## AFGE

## AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

Dr. Everett B. Kelley
National President

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March 13, 2020

Honorable Dale Cabaniss Director U.S. Office of Personnel Management 1900 E Street, NW Washington, DC 20415

Dear Director Cabaniss:

On behalf of the 700,000 federal and District of Columbia employees represented by the American Federation of Government Employees (AFGE), AFL-CIO, I write to you concerning the impact on federal employees and retirees from potential pharmaceutical drug shortages in the U.S. caused by supply chain disruptions as a result of the COVID-19 crisis.

Various media reports indicate that due to the extensive use of foreign sources of supply for the manufacture of critical drugs, the COVID-19 situation is affecting the production, transportation and distribution of many critical drugs in the U.S. As you know, virtually all prescription drug plans under the Federal Employees Health Benefits Program (FEHBP) use Pharmacy Benefit Managers (PBMs), one purpose of which is to limit the unnecessary refilling and/or renewal of prescriptions prior to a patient's anticipated exhaustion of their existing prescription supply. PBM renewal limitations have been strengthened in recent years due to widespread opioid abuse.

While PBMs may be useful in restricting prescription renewals (primarily for cost containment purposes), the current COVID-19 crisis, coupled with general drug supply disruptions, means that the "just-in-time" (JIT) approach used by PBMs to authorize refills under the FEHBP may inadvertently cause federal employees, retirees and their dependents to be unable to refill many prescriptions during this crisis, including those used for chronic conditions. This is a matter of grave concern to our members.

PBMs often restrict the refilling of a prescription until less than one week prior to the anticipated exhaustion of a patient's supply. Given the need for many prescription beneficiaries under the FEHBP to have an adequate stock of pharmaceutical medications (particularly those with long-standing chronic conditions) during the Coronavirus crisis, the present PBM approach to cost containment and "overfilling" of renewals could lead some patients to be unable to obtain refills of vital medications on a timely basis, thus endangering their health and even their lives.

For this reason, we request that OPM work with the various FEHBP carriers and their PBMs to ensure that the "time window" policies for refill of prescription medications be expanded. Specifically, we would urge OPM to press the carriers and the PBMs to permit refill of valid prescriptions 60 calendar



Director Cabaniss March 13, 2020 Page Two

days prior to the anticipated exhaustion of a patient's current supply. Such an approach will give FEHBP prescription drug beneficiaries greater assurance that medications will be available to them on a timely basis during any lengthy period during which they cannot otherwise obtain their prescriptions.

I want to emphasize that AFGE is not asking for a wholesale change to FEHBP and PBM prescription refill policies. Rather, our request relates to the pendency of the COVID-19 crisis. While federal employees, retirees and their families deal with the pandemic situation, they should not have to worry that vital pharmaceuticals upon which they rely for treatment, may not be available to them because of JIT or cost containments provisions that are counterproductive during a potential supply disruption.

We ask that you consider this issue as a high priority for the FEHBP during this ongoing crisis.

Sincerely,

Everett B. Kelley
National President