

50.1 - Retail Pharmacy Access

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Part D sponsors must secure the participation in their pharmacy networks of a sufficient number of pharmacies that dispense drugs directly to patients (other than by mail order) to ensure convenient access to covered Part D drugs by Part D plan enrollees. CMS convenient access rules require Part D sponsors to establish pharmacy networks in which:

- In urban areas, at least 90 percent of Medicare beneficiaries in the Part D sponsor's service area, on average, live within 2 miles of a retail pharmacy participating in the sponsor's network;
- In suburban areas, at least 90 percent of Medicare beneficiaries in the Part D sponsor's service areas, on average, live within 5 miles of a retail pharmacy participating in the sponsor's network; and
- In rural areas, at least 70 percent of Medicare beneficiaries in the Part D sponsor's service area, on average, live within 15 miles of a retail pharmacy participating in the sponsor's network.

The convenient access standards will be applied to different types of Part D sponsors as follows:

- Regional MA-PD and PDP sponsors: Must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each State in which they operate. To the extent that a regional MA-PD or PDP sponsor operates in a multi-region or national service area, it will be required to meet the convenient access standards in each State in that multi-region or national service area; the sponsor may not meet the convenient access standards by applying those standards across the entire multi-State geographic area it services.
- Local-MA-PD sponsors: Must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each service area (including multi-county service areas) in which they operate.
- Cost plans: Must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each geographic area in which they operate.

Part D sponsors may count I/T/U pharmacies and pharmacies operated by FQHCs and RHCs toward the standards for convenient access to retail pharmacies detailed above. However, CMS will review Part D sponsors' pharmacy network submissions to ensure that inclusion of I/T/U, FQHC, and RHC pharmacies in contracted pharmacy networks does not substitute for the inclusion in Part D plan networks of retail pharmacies.

CMS is aware that there may be some areas of the country in which meeting the rural access standard, in particular, will be impossible or impracticable given the lack of pharmacy infrastructure. CMS will consider modifications to the rural access standard in cases in which Part D sponsors can demonstrate that meeting the standard is impossible or impracticable given a lack of infrastructure.