

July 20, 2022

Chair Governor Phil Murphy  
Vice-Chair Governor Spencer Cox  
The National Governors Association  
444 North Capitol Street, Suite 267  
Washington, D.C. 20001

President Allison Taylor, JD  
Executive Director Matt Salo  
National Association of Medicaid Directors  
601 New Jersey Avenue, NW, Suite 740  
Washington, D.C. 20001

**RE: Action Needed from State Governors and Medicaid Directors to Ensure Patients Have Access to Lifesaving COVID-19 Oral Therapeutics**

Dear Chair Murphy, Vice-Chair Cox, President Taylor, and Executive Director Salo:

The undersigned organizations represent pharmacists, pharmacies, and the patients we serve. We request the members of the National Governors Association (NGA) and National Association of Medicaid Directors (NAMd) take action to increase access to the lifesaving medication Paxlovid to address the continuing COVID-19 pandemic.

We applaud the Food and Drug Administration's (FDA) recent [update](#) to the [Emergency Use Authorization](#) (EUA), which authorizes pharmacists to prescribe Paxlovid. This independent action of the FDA supports the steps the Federal Government has already [taken](#) to authorize pharmacists to order and dispense oral therapeutics, such as Paxlovid, under the federal Public Readiness and Emergency Preparedness Act (PREP Act). While updating the EUA was a huge step forward, there is no current federal policy and limited state policy providing coverage for all of the associated clinical services required for pharmacist prescribing, such as consultation to determine patient eligibility, assessing renal and hepatic function, obtaining a comprehensive list of medications (prescribed and nonprescribed), and assessing for potential drug interaction services. Absent coverage for the pharmacist's time to conduct patient eligibility and appropriateness, FDA's authorization will be for naught to reduce our nation's health inequities in accessing this lifesaving medication. These services, which take roughly 15-30 minutes per patient, are reimbursed for every other prescriber, but not for pharmacists. **It is inequitable, unfair, and unreasonable to think that these services can be provided for free by pharmacists.**

Accordingly, we are writing to urge Governors and Medicaid Directors to take immediate emergency action to provide direct reimbursement for pharmacists—who are now authorized to prescribe Paxlovid. We urge Governors to use their executive authority to identify a payment pathway and Medicaid Directors to submit emergency state plan amendments (SPA) to the Centers for Medicare and Medicaid Services (CMS) adding pharmacists as Other Licensed Practitioners allowing reimbursement of their services under the medical benefit. If pharmacists are already reimbursable providers in the state, we urge Medicaid Directors to implement a payment pathway which provides direct reimbursement to pharmacists for services associated with prescribing Paxlovid. This is comparable to the action many Governors and Medicaid

Directors took for COVID-19 vaccination at the beginning of the pandemic through executive action and the submission of emergency SPAs.

In setting up a reimbursement pathway, it is important to separate out the clinical “services” for pharmacists to prescribe Paxlovid from the “dispensing fees” for these medications. This aligns the reimbursement of pharmacist services under the medical benefit as all other health care professional services are reimbursed. Additionally, this is aligned with how a growing number of state’s Medicaid programs are reimbursing other services provided by pharmacists under the medical benefit.

**Simply put, Governors and Medicaid Directors need to act now—inaction will cost lives and our patients can’t wait! Therefore, we strongly urge Governors and Medicaid Directors to continue their strong leadership in combatting COVID-19 and promoting health equity by taking immediate, emergency action to ensure coverage of all of the services required for pharmacist prescribing of Paxlovid.** Emergency action is necessary to ensure the government’s significant investment in these medications achieves the purpose to save lives rather than allow them to continue to sit on pharmacy shelves.

As stated in the revised EUA, “[t]he FDA recognizes the important role pharmacists have played and continue to play in combatting this pandemic.” FDA took action following a new [analysis](#) by the Centers for Disease Control and Prevention (CDC), which confirmed the American Pharmacists Association’s (APhA’s) earlier [findings](#) of inequitable dispensing of COVID-19 oral antivirals. According to APhA’s analysis, as of June 22, 2022, there were over 28,000 community pharmacies located in federally recognized underserved communities, yet only 838 Test to Treat sites had been established in those communities. **Tapping the pharmacies in these areas could increase access to treatments up to 3,200%.** The data shows that the least vulnerable areas nationwide have access to 75% of Test to Treat locations, limiting the most vulnerable communities to only 25% (666) of these locations. However, these areas—which fall in the top 30% of the social vulnerability index— have an estimated 24,000 community pharmacies, most of which are not Test to Treat points of care for oral COVID-19 antiviral medications.

**Creating a payment pathway for pharmacists to prescribe Paxlovid will ensure these vulnerable communities, where many Medicaid beneficiaries live, have timely and equitable access to this life-saving medication.** A recent [study](#) in *The Lancet* found that communities with a high social vulnerability can experience higher COVID-19 test positivity and risk of hospitalization. **By ensuring that Medicaid beneficiaries have equitable access to Paxlovid, pharmacists can help decrease their risk of hospitalization, complications, and exorbitant future health expenditures.**

Removing barriers to pharmacist prescribing of oral antivirals has the potential to be a gamechanger for addressing health equity and providing timely access to these life-saving treatments in pockets of the country where pharmacists may be the only health care provider for miles— just as they have been available for the administration of COVID-19 vaccines.

Pharmacists are educated, trained, and able to assess patients in accordance with clinical guidelines for appropriate use of these more convenient COVID-19 treatment options. We look forward to working with our health care colleagues to improve access to this lifesaving medication.

**While we appreciate the opportunity to serve our patients in this capacity, this effort will only be successful and sustainable if Governors and Medicaid Directors take immediate action to provide adequate, appropriate, and fair payment for pharmacist consultations and services for prescribing Paxlovid.**

We welcome the opportunity to discuss with you and others at the National Governors Association and National Association of Medicaid Directors the valuable role that pharmacists can play if payment barriers are removed by using emergency authority to cover the services required for pharmacists' prescribing of Paxlovid. Please contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org) to arrange a meeting with us.

Sincerely,

The American Pharmacists Association (APhA)  
National Alliance of State Pharmacy Associations (NASPA)  
Alabama Pharmacy Association  
Alaska Pharmacists Association  
Arkansas Pharmacists Association  
California Pharmacists Association  
Colorado Pharmacists Society  
Connecticut Pharmacists Association  
Florida Pharmacy Association  
Georgia Pharmacy Association  
Idaho State Pharmacy Association  
Illinois Pharmacists Association  
Indiana Pharmacists Association  
Iowa Pharmacy Association  
Kansas Pharmacists Association  
Maine Pharmacy Association  
Maryland Pharmacists Association  
Michigan Pharmacists Association  
Minnesota Pharmacists Association  
Nebraska Pharmacists Association  
Nevada Pharmacy Alliance  
New Jersey Pharmacists Association  
New Mexico Pharmacists Association  
North Carolina Association of Pharmacists

North Dakota Pharmacists Association  
Ohio Pharmacists Association  
Oklahoma Pharmacists Association  
Oregon State Pharmacy Association  
Pennsylvania Pharmacists Association  
Rhode Island Pharmacists Association  
South Carolina Pharmacy Association  
South Dakota Pharmacists Association  
Tennessee Pharmacists Association  
Texas Pharmacy Association  
Utah Pharmacy Association  
Vermont Pharmacists Association  
Virginia Pharmacists Association  
Washington D.C. Pharmacy Association  
West Virginia Pharmacists Association

cc: Bill McBride, NGA Executive Director  
Tiffany Waddell, NGA Director of Government Relations  
Dianne Hasselman, NAMD Deputy Executive Director  
Jack Rollins, NAMD Director of Federal Policy