

50 - Access to Covered Part D Drugs

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Part D sponsors must establish a pharmacy network sufficient to ensure access to covered Part D drugs for their enrollees. As detailed below, Part D sponsors must demonstrate that they provide: (1) convenient access to retail pharmacies for all enrollees; (2) adequate access to home infusion pharmacies for all enrollees; (3) convenient access to LTC pharmacies for enrollees residing in LTC facilities; and (4) convenient access to I/T/U pharmacies for American Indian/Alaska Native (AI/AN) enrollees. Except as indicated in section 50.3 for limited access drugs, covered Part D drugs must be accessible to enrollees through network pharmacies through all phases of the Part D benefit.

Sponsors or their pharmacy benefits manager (PBM) should maintain a contracting log documenting their efforts to provide standard terms and conditions to prospective network pharmacies as well as any contracting negotiations between the sponsor or PBM and prospective network pharmacies. This contracting log will help CMS in its efforts to ensure compliance with pharmacy access requirements, including the any willing pharmacy requirement described in section 50.8.1.

After their initial pharmacy access submissions are approved, Part D sponsors must notify their CMS account manager of any substantive change in their pharmacy network that may impact their ability to maintain a Part D pharmacy network that meets CMS' requirements. Substantive changes to a pharmacy network include, but are not limited to:

- An inability to meet the convenient access standard for retail pharmacies, as described in section 50.1;
- An inability to provide adequate access to home infusion drugs to enrollees within 24 hours of discharge from an acute setting, as described in section 50.4;
- An inability to provide an enrollee residing in an LTC facility convenient access to a network LTC pharmacy that serves the LTC facility, as described in section 50.5.1; or
- Not offering Part D contracts to all I/T/U pharmacies in a Part D sponsor's service area in order to provide convenient access for AI/AN enrollees, as described in section 50.6.

Part D sponsors will be required to provide CMS with data on an annual basis that will allow CMS to determine whether their retail, home infusion, and LTC pharmacy networks continue to meet CMS' pharmacy access standards. For more information about these reporting requirements, refer to:

http://www.cms.hhs.gov/PrescriptionDrugCovContra/08_RxContracting_ReportingOversight.aspx#TopOfPage

A Part D sponsor must notify CMS when it changes PBMs to manage its pharmacy network mid-year. Specifically, the sponsor must:

- Notify their CMS account manager at least 60 days prior to the effective date of the new contract or the date the new PBM would begin providing services to beneficiaries, whichever is earlier. In instances of a contractual change occurring within less than 60 days, then the Part D sponsor must notify their account manager within 5 days of signing the new contract.
- Ensure the change includes an internal transition period, as any decision to change PBMs during the last quarter of the contract year may cause disruption to beneficiary access and services.
- Make preparations to submit appropriate documentation, upon request, to CMS Central Office at any time after the date the contract takes effect (targeted audit). Such documentation may include but not be limited to:
 - Executed PBM contract
 - Retail pharmacy contract template
 - Mail order pharmacy contract template
 - Home infusion pharmacy contract template
 - LTC pharmacy contract template
 - I/T/U pharmacy contract template
 - Up-to-date Part D pharmacy network listings
 - Up-to-date Part D geo-access reports