

Hi Elisabeth,

Thank you so much for reaching out yesterday afternoon. We sincerely appreciate your help with what has already been issued and your continued concern. This list that DORA sent out yesterday is monumentally helpful to pharmacists and pharmacies, however there are a few more things that would help even more. I wanted to send quickly but if you would like a more formal letter, we are happy to do that as well.

1. Waive the requirement in 12-280-125.5. Pharmacists' authority to dispense chronic maintenance drugs – rules - liability that limits one emergency supply in a 12-month period.
2. Require that any insurer or pharmacy benefit manager doing business in Colorado waive requirements for patient or caregiver signature for medications, for safety and efficient delivery.
 - a. This is already touched on in **10-16-122.5 (2)** *A pharmacy may use verifiable statements or records, including medication administration records of a nursing home, assisted living facility, hospital, physician, or other authorized practitioner, to validate the pharmacy record and delivery.* – However it would be helpful to clarify “verifiable” includes a pharmacy staff’s or other delivery agent’s signature to confirm delivery to patient. It would be helpful if pharmacist can just designate “pt received/COVID” or something similar as appropriate documentation for patient’s receiving prescriptions. Patients are already actively refusing to sign physically.
3. Delay all pharmacy audits, which are time consuming and burdensome, and divert pharmacy staff away from crucial patient care, for the duration of the declared state emergency.
4. Allow pharmacists to perform therapeutic substitution of medications in the same therapeutic class, without prescriber authorization, if shortages of prescribed agents occur.
 - a. **A suggestion on how to do – apply this statute to all settings, not just long term care facilities:** 12-280-103. Definitions - rules. Under 39(d) Practice of Pharmacy, c) provision of therapeutic interchange should be extended to all practice settings outside LTCF in the case of drug shortages and suspend the need for prior approval. However, should the need for therapeutic interchange occur and the provider not available, the pharmacist will make the substitution and notify the primary prescriber.
5. Apply for a state Medicaid waiver that allow flexibilities that enable the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests.

- a. These flexibilities will enable the state to focus its resources on combatting this outbreak and provide the best possible care to Medicaid beneficiaries in their state. – **Florida just had this quickly approved by the feds on March 13th**
- 6. Temporarily waive requirement for Board approved electronic prescription storage and inspection – **Board of Pharmacy Rule 11.04.10.**
 - a. Keeping up with printing and filing of eRx is extremely difficult right now with the influx of volume and patient questions. This is a big administrative burden when we need to focus time on patients and cleaning. We have the electronic records when needed.

Happy to discuss any of these requests further – we just want to make sure pharmacists can be as helpful as possible to help solve the crisis quickly and safely. Thank you for your tireless work to keep Coloradans healthy and safe!

Sincerely,

Emily Zadvorny, Executive Director of the Colorado Pharmacist Society

Chris Howes, Executive Director of the Colorado Retail Council

Ky Davis, President of RxPlus



The Colorado Pharmacists Society would like to add an additional provision to allow pharmacists **independent prescriptive authority for non-chronic medication therapies for common ailments** to help lessen the burden of all health professionals right now and as facilities begin to fill up further. We **would suggest the following approach which is in place in Idaho:**

PHARMACIST PRESCRIBING AND CLASSIFICATION AS HEALTHCARE PROVIDER GENERAL REQUIREMENTS.

- A pharmacist may independently prescribe non-chronic drugs, drug categories and devices provided the following general requirements are met:
 - Education. The pharmacist may only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
 - Patient-Prescriber Relationship. The pharmacist may only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship
 - Patient Assessment. The pharmacist must obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care. The pharmacist must maintain an updated

patient assessment protocol with evidence-based inclusion, exclusion and referral criteria.

- Collaboration with Other Health Care Professionals. The pharmacist must recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate.
- Follow-Up Care Plan. The pharmacist must develop and implement an appropriate follow-up care plan, including any monitoring parameters, in accordance with clinical guidelines.
- Notification. The pharmacist must inquire about the identity of the patient's primary care provider; and, if one is identified by the patient, provide notification within five (5) business days following the prescribing of a drug. In the instance in which the pharmacist is prescribing to close a gap in care or to supplement a valid prescription drug order, the pharmacist must alternatively notify the provider of record.
- Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan.
- Prescribing Exemption. The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Moore".

Emily Zadvorny, Executive Director of the Colorado Pharmacists Society
Gina Moore, President of the Colorado Pharmacists Society