

An important message regarding Humana's 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, Humana 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, <u>click here</u>.

**Note**: These FAQs are a guideline only and do not constitute medical advice, guarantee of payment, plan preauthorization, an explanation of benefits or a contract. They do not govern whether a procedure is covered under a specific member plan or policy, nor are they 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.

Puerto Rico coverage may vary. Please verify member plan benefits by contacting the Puerto Rico call center. The phone number can be found on the back of a member's id card.

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# 1. COVID-19 Monoclonal Antibodies

### a. Will Humana cover COVID-19 monoclonal antibodies?

After the COVID-19 PHE ends, Humana 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.

## Medicare Advantage (MA) members:

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 time frame, MA 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.

Note: This does not apply to Medicare Part D-only plan members. Part D-only plan members continue to be eligible for prescription benefits.

#### Commercial group (those who receive insurance through their employers) members:

After the COVID-19 PHE ends, COVID-19 monoclonal antibodies are not a covered benefit. If the FDA approves COVID-19 monoclonal antibodies, we will update this FAQ.

## b. Which COVID-19 monoclonal antibodies will Humana cover?

When covered, Humana 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 not susceptible to these monoclonal antibodies. Therefore, these drugs may not be administered for treatment or post-exposure prevention of COVID-19 under the EUA until further notice by the Agency. For more information about EUAs for drugs and non-vaccine biological products, visit the <u>FDA website</u>.

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

### c. How is Humana handling claims for COVID-19 monoclonal antibodies?

The federal government is coordinating with the states to supply most COVID-19 monoclonal antibody products to providers. It is not necessary for a provider to submit a COVID-19 monoclonal antibody product code for a state-supplied product. Humana will not reimburse a COVID-19 monoclonal antibody product code for a state-supplied product; however, the administration of a state-supplied product is reimbursable.

For further guidance on Humana's reimbursement for COVID-19 monoclonal antibodies, refer to

Humana's <u>COVID-19 Monoclonal Antibodies Claims Payment Policy</u>. Note: When the policy link above is selected, it will automatically download the claims payment policy. Due to the file size, this may take a moment to open.

# 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 the codes listed in the chart published in Humana's <u>COVID-19 Monoclonal Antibodies Claims Payment Policy</u> for reporting COVID-19 monoclonal antibody antibodies. See the <u>CMS website</u> 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 Humana cover remdesivir?

Yes, Humana covers remdesivir under the medical benefit.

## b. How is Humana handling claims for remdesivir?

Claims for remdesivir are processed like normal medical claims. Pharmacy claims are not covered on the formulary, but they 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 Humana 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 Humana covering out-of-pocket costs for oral antiviral treatment related to confirmed cases of COVID-19?

For the 2023 plan year:

- MA plans with Part D coverage and Humana prescription drug plans (PDP) will have no member cost share for United States government-supplied oral antiviral treatment. Currently, these agents are available by the FDA under EUA. Patient cost share may be different for oral antivirals not supplied from the U.S. government.
- Commercial group (those who receive insurance through their employers) pharmacy benefits include no member cost share for U.S. government-supplied oral antiviral treatment. These agents are covered under the pharmacy benefit with zero cost share on all formularies during the EUA period. Patient cost share may be different for oral antivirals not supplied from the U.S. government.
- Medicaid plans will continue to follow state requirements for COVID-19 treatment.

## b. Regarding oral antiviral treatment, which medications will Humana cover?

Members can receive the following oral antiviral medications for COVID-19 treatment when furnished consistent with their respective FDA EUAs. This includes:

- molnupiravir (Lagevrio<sup>™</sup>)
- nirmatrelvir and ritonavir (Paxlovid<sup>™</sup>)

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 Humana handling claims for oral antiviral treatment?

Claims for oral antiviral treatment are processed like normal pharmacy claims. For Medicare Advantage prescription drug and PDP members, 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 Humana 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 (an oral antiviral is available under EUA only).

For more information about COVID-19 treatments, visit the <u>CDC website</u>.