



Pharmacies Are Essential Health Care Practitioners' Settings and Valued Partners to Pharmacy Benefit Managers (PBMs)

Pharmacists are essential health care practitioners and an underutilized resource.

Pharmacists are imbedded in communities across the country and have frequent face-to-face interactions with patients—"roughly twice as frequently as [patients] visit primary care physicians," and even more often for those that live in rural areas.¹ Close to 90% of Americans live within five miles of a pharmacy, making them among the most accessible of health care professionals.² Pharmacists are highly trained, now completing a 4-year doctorate program, over a thousand hours of clinical training, and must pass rigorous state board exams before serving patients. However, community pharmacists are often overlooked as an essential part of care teams.

Pharmacists stepped up during COVID-19.

There's no question that pharmacists provided safe, rapid, and cost-effective care during the COVID-19 public health emergency, administering "more than 303.5 million COVID-19 vaccinations."³ As a result, they're "credited with preventing more than one million deaths, eight million hospitalizations, and saving our country more than \$450 billion in health care costs."⁴

PBMs worked with pharmacies during the COVID-19 public health emergency (PHE) by adopting and advocating for flexibilities like adjusting home delivery policies; postponing routine fraud, waste, and abuse audits; and temporarily waiving proof-of-receipt signature requirements. PBMs echoed recommendations by national pharmacy associations and encouraged Boards of Pharmacy to provide

pharmacy professionals with increased workflow flexibility, including the ability to:

- » Temporarily operate across state lines
- » Allow routine pharmacy tasks to be performed remotely where possible
- » Encourage flexibility for pharmacy technician duties
- » Waive pharmacy technician ratios
- » Ensure pharmacy professionals are designated as "essential personnel"

Innovative approaches to expand pharmacist scope-of-practice have been positive.

For many years, states have expanded pharmacist authorities, but policies vary considerably. Flexibilities range from integrating pharmacists into care teams through collaborative practice agreements focused on individuals or groups of patients,⁵ to authorizing pharmacists to prescribe and dispense some medications or administer vaccines in appropriate circumstances.⁶

States are expanding the scope-of-practice for pharmacists, and many states authorize pharmacists to prescribe and dispense naloxone,⁷ hormonal contraceptives,⁸ emergency contraception,⁹ smoking cessation products, and pre- and post-exposure prophylaxis for HIV prevention. All states have adopted policies that allow pharmacists to administer vaccines but may limit the types of vaccines or mandate prescriber involvement.¹⁰ Additionally, six states allow pharmacy technicians to administer vaccines with

pharmacist supervision. Recent expansions of practice allow pharmacists to “test and treat” for common acute conditions such as strep throat, urinary tract infections, and respiratory viruses.¹¹ These policies expanding pharmacist duties save money,¹² are popular with patients,¹³ and increase access.¹⁴

Although scope-of-practice is traditionally legislated at the state level, the federal government has also acknowledged pharmacists' role in improving Americans' access to needed services. During the COVID-19 PHE, the FDA revised its emergency use authorization (EUA) to allow state-licensed pharmacists the ability to prescribe Paxlovid to certain patients suffering from mild-to-moderate COVID-19. The Center for Medicaid and CHIP Services encourages states to consider “expanding the ability of pharmacists to prescribe, modify, or monitor drug therapy” to help provide access, particularly to address priority public health issues.¹⁵

PCMA supports state and federal policies that pave the way for safe, expedient, and affordable access by allowing pharmacists to practice at the top of their license.

Pharmacists are one of the most clinically trained and accessible health care provider groups in the country. Policymakers should enact legislation enabling pharmacists, where appropriate, to perform diagnostic testing, prescribe clinically appropriate medications, and administer vaccines to expand access to care. Specifically:

- » PCMA supports the Equitable Community Access to Pharmacist Services Act (ECAPS), which grants pharmacies Medicare “provider” status during a public health emergency, so that once a federal PHE is declared, there will be no delay in pharmacists' ability to (1) test patients for COVID-19, influenza, respiratory syncytial virus (RSV), and strep throat; (2) treat individuals with COVID-19, influenza, and strep throat; and (3) administer COVID-19 and influenza vaccines.
- » PCMA supports a well-constructed Medicare medication therapy management (MTM) program that targets and engages eligible patients, is funded appropriately, has clear metrics, involves stakeholder input, and is promoted and evaluated by CMS.



- » PCMA supports states granting pharmacists the authority to perform enhanced services to patients through expanded scope-of-practice and statewide protocols, including:
 - Administration of common vaccines without prescriber involvement, such as those for COVID-19, influenza, pneumococcal disease, and international travel.
 - Provision of rapid diagnostic tests and associated treatments for common conditions like COVID-19, urinary tract infections (UTIs), and strep throat.
 - Autonomous prescribing models allowing pharmacists to prescribe the following categories of drugs:
 - Hormonal and emergency contraceptives
 - HIV prevention drugs (PrEP and PEP)
 - Naloxone or other opioid antagonist and any drug delivery paraphernalia necessary to administer the opioid antagonist in accordance with G.S. 90-12.7
 - Tobacco cessation medications
 - Epinephrine or other anaphylaxis management medication, including self-administered formulations for the management of severe allergic reaction
 - Glucagon or other self-administered formulations for the management of hypoglycemia
 - Short-acting bronchodilators, for patients with asthma
 - Prenatal vitamins

Pharmacies Are Essential Health Care Practitioners' Settings and Valued Partners to Pharmacy Benefit Managers (PBMs)

- Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for people whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services
 - Prescription medications, not requiring a diagnosis, that are recommended by the Centers for Disease Control and Prevention for individuals traveling outside the United States
 - Antibiotics and antivirals in response to pharmacist-diagnosed illnesses
- » PBMs support pharmacists' ability to substitute a biosimilar without a prescriber's approval.
- » PCMA supports relaxation of legal and regulatory barriers that prevent innovative payment/program/reimbursement models for enhanced pharmacy services.
 - » PBMs support pharmacists' ability to administer diagnostics for the following conditions:
 - Tuberculosis
 - Influenza
 - COVID-19
 - Strep throat
 - RSV
 - UTI

- 1 Congress Must Act to Protect Vital Pharmacist Services. Health Affairs. Nov. 2023. <https://www.healthaffairs.org/content/forefront/congress-must-act-protect-vital-pharmacist-services>.
- 2 National Association of Boards of Pharmacies. <https://nabp.pharmacy/initiatives/pharmacy-practice-safety/>.
- 3 Congress Must Act to Protect Vital Pharmacist Services. Health Affairs. Nov. 2023. <https://www.healthaffairs.org/content/forefront/congress-must-act-protect-vital-pharmacist-services>.
- 4 Congress Must Act to Protect Vital Pharmacist Services. Health Affairs. Nov. 2023. <https://www.healthaffairs.org/content/forefront/congress-must-act-protect-vital-pharmacist-services>.
- 5 All 50 states allow collaborative practice agreements, but there are challenges to implementation. Some positives the CDC has compiled can be viewed here: <https://hdsbpc.cdc.gov/s/article/Evidence-of-Effectiveness-for-Collaborative-Drug-Therapy-Management>. Some challenges are discussed here: Louisiana State Policies Prove Problematic for Pharmacist-Physician Collaboration. Anna L. Hamilton, MPH and Marie Darr, MPH. Preventing Chronic Disease. ESSAY — Volume 17 — August 20, 2020. https://www.cdc.gov/pccd/issues/2020/20_0051.htm. Challenges with lack of standardization among states: "Collaborative practice now allowed in all 50 states." Lauren Howell, PharmD. Pharmacy Today. Vol. 29, Issue 12. <https://www.pharmacist.com/Publications/Pharmacy-Today/Article/collaborative-practice-now-allowed-in-all-50-states>.
- 6 11 states have broad prescriber authorities for pharmacists. Prescriber Authority for Pharmacists. GoodRx. <https://www.goodrx.com/hcp/pharmacists/prescriber-authority-for-pharmacists>.
- 7 50 states, DC and PR. Fact Sheet: Pharmacists' Role in Naloxone Dispensing. CDC. https://www.cdc.gov/opioids/naloxone/factsheets/pdf/naloxone_factsheet_pharmacists.pdf.
- 8 Guttmacher Institute. 2024. <https://guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives>.
- 9 Vermont as of 2023. <https://sos.vermont.gov/media/r40kvvth/vt-pharmacist-prescribing-protocol-emer-contra-final-10-5-23.pdf>.
- 10 Pharmacist Authority to Immunize. NASPA. <https://naspa.us/blog/resource/pharmacist-authority-to-immunize/#:-:text=Every%20state%20allows%20pharmacists%20to,the%20details%20of%20that%20authorization>.
- 11 Prescriber Authority for Pharmacists. GoodRx. <https://www.goodrx.com/hcp/pharmacists/prescriber-authority-for-pharmacists>.
- 12 Dixon DL, Johnston K, Patterson J, Marra CA, Tsuyuki RT, "Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States." JAMA Netw Open. 2023;6(11):e2341408.
- 13 Sally Rafie, Alexandra Wollum, and Kate Grindlay, "Patient Experiences with Pharmacist Prescribed Hormonal Contraception in California Independent and Chain Pharmacies," Journal of the American Pharmacists Association 62 (1) (2022): 378–386. <https://pubmed.ncbi.nlm.nih.gov/34996577/>.
- 14 Maria Rodriguez and others, "Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs," Obstetrics and Gynecology 133 (6) (2019): 1238–1246. <https://pubmed.ncbi.nlm.nih.gov/31135740/>.
- 15 CMCS Bulletin on the Value of Pharmacist Prescribing (Center for Medicaid and CHIP Services): Jan. 17, 2017.

ABOUT PCMA

PCMA is the national association representing America's pharmacy benefit companies. Pharmacy benefit companies are working every day to secure savings, enable better health outcomes, and support access to quality prescription drug coverage for more than 275 million patients. Learn more at www.pcmamet.org.

