

2023 Checklist for Community Pharmacists

NCPA has provided the following checklist to highlight various policy changes that will be in place in 2023. Please reach out with any questions to the Policy and Regulatory team in NCPA's Advocacy Center: <https://ncpa.org/advocacy>.

Effective January 1, 2023

- ✓ **Review increases in payment of Medicare Part B vaccine administration and monoclonal antibodies fees:**
 - \$31.14 for administering the influenza and pneumococcal vaccines for all Part B beneficiaries, and for hepatitis B vaccine to patients with [medium or high risk for hepatitis B](#);
 - \$41.52/shot for COVID-19 vaccines¹; and
 - \$36.85/shot additional payment when COVID-19 vaccine is administered in a [home setting](#).
 - For monoclonal antibodies for [pre-exposure](#) prophylaxis (i.e., [Evusheld](#)), CMS will pay:
 - \$150.50 for injection in a health care setting and \$250.50 for injection in the home.
- ✓ **Remember that adult vaccine copays are eliminated.** Under Medicare Part D, adult vaccines covered and recommended by the Advisory Committee on Immunization Practices (ACIP)² will be covered with no cost sharing.³ Under state Medicaid and CHIP programs, all approved adult vaccines recommended by the ACIP will be covered without cost sharing.
- ✓ **Note that insulin copays are capped.** Monthly copayment spend on insulin is capped at \$35 for plan years 2023, 2024, and 2025 for those drugs covered in Medicare Part D and Medicare Advantage. ***Important*** Medicare Part D plans have a 90-day grace period in 2023 to implement the insulin copay cap; excess copays collected at the pharmacy counter during this grace period must be refunded BY THE PLAN to the patient. Insulin furnished through durable medical equipment under Medicare Part B will also have a monthly copayment cap at \$35, with no deductible, **beginning July 1, 2023**.

Effective November 1, 2023

- ✓ **Adhere to revised USP compounding chapters.** Compounders are expected to meet the requirements of revised USP General Chapters on compounding nonsterile <795> and sterile <797 >preparations. Pharmacies are required to adhere to these provisions in states that require compliance with these chapters. Check with your state board of pharmacy for details.

Effective November 27, 2023

- ✓ **Select a product verification service.** Review vendor options to comply with the November 2023 deadline to use an interoperable system for product verification. This system is an important tool for investigating suspect product. Onboarding might take some time, so we recommend selecting a vendor/service by the end of July. NOTE: The verification system is currently in pilot status and not widely used. Pharmacies should watch for vendor, distributor, and regulator announcements on rollout of the verification system.
- ✓ **Update policies and procedures to comply with DSCSA.** Pharmacies must, to comply with the Drug Supply Chain Security Act (DSCSA), provide and receive transaction information (including serialized product identifier) and transaction statement (TS) in a secure, electronic and interoperable manner. Pharmacies must also identify and investigate suspect product and report illegitimate product to FDA.

¹This rate will remain in place until the end of the calendar year in which the current Emergency Use Authorization (EUA) declaration for drugs and biologicals with respect to COVID-19 ends. Thereafter, the payment amount for COVID-19 vaccine administration will be adjusted to align with the payment rate for the other Medicare Part B preventive vaccines.

²“Adult” is defined in the CDC’s recommended adult immunization schedule as 19 years of age or older. See [Recommended Adult Immunization Schedule \(cdc.gov\)](#).

³ Part D usually covers all commercially available vaccines reasonable and necessary to prevent illness, and not covered by Medicare Part B. Part D vaccines typically include [shingles](#) and [TDAP](#) vaccines. But it is important to contact your plans for specific information: Medicare Part D plans may also cover chickenpox, hepatitis A when medically essential, MMR, and meningitis vaccines.