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Pharmacy Readiness for Coronavirus Disease 2019 (COVID-19)

RECOMMENDATIONS FOR STATE POLICYMAKERS

March 2020

Executive Summary

State policymakers should take the following steps to ensure that pharmacists in their communities are enabled to effectively support prevention and response efforts for outbreaks such as the coronavirus disease 2019 (COVID-19):

- Ensure that pharmacists are authorized under your state pharmacy practice act to order and administer immunizations for prevention of infectious diseases
- Ensure that pharmacists are authorized under your state pharmacy practice act to order point-of-care testing for infectious diseases
- Ensure that pharmacists are authorized under your pharmacy practice act to initiate time-sensitive therapies, such as antivirals
- Ensure that pharmacists are reimbursed for direct patient care services related to prevention and treatment of infectious diseases
- Involve pharmacists in emergency response planning and coordination

Pharmacy Readiness for Coronavirus Disease 2019 (COVID-19)

Recommendations for State Policymakers

As the number of confirmed cases and deaths attributed to COVID-19 continue to climb worldwide, policymakers should act quickly to respond. As state policymakers take steps to ensure that their communities are prepared for COVID-19, they should evaluate their state's laws and emergency plans to ensure that pharmacists practicing in hospitals, clinics, physician offices, and retail settings are able to effectively support the COVID-19 response.

In many communities, pharmacists are the most accessible healthcare providers and the first touchpoint of patient engagement with the healthcare system. In fact, 90% of all Americans live within five miles of a community pharmacy.[1] In rural and underserved communities and in areas experiencing physician shortages, pharmacists may be the only healthcare provider that is immediately accessible to patients. Pharmacists practicing in hospitals, clinics, physician offices, and community settings are trained to treat infectious diseases and can significantly expand access to care, if barriers are removed.

Pharmacists receive a clinically based doctor of pharmacy degree, and many also complete postgraduate residencies and become board certified in areas of specialty care, including infectious disease. Each year, nearly 4,000 pharmacists complete a pharmacy residency and 1,300 complete an additional residency in a clinical specialty. There are currently more than 800 board-certified infectious disease pharmacists nationwide. Forty-nine states and the District of Columbia grant pharmacists the ability to practice collaboratively with physicians.[2]

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1 NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

2 Centers for Disease Control and Prevention, "Advancing Team-Based Care Through Collaborative Practice Agreements" (2017) www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf.

Many states have recognized the training and expertise of pharmacists as clinicians and clarified their state pharmacy practice laws to authorize pharmacists to provide patient care services that will be essential during the response to COVID-19. These services include ordering and administering immunizations, ordering and interpreting point-of-care tests, and initiating medications, such as antiviral therapies that must be initiated in a limited time from infection in order to be effective. Some states have also ensured that their residents will have access to these services by clarifying that pharmacists should be reimbursed by health plans, like other providers, when they provide these services.

State policymakers should take the following steps to **ENSURE THAT PHARMACISTS IN THEIR COMMUNITIES** are enabled to **EFFECTIVELY SUPPORT THE COVID-19 RESPONSE**:

A. Ensure that pharmacists are authorized under your state pharmacy practice act to order and administer immunizations for prevention of infectious diseases

Although there is currently no vaccine for COVID-19, significant research is underway to develop a vaccine.[3] When a vaccine does become available, it is likely that there will be high demand for access to the vaccine and a significant public health interest in achieving high levels of immunization in the community.
Studies indicate that when pharmacists are empowered to provide immunizations, they substantially increase the number of vaccinated patients in the community.[4]

Currently, 17 states allow pharmacists to independently administer vaccines.[5] State laws regarding ordering and administration of vaccines by pharmacists vary, including which vaccines may be ordered or administered, which age groups of patients can be immunized, and whether pharmacist authority regarding immunizations is independent prescribing authority, part of a collaborative practice agreement with a physician, or a statewide protocol.

At a minimum, states should ensure that pharmacists' authority to provide immunizations for infectious diseases can occur without an individual prescription from another provider. This authority should include immunization for COVID-19 when it becomes available, as well as influenza, pneumococcal, and zoster vaccines, which prevent diseases that could burden healthcare resources, such as emergency departments, during a COVID-19 outbreak. Providing this authority will help reduce the burden of infectious disease in communities and allow physicians and hospitals to focus their resources on the treatment of severe cases of COVID-19.

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3 Centers for Disease Control and Prevention, Coronavirus Disease, COVID 19 Situation Summary: Prevention & Treatment. www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html.

4 *See* e.g., N. Hamm, "Pharmacists Increase Vaccination Rates," Drug Topics (Aug. 2017), available at www.drugtopics.com/latest/pharmacists-increase-vaccination-rates; T. Steyer, et.al, "The Role of Pharmacists in the Delivery of Influenza Vaccines." Vaccines, Vol. 22 (Feb. 2004), available at https://www.sciencedirect.com/science/article/pii/S0264410X0300673X.

5 S. Xavioer and J. Goad. "Authority and Scope of Vaccination: How States Differ," Pharmacy Times. 2017-06-22 17:08:22, www.pharmacytimes.com/publications/supplementals/2017/ImmunizationSupplementJune2017/authority-and-scope-of-vaccination-how-states-differ.

B. Ensure that pharmacists are authorized under your state pharmacy practice act to order point-of-care testing for infectious diseases

Point-of-care testing (POCT) is medical diagnostic testing performed outside the clinical laboratory, in close proximity to where the patient is receiving care. Rapid POCTs are available for use by healthcare providers to confirm infection in nontraditional testing sites such as pharmacy clinics, physician offices, and health department clinics.[6] Rapid influenza diagnostic tests, for example, detect influenza within 15 minutes.[7] This rapid diagnostic capability allows healthcare providers to quickly initiate antiviral medication, if appropriate, and direct infected patients to more acute care settings.

Although the initial laboratory test kits developed by the Centers for Disease Control and Prevention (CDC) are only available now through designated laboratories, it is likely that rapid diagnostics will be developed for use at the site of care.

State pharmacy practice acts should include pharmacist authority to order these tests, as pharmacists are commonly the first point of contact for patients. This authority should include testing for other infectious diseases with similar symptoms that could be mistaken for COVID-19, such as influenza.

Ensuring that pharmacists have the ability to order these diagnostics will expand access to care in underserved areas, reduce unnecessary burden on emergency departments that may already be strained with patients requiring a higher level of care, reduce community exposure by eliminating unnecessary office visits, and ensure that patients needing higher levels of care are referred to their physician or hospital for treatment.

C. Ensure that pharmacists are authorized under your pharmacy practice act to initiate time-sensitive therapies, such as antivirals

Patients with viral infections are often treated with antiviral medications. Several antiviral medications are currently being evaluated for the treatment of COVID-19. Antiviral therapies often need to be initiated within 48 hours of symptoms in order to be effective at reducing length, severity, and transmissible of the infection.[8] This short time window does not allow patients to make an appointment with their physician, wait for the appointment, have a physical and laboratory exam, and then pick up their prescription from the pharmacy. By the time these patients initiate therapy, it may be too late to effectively treat the infection.

States should ensure that they have policies in place to allow pharmacists to initiate antiviral therapies if the FDA labeling indicates that administration is required to be initiated within a limited time window after exposure or infection. Pharmacists should provide this care in close coordination with a physician either through a collaborative practice agreement or as a provider with independent prescribing authority as part of the patient's healthcare team.

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6 Nova Scotia Health Authority, "Point of Care Testing." www.cdha.nshealth.ca/pathology-laboratory-medicine/clinical-services/point-care-testing.

7 Centers for Disease Control and Prevention, Influenza (Flu), Influenza Virus Testing Methods. www.cdc.gov/flu/professionals/diagnosis/table-testing-methods.htm.

8 Cleveland Clinic, Health Essentials, "7 Answers on Tamiflu: Is It Best to Help You Fight Flu?" health.clevelandclinic.org/tamiflu-most-effective-if-you-are-at-risk-for-complications/.

D. Ensure that pharmacists are reimbursed for direct patient care services related to prevention and treatment of infectious diseases

By failing to include qualified healthcare practitioners, such as pharmacists, in provider networks, states may unintentionally limit access to care, particularly in rural and underserved areas. Even when pharmacists are authorized to provide services under state pharmacy practice laws, access to these services will be limited if health plans do not reimburse pharmacists for providing these services, as they do for other healthcare providers.

States should ensure that Medicaid, Medicaid managed care, employer-sponsored health plans, state employee health plans, and commercial health plans are required to reimburse pharmacists for providing services within their scope of practice. Reimbursing patient care services provided by pharmacists will improve access to treatment, particularly in rural and underserved communities, and allow hospitals and physicians to focus on the most severe cases.

E. Involve pharmacists in emergency response planning and coordination

The CDC believes that COVID-19 is likely to spread in the United States. Public health authorities should ensure that pharmacists are consulted and included in response planning and coordination. Whether as the medication experts in healthcare teams, as a primary healthcare resource in rural and underserved communities, or as the expert managing the drug supply and any potential drug shortages that could occur, pharmacists will be foundational to your state's response to a disease outbreak.

By implementing these recommendations, state policymakers can ensure that pharmacists in their communities are enabled to effectively support the COVID-19 response.

Additional resources, including ASHP's Pharmacy Competency Assessment Center emergency preparedness and infection prevention modules, are available in the COVID-19 resource center at **ashp.org/coronavirus**.

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