

December 31, 2021

Important Communication

COM-2021 – 059

Operational Guide for the submission of transactions for COVID-19 Oral antiviral drugs emergency use

Dear pharmacy providers,

We all have essential roles in the front lines of the 2019 coronavirus disease (COVID-19) pandemic that we are facing. As the COVID-19 pandemic continues to evolve, PharmPix is making every possible effort to continue to provide our essential services to assure the use of appropriate medications by the appropriate patients at the right moment, while also caring for the safety of our employees, their families, and the community in general.

If your pharmacy receives a prescription for a COVID-19 Antiviral for a PharmPix Member, and the claim rejects, please provide good faith fills while the functionality to process these claims is implemented.

The U.S. Food and Drug Administration issued back-to-back emergency use authorizations (EUAs) for two oral direct-acting antivirals (DAAs): Pfizer’s Paxlovid™ and Merck’s molnupiravir.

Operational Guide for the submission of the COVID-19 - Oral antiviral drug emergency use

The following fields must be included in the transaction to prevent rejections at the point of service. The information has also been added to our payer sheet.

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	08	S
440-E5	Professional Service Code	AS or PE	R

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.**

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
423-DN	Basis of Cost Determination	15	R

- **Basis of Cost Determination (423-DN) should be submitted with the value “15” (Free product at no associated cost).**

The following fields must also be documented correctly:

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
405-D5	Days’ Supply		M
442-E7	Quantity Dispensed		M

- **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**

PharmPix is pleased to serve you; if you have any questions, you can contact the following us at retailnetwork@pharmpix.com or call (787)522-5252 ext 183 or 169.

Cordially,

Retail Network Unit

