



July 21, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Daniel Tsai  
Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
7500 Security Blvd.  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure and Deputy Administrator Tsai:

On behalf of our more than 60,000 pharmacist, pharmacy technician, and pharmacy student members, we write today to request that CMS clarify the mechanism for pharmacist reimbursement for patient assessment and counseling related to prescribing of Paxlovid. Throughout the pandemic, CMS has taken action to protect patient access to care – and ensuring access to Paxlovid and other COVID-19 therapeutics will be key to moving past the public health emergency.

Following the U.S. Food and Drug Administration's July 6, 2022 update to Paxlovid's Emergency Use Authorization (EUA), pharmacists can now prescribe the drug. Given the current COVID-19 surge, it is critical that pharmacists are able to begin offering this service as soon as possible. However, absent a reimbursement mechanism for clinical assessment and counseling of patients seeking the medication, this service may prove financially infeasible for many pharmacies and pharmacists, particularly those working in rural and underserved areas.

We urge CMS to provide guidance regarding Medicare and Medicaid reimbursement for Paxlovid-related clinical services. CMS should take immediate regulatory action to ensure patients can access Paxlovid prescribed by pharmacists. There are a number of approaches the agency may wish to consider to support clinical services for beneficiaries seeking Paxlovid prescribed by a pharmacist.

**For Medicare Beneficiaries:**

- **Use CMMI demonstration or 1135 waiver authority to provide Medicare coverage of pharmacist services authorized under the PREP Act.**

CMMI demonstration authority allows CMS to test service delivery models to improve patient care, lower cost, and align Medicare payment to promote patient-centered care. CMMI could allow beneficiaries to access pharmacist care for services authorized under the PREP Act. Testing the ability of Medicare beneficiaries to access COVID-19 treatment services through pharmacists aligns with CMMI's goal of advancing health equity for underserved beneficiaries. The 1135 waiver authority allows Medicare to waive program requirements including conditions of participation and in order to ensure sufficient healthcare services are available to Medicare beneficiaries during a public health emergency.

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- **Clarify that pharmacists providing services incident to a physician are eligible to use the same codes as other providers for evaluation/ordering of oral antivirals for COVID-19.**

CMS allows health systems, physician practices, and clinics to bill for the services of pharmacists on their staffs for some services that are provided “incident-to” a physician or non-physician provider. However, CMS does not allow those organizations to bill for complex established patient evaluation and management services such as those that would be required to conduct patient evaluation, counseling, and ordering of antivirals for COVID-19, when provided by a pharmacist. CMS should clarify that providers can bill for pharmacist services related to prescribing COVID-19 therapeutics incident-to a physician or non-physician provider, using the same codes as are used when other providers deliver these services.

**For Medicaid and CHIP Beneficiaries:**

- **Expand recent guidance to state health officials to require mandatory enrollment and reimbursement of pharmacists for services related to Paxlovid prescribing.**

We encourage CMS to expand on its recent guidance to states that they must enroll and reimburse provider types authorized by the PREP Act declaration to provide vaccination services. Specifically, we urge CMS to provide a similar clarification with regard to enrollment and reimbursement of pharmacists authorized under the PREP Act declaration to order and administer testing and treatment. The sections of the American Rescue Plan Act of 2021 (ARP) that established mandatory benefits for COVID-19 vaccination under Medicaid (Section 9811) and CHIP (Section 9821), created similar mandatory benefits for COVID-19 testing and treatments, which should include clinical services necessary for beneficiaries to access Paxlovid prescribed by a pharmacist.

CMS should also provide a clear recommendation that Congress enact the Equitable Community Access to Pharmacist Services Act (H.R. 7213) providing permanent authority for reimbursement of these pharmacist clinical services.

We greatly appreciate everything CMS has done to protect patient access to care during the pandemic. As your partners in public health, we look forward to continuing to work with you to strengthen our healthcare system and improve patient quality and outcomes.

Sincerely,



Tom Kraus, J.D.  
Vice President, Government Relations