Good Neighbor Pharmacy/Elevate Provider Network COVID-19 Therapeutics Program Implementation Guide – Updated August 19, 2022

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This Implementation Guide will walk you through the **required readiness steps** for participating in the Federal Pharmacy Therapeutics 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:

It is the **prescriber's** responsibility to provide the EUA documents to the patients. It is the pharmacy's discretion to also provide the patient the patient fact sheet information. It is the **pharmacist's** responsibility to provide patient education for patients requiring a Paxlovid dose/package modification secondary to renal adjustment.

- 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
  - FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS-Evusheld
    English: https://www.fda.gov/media/154702/download
    Spanish: https://www.fda.gov/media/155196/download
  - FACT SHEET FOR PATIENTS, PARENTS, AND CAREGIVERS- Novavax
    English: https://www.fda.gov/media/159898/download
    Spanish: https://www.fda.gov/media/160242/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

- Reporting on inventory and administration is required for all therapeutic products
  - Evusheld should be administered and billed as two courses.
  - There is no need to log into the VPoP system. We report inventory and dispense

CLAIM Segment **Segment Identification (111-AM) = "Ø7"**

data on your behalf. We identify what you have in inventory based on what was shipped and what you dispense. Prescriptions should be processed immediately or within 24 hours via your pharmacy system and any wastage should be reported daily through the COVID-19 portal on ABCOrder. There are no additional reporting requirements.

- 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
  - Evusheld from AstraZeneca: EUA Fact Sheet for healthcare providers
  - Novavax from Novavax: 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

ADDITIONAL GUIDELINES AND INFORMATION

- NIH Guidelines
- ASPR COVID19 Therapeutics Updates
- Pfizer, Paxlovid: https://www.pfizer.com/products/product-detail/paxlovidtm

- Merck, Molnupiravir: https://www.molnupiravir-us.com/
- AstraZeneca, Evusheld: https://www.evusheld.com/en/patient
- Novavax, Novavax: https://medical.novavax.com/

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** - On April 5, 2022, the HRSA COVID-19 Coverage Assistance Fund stopped accepting vaccination claims due to a lack of sufficient funds. For additional information, refer to https://www.hrsa.gov/covid19-coverage-assistance or contact the Provider Support Line at 833-967-0770.
- **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.**

COVID-19 Monoclonal Antibody Treatments Reimbursement

Visit Elevate tab of your patient engagement center (PEC), for the most UpToDate payment information

A pharmacy will only be reimbursed for a dispensing fee if mAb is dispensed, but not administered. A pharmacy will be reimbursed a dispensing fee and an administrative fee if a mAb is dispensed and administered. The mAb must be approved or granted Emergency Use Authorization through the FDA and must be ordered and administrated in accordance with FDA approval or authorization. Evusheld (tixagevimab and cilavimab) must be prescribed for an individual patient by a physician, nurse practitioner, or physician assistant licensed or authorized under Utah, New York, and Michigan state law to prescribe monoclonal antibodies for prevention of COVID-19.

COVID-19 Monoclonal Antibody Treatments Reimbursement (Evushield)		
Caremark Medicaid	**Setting**	**Payment Allowance**
Utah Chip	**Health Care**	**$150.50**
	Home	**$250.50**
New York	**Health Care**	**$105.35**
	Home	**$175.35**

Michigan	**Health Care**	**$138.30**
	Home	**$230.17**

*mAb coverage and reimbursement rates may change in the future, per the direction of the Utah Department of Health.

Please refer to NYS website for updates on included therapies:
health.ny.gov/health_care/medicaid/covid19/guidance/ docs/guidance_for_therapy_at_pharmacies.pdf
*mAb coverage and reimbursement rates may change in the future. Providers should check the State website for updates: www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers

Utah CHIP Guidance for Billing Monoclonal Antibody Treatments

Rely upon the claim adjudication response for determination of coverage prior to reconstitution and administration. Implementation of this coverage in the claims adjudication system may vary by Plan Sponsor.

Providers submitting claims for COVID-19 mAb therapy paid for by the federal government or paid for by any program supplying Provider with no associated cost (zero cost) COVID-19 mAb therapy must submit claims with either $0.01 in the Ingredient Cost Submitted field (NCPDP field # 4Ø9-D9) or the combination of $0.00 in the Ingredient Cost Submitted field and a value of '15' in the Basis of Cost Determination field (NCPDP # field 423-DN).

If the Provider receives reject "40 - Pharmacy Not Contracted with Plan/Processor On Date Of Service", submit a value of '12' in the Submission Clarification Code (NCPDP field # 42Ø-DK) to override the reject.

Claims Submission Information

Submit 'MA' in the Professional Service Code field (NCPDP field # 44Ø-E5) of the DUR/PPS Segment along with a positive amount in the Incentive Amount Submitted field (NCPDP field # 438-E3) of the Pricing Segment when administering infusible and injectables. Submit the appropriate Quantity (e.g., 3 ml) and Days Supply of '1'. Inappropriate Quantities or Days Supply may cause the claim to reject.

NCPDP Field Name	NCPDP Field Number	Required Vaccine Administration Information for Processing
440-E5	Professional Service Code	MA
409-D9	Ingredient Cost Submitted	≥$0.01 Submit Therapy Cost (If government-supplied, see below)
412-DC	Dispensing Fee submitted	Contracted Amount
438-E3	Incentive Amount Submitted	≥$0.01 Submit Administration Fee (Equal or greater than expected Applicable Administration Fee)
426-DQ	Usual and Customary Charge	≥ Incentive Amount Submitted
307-C7	Place of Service	12 (If submitting for Home Setting)

Government-Supplied COVID-19 Therapy Programs When submitting administration claims for a COVID-19 mAb therapy provided without cost through a government program, pharmacies must populate specific values in the following fields:

NCPDP Field ID	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Ingredient Cost Submitted	$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

As a reminder, all COVID-19 pharmacy communications are posted on the CVS Caremark Pharmacy Portal at rxservices.cvscaremark.com >Document Library>COVID-19.

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	0310-7442-02	M	Evusheld NDC shown as example
442-E7	QUANTITY DISPENSED	3 ml	R	
4Ø5-D5	DAYS SUPPLY	1	R	

DUR/PPS Segment Segment Identification (NCPDP field # 111-AM) = 'Ø8'				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR / PPS Code Counter	1	R	
440-E5	Professional Service Code	MA	R	MA (Medication Administration)

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
412-DC	Dispensing Fee Submitted	$1.50		
438-E3	INCENTIVE AMOUNT SUBMITTED	$105.35	R	
426-DQ	USUAL AND CUSTOMARY CHARGE	$120.00	R	
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	**$106.86**	R	

Michigan Medicaid Guidance for Billing Monoclonal Antibody Treatments

Michigan Medicaid will reimburse Michigan Medicaid enrolled pharmacies for administration or dispensing of COVID-19 therapeutics, including monoclonal antibody (mAb) treatments with no member cost-share.

A pharmacy will only be reimbursed for a dispensing fee if mAb is dispensed, but not administered. A pharmacy will be reimbursed a dispensing fee and an administrative fee if a mAb is dispensed and administered. The mAb must be approved or granted Emergency Use Authorization through the FDA and must be ordered and administrated in accordance with FDA approval or authorization. Evusheld (tixagevimab and cilavimab) must be prescribed for an individual patient by a physician, nurse practitioner, or physician assistant licensed or authorized under Michigan State law to prescribe monoclonal antibodies for prevention of COVID-19.

Claims Submission Information

Submit 'MA' in the Professional Service Code field (NCPDP field # 44Ø-E5) of the DUR/PPS Segment along with a positive amount in the Incentive Amount Submitted field (NCPDP field # 438-E3) of the Pricing Segment when administering infusible and injectables.

Submit the appropriate Quantity (e.g., 3 ml) and Days Supply of '1'. Inappropriate Quantities or Days Supply may

cause the claim to reject.

NCPDP Field Name	NCPDP Field Number	Required Vaccine Administration Information for Processing
440-E5	Professional Service Code	MA
409-D9	Ingredient Cost Submitted	≥$0.01 Submit Therapy Cost (If government-supplied, see below)
412-DC	Dispensing fee Submitted	Submit Dispensing Fee
438-E3	Incentive Amount Submitted	≥$0.01 Submit Administration Fee (Equal or greater than expected Applicable Administration Fee)
426-DQ	Usual and Customary Charge	≥ Incentive Amount Submitted
307-C7	Place of Service	12 (If submitting for Home Setting)

Government-Supplied COVID-19 Therapy Programs

When submitting administration claims for a COVID-19 mAb therapy provided without cost through a government program, pharmacies must populate specific values in the following fields:

NCPDP Field ID	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Ingredient Cost Submitted	$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

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	0310-7442-02	M	Evusheld NDC shown as example
442-E7	QUANTITY DISPENSED	3 ml	R	
4Ø5-D5	DAYS SUPPLY	1	R	
DUR/PPS Segment **Segment Identification (111-AM) = "08"**				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

473-7E	**DUR/PPS Code Counter**	**1**	**R**	
440-E5	**PROFESSIONAL SERVICE CODE**	**MA**	**R**	**MA (Medication Administration)**

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
412-DC	Dispensing Fee Submitted	$10.00		
438-E3	INCENTIVE AMOUNT SUBMITTED	$105.35	R	
426-DQ	USUAL AND CUSTOMARY CHARGE	$120.00	R	
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	**$115.36**	R	

New York Medicaid Guidance for Billing Monoclonal Antibody Treatments

New York State (NYS) Medicaid will reimburse NY Medicaid enrolled pharmacies for administration or dispensing of COVID-19 therapeutics, including monoclonal antibody (mAb) treatments with no member cost share.

A pharmacy will only be reimbursed for a dispensing fee if mAb is dispensed, but not administered. A pharmacy will be reimbursed a dispensing fee and an administrative fee if a mAb is dispensed and administered. The mAb must be approved or granted Emergency Use Authorization through the FDA and must be ordered and administrated in accordance with FDA approval or authorization. Evusheld (tixagevimab and cilavimab) must be prescribed for an individual patient by a physician, nurse practitioner, or physician assistant licensed or authorized under New York State law to prescribe monoclonal antibodies for prevention of COVID-19.

A Plan Sponsor may choose not to cover COVID-19 mAb therapy dispensing and administration through the

pharmacy benefit. Rely upon the claim adjudication response for determination of coverage prior to reconstitution and administration.

Providers submitting claims for COVID-19 mAb therapy paid for by the federal government or paid for by any program supplying Provider with no associated cost (zero cost) COVID-19 mAb therapy must submit claims with either $0.01 in the Ingredient Cost Submitted field (NCPDP field # 4Ø9-D9) or the combination of $0.00 in the Ingredient Cost Submitted field and a value of '15' in the Basis of Cost Determination field (NCPDP # field 423-DN)

Claims Submission Information

Submit 'MA' in the Professional Service Code field (NCPDP field # 44Ø-E5) of the DUR/PPS Segment along with a positive amount in the Incentive Amount Submitted field (NCPDP field # 438-E3) of the Pricing Segment when administering infusible and injectables.

Submit the appropriate Quantity (e.g., 3 ml) and Days Supply of '1'. Inappropriate Quantities or Days Supply may cause the claim to reject.

NCPDP Field Name	NCPDP Field Number	Required Vaccine Administration Information for Processing
440-E5	Professional Service Code	MA
409-D9	Ingredient Cost Submitted	≥$0.01 Submit Therapy Cost (If government-supplied, see below)
438-E3	Incentive Amount Submitted	≥$0.01 Submit Administration Fee (Equal or greater than expected Applicable Administration Fee)
426-DQ	Usual and Customary Charge	≥ Incentive Amount Submitted
307-C7	Place of Service	12 (If submitting for Home Setting)

Government-Supplied COVID-19 Therapy Programs

When submitting administration claims for a COVID-19 mAb therapy provided without cost through a government program, pharmacies must populate specific values in the following fields:

NCPDP Field ID	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Ingredient Cost Submitted	$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

As an example, included is a section of a Payer Sheet. Only NCPDP Segments/Fields pertinent to special COVID-19 mAb therapy billing instructions are shown.

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	0310-7442-02	M	Evusheld NDC shown as example
442-E7	QUANTITY DISPENSED	3 ml	R	
4Ø5-D5	DAYS SUPPLY	1	R	
DUR/PPS Segment Segment Identification (111-AM) = “08”				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS Code Counter	1	R	
440-E5	PROFESSIONAL SERVICE CODE	MA	R	MA (Medication Administration)
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
412-DC	Dispensing Fee Submitted	$10.00		
438-E3	INCENTIVE AMOUNT SUBMITTED	$105.35	R	
426-DQ	USUAL AND CUSTOMARY CHARGE	$120.00	R	
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	**$115.36**	R	

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. There are no additional reporting requirements.

Oral antiviral and monoclonal antibodies billing updates and resources:

Download these helpful resources and information received from payers:

- NCPA resource for pharmacies billing COVID-19 oral antivirals
- OptumRx COVID-19 Oral Antiviral Emergency Use Authorization
- Navitus Bulletin - Med D Billing of COVID19 Oral Antivirals
- New York Monoclonal Antibodies
- Clinical implementation guide reflecting Paxlovid and Evushield update 18 July 2022
- Decision Aid reflecting reclassification of pediatric age – 18 July 2022
- Side by side reflecting Pharmacist Authorization and Evushield Repeat Dosing 20 July 2022

- Prime Therapeutics Claims Processing Instructions and Requirements for COVID-19 Treatment Medications

Edit information for COVID-19 oral antivirals:

The edit with Change Healthcare (details below) to support some of the field level billing requirements for PBMs is now live.

NDC	407-D7	00006-5055-06
Day Supply	405-D5	5
Dispense QTY	442-E7	40
Ingredient Cost	409-D9	$0 or $.01
Basis of Cost Det	423-DN	15

NDC	407-D7	00069-1085-30
Day Supply	405-D5	5
Dispense QTY	442-E7	30
Ingredient Cost	409-D9	$0 or $.01
Basis of Cost Det	423-DN	15

Change Healthcare COVID-19 oral therapy edits:

Change Healthcare is now offering two new edits to assist with COVID oral therapy age restrictions.

COVID Molnupiravir Age Edit	Rejects Molnupiravir capsules for patients younger than 18 years old
COVID Paxlovid Age Edit	Rejects Paxlovid tablets for patients younger than 12 years old

ALLOCATION DETAILS

Once your pharmacy has completed all required readiness steps, your pharmacy becomes eligible to receive an allocation and can request product through the ABC Order Portal.

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.

PHARMACIST PRESCRIBING DETAILS

Pharmacist prescribing Paxlovid can reference the following:

CPESN Pharmacist-Prescribed Paxlovid Guide: Click here.

FDA PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers: Click here.

ADDITIONAL FDA COVID-19 RESOURCES

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