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pharmacist.

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# COVID Chaos!

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[www.ncpa.org/coronavirus-information](http://www.ncpa.org/coronavirus-information)

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# Federal Retail Pharmacy Partnership

- The "FRPP" remains the backbone of many COVID initiatives
- Chains, independent pharmacy networks, and LTC GPOs
- These entities have an agreement in place with the US Government that started with vaccines
- Independent pharmacies affiliated with a FRPP have agreements in place with the USG through the CDC.
  
- We will make reference to this program and these agreements as we talk about the various COVID initiatives.
- Independent pharmacy owes a big thank you to the FRPP entities that have devoted untold resources to facilitate independent pharmacy involvement!



# Vaccines

- Medicare Advantage switch
- “Up-to-date” is the new language (vs. “fully vaccinated”)
- Immunocompromised
  - Individuals  $\geq$  12 years old who received an mRNA COVID-19 vaccine **primary series and an additional** primary mRNA vaccine dose **should receive a booster dose at least 5 months after the additional** primary dose. (4 doses)
  - Billing
    - May experience challenges if 3<sup>rd</sup> dose billed as a booster instead of additional dose
- Children < 5 years old
  - Likely to see authorization in March



# OTC Tests

- In-Network pharmacy
  - Refer to network updates from each PBM for instructions to submit a claim and details on reimbursement rates (e.g. U&C submitted; lower of \$12 or U&C).
  - NCPA has a handout on our website titled "OTC COVID Tests Billing" that summarizes guidance from NCPDP and an FAQ
- Out-of-network pharmacy
  - Patients can receive up to \$12 per test from their health plan by submitting the receipt and relevant health insurance form directly to their plan.
- Supply issues
  - Biden Administration providing 1 billion free tests via COVIDtests.gov
  - Inappropriate use, stockpiling



# Non-OTC Tests

- CLIA-waived tests
  - Review the EUA for the test administered. Is the test authorized for asymptomatic screening?
  - Health plans are not required to cover testing for travel or work
  - OSHA rules apply (provide PPE and dedicated space)
- Specimen collection
  - Bill for evaluation and specimen collection
    - eTrueNorth
    - Part B covers if patient is homebound (NCPA not hearing from members doing this)
  - OSHA rules apply (provide PPE and dedicated space)



# Free Masks

- 400+ million masks
- FRPP pharmacies
- Multiple brands, package types
- "Limit" of 3 per person
  - Not expecting store level enforcement
- Sign to be posted
- CDC best practices
- Coming out of the Strategic National Stockpile over 24-28 days

## MASK UP AND MAXIMIZE YOUR PROTECTION

Help slow the spread of COVID by protecting yourself and those around you.

Up to 3 free masks available to every person in the U.S.



Learn more about masking at  
[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

These free masks have been provided by the U.S. Department of Health and Human Services. These masks are provided for personal use only.



Instructions on how to properly put on and take off the masks.

Paid for by the U.S. Department of Health and Human Services.



# Oral Antivirals

- Two oral antiviral drugs (OAV), PAXLOVID and molnupiravir, were authorized for emergency use at the end of December 2021.
- The EUA letter for both drugs excluded pharmacists from prescribing these specific COVID-19 therapeutics.
- Supply expected to be very limited through spring 2022. OAV providers allocation controlled by state health departments, involving FRPPs
- NCPA summary on OAV billing but refer to payer-specific instructions.
- HRSA Uninsured program dispensing fee reportedly will be \$12 once it starts accepting claims
- Issues we are tracking: non-formulary rejections, poor reimbursement, approved claims with copays
- OAV providers must dispense the drug to clinically eligible patients regardless of their ability to pay or third-party reimbursement.
- OAV Experience Reporting Tool

[https://ncpa.org/sites/default/files/2022-01/COVID-19\\_antivirals\\_billing\\_for\\_NCPA\\_members.pdf](https://ncpa.org/sites/default/files/2022-01/COVID-19_antivirals_billing_for_NCPA_members.pdf)





# Monoclonal Antibodies

- FDA Announced on Jan 24 that it has revised the EUA for REGEN-COV and it is no longer authorized for use in any U.S. State, territory, or jurisdiction due to the prevalence of the Omicron variant and lack of effectiveness against this variant.
- Other authorized mAbs exist, but are administered intravenously or, in the case of Evusheld, the EUA excludes pharmacists from ordering.
- Reimbursement is happening through Medicare Part B, HRSA Uninsured Program, and health plan medical benefits, once the pharmacy is credentialled. Members report Rx claims denied.
  - Payers are likely to be rejecting REGEN-COV claims with date of service after 1/24/22 due to the revised EUA.



# OSHA Rules

**1. OSHA Health Care ETS** - The Health Care emergency temporary standard applies to pharmacies only if a pharmacy offers additional health care services, like COVID-19 testing or vaccinations. However, if a pharmacist purely dispenses prescriptions in retail settings, then the Health Care ETS does not apply. Most of the health care mandate has been withdrawn, but the general duties clause and record keeping requirements are still in effect. See NCPA summary on our [website](#).

~~**2. OSHA Vaccine and Test Mandate**- The Vaccine and Test mandate applied to any workplace with more than 100 employees. The Supreme Court stopped the Vaccine and Test mandate. The Supreme Court's January 13th decision is not necessarily the end of the ETS.~~



# CMS Vaccine Rule

- The CMS Vaccine rule only applies to certified Medicare or Medicaid facilities. Simply receiving Medicare or Medicaid funds does not, by itself, mean that a facility is covered by this rule.
- Covered facilities are listed below:
  - Ambulatory Surgery Centers, Community Mental Health Centers, Comprehensive Outpatient Rehabilitation Facilities, Critical Access Hospitals, End-Stage Renal, Disease Facilities, Home Health Agencies, Home Infusion Therapy Suppliers, Hospices, Hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical, Therapy and Speech-Language Pathology Services, Psychiatric Residential Treatment Facilities, (PRTFs), Programs for All-Inclusive Care for the Elderly (PACE) Organizations, Rural Health, Clinics/ Federally Qualified Health Centers (Medicare only), and **Long Term Care facilities**



# CMS Vaccine Rule

- This mandate covers "all individuals who provide care, treatment, or other services for any Medicare or Medicaid facility subject to this rule (and/or its patients) under contract or other arrangements."
- This means if a pharmacy (i) provides services to the facility under a contract or an arrangement to a facility and (ii) potentially comes in contact with the facility staff or patients then they must be vaccinated and keep a record of it.
  - There are some situations where vaccination exemptions will be granted to individuals, including for medical reasons or sincerely held religious beliefs.



# CMS mandate state deadlines

The implementation date varies depending on whether your state was affected by the Supreme Court decision.

- The following states have until Jan. 27th to get their first (or only) COVID -19 vaccine dose, and Feb. 28th to get their second dose:

*CA, CO, CT, DE, FL, HI, IL, ME, MD, MA, MI, MN, NV, NJ, NM, NY, NC, OR, PA, RI, TN, VT, VA, WA, WI*

- The following states have until Feb. 14th to get their first (or only) COVID -19 vaccine dose, and March 15th to get their second dose:

*AL, AK, AZ, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, MT, NE, NH, ND, OH, OK, SC, SD, UT, WV, WY*

- The following state has until Feb. 19th to get its first (or only) COVID -19 vaccine dose, and Mar. 21st to get its second dose:

*TX*



# NCPA Resources

[www.ncpa.org/coronavirus-information](http://www.ncpa.org/coronavirus-information)

[Email to: covid@ncpa.org](mailto:covid@ncpa.org)

Thank You!