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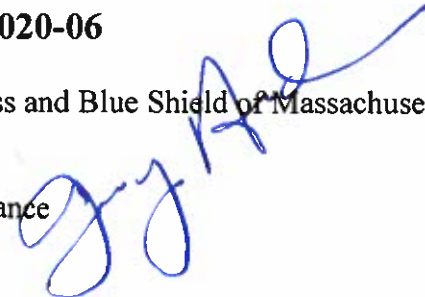
BULLETIN 2020-06

To: All Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations

From: Gary D. Anderson, Commissioner of Insurance

Date: March 26, 2020

Re: Administration of Prescription Drug Benefits during COVID-19 (Coronavirus) Public Health Crisis



The Division of Insurance (“Division”) issues this Bulletin 2020-06 to provide information to all Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations (“Carriers”) about the Division’s expectations regarding steps Carriers are to take to help address concerns about protecting Massachusetts pharmacists and the public during the COVID-19 (also known as Coronavirus) public health crisis.

The Coronavirus Risk

As stated in Bulletins 2020-02, 2020-04, and 2020-05, the public health and societal impact resulting from the spread of COVID-19 could dramatically impact the Commonwealth. It will be essential that government and business leaders take all appropriate steps to safeguard the general public and well-being of the Commonwealth’s citizens. COVID-19 may impose unique risks to our insurance market that Massachusetts has not faced for at least a generation. Therefore, the Division is notifying Massachusetts Carriers that it expects them to take all necessary steps to assist in protecting the public health and that of Massachusetts pharmacy staff during this emergency period.

Carriers’ Flexibility in Administration of Prescription Drug Benefits

In order to further public health and safety, Carriers are advised to provide as much flexibility with respect to prescription drug coverage administration and delivery as is reasonably possible during the period of the COVID-19 public health crisis. In accordance with the aim of enhancing the well-being of the public and pharmacy professionals during this emergency period, Carriers are expected to:

- 1) Work with Carrier pharmacy networks to ensure that neither Carriers nor plan pharmacies have any signature requirements currently in place for in-person prescription receipts, member-pharmacist counseling requirements, etc.;
- 2) Work with Carrier pharmacy networks so that plan pharmacies waive any signature requirements currently in place for in-home prescription deliveries, with the exception of any applicable federal signature requirements for controlled substances;
- 3) Work with Carrier pharmacy networks to ensure that neither Carriers nor plan pharmacies have any requirements that impede pharmacies from mailing prescriptions to Carriers' members;
- 4) Allow members to utilize their health insurance benefits for early refills for maintenance drugs (other than for federally controlled substances), where appropriate.

Exploring all appropriate flexibility in arrangements that enable members to obtain their prescriptions with limited person-to-person contact will help avoid transmission of the Coronavirus to both the public as well as to pharmacy personnel. Exploring all other ways to be flexible in administrative reporting or audits will allow for resources to be deployed most efficiently to address the COVID-19 crisis.

Prior Authorization for Chloroquine and Hydroxychloroquine

The Division is aware that there are concerns arising in the market about the prescribing of two prescription drugs, chloroquine and hydroxychloroquine (also known as Plaquenil) – commonly used to treat malaria as well as rheumatologic and dermatologic conditions. For both of these drugs, although there have been early clinical trials that have suggested that these drugs may be useful in limiting the severity and length of COVID-19, there has not been any conclusive evidence from clinical trials that these prescriptions provide therapeutic value for Coronavirus patients. It is also unclear whether any benefits from these drugs would outweigh the risks.

We have become aware that there are cases across the country of providers and consumers hoarding these prescriptions or using these prescriptions inappropriately. There is always the possibility of consumers overdosing on the prescriptions, which could lead to death.

In these uncertain times, the Division is notifying Carriers that it expects all health Carriers to establish, or to direct their pharmacy benefit managers to establish, prior authorization systems to prevent the hoarding of these drugs. While prescribing practices of chloroquine and hydroxychloroquine should be left up to the discretion of providers, measures need to be implemented to avoid inappropriate prescribing behaviors.

For that reason, we suggest that Carriers look to modify their systems, or instruct their pharmacy benefit manager to make changes in the following ways for new prescriptions for chloroquine and hydroxychloroquine filled after the date of this Bulletin:

- 1) For prescriptions related to malaria or to rheumatologic or dermatologic conditions, Carriers should continue to fill prescriptions under the current prescribed limits, including in some cases 90-day supplies as they currently exist;
- 2) For prescriptions related to COVID-19, Carriers should limit the quantity of prescriptions for chloroquine and hydroxychloroquine at the point-of-sale to a 14-day supply or less in their discretion; any subsequent fills above that initial supply should be made subject to prior plan approval;
- 3) The Carrier should explain how a provider can contact the plan for fills beyond the initial fill;
- 4) Once a prescription has received a prior authorization for the amounts beyond the initial fill, the Carrier should follow its normal review for refilling chloroquine or hydroxychloroquine.

If the prescriptions are being used for non-COVID-19 diagnoses, Carriers will collect the applicable cost-sharing amount as set forth in the member's policy. If the FDA at some point in the future declares these medications to be "approved therapies" for COVID-19, then Carriers will thereafter collect cost-sharing in accordance with Bulletin 2020-02.

Health Insurance Carriers Acting As Administrators

Due to the public health crisis imposed by COVID-19, when health insurance Carriers are acting as administrators for employment-sponsored non-insured health benefit plans, the Division expects Carriers to encourage plan sponsors to take steps that are consistent with the provisions of Bulletin 2020-06. Plan sponsors should be made aware of the public health risks to all Massachusetts residents, and health insurance Carriers should do all they can to encourage plan sponsors to take steps to aid members' ability to access prescription drugs via the safest possible means.

If you have any questions about this Bulletin, please contact Kevin Beagan, Deputy Commissioner for the Health Care Access Bureau, at (617) 521-7323.