**Medicare D - COVID Oral Antivirals**

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**Description:** On **January 4,2024**, the Centers for Medicare and Medicaid services issued a memo reminding all plan sponsors that Oral antivirals for COVID-19 that meet the statutory requirements at section 1860D-2(e) of the Social Security Act and are not otherwise excluded from coverage must be covered by Part D plans, either as a formulary product or through the formulary exception process consistent with 42 CFR § 423.578(b). On **December 26, 2024**, CMS extended the coverage of Paxlovid and Lagevrio for Medicare beneficiaries until February 28, 2025.

While Government stockpile supplies continue to be available for a limited time, the fully approved FDA approved products are also on the market and by statute meet the requirements for part D coverage. The two brand name products, Paxlovid and Lagevrio, are FDA approved for the treatment of those at high risk for serious outcomes of Covid. Therapy must be started with 5 days of symptoms and the products are designed to lessen the severity of illness.

**Target Audience:** All Medicare D Call Takers (SilverScript, Aetna Med D, Med D EGWP, Health Plans, NEJE, etc.) including PHD and PHL.

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| Overview |

CMS and Pfizer partnered to make Paxlovid available at a $0 cost share to Medicare beneficiaries for 2024 through February 2025, through a patient assistance program, or PAP. To support our members in Part D plans, CVSH has contracted directly with Pfizer to facilitate this PAP on behalf our members, and cover Paxlovid at $0 member cost share.

**NOTE:** Some plans (EX: some EGWP may have opted out of this program; therefore, it will be important to run test claims before quoting the $0 cost share to beneficiaries.

There will be three ways for beneficiaries to receive this benefit zero-cost share treatment through the end of February 2025:

* **Option 1:** Starting 2/12/24, most beneficiaries with a part D benefit that are participating in the PAP can present their plan card (Silverscript, Aetna, NEJE, etc.) to the pharmacy, just like any other Part D drug benefit (example: cholesterol, blood pressure medication). Your health plan, pharmacy and Caremark PBM will work with Pfizer on your behalf to provide Paxlovid for zero cost share.
  + **NOTE:** As this is an optional program, a CCR should run a test claim to validate if this will pay at the pharmacy counter. If test claim results do not state a $0 copay, refer the beneficiary to Option 2 or Option 3.
  + **NOTE:** Regardless of the benefit phase: deductible, ICL, gap or catastrophic, your copayment will be zero for the treatment course of Paxlovid.
* **Option 2:** Beneficiaries can access Paxlovid through a pharmacy that has contracted directly in the standalone USG PAP operated by Pfizer or request Pfizer drop ship medication overnight.
* **Option 3:** If the benefit is not participating in the PAP and does not have a $0 co-pay when a test claim is run but the drug is on the beneficiary’s formulary and processes with a copayment or co-insurance the beneficiary may choose to utilize their benefit at the pharmacy and pay the co-pay price (like any other D drug). If the beneficiary chooses this option, they will pay the co-pay amount at the pharmacy. This option counts towards the beneficiary’s various benefit phases.

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| Processing Claims for Commercial Paxlovid |

Always run a test claim before discussing options with the beneficiary to determine which option might be best suited for the beneficiary.

**Option 1:** A beneficiary may use their Part D insurance card at a network pharmacy. The pharmacist will fill the prescription and the health plan will coordinate with Pfizer to get reimbursed for the cost of the prescription. There will be a zero copayment, zero cost to the beneficiary for the normal treatment course of Paxlovid.

Beneficiary EOB will show that $0 were counted toward the total out of pocket drug spend and that the cost to the beneficiary was $0.

**NOTE:** Always run a test claim to validate that a beneficiary copay will be $0. If a beneficiary receives a copay other than $0, their plan may not be participating in this optional program. Refer the beneficiary to Option 2.

**Option 2:** Beneficiaries may choose to go directly to the Pfizer assistance program when they have a prescription for Paxlovid if their plan is not participating directly with Pfizer for the payment of their claim or if a beneficiary does not wish to use their plan.

Beneficiaries can access Paxlovid through a pharmacy that has contracted directly in the standalone USG PAP operated by Pfizer or request Pfizer drop ship medication overnight:

* Beneficiaries must enroll with Pfizer through the PAXCESS Patient Assistance Program at this link: <https://www.paxlovid.com/paxcess> or call Pfizer at **1-877-219-7225**.
* The pharmacy bills the USG PAP directly for Paxlovid claims (through February 28, 2025) and does not submit these claims to the Part D plan.
* If a beneficiary receives the medication directly using the Paxlovid assistance program with Pfizer, the beneficiary’s Part D plans will not receive claims nor will the medication appear on monthly beneficiary EOBs.

**Option 3:** If a test claim returns a copay and an indication that the benefit is on the beneficiary’s formulary, it would indicate that the plan did not participate directly with the PAP. A beneficiary may choose to utilize Option 2 and work directly with Pfizer or they can pay the co-pay returned by the test claim, directly at the pharmacy.

This program is only in place until February 28, 2025. For future years, plan will include on their Part D formularies.

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| Frequently Asked Questions |

Refer to the following:

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| **#** | **Question** | **Answer** |
| **1** | Are Medicare Plans required to cover commercially available COVID oral antivirals for plan year 2024 or 2025? | Yes.   * Part D plans must cover oral antivirals for plan year 2024, either as a formulary product or through a formulary exception process. * As an option, through February 28, 2025, plans may help Part D members get access to Paxlovid at no member cost through a program in partnership with Pfizer and CMS. (Run a test claim to determine the beneficiary co-pay). |
| **2** | Can Part D plans offer $0 through the Pfizer Patient Assistant Program (PAP) for plan year 2024 or 2025? | Yes. Medicare plans have the option to facilitate the Paxlovid PAP from November 1, 2023, through February 28, 2025. |
| **3** | If a Medicare Plan does not choose to facilitate the Pfizer PAP or the member does not want to use their Part D card, can beneficiaries still obtain $0 copay? | Yes, Medicare beneficiaries can enroll in the Pfizer Stand Alone PAP via their website at <https://www.paxlovid.com/paxcess> or by calling **1-877-219-7225**. |
| **4** | Will any other COVID antiviral be covered under this CMS mandate? | No, Paxlovid is the only COVID antiviral covered at a $0 copay at this time either by the Pfizer access program or your health plans benefit which works directly with Pfizer on your behalf. |
| **5** | What if I already filled the prescription under my Part D plan and had a copayment for Paxlovid?  **Note:** This question would only be valid if the beneficiary’s plan opted in for the $0 co-pay PAP Program. | In the coming weeks, the Part D plan will be reviewing paid claims for Paxlovid where the member paid more than zero copayment. We will be coordinating with Pfizer program and will be issuing re-imbursements. The beneficiary doesn’t need to do anything, if you had your Part D plan billed for the Paxlovid on or after November 1, 2023, we will be working to process claims and refunds. |

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