

Pharmacy Policy

Chloroquine and Hydroxychloroquine

Policy Number: 9.410

Version Number: 2.0

Version Effective Date: 6/1/2021

Product Applicability <input type="checkbox"/> All Plan+ Products	
Well Sense Health Plan <input type="checkbox"/> New Hampshire Medicaid	Boston Medical Center HealthNet Plan <input type="checkbox"/> MassHealth ACO <input type="checkbox"/> MassHealth MCO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Chloroquine
- Hydroxychloroquine

The Plan may authorize coverage of the above products for members meeting the following criteria:

Exclusion Criteria	Treatment of COVID infection
Required Medical Information (Applicable to new starts ONLY)	<ol style="list-style-type: none"> 1. Intended use is for an FDA approved indication or is supported by clinical compendia (e.g. malaria, sarcoidosis, rheumatoid arthritis, systemic lupus erythematosus, etc.); AND 2. Prescribing physician attests that they have a patient-physician relationship, has examined the patient (physical exam or via telemedicine), and is prescribing within the scope of their practice.

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Coverage Duration	12 months
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Clinical Background Information and References

1. FDA Press Announcement: "Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Chloroquine and Hydroxychloroquine", released on June 15, 2020. Available at: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fdarevokes-emergency-use-authorization-chloroquine-and>

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
2/11/2021	P&T review: No changes required	6/1/2021	P&T Committee

Next Review Date

2/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers

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in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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