

UnitedHealthcare Community Plan of Texas Pharmacist Reimbursable Services Program

Starting September 1, 2020, UnitedHealthcare Community Plan of Texas and OptumRx is partnering to expand the pharmacy benefit to allow pharmacists to administer certain long-acting injectable antipsychotics and opioid antagonists in a pharmacy setting when they are considered Covered Prescription Services and clinically appropriate to Medicaid members.

How does this impact your pharmacy?

In addition to the existing reimbursement of \$10 for the administration of flu vaccines, network pharmacies may be reimbursed up to \$15 for the administration of certain long-acting injectable antipsychotics or opioid antagonists starting September 1, 2020. Pharmacies in the OptumRx Network may administer certain long-acting injectable antipsychotics, opioid antagonists, and flu vaccines on the formulary to members of UnitedHealthcare Community Plan of Texas at the pharmacy. Before rendering service, please check the formulary for the medication and provided the medication is covered, the pharmacy can bill the medication and include an administration fee in the claim submission.

Claim Submission Process

Network Pharmacies that dispense and administer certain long-acting injectable antipsychotics or opioid antagonists on the formulary should submit the pharmacy claim with the appropriate NDC for the product and include the administration fee on the claim.

A Network pharmacy must submit a claim that includes the Professional Service Code (Field 44Ø-E5) with the value MA (Medication Administration) in the DUR/PPS segment for the service as well as the appropriate national drug code (NDC) in the Product/Service ID (Field 4Ø7-D7). This professional service code submission will allow the administration fee to be reimbursed on the claim along with the calculated drug cost and dispense fee on the claim.

Process for Submitting Administrative Fee

Description	Reimbursement Amount	NCPDP Professional Service Code	NCPDP Pricing Segment
Reimbursement of an administrative fee for certain long-acting injectable antipsychotics or opioid antagonists <i>*see attached table for list of products</i>	Up to \$15	(Field 44Ø-E5) input MA	(Field 438-E3) input incentive amount also referred to as administrative fee of up to \$15.00

Note: This is a voluntary program for pharmacies – there is no requirement that all pharmacies must provide this service offering.

View payer sheets at visit: <https://professionals.optumrx.com/resources/payer-sheets.html> to reduce processing errors, please confirm the information on member's ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk at **(877) 305-8952** (24 hours a day, 7 days a week).

Thank you for your continued support. Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team:
pharmacyprovidercommunications@optum.com

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List of long-acting injectable antipsychotic medications and opioid antagonists eligible for Pharmacist Reimbursable Services Program

NOTE: The listed products may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Long-Acting Injectable Antipsychotics	ABILIFY MAINTENA ER 300 MG VL ABILIFY MAINTENA ER 400 MG VL ABILIFY MAINTENA ER 300 MG SYR ABILIFY MAINTENA ER 400 MG SYR INVEGA SUSTENNA 39 MG/0.25 ML INVEGA SUSTENNA 78 MG/0.5 ML INVEGA SUSTENNA 117 MG/0.75 ML INVEGA SUSTENNA 156 MG/ML SYRG INVEGA SUSTENNA 234 MG/1.5 ML INVEGA TRINZA 273 MG/0.875 ML INVEGA TRINZA 410 MG/1.315 ML INVEGA TRINZA 546 MG/1.75 ML INVEGA TRINZA 819 MG/2.625 ML RISPERDAL CONSTA 25 MG SYR RISPERDAL CONSTA 37.5 MG SYR RISPERDAL CONSTA 50 MG SYR RISPERDAL CONSTA 12.5 MG SYR ZYPREXA RELPREVV 210 MG VL KIT ZYPREXA RELPREVV 300 MG VL KIT ZYPREXA RELPREVV 405 MG VL KIT ARISTADA ER 441 MG/1.6 ML SYRN ARISTADA ER 662 MG/2.4 ML SYRN ARISTADA ER 882 MG/3.2 ML SYRN ARISTADA ER 1064 MG/3.9 ML SYR ARISTADA INITIO ER 675 MG/2.4 ML SYR PERSERIS ER 90MG SYRINGE KIT PERSERIS ER 120MG SYRINGE KIT
Opioid Antagonists	VIVITROL 380 MG VIAL + DILUENT NALOXONE 0.4 MG/ML VIAL NALOXONE 0.4 MG/ML VIAL NALOXONE 0.4 MG/ML CARPUJECT NALOXONE 0.4 MG/ML VIAL NALOXONE 0.4 MG/ML VIAL NALOXONE 0.4 MG/ML VIAL NARCAN 4 MG NASAL SPRAY

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