An important message regarding CarePlus' COVID-19 response: FAQs for COVID-19 treatment post-public health emergency 05/16/2023

Based on current COVID-19 trends, the Department of Health and Human Services has planned for the federal public health emergency (PHE) for COVID-19 to expire on May 11, 2023. In support of the PHE ending, CarePlus has been updating its COVID-19 policies accordingly, including those related to COVID-19 treatment. This document highlights the most frequently asked questions regarding COVID-19 treatment post-PHE. Our intent is to communicate about changes as they happen and quickly update as additional information emerges. Please check this page regularly for new information. For FAQs regarding COVID-19 treatment during the PHE, click here.

Note: These FAQs are a guideline only and do not constitute medical advice, guarantee of payment, plan pre-authorization, an explanation of benefits or a contract. They do not govern whether a procedure is covered under a specific member plan or policy, nor is it intended to address every claim situation. Claims may be affected by other factors, such as state and federal laws and regulations, provider contract terms, and our professional judgment.

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1. COVID-19 Monoclonal Antibodies

a. Will CarePlus cover COVID-19 monoclonal antibodies?
After the COVID-19 PHE ends, CarePlus will allow COVID-19 monoclonal antibodies according to the applicable standard benefits and any applicable federal or state statute or regulation. Providers should reference their patients' plan documents for more details. To be covered, COVID-19 monoclonal antibodies must be furnished consistent with their respective U.S. Food and Drug Administration (FDA) emergency use authorizations (EUA) criteria.

Through the end of the calendar year in which the applicable EUA declaration ends, the Medicare Program covers and reimburses for COVID-19 monoclonal antibodies in the same way that it covers and reimburses for COVID-19 vaccines. Therefore, during this timeframe, CarePlus members are not responsible for paying cost-share for covered COVID-19 monoclonal antibodies. This applies to COVID-19 monoclonal antibodies rendered at both in-network and out-of-network providers.

b. Which COVID-19 monoclonal antibodies will CarePlus cover?
When covered, CarePlus allows the following COVID-19 monoclonal antibodies when furnished consistent with their respective FDA EUAs:

- Bamlanivimab and etesevimab, administered together*
- Bebtelovimab*
- REGEN-COV (casirivimab and imdevimab, administered together)*
- Sotrovimab*
- Tixagevimab co-packaged with cilgavimab*
- Tocilizumab

**Not currently authorized in any U.S. region due to the high frequency of circulating SARS-CoV-2 variants that are non-susceptible to these monoclonal antibodies. Therefore, these drugs may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency. For more information about Emergency Use Authorizations for Drugs and Non-Vaccine Biological Products, visit the FDA Website.*

If the FDA authorizes more COVID-19 monoclonal antibodies, we will update this FAQ.

c. How is CarePlus handling claims for COVID-19 monoclonal antibodies?
For Medicare Advantage (MA) members, the Centers for Medicare & Medicaid Services (CMS) determined that coverage for COVID-19 monoclonal antibodies administered to MA plan members during 2020 and 2021 would be provided through the Original Medicare program. This includes charges for the COVID-19 monoclonal antibody product and its administration. All claims for administering COVID-19 monoclonal antibodies to a CarePlus member during 2020 and 2021 should be submitted to the applicable Medicare Administrative Contractor. CarePlus will deny any COVID-19 monoclonal antibody product or administration claims received for CarePlus members for dates of service in 2020 and 2021. Claims for administering COVID-19 monoclonal antibodies to CarePlus members for dates of service beginning Jan. 1, 2022, should be submitted to CarePlus.

d. What codes are reported for COVID-19 monoclonal antibodies?
Providers should report charges for a COVID-19 monoclonal antibody product and its administration according to the Healthcare Common Procedure Coding System (HCPCS) coding standards established by CMS. Providers should report code appropriate for the manufacturer-specific monoclonal antibody product and the type of administration. CMS has created codes for reporting COVID-19 monoclonal antibodies. See CMS's website for more information on COVID-19 monoclonal antibody coding.

e. Which COVID-19 monoclonal antibodies will require prior authorization?
None. Prior authorization is not required for administration of COVID-19 monoclonal antibodies.

2. remdesivir (VEKLURY)

a. Will CarePlus cover remdesivir?
Yes, CarePlus covers remdesivir under the medical benefit.

b. How is CarePlus handling claims for remdesivir?
Claims for remdesivir are processed like normal medical claims. Pharmacy claims are not covered on the formulary but can be requested and will be reviewed on an individual basis via the exceptions process.

c. What codes are reported for remdesivir?
CMS has created the following procedure codes to report remdesivir on medical claims:

- HCPCS code J0248: Injection, remdesivir, 1 mg
- ICD-10-PCS procedure code XW033E5: Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5
- ICD-10-PCS procedure code XW043E5: Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5

d. Will remdesivir require prior authorization?
When billed on the medical benefit, remdesivir does not require prior authorization. When billed on the pharmacy benefit, remdesivir is not covered on the formulary, but coverage will be reviewed on an individual basis.

e. In what setting(s) will CarePlus allow remdesivir to be prescribed/administered?
Currently, remdesivir can be prescribed/administered in both the inpatient and outpatient setting.

3. Oral Antiviral Treatments

a. Is CarePlus covering out-of-pocket costs for oral antiviral treatment related to confirmed cases of COVID-19?
For the 2023 plan year, CarePlus benefit plans with Part D coverage will have no member cost share for US government-supplied oral antiviral treatment. Currently, these agents are available by the FDA under the EUA. Patient cost share may be different for oral antivirals not supplied from the US government.

b. Regarding oral antiviral treatment, which medications will CarePlus cover?
CarePlus Members can receive the following oral antiviral medications for COVID-19 treatment when furnished consistent with their respective FDA EUAs.

- Molnupiravir (Lagevrio)
- Nirmatrelvir and Ritonavir (Paxlovid)

If more oral antiviral medications become available under FDA EUA and are procured by the federal government, or if the FDA fully approves an oral antiviral medication(s), we will update this FAQ

c. How is CarePlus handling claims for oral antiviral treatment?
Claims for oral antiviral treatment are processed like normal pharmacy claims. Pharmacies are not reimbursed for ingredient costs (including administration fees) but are reimbursed for dispensing fees (for oral antivirals available under

EUA only). The federal government is supplying select pharmacies with oral antiviral medications via a special ordering system.

d. Which oral antiviral treatments will require prior authorization?
Neither Lagevrio or Paxlovid require prior authorization.

e. In what setting(s) will CarePlus allow oral antiviral treatment to be prescribed/administered?
Lagevrio and Paxlovid can be prescribed by any licensed provider and administered in the outpatient setting, including at select pharmacies (while an oral antiviral is available under EUA only).

For more information about COVID-19 treatments, visit the CDC website