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**March 24, 2020**

**FAQs on Prescription Drugs and the Coronavirus Disease 2019 (COVID-19) for Issuers Offering Health Insurance Coverage in the Individual and Small Group Markets**

**Q1. May issuers offering coverage in the individual and small group markets permit early access to prescription drug refills or greater than a 90-day supply of medication(s)?**

Nothing in federal regulations would prohibit issuers in the individual and small group markets from permitting enrollees to access a prescription drug refill before otherwise being eligible for a refill under plan terms and conditions or to access drugs beyond a 90-day supply. Many states have already taken steps to encourage issuers to authorize early refills and waive medication refill limits. CMS encourages issuers to lift fill restrictions when appropriate, while also taking into consideration patient safety risks associated with early refills for certain drug classes, such as opioids, benzodiazepines, and stimulants.

**Q2. How can issuers address prescription drug access issues, such as specific drug supply shortages identified by the Food and Drug Administration (FDA)?**

The FDA monitors the prescription supply chain and provides detail on specific prescription drug shortages at <https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages>. We encourage issuers offering coverage in the individual and small group markets to monitor this website to ensure enrollees have access to the affected drugs or a therapeutic alternative.

In addressing any potential drug shortage, issuers should consider the type of drug involved, condition(s) treated by the drug, expected length of the drug shortage or access issue, and which enrollees are impacted. CMS recommends that issuers work with their enrollees and providers to provide coverage for therapeutically equivalent non-formulary drugs as prescribed by the enrollee's provider, and waive prior authorization or step therapy for therapeutically equivalent formulary drug products. If an issuer does not provide coverage of a non-formulary drug that is therapeutically equivalent to a drug on the plan's formulary, enrollees may use the drug exceptions process to request that the drug be covered, pursuant to 45 CFR 156.122(c), including on an expedited basis due to exigent circumstances.

CMS encourages such issuers to provide coverage of these drugs subject to cost-sharing requirements that are the same as or more generous to enrollees than those applicable to the drug that is in shortage.

CMS also encourages issuers offering coverage in the individual and small group markets to provide coverage of drugs dispensed at out-of-network pharmacies as if dispensed at in-network pharmacies (e.g., subject to in-network cost-sharing requirements) as an additional method to

ensure adequate access when enrollees cannot reasonably be expected to obtain covered drugs at a network pharmacy.

Lastly, to the extent that issuers make these changes, CMS strongly encourages such issuers to promptly communicate this information to enrollees, to ensure that enrollees can benefit from these changes as soon as possible.