

January 17, 2022

Dear Dean Health Plan Provider:

Thank you for your continued dedication and commitment to providing high-quality care to our members during the public health emergency.

This notification contains information regarding:

- New Healthcare Common Procedure Coding System (HCPCS) code for the injectable antiviral medication VEKLURY™ (remdesivir) when administered in an outpatient setting.
- U.S. Food and Drug Administration's (FDA's) emergency use authorizations (EUA) for the Pfizer-BioNTech (marketed as Comirnaty) COVID-19 vaccine booster for children ages 5 through 11.
- FDA's EUAs for prescription oral antiviral medications, Paxlovid (ritonavir-boosted nirmatrelvir) and molnupiravir.
- FDA's EUA for AstraZeneca's EVUSHELD (tixagevimab co-packaged with cilgavimab).

Information in this notification applies to the following Dean Health Plan products: Commercial (fully insured, including ACA), Dean Administrative Services Only (ASO), WellFirst Health SSM Health Employee Health Plan ASO in Wisconsin, Medicare Advantage, and Medicaid, unless otherwise noted.

#### **New HCPCS Code for VEKLURY (Remdesivir)**

On January 7, 2022, the Centers for Medicare & Medicaid Services created a HCPCS code for VEKLURY (remdesivir) antiviral medication when administered in an outpatient setting — J0248 Injection, remdesivir, 1 mg. The new code is effective for dates of service on or after December 23, 2021.

The FDA had [approved Veklury \(remdesivir\)](#) in October 2021 for use in adults and pediatric patients (12 years of age and older and weighing at least 88 pounds) for the treatment of COVID-19 requiring hospitalization.

#### **COVID-19 Single Booster Dose for Individuals 12 through 15 Years of Age**

On January 3, 2022, the FDA amended the EUA for the Pfizer-BioNTech COVID-19 vaccine to expand the use of a single booster dose to include individuals 12 through 15 years of age.

Additionally, the EUA shortens the time between the completion of the primary Pfizer-BioNTech COVID-19 vaccination and a booster dose to at least five months and allows for a third primary series dose for certain immunocompromised children 5 through 11 years of age.

#### **Emergency Use Authorization for Prescription Oral Antiviral Medications**

On December 22, 2021, the FDA issued EUA for the prescription oral antiviral medication, ritonavir-boosted nirmatrelvir (Paxlovid). The [EUA for Paxlovid](#) is for the treatment of mild-to-moderate COVID-19 in adults and children (12 years of age and older weighing at least 88 pounds) who have tested positive for the virus, are within 5 days of symptom onset, and at high risk for progression to severe COVID-19.

On December 23, 2021, the FDA issued EUA for another prescription oral antiviral medication, molnupiravir. The [EUA for molnupiravir](#) is for the treatment of mild-to-moderate COVID-19 in adults who have tested positive for the virus, are within 5 days of symptom onset, at high risk for progression to severe COVID-19, and for whom alternative authorized COVID-19 treatment options are not accessible or clinically appropriate. Molnupiravir is not authorized for use in patients younger than 18 years of age.

These medications are not replacements for COVID-19 vaccines or boosters.

For more information, refer to the Centers for Disease Control and Prevention (CDC) [Using Therapeutics to Prevent and Treat COVID-19 web page](#).

These antiviral medications are purchased by the federal government and distributed by state governments to approved pharmacies only. Initial supplies will be limited. Under [guidance developed by the National Institutes of Health](#), providers are encouraged to prioritize prescribing these new therapeutics to those patients at greatest risk of serious illness or hospitalization from COVID-19. The Wisconsin Department of Health Services has created a [map showing pharmacies that have received allocations of Paxlovid and molnupiravir](#).

Pharmacies may submit claims to Navitus for patient assessment or education to members related to these antiviral medications, when applicable. The ingredient cost should be submitted as \$0, and a professional service code is required on these claims. Reimbursement rates are based on the pharmacy's fee schedule.

### **Emergency Use Authorization for EVUSHELD**

On December 8, 2021, the [FDA issued EUA for AstraZeneca's EVUSHELD](#) (tixagevimab co-packaged with cilgavimab) for the [pre-exposure prophylaxis](#) (prevention) of COVID-19 in certain adults and pediatric patients (12 years of age and older weighing at least 88 pounds).

EVUSHELD is intended for the highest risk immunocompromised individuals who are not expected to have an effective response to vaccination. EVUSHELD is indicated for pre-exposure prophylaxis only and not for treatment of patients with COVID-19. It is not intended as a replacement for COVID-19 vaccines or boosters.

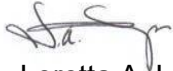
### **Additional Health Plan Information**

For additional health plan information and previous provider communications, refer to our [COVID-19 provider information web page](#) link located at the top of all [deancare.com](#) web pages. Providers are encouraged to check our website regularly for new and updated information.

Please contact your assigned Provider Network Consultant with any questions.

Thank you again for your commitment to our members.

Sincerely,



Loretta A. Lorenzen

Vice President- Network Management & Contracting