

# CORNAVIRUS

WHAT YOU NEED TO KNOW

## COVID-19 Antivirals Dispensing and Reimbursement

NCPA will update this document as we learn more about distribution, dispensing and reimbursement of COVID-19 oral antiviral drugs. The footer of the document posted at [www.ncpa.org](http://www.ncpa.org) will show the date of the most recent revisions.

### Pharmacist readiness

As of the date in the footer, pharmacists are not allowed to prescribe any of the oral antiviral drugs authorized for emergency use to treat COVID-19. The primary role for pharmacists is ensuring prescriptions are dispensed accurately and that patients receive counseling on proper use of the prescribed drug, isolation while COVID-19 symptoms are present, and knowing when to seek medical care.

Pharmacies that are part of one of the Federal Retail Pharmacy Therapeutics Partnerships or that work directly with the state department of health can get access to order oral antiviral drugs.

### Reimbursement

Reimbursement amounts will vary from plan to plan. There is no payment for a zero-cost product but plans have been encouraged to offer an *enhanced dispensing fee* to pharmacies. The following bullets summarize NCPDP [guidance](#) on how prescription claims can be filled out to claim the *enhanced dispensing fee*. Pharmacies should check with their PSAO or PBM pharmacy helpdesk for PBM-specific instructions and actual dollar amounts. To date, NCPA has reports that PBMs are offering extremely low dispensing fees; therefore, pharmacies should independently evaluate their own costs associated with dispensing to determine whether it is financially feasible to dispense the product.

- Use the NDC of the product
- The days supply should be the number of days the prescription will last
- The quantity dispensed should be the quantity of product dispensed
- Submit Professional Service Code (440-E5) value of “PE” – Patient Education to identify the professional services associated with the unique dispensing requirements of COVID-19 oral antivirals
- The ingredient cost for free product should be submitted as \$0.00.
  - NOTE: Some systems may not be able to successfully exchange the value of \$0.00. Trading partners should clearly communicate in advance when alternative values such as \$0.01 and/or another value for Basis of Cost Determination (423-DN) are necessary for claims adjudication.
- Basis of Cost Determination should be submitted with the value “15” (Free product at no associated cost).
- Submit a dispensing fee as you would for the network contract
- Submit an Incentive Amount in accordance with Professional Service Code “PE”

The payer response should follow the NCPDP prescription pricing formula, including the corresponding response pricing fields to the submitted fields, (e.g., Ingredient Cost Paid, Dispensing Fee Paid, Incentive Amount Paid).

### **Medicare**

- Medicare patients will have coverage under their prescription drug benefit, either a stand-alone Part D Prescription Drug Plan (PDP), a Medicare Advantage plan, or Medicare-Medicaid
- CMS does not require managed care plans to cover out-of-network pharmacies unless the MAPD plan has an out-of-network benefit. Pharmacies may not charge the patient for the dispensing fee if it is not covered by the Part D Plan.

Pharmacies may send an E1 eligibility check to the Part D Facilitator to obtain a patient's Medicare coverage information. (Part D Eligibility Search IIN/BIN 011727 PCN 2222222222 using the patient's Social Security Number as the Member ID)

**Medicaid** – Medicaid patients are expected to have coverage as they would for any other prescription drug. Managed care plans may not be required to cover out-of-network pharmacies. Pharmacies may not charge the patient for the dispensing fee if it is not covered by the plan.

**Commercial** – Patients with commercial plans from an employer or the health insurance exchange are expected to have coverage as they would for any other prescription drug. These plans may not be required to cover out-of-network pharmacies. Pharmacies may not charge the patient for the dispensing fee if it is not covered by the plan.

**Uninsured** – Patients who have no health insurance can get the enhanced dispensing fee covered by the HRSA Uninsured program. Claims rejected for *out-of-network pharmacies do not qualify for this program*. Pharmacies use the same process through a medical billing intermediary as for vaccines. A pharmacy dispensing an antiviral drug to a patient who received COVID-19 vaccine at the pharmacy may need to apply for a new temporary member ID because they are valid for 120 days.

If a patient does not have an SSN or government-issued ID you can attest that you attempted to get the information and still request a temporary member ID. Allow 24-48 hours for the temporary member ID to be added to the portal. **Note:** temporary member IDs are valid for 120 days, you may need to request a new temporary member ID for booster shot claims.

When billing claims to the HRSA uninsured program, it is essential for pharmacies to attest to the following:

- a. You have checked for health care coverage eligibility and confirm that the patient is uninsured, verifying no other payer will reimburse you for the COVID-19 vaccine administration (i.e. no coverage through an individual or employer-sponsored plan, federal healthcare program or Federal Employees Health Benefits Program)
- b. You accept the defined reimbursement as payment in full
- c. You agree not to balance bill the patient
- d. You agree to terms and conditions (with the potential of post-reimbursement audit review)

**UNDERinsured** – The COVID-19 Coverage Assistance Fund (CAF) is only available for vaccine claims. Pharmacies may not submit antiviral drug claims to CAF.