COVID-19 INFORMATION FOR PHC PARTICIPATING GROUPS – 3/24/20

We have been working with our vendor-partners on ways to best support you and your participants during this period of uncertainty surrounding COVID-19. The situation is changing day-to-day, but following are the most recent updates:

**CVS/Caremark and National Cooperative Rx**

Today, CVS/Caremark and National Cooperative Rx distributed information about two CVS/Caremark recommendations. We have summarized those below. Please note, your plan is automatically opted in to these recommended programs unless you take action to opt out by 5 p.m. CT on Wednesday, March 25. If you are unable to meet this deadline you will be able to opt-out at a later time.

The following message is from Caremark, and we have noted the associated commentary from National Cooperative Rx:

Given the quickly evolving national health emergency, we need to take action to help ensure your plan members have timely, safe access to medication. The steps being taken to help prevent stockpiling and gaps in therapy, including implementing quantity limits and extending prior authorizations, are outlined below. We ask that you make a decision on whether to opt-out within 48 hours to ensure timely implementation.

*Extending Prior Authorizations to Maintain Member Access*

During this unprecedented time, it may be more challenging for members to see their prescribers – either because of decreased availability of appointments or personal concern over exposure. In order to prevent gaps in therapy, we are extending many clinical prior authorization records – set to expire between March 23 and June 30 – for 90 days. For instance, if a prior authorization is set to expire on May 15, the expiration date will be extended to August 15. We will share a list of our standard criteria to which this **will not apply** as soon as possible.

**National CooperativeRx's Perspective on CVS Action:**

[This] action is to extend prior authorizations due to challenges a patient may encounter in seeing their health care provider. This does not impact new prior authorizations. The Cooperative believes this decision should be made by each group and may be influenced based on the status of health care facilities in your state and community. In several areas of our country, the health care system is overtaxed due to COVID-19 and we don’t want individuals to experience disruptions in care due to providers being distracted with other critical work. In these areas it’s prudent for a plan sponsor to allow this extension of prior authorizations

**Preventing Potential Shortages of Key Drugs:**

While there is no evidence at this time of widespread shortages, it is important to ensure that members with ongoing needs can maintain access to medications, while also enabling patients with
COVID-19 to obtain treatment. Some of the medications being identified as possible treatments for COVID-19 are also used by members to treat existing conditions like HIV and lupus.

Beginning immediately, we are introducing a utilization management (UM) product bundle, which will institute quantity limits on medications that potentially treat COVID-19 and are used by members for other conditions.

**Albuterol Meter Dose Inhalers:**

- A quantity limit will be added to albuterol inhalers, limiting them to two per 30 days (200 inhalations per device) at retail or six per 90 days at mail
  - These changes apply only to inhalers and not nebulizer solutions or oral tablets
  - These limits are already commonly used by many of our clients and included in some of our formulary designs

**Chloroquine, hydroxychloroquine, Kaletra and azithromycin:**

A quantity limit will be added to limit the supply dispensed of these drugs:

- Chloroquine, hydroxychloroquine: 10-day supply, limit of one fill per 60 days
- Kaletra: 14-day supply, limit of one fill per 60 days
- Azithromycin 250 mg tablets, limit of 6 tablets or one blister pack of 6 tablets per five days; limit of one fill per 60 days
- Members are limited to one fill of each product per 60 days

These limits will apply at to claims from all pharmacies. While these medications may be useful in reducing the duration of COVID-19 and we want to ensure appropriate member access for that purpose, it is important to ensure access for members using these medications to treat chronic conditions as well.

To minimize disruption for members currently taking these medications, we are implementing the following adjudication logic to identify diagnosis and previous utilization to bypass this limit:

1. If a member has filled a 30-day supply within the previous 180 days, the claim will bypass the quantity limit.
2. If the claim comes through with an appropriate non-COVID-19 diagnosis code, including lupus, rheumatoid arthritis (RA) or HIV, the claim will bypass the quantity limit.

If a member does not have: a claim history for these drugs OR a diagnosis code indicating lupus, RA or HIV, the quantity limit will apply. Prescriptions exceeding the quantity limits or with no diagnosis code will require prior authorization to confirm appropriate use.
National CooperativeRx’s Perspective on CVS Action:

[This] action is to prevent drug shortages which may occur for drugs that have shown to help mitigate COVID-19. The Cooperative believes it is important to prevent stockpiling, minimize shortages and reserve access to medications for those truly in need. CVS’s utilization management product bundle will institute quantity limits on medications that potentially treat COVID-19 and are used by members for other conditions.

Please note that:

- Your plan will automatically be opted-in to the quantity limit bundle and prior authorization extension
- If you do not wish to implement these steps aimed at preventing stockpiling and gaps in therapy, you must opt-out by 5 p.m. CT on Wednesday, March 25

If you are unable to meet this deadline you will be able to opt-out at a later time.

National CooperativeRx’s Perspective on CVS Action:

If your state or community is not seeing these COVID-19 dynamics, you may wish to opt out of these extensions, at least for the time being. You may also opt in now, and then opt out at a later date if situations improve by working with your CVS account manager.

The situation is evolving rapidly as results from various clinical trials and case studies become available, and we will continue to evaluate the information and update the requirements as appropriate. 
Quantity limits and included medications will be automatically updated to stay in line with current clinical guidelines and marketplace conditions.

This is an uncertain time and we understand that you and your members are concerned about being able to obtain needed medications. We remain focused on ensuring plan members have timely, safe, and appropriate access to their medications – a service that’s more important now than ever.

Date of update: 3/24/20