## ARC/CVS - Covid-19 Medication Update - 3/24/20

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.

## 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.

## 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
  - o 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

Chloroguine, hydroxychloroguine, 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.

## Please note that:

• Your plan will **automatically be opted-in** to the quantity limit bundle and prior authorization extension. This change can only be done at the carrier level, not client level. If a specific member request is needed an override can be requested.

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.