

## ALL PLAN LETTER

**DATE:** June 14, 2022

**TO:** All Full-Service Commercial Health Care Service Plans<sup>1</sup>

**FROM:** Sarah Ream  
Chief Counsel, DMHC

**SUBJECT:** APL 22-017 – Coverage of COVID-19 Therapeutics

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COVID-19 therapeutics for people who test positive for COVID-19 are proving effective in preventing serious illness, hospitalizations, and deaths. This APL concerns commercial health plan coverage of COVID-19 therapeutics, steps plans can take to encourage providers to use therapeutics, when appropriate, and directs plans to submit a description of how the plan is ensuring enrollees who need and are eligible for therapeutics have ready access to such treatment.

### I. Coverage of COVID-19 Therapeutics as Urgent Appointments

Guidance issued by the federal Department of Health and Human Services (HHS), the National Institutes of Health (NIH), and the Centers for Disease Control and Prevention (CDC) indicate that COVID therapeutics can be effective when administered within five to seven days of when symptoms start.<sup>2</sup> Accordingly, access to COVID-19 therapeutics should be considered an urgently needed service per Health and Safety Code section 1367.01(h)(2).

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<sup>1</sup> This APL does not apply to Medicare Advantage products, specialized health care products, or Medi-Cal products. Health plans with Medi-Cal products should refer to guidance issued by the California Department of Health Care Services. [DHCS Guidance](#). This APL *does* apply to commercial health plans with restricted or limited licenses to the extent the plan has accepted risk or responsibility for COVID-19 therapeutics.

<sup>2</sup> The federal Department of Health and Human Services (HHS) has issued guidance and resources regarding COVID-19 therapeutics. That information can be found at the following websites: [Office of the Assistant Secretary for Preparedness & Response](#), [NIH Guidance](#), [CDC Guidance](#)

Health plans must ensure enrollees for whom a COVID-19 therapeutic is medically necessary have access to these treatments within 48 hours if the plan does not require prior authorization or 96 hours if the plan requires prior authorization. Given treatment should be started as soon as possible after symptoms start, the DMHC strongly urges plans to waive any prior authorization requirements with respect to therapeutics and to ensure enrollees can receive needed treatment as quickly as possible.

## **II. Education and Outreach Regarding COVID-19 Therapeutics**

The DMHC encourages health plans to work with their contracted providers to ensure the providers understand that COVID-19 therapeutics are covered services when medically necessary to treat an enrollee. Plans should also keep current on the recommendations regarding treatment with therapeutics and ensure their contracted providers also have the most up-to-date information.

Plans should educate their contracted providers on how to quickly obtain COVID-19 therapeutics so enrollees are not waiting unnecessarily for such treatment. Finally, plans should educate their enrollees regarding the availability of COVID-19 therapeutics to ensure enrollees who have a positive home COVID-19 test know that they should contact their provider or the plan to ascertain whether a therapeutic is appropriate for the enrollee.

Finally, the California Department of Public Health (CDPH) recently issued a “COVID-19 Test-to-Treat Playbook.” The Playbook provides valuable information regarding COVID-19 therapeutics, outlines best practices for providers, health plans, and others regarding prescribing, filling, and covering therapeutics, and provides resources for educating providers and patients regarding therapeutics. You can find the Playbook at CDPH’s website: [COVID-19 Test-to-Treat Playbook](#).

## **III. Filing**

To demonstrate that enrollees have timely access to medically necessary COVID-19 therapeutics, commercial health plans must submit a filing to the DMHC describing the following:

1. Whether the plan requires prior authorization for medically necessary COVID-19 therapeutics. If the plan requires prior authorization, how is the plan ensuring such authorization processes do not interfere with the timely administration of COVID-19 therapeutics.
2. What steps the plan has or will take to educate its contracted providers regarding the availability of COVID-19 therapeutics and how the provider can request expedited approval for administering COVID-19 therapeutics if the plan requires prior authorization.
3. What steps the plan has or will take to educate enrollees about the availability and access to COVID-19 therapeutics.

By **July 15, 2022**, submit an E-1 describing the above-requested information. Submit the filing through eFiling as an Amendment titled "COVID-19 Therapeutics." The plan may also submit any policies or procedures it has that are responsive to this request.

If you have questions regarding the applicable timelines for filing or other questions about the requirements of this APL, please contact your health plan's assigned reviewer in the OPL.