

Utilizing the Pharmacy Workforce to Respond to Coronavirus

Ideas for State Policymakers and Advocates

Easing workforce challenges

[\(Click for more details\)](#)

Recommendation 1: Waive relevant restrictions and allow pharmacists, either independent or under a statewide protocol, to:

- 1) Order and administer flu, strep, and COVID-19 tests (ordering authority may help with insurance coverage even if some of these tests are available direct-to-consumer);
- 2) Prescribe antivirals to patients who test positive for flu and to people who live with patients who test positive for flu; and
- 3) Prescribe appropriate antibiotics for patients who test positive for strep.

Recommendation 2: Allow pharmacists who are licensed in other states to practice in your state on a voluntary basis.

Recommendation 3: Allow pharmacy technicians to administer flu, strep, and COVID-19 tests. Specify that pharmacists trained to administer these tests can train pharmacy technicians to administer them with or without virtual training supplementation.

Recommendation 4: Authorize pharmacists to dispense emergency 30-day supply prescription refills—even if there are no authorized refills remaining on the prescription.

Recommendation 5: Waive any restrictions related to who can be physically present in the pharmacy department or who can deliver prescriptions to patients.

Limiting Spread

[\(Click for more details\)](#)

Recommendation 6: Waive any restrictions related to:

1. Medication delivery to patients' homes (including requirements for patient signature or other delivery verification requirements);
2. Facility requirements that might impair pharmacies ability to implement curbside delivery or other innovative practices to minimize contact; and
3. Limitations on who can deliver medications, or who can give filled prescriptions to patients.

Recommendation 7: Ease any existing restrictions to allow pharmacists to compound hand sanitizer. Some states are also considering issuing a standing order for pharmacists to compound hand sanitizer. States should assess the nuances of their regulatory framework to address any barriers that may be in place.

Addressing Shortages

[\(Click for more details\)](#)

Recommendation 8: Allow compounding pharmacists to compound commercially available prescriptions if there are drug shortages.

Recommendation 9: Ease requirements related to personal protective equipment for compounding pharmacists.

Recommendation 10: Allow pharmacists to conduct therapeutic interchange.

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Easing workforce challenges:

Recommendation 1:

Waive relevant restrictions and allow pharmacists to:

- 4) Order and administer flu, strep, and COVID-19 tests (ordering authority may help with insurance coverage even if some of these tests are available direct-to-consumer);
- 5) Prescribe antivirals to patients who test positive for flu and to people who live with patients who test positive for flu; and
- 6) Prescribe appropriate antibiotics for patients who test positive for strep.

Depending on state law, these objectives may be achieved via direct prescriptive authority for pharmacists, a statewide standing order, a statewide collaborative practice agreement or other means. As a starting point, states should look to how state law currently allows pharmacists to make *naloxone* accessible to patients without a prior doctor's appointment. States should consider any barriers to insurance coverage that may need to be addressed.

Rationale:

- Testing in the pharmacy will allow pharmacists to refer COVID-19 positive patients as needed while keeping COVID-19 negative patients out of those overburdened facilities.
- Testing and treating for flu and strep will keep those patients out of overburdened facilities, decrease the time between symptoms and treatment, and thus reduce the number of severe cases. All of these steps will open up hospital resources for treating COVID-19 patients.

Recommendation 2:

Allow pharmacists who are licensed in other states to practice in your state on a voluntary basis. Waive any restrictions including: waiting periods, limitation to particular populations (e.g., underserved populations only), burdensome reporting requirements (or allow for them to be reported after-the-fact). If advanced registration with the state board is deemed necessary, create an online form for registering with the board.

Rationale:

- We may need additional providers – especially for the Medical Reserve Corp, etc. Providers who are licensed out-of-state are qualified to help. Reducing the administrative barriers will allow them to act quickly and ease the burden on the Board of Pharmacy in the interim.
- General liability and professional standards still apply so these qualified health professionals have every incentive to self-restrain from assisting with services for which they are not qualified. Thus, the benefits of expanding the workforce far outweigh any theoretical risk that any existing requirements attempt to mitigate.

Recommendation 3:

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Allow pharmacy technicians to administer flu, strep, and COVID-19 tests. Specify that pharmacists trained to administer these tests can train pharmacy technicians to administer them with or without virtual training supplementation.

Rationale:

- The entire healthcare workforce will be under pressure. While pharmacists can help to ease the burden on inpatient facilities and clinics, pharmacy staff will be under their own pressures.
- Empowering pharmacy technicians to assist with administering tests will help to spread the efforts over a larger group.
- These tests are simple to administer—many are designed to be simple enough that laypersons can use them at home—so training can be quickly implemented. Think “see one, do one, teach one.”

Recommendation 4:

Authorize pharmacists to dispense emergency 30-day supply prescription refills—even if there are no authorized refills remaining on the prescription.

Rationale:

- Limiting outreach to clinics and doctor’s offices for prescription refill requests will allow those providers to focus on helping the sick.
- Allowing pharmacists to fill prescription refills, exercising clinical judgment, will ensure patients have access to their important chronic medications.
- Ensuring that pharmacists can fill refill requests, even when a patient is out of refills, will also help to minimize patient trips to the pharmacy and further social distancing efforts. This is because patients who run out of prescriptions won’t have to wait for their prescriber to authorize the refill and return to the pharmacy to pick it up.

Recommendation 5:

Waive any restrictions related to who can be physically present in the pharmacy department or who can deliver prescriptions to patients.

Rationale:

- In some states, only pharmacy technicians or pharmacists can be in the pharmacy department. Easing this restriction to allow for front-end pharmacy staff to assist with the check-out process will allow pharmacists and pharmacy technicians to focus on patient-care tasks.
- With schools closing, there may also be a need for employees to bring their children with them to work. If that is possible, it may be the difference between a pharmacist or technician calling out sick. Giving pharmacists and pharmacies the flexibility to make such decisions is beneficial if state-level restrictions are currently in place.

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Recommendation 6:

Waive any restrictions related to:

4. Medication delivery to patients' homes (including requirements for patient signature or other delivery verification requirements);
5. Facility requirements that might impair pharmacies ability to implement curbside delivery or other innovative practices to minimize contact; and
6. Limitations on who can deliver medications, or who can give filled prescriptions to patients.

Rationale:

- Not all states will have such restrictions but those that do should waive them so that pharmacy staff can protect themselves and their patients by minimizing traffic in the pharmacy.

Recommendation 7:

Ease any existing restrictions to allow pharmacists to compound hand sanitizer. Some states are also considering issuing a standing order for pharmacists to compound hand sanitizer. States should assess the nuances of their regulatory framework to address any barriers that may be in place.

Rationale:

- Pharmacists may be able to help meet some of the demand by making hand sanitizer in their stores.

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Addressing Shortages

Recommendation 8:

Allow compounding pharmacists to compound commercially available prescriptions if there are drug shortages.

Rationale:

- There may be disruptions in the supply chain or increased demand for certain medications. Allowing compounding pharmacists to meet these their community's needs may make a big impact in certain areas.

Recommendation 9:

Ease requirements related to personal protective equipment for compounding pharmacists.

Rationale:

- There is a severe shortage of personal protective equipment already. Allow pharmacists to work outside of the regulations, while will maintaining patient safety, to stretch the supply they have and use alternate equipment when possible.
- The National Association of Boards of Pharmacy and Critical Point have developed a webinar and compiled materials to train pharmacists on how to safely take alternate precautions when personal protective equipment is in short supply. It can be accessed, after creating a free account, at this link:
<https://peernetwork.criticalpoint.info/posts/webinars/covid-19-downstream-implications-for-sterile-compounding>.
- Some states are considering easing restrictions but requiring that pharmacists watch this free one-hour training to be authorized to take alternate precautions.

Recommendation 10:

Allow pharmacists to conduct therapeutic interchange.

Rationale:

- In the event of a widespread shortage or supply chain disruption, if pharmacists are able to substitute a prescribed drug for a therapeutically similar alternative, patient health will be better protected.
- Pharmacists are trained and capable of exercising this level of clinical judgment.