmacies to develop and implement common-sense PPE policies, guided by CDC recommendations and best practices, and allocate PPE resources to where they are needed most.

Remove “red tape” policies imposed on patients and pharmacies by payers, insurers, and pharmacy benefits managers:

- Waive requirements for pharmacies to collect signature upon delivery or “proof of delivery” from patients to prevent the spread of coronavirus through contamination of pens or electronic signature devices.
- Authorize patients to refill their prescription medications early, without penalty from payers, insurers, or pharmacy benefits managers.
- Require payers, insurers, and pharmacy benefits managers to suspend system edits and software functions, such as “refill too soon”, prior authorizations, and other edits, which may impede patient access to medication therapies.
- Require payers, insurers, and pharmacy benefits managers to remove any policies or restrictions which prohibit or discourage certain methods of delivery of medications to patients by pharmacies that have the capacity to accommodate prescription delivery services.
- Require payers, insurers, and pharmacy benefits managers to temporarily suspend any routine or scheduled audits of pharmacies by payers, insurers, or pharmacy benefits managers until after the end of the emergency period, except in instances of suspected fraud or as required by federal law.