Good Neighbor Pharmacy/Elevate Provider Network COVID-19 Therapeutics Program Implementation Guide – Updated January 5, 2021

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This Implementation Guide will walk you through the **required readiness steps** for participating in the Federal Pharmacy Partnership with Elevate and *Good Neighbor Pharmacy*. This COVID-19 Therapeutics Implementation Guide will continue to evolve so please continue to check back for updates. If you have questions, please e-mail COVIDvaccines@amerisourcebergen.com.

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DAILY THERAPEUTIC DISPENSING INFORMATION AND REPORTING REQUIREMENTS

For each patient:

- Provide each patient with all required forms:
  - FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS- Paxlovid
    English: https://www.fda.gov/media/155051/download
    Spanish: https://www.fda.gov/media/155075/download
  - FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS- Molnupiravir
    English: https://www.fda.gov/media/155055/download
    Spanish: https://www.fda.gov/media/155115/download
- Monitor each patient and report adverse events
  - Required reporting information for Serious Adverse Events and Medication Errors is found in the FACT SHEET FOR HEALTHCARE PROVIDERS for each product
- Please refer to the FACT SHEET FOR HEALTHCARE PROVIDERS for additional questions on dispensing this product.
  - Paxlovid from Pfizer: EUA Fact Sheet for healthcare providers
  - Molnupiravir from Merck: EUA Fact Sheet for healthcare providers
- PAXLOVID Emergency Use Authorization (EUA) dosing and dispensing in moderate renal impairment, and risk of serious adverse reactions due to drug interactions
  - https://www.fda.gov/media/155071/download

Daily Reporting:

Complete adjudication/billing at time of dispense or within 24 hours

As Needed:

Report wastage in ABCOrder via the COVID-19 portal

BILLING AND REIMBURSEMENT REQUIREMENTS – We will continue to add to this section as we are provided with more information

COVID-19 Oral Antivirals Reimbursement			
PBM	NCPDP Field ID	NCPDP Field Name	Incentive Amount
OptumRx	438-E3	Incentive Amount Submitted	$10.50
Caremark*	426-DQ & 430-DU	U&C Customary charge and Gross Amount Due	$10.01

OptumRx Guidance:

CLAIM SUBMISSIONS

When submitting a claim for the COVID-19 oral antiviral drug, submission should include the NCPDP fields as depicted below and follow recommended NCPDP guidelines. It is the responsibility of the pharmacy provider to submit the correct DUR/PPS value =" PE" to allow accurate reimbursement of the Administrative Incentive Fee. Please note Medicaid may have state specific administrative fees and requirements.

NCPDP Field Name	NCPDP Field Number	Claim Submission
Professional Service Code (DUR-PPS)	440-E5	PE
Day Supply	405-D5	5-Day
Ingredient Cost Submitted	409-D9	$0.00 ($0.01 if system requires)
Dispensing Fee Submitted	412-DC	$0.00
Basis of Cost Determination	423-DN	15 (Free Product)
Incentive Amount Submitted	438-E3	**$10.50**
Product / Service ID / NDC	407-D7	EUA approved NDC
Fill Number	403-D3	00

Caremark Guidance:

*Until Plan Sponsors communicate their final decisions to CVS Caremark and applicable system updates are completed, claims for COVID-19 antivirals will **REJECT**. In all cases, reimbursement to Providers will be communicated by the claims adjudication system.

CLAIM Segment Segment Identification (111-AM) = "Ø7"				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
4Ø7-D7	PRODUCT/SERVICE ID	00069-1085-30	M	Pfizer NDC shown as example
442-E7	QUANTITY DISPENSED	30	R	
4Ø5-D5	DAYS SUPPLY	5	R	
Pricing Segment				

Segment Identification (111-AM) = "11"				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED	$0.01	R	Use $0.00 for free product
426-DQ	USUAL AND CUSTOMARY CHARGE	$10.01	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	**$10.01**	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee

Updates to the NCPDP Emergency Preparedness Guidance Document v1.12 were made to clarify guidance on billing of a self-administered free COVID-19 oral antiviral during an emergency.

NCPDP recommends: Claims for products that incur no product cost may be submitted to the patient's prescription benefit plan. The claim request would use the standard fields with applicable pricing and professional service identifiers to support the unique dispensing needs. The following claims processing guidance should be used to support rapid adoption of Federal emergency authorizations of self-administered free COVID-19 oral antivirals and associated policies.

This guidance covers two different scenarios:

- **Scenario 1** - when the pharmacy performs an assessment of the patient, prescribes and dispenses the product.
- **Scenario 2** - when the pharmacy dispenses the product while fulfilling the unique dispensing requirements of the product upon receiving the prescription.

At this time, this guidance does not cover a scenario where the pharmacy performs an assessment and determines that the patient is not a candidate for the oral antiviral.

NOTE: There are additional services/precautions required for dispensing of COVID-19 oral antivirals and should be taken into consideration when determining reimbursement.

- The submitted Transaction Code (103-A3) is "B1" (Claim Billing).
- The submitted Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
- The claim pricing segment follows the prescription claim request formula.
- The Product/Service ID Qualifier (436-E1) and the Product/Service ID (407-D7) should be submitted with the value of the dispensed product (in this example "03" (NDC) and the NDC of the product).
- The Days Supply (405-D5) should represent the number of days the dispensed quantity will last based on the prescribed dose.
- The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of product dispensed.
- Professional Service Code (440-E5) value of either:

- "AS" - Patient Assessment should be submitted to identify the professional services associated with the pharmacist conducting a patient assessment, prescribing, and fulfilling the unique dispensing requirements of the product.
- "PE" – Patient Education should be submitted to identify the professional services associated with the unique dispensing requirements of the product when the pharmacist is not the ordering provider.

- The Ingredient Cost Submitted (409-D9) for the free product should be submitted as $0.00.
  - NOTE: Some systems may not be able to successfully exchange the value of $0.00 as an Ingredient Cost Submitted (409-D9) or do not yet support Basis of Cost Determination (423-DN) value '15'. Trading partners should clearly communicate in advance when alternative values (such as Ingredient Cost Submitted (409-D9) of $0.01 and/or another value for Basis of Cost Determination (423-DN)) are necessary for claims adjudication.
- Basis of Cost Determination (423-DN) should be submitted with the value "15" (Free product at no associated cost).
- The Dispensing Fee Submitted (412-DC) is submitted when the pharmacy is seeking reimbursement for the agreed upon dispensing fee of the free product.
- The Incentive Amount Submitted (438-E3) is submitted when there are professional service charges associated with the unique dispensing requirements.
- The Gross Amount Due (430-DU) field is required and represents the sum of the component fields.
- Payer response should follow the NCPDP prescription pricing formula, including the corresponding response pricing fields to the submitted fields, (e.g., Ingredient Cost Paid (506-F6), Dispensing Fee Paid (507-F7), Incentive Amount Paid (521-FL)).
- **Medicare** – **will be updated as information is available**
- **Medicaid** – Check with your state Medicaid office to confirm registration status
- **Uninsured/Underinsured** - Complete the steps to register for HRSA billing. Uninsured/underinsured claims for COVID-19 Therapeutic Antivirals are not included in Elevate's contract with OptumRx and payment would not go through our Central Pay.
- **Commercial** – **will be updated as information is available**
- The pharmacy must administer COVID-19 Therapeutics regardless of the recipient's ability to pay COVID-19 Therapeutic administration fees or coverage status. **The pharmacy may not seek any reimbursement, including through balance billing, from the recipient.**

IMPORTANT: Be prepared to complete billing in your Pharmacy Management System within 24 hours.
Lot number and expiration date of the therapeutic must be populated into your pharmacy management system for each administration:

- One of the requirements of participation in the FRPTP is to report certain data back to HHS. AmerisourceBergen and HHS are capturing this data via your claims submission when you bill for the product administration fee.

ALLOCATION DETAILS

Once your pharmacy has completed all required readiness steps, your pharmacy becomes eligible to receive an allocation. At this time, all antiviral products are allocated through the jurisdictions to their selected partners/pharmacies

QUARTERLY ATTESTATION

All pharmacies receiving COVID-19 therapeutics will be asked to complete and e-sign a mandatory quarterly attestation to verify compliance with the requirements of the therapeutics program. The completed attestation with e-signature needs to be emailed to AmerisourceBergen within two weeks of receiving the attestation. The email with the attestation form will be sent to the authorized signer on file.

ADDITIONAL FDA COVID-19 RESOURCES

- FAQs: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs