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Effective Date: December 1, 2004

Related CR Transmittal #: R136OTN

Implementation Date: January 17, 2005

Influenza Treatment Demonstration

Provider Types Affected

Physicians, providers, and suppliers

Provider Action Needed

Physicians, providers, and suppliers should note that Medicare will cover four new flu medications, including-where applicable-their generic equivalents. These medications are Amantadine Hydrochloride; Zanamivir, Inhalation Power Administered through Inhaler; Oseltamivir Phosphate, Oral; and Rimantadine Hydrochloride, Oral.

These drugs will be paid under a Centers for Medicare & Medicaid Services (CMS) demonstration for dates of service through May 31, 2005. In addition, physicians, providers and suppliers that enroll in Medicare before May 31, 2005 may also file claims for drugs furnished under this demonstration for dates of service beginning when the provider or supplier completes such enrollment.

Background

The Centers for Disease Control and Prevention (CDC) recommends that individuals in the following groups should be vaccinated against influenza annually:

- Adults aged 65 years and older;
- Residents of nursing homes and long term care facilities; and
- Those with underlying chronic medical conditions.

Early in the flu vaccination season it was reported that there would be a shortage of vaccine due to manufacturing problems. Although it appears that there will be ample flu vaccine, many Medicare beneficiaries may not have been vaccinated and remain at risk. Vaccination against flu is still the best protection; however, for those Medicare beneficiaries who have been unable to receive a flu vaccination, the next best approach to protect them is to provide coverage for antiviral medicines that can prevent the

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complications of influenza infection by reducing the duration and severity of the infection. The shorter the duration of the infection, the less time the individual is contagious to others. In some cases, the antiviral medicine can also act as a primary preventive agent.

Influenza Treatment Demonstration

CMS is undertaking a demonstration project to measure the impact of providing coverage for certain antiviral drugs to treat and/or prevent influenza.

The Influenza Treatment Demonstration will provide coverage to Medicare beneficiaries for Food and Drug Administration (FDA)-approved drugs for the treatment and targeted prevention of influenza.

Specifically, under this demonstration, Medicare will cover certain anti-viral drugs when furnished:

- To a beneficiary with symptoms of influenza;
- As a prophylaxis for a beneficiary exposed to a person with a diagnosis of influenza; or
- To a beneficiary in an institution where there has been an outbreak of influenza.

Note: However, the demonstration does not cover these anti-viral drugs for general prophylactic use.

The following drugs (including, when applicable, bioequivalents or generic equivalents) are included in the demonstration:

- Amantadine Hydrochloride, Oral;
- Zanamivir, Inhalation Power Administered through Inhaler;
- Oseltamivir Phosphate, Oral; and
- Rimantadine Hydrochloride, Oral.

The drugs under this demonstration must be furnished incident a physician service or must be prescribed by a physician (or other practitioner authorized by State law to prescribe such drugs). Except as noted below, all ancillary Medicare rules apply to the furnishing of these drugs to Medicare beneficiaries under this demonstration. Also, information regarding treatment and drug dosage of these influenza antiviral medications is included in the Additional Information Section of this special edition.

The demonstration will include dates of service through May 31, 2005. Also, note that all claims for drugs furnished under this demonstration must be filed no later than December 31, 2005.

Physicians, providers, and suppliers that enroll in Medicare before May 31, 2005, may also file claims for drugs furnished under this demonstration for dates of service beginning when the provider or supplier completes such enrollment.

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Payment Amounts

Both the Medicare co-payment and deductible apply to all claims under this demonstration, including claims for Medicare Advantage (MA) beneficiaries. The exception is in the calculations of co-payments for beneficiaries participating in the Drug Discount Card program. These beneficiaries will pay the lesser of 20% of the Medicare allowable amount or 20% of the negotiated Drug Discount Sponsor's price for antiviral medicines, plus \$.20 (20% of a \$1.00 administrative charge). A chart explaining how to do the calculations for determining co-payment amount for Drug Discount Card participants is attached. CMS will also make this chart available on its web site at <http://cms.hhs.gov/researchers/demos/flu> and will update cost information monthly. Finally, no deductible will apply to claims from Federally Qualified Health Centers (FQHCs).

Except as noted below, the Medicare allowed amount for these demonstration drugs will be based on 95% of the average wholesale price (AWP) for the brand name of each drug (Zanamivir and Oseltamivir Phosphate) covered under this demonstration, determined in accordance with customary Medicare payment policy. For drugs marketed as bioequivalent or generics (Amantadine and Rimantadine), the allowed amount will be based on 90% of AWP.

For the duration of the demonstration, the allowed HCPCS codes/charges are as follows:

- G9017: Amantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$0.76.
- G9018: Zanamivir, Inhalation Powder Administered Through Inhaler, per 10 mg, (for use in a Medicare-approved demonstration project), \$5.43.
- G9019: Oseltamivir Phosphate, Oral per 75 mg,, (for use in a Medicare-approved demonstration project) \$6.99.
- G9020: Rimantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$1.65.
- G9033: Amandatine Hydroclooride, Oral, brand, per 100 mg, (for use in a Medicare-approved demonstration project), \$1.32.
- G9034: Zanamivir, Inhalation Powder Administered Through Inhaler, brand, per 10 mg, (for use in a Medicare-approved demonstration project), \$5.43.
- G9035: Oseltamivir Phosphate, Oral brand, per 75 mg, (for use in a Medicare-approved demonstration project), \$6.99.
- G9036: Rimantadine Hydrochloride, Oral brand, per 100 mg, (for use in a Medicare-approved demonstration project), \$2.17.

Those entities that are to be paid on a basis other than of 90% or 95% of AWP are as follows:

- Indian Health Service (IHS) hospitals will be reimbursed on the basis of the outpatient all-inclusive rate.
- IHS Critical Access Hospitals (CAHs) will be reimbursed on the basis of a facility-specific visit rate.

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- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) will be reimbursed on the basis of the all-inclusive rate when one of the drugs is furnished as part of a billable encounter under revenue code 052X. An encounter cannot be billed if furnishing the drug is the only service the RHC/FQHC provides. (Although the provision of these drugs in and by themselves does not constitute a billable encounter in the RHC/FQHC setting, the cost of the drugs can be claimed on the RHC/FQHC cost report and bundled into the all-inclusive payment rate calculation.)
- Maryland hospitals that are under the jurisdiction of the Health Services Cost Review Commission (HSCRC) are paid under the Maryland waiver.

Billing Instructions

Claims for drugs furnished under this demonstration may be submitted by enrolled Medicare providers as follows: hospitals including CAHs, skilled nursing facilities (SNFs), renal dialysis facilities (RDFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Home Health Agencies (HHAs), and by enrolled physicians, other practitioners, or other suppliers that are authorized under state law to dispense these drugs.

Except as noted below, providers, physicians, and other suppliers must follow customary Medicare billing and claims processing rules.

- An entity possessing a supplier number issued by the National Supplier Clearinghouse (NSC) must bill the DMERC having jurisdiction for the location of the beneficiary's permanent residence.
- All hospitals (other than Indian Health Service (IHS) hospitals, IHS-CAHs, Maryland hospitals as noted above, and hospitals which do not have a supplier number issued by the NSC) must bill the appropriate DMERC using the CMS-1500 or electronic equivalent. Otherwise, billing by the hospital is to the fiscal intermediary on the CMS-1450/UB-92 or electronic equivalent.
- All other institutional providers, not possessing an NSC-issued supplier number, must bill the fiscal intermediary on the CMS-1450/UB-92 or electronic equivalent.
- All physicians, practitioners, and other suppliers, not possessing an NSC-issued supplier number, must submit claims to their local area carrier using the CMS-1500 or electronic equivalent.
- HHAs should follow billing requirements already in place for vaccines when billing for these drugs as specified in Pub. 100-4, Chapter 18, Section 10.2.3., which may be accessed at http://www.cms.hhs.gov/manuals/104_claims/clm104index.asp on the CMS website.
- All institutional providers billing their fiscal intermediary must submit a separate claim for these drugs.
- Roster billers submit claims in accordance with the instructions specified in Pub.100-4, Chapter 18, Section 10.3, except:
 - HCPCS Codes G0008, G0009, 90657, 90658, 90659, and 90732 should not be reported on the same roster bill under this demonstration;
 - An administration fee will not be paid for drugs administered under this demonstration;
 - Roster billers must bill different dates of service, dosages, codes, and quantities on different roster or claims forms; and

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- Payment may be made for MA beneficiaries under this demonstration and such claims should be reported to the provider's regular carrier or intermediary.
- Medicare Advantage (MA) plans, if enrolled in fee for service billing, must bill for these items using their normal procedures for billing for Medicare Fee-For-Service items and services. Providers and suppliers may submit claims for MA beneficiaries to their normal FI or carrier.

Acceptance of assignment is mandatory for all claims submitted under this demonstration and Medicare Secondary Payer (MSP) rules apply to claims under this demonstration.

Additional Information

Treatment and Drug Dosage of Influenza Antiviral Medications¹

You are referred to the Centers for Disease Control and Prevention website (Antiviral Agents for Influenza: Background Information for Clinicians) at <http://www.cdc.gov/flu/professionals/antiviralback.htm> on the CMS website.

Treatment

For the treatment of influenza, controlled studies have found that neuraminidase inhibitor drugs (Zanamivir, Oseltamivir) and adamantane derivative drugs (Amantadine, Rimantadine) administered within 48 hours of illness onset, decrease viral shedding and reduce the duration of influenza A illness by approximately 1 day compared with placebo. The usual recommended duration of treatment is 5 days.

Chemoprophylaxis

Known exposure: For chemoprophylaxis of known exposure, treatment should begin within 2 days of contact with an infected individual and continue for 2 weeks.

In lieu of vaccination: To be maximally effective as prophylaxis in lieu of vaccination, influenza antiviral medications must be taken each day for the duration of influenza activity in the community. However, one study of amantadine or rimantadine prophylaxis reported that the drugs could be taken only during the period of peak influenza activity in a community.²

Outbreak in an institution: For residents of an institution, chemoprophylaxis is recommended during an outbreak, and should be continued for at least two weeks. If surveillance indicates that new cases continue to occur, chemoprophylaxis should be continued until approximately one week after the end of the outbreak.

¹ Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>

² Patricia PA, Arden NH, Koplan JP, Goodman RA. Prevention and control of type A influenza infections in nursing homes: benefits and costs of four approaches using vaccination and amantadine. *Ann Intern Med* 1987;107:732-40

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Dosage:

| Recommended Daily Dosage of Influenza Antiviral Medications for Treatment and Prophylaxis ³ | | |
|--|--------------------------------|-------------------|
| Antiviral Agent | Age Groups (yrs.) | |
| | 13-64 | > 65 |
| Amantadine⁴ (Symmetrel[®]) | | |
| Treatment, influenza A | 100mg twice daily ⁵ | ≤100 mg/day |
| Prophylaxis, influenza A | 100mg twice daily ⁵ | ≤100 mg/day |
| Rimantadine (Flumadine[®]) | | |
| Treatment ⁶ , influenza A | 100mg twice daily ⁷ | 100 mg/day |
| Prophylaxis, influenza A | 100mg twice daily ⁵ | 100 mg/day |
| Zanamivir⁸ (Relenza[®]) | | |
| Treatment, influenza A and B | 10mg twice daily | 10 mg twice daily |
| Oseltamivir (Tamiflu[®]) | | |
| Treatment ⁹ , influenza A and B | 75mg twice daily | 75mg twice daily |
| Prophylaxis, influenza A and B | 75mg/day | 75mg/day |

³ <http://www.cdc.gov/flu/professionals/antiviralback.htm>

⁴ The drug package insert should be consulted for dosage recommendations for administering amantadine to persons with creatinine clearance ≤ 50 ml/min/1.732m².

⁵ Children ≥ 10 years who weigh <40 kg should be administered amantadine or rimantadine at a dosage of 5 mg/kg/day.

A reduction in dosage to 100 mg/day of rimantadine is recommended for persons who have severe hepatic dysfunction or those with creatinine clearance ≤10 mL/min. Other persons with less severe hepatic or renal dysfunction taking 100 mg/day of rimantadine should be observed closely, and the dosage should be reduced or the drug discontinued, if necessary.

⁶ Only approved by FDA for treatment among adults.

⁷ Rimantadine is approved by FDA for treatment among adults. However, certain experts in the management of influenza consider it appropriate also for treatment among children. (See American Academy of Pediatrics, 2000 Red Book.)

Older nursing-home residents should be administered only 100 mg/day of rimantadine. A reduction in dosage to 100 mg/day should be considered for all persons aged ≥ 65 years if they experience possible side effects when taking 200 mg/day.

⁸ Zanamivir administered via inhalation using a plastic devices included in the medication package. Patients will benefit from instruction and demonstration of the correct use of the device.

Zanamivir is not approved for prophylaxis.

⁹ A reduction in the dose of oseltamivir is recommended for persons with creatinine clearance <30ml/min.

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Further Claims Preparation Instructions

Because Medicare carriers will hold claims received until Medicare systems changes are made on January 17, 2005, interest will be paid to providers, where applicable, when the held claims area processed on or after January 17, 2005. In addition, physicians, providers, and suppliers should note the following:

- The type of service code for these claims is “1”
- An appropriate diagnosis code must be included on the claim in order to be HIPAA compliant.
- Carriers will apply the 5% reduction in payment on claims from non-participating physicians.
- Assignment is mandatory for all claims filed under this demonstration.
- Providers billing for services under this demonstration for hospice patients should include condition code 07 on the claim.
- Hospitals, SNFs, CORFs, Renal Dialysis Facilities, CAHs, IHS hospitals, and IHS CAHs should use revenue code 0636 along with the appropriate HCPCS code.
- Billing for codes G9017, G9018, G9019, G9020, G9033, G9034, G9035, or G9036 must be done on separate claims and no other codes may be present on such claims.
- For claims submitted to intermediaries, providers should use types of bill (TOB) 12X, 13X, 22X, 23X, 34X, 72X, 75X, or 85X. Claims submitted with any other TOB for services under this demonstration will be returned to the provider.
- Drugs covered under this demonstration will be payable even if the beneficiary has already received a flu vaccine.
- Beneficiaries may receive no more than two of the drugs permitted under this demonstration (e.g., the same drug twice or a combination of two different drugs).
- Medicare will not pay for code G0008 (administration fee) under this demonstration.

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. That instruction may be viewed by going to

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp on the CMS website.

From that Web page, look for CR3696 in the CR NUM column on the right, and click on the file for that CR.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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ATTACHMENT: LOOK-UP TABLE FOR CALCULATING BENEFICIARY CO-PAYMENT FOR ANTIVIRAL INFLUENZA TREATMENT**INSTRUCTIONS FOR USING THIS TABLE**

Note: This table is only used to calculate the beneficiary co-payment amount for those participating in the Medicare Drug Discount Card Program.

1. Locate the name of the Medicare Drug Discount Card Sponsor in column A, or the Sponsor's plan number in column B.
2. Locate the prescribed medicine in column C through I.
3. Find the cost per unit for the prescribed medicine for the specific Card Sponsor.
4. Multiply the unit cost of the medicine by the number of units in the prescription, PLUS \$1.00, to calculate the total Drug Card Sponsor's cost.
5. Multiply the Medicare Allowed Payment Amount by the number of units in the prescription to calculate the Medicare allowed cost.
6. Compare the total cost of the Drug Card Sponsor with the total cost of the Medicare allowed cost.
7. If the total Medicare allowed cost is less than the total Drug Card Sponsor's cost the co-payment will be 20% of the Medicare Allowed cost.
8. If the total Drug Card Sponsor's cost is less than the Medicare allowed cost the co-payment will be 20% of the Drug Card Sponsor's costs.

** In either case Medicare will reimburse the pharmacy 80% of the Medicare allowed cost.

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| MEDICARE ALLOWED PAYMENT AMOUNT | | \$0.76 | \$0.76 | \$1.32 | \$5.43 | \$1.65 | \$2.17 | \$6.99 |
|---|-------|--------------------------------|-------------------------------|------------------------------|--------------------------|--------------------------------|------------------------------|---------------------------|
| (Includes 5% or 10% reduction from AWP) | | | | | (per 10mg) | | | |
| A | B | C | D | E | F | G | H | I |
| Plan Name | Dnum | AMANTADINE 100MG CAPSULE | AMANTADINE 100MG TABLET | FLUMADINE 100MG TABLET | RELENZA 5MG DISKHALER | RIMANTADINE 100MG TABLET | SYMMETREL 100MG TABLET | TAMIFLU 75MG GELCAP |
| Anthem Drug Discount Card | D7000 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| MedCare USA, Powered by MedImpact | D7001 | 0.0864 | 0.2113 | 0.4195 | 0.4901 | 0.3227 | 0.2451 | 1.2622 |
| aClaim RxSavings Club | D7002 | 0.0871 | 0.1680 | 0.4147 | 0.4689 | 0.2567 | 0.2545 | 1.3328 |
| AmeriHealth RxSavings | D7005 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| InStil Health Solutions | D7007 | 0.0864 | 0.2113 | 0.4195 | 0.4901 | 0.3227 | 0.2451 | 1.2622 |
| HealthSpring of Alabama Prescription Advantage | D7008 | 0.0994 | 0.2112 | 0.4195 | 0.4765 | 0.3224 | 0.2574 | 1.2562 |
| HealthSpring of Illinois Prescription Advantage | D7009 | 0.0994 | 0.2112 | 0.4195 | 0.4765 | 0.3224 | 0.2574 | 1.2562 |
| HealthSpring Prescription Advantage | D7010 | 0.0994 | 0.2112 | 0.4195 | 0.4765 | 0.3224 | 0.2574 | 1.2562 |
| Texas HealthSpring Prescription Advantage | D7011 | 0.0994 | 0.2112 | 0.4195 | 0.4765 | 0.3224 | 0.2574 | 1.2562 |
| Horizon RxSavings | D7013 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| Priority Plus | D7015 | 0.0871 | 0.1680 | 0.4290 | 0.4932 | 0.2567 | 0.2633 | 1.2685 |
| PBM Plus Senior Care | D7016 | 0.1181 | 0.2401 | 0.4767 | 0.5561 | 0.3024 | 0.2925 | 1.5320 |
| The Pharmacy SmartCard | D7017 | 0.0560 | 0.1300 | 0.4147 | 0.5182 | 0.2750 | 0.2423 | 1.3328 |
| myPharmaCare | D7019 | 0.1028 | 0.2089 | 0.4147 | 0.4787 | 0.3187 | 0.2423 | 1.3328 |
| Liberty Prescription Discount Card | D7020 | 0.0933 | 0.1800 | 0.4147 | 0.4787 | 0.2750 | 0.2423 | 1.2348 |
| ScriptSave Premier | D7021 | 0.1119 | 0.2161 | 0.4290 | 0.5063 | 0.3300 | 0.2507 | 1.3137 |
| Blue Cross Blue Shield of Alabama's BlueRx | D7027 | 0.0889 | 0.2089 | 0.4147 | 0.4787 | 0.2794 | 0.2545 | 1.2348 |
| Aetna Rx savings Card (SM) | D7028 | 0.1119 | 0.2161 | 0.4290 | 0.5063 | 0.3300 | 0.2507 | 1.3137 |
| RxSavings distributed by Reader's Digest | D7029 | 0.1119 | 0.2161 | | 0.5483 | | 0.2779 | 1.4171 |
| RxSavings distributed by Reader's Digest | D7029 | 0.1121 | 0.2401 | | 0.5956 | | 0.2925 | 1.4937 |
| RxSavings distributed by MCS Life Insurance Company | D7030 | 0.1121 | 0.2401 | | 0.5956 | | 0.2925 | 1.4937 |
| Anthem Drug Discount Card VA | D7031 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card NH | D7032 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |

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|---|-------|--------------------------------|-------------------------------|------------------------------|--------------------------|--------------------------------|------------------------------|---------------------------|
| (Includes 5% or 10% reduction from AWP) | | | | | (per 10mg) | | | |
| A | B | C | D | E | F | G | H | I |
| Plan Name | Dnum | AMANTADINE 100MG CAPSULE | AMANTADINE 100MG TABLET | FLUMADINE 100MG TABLET | RELENZA 5MG DISKHALER | RIMANTADINE 100MG TABLET | SYMMETREL 100MG TABLET | TAMIFLU 75MG GELCAP |
| Anthem Drug Discount Card CO | D7033 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card IN | D7034 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card ME | D7035 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card KY | D7036 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card OH | D7037 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Anthem Drug Discount Card CT | D7038 | 0.0746 | 0.1440 | 0.4147 | 0.4689 | 0.2200 | 0.2423 | 1.2348 |
| Preferred Prescription Discount Card | D7041 | 0.0965 | 0.2089 | 0.4147 | 0.4703 | 0.3190 | 0.2545 | 1.2140 |
| Prescription Discount Card | D7042 | 0.0965 | 0.2089 | 0.4147 | 0.4799 | 0.3190 | 0.2545 | 1.2377 |
| BlueSaver Premier | D7043 | 0.1095 | 0.2113 | 0.4195 | 0.4944 | 0.3227 | 0.2451 | 1.2831 |
| First Health Services Medicare Drug Discount Card | D7046 | 0.1119 | 0.1920 | 0.4290 | 0.5360 | 0.2934 | 0.2633 | 1.3788 |
| First Health Services Medicare Drug Discount Card | D7046 | 0.1119 | 0.2161 | 0.4290 | 0.5360 | 0.3300 | 0.2633 | 1.3788 |
| ArqusRx | D7047 | 0.0933 | 0.1800 | 0.4147 | 0.4753 | 0.2750 | 0.2545 | 1.2225 |
| RxSavings | D7049 | 0.1119 | 0.2161 | | 0.5483 | | 0.2779 | 1.4171 |
| RxSavings | D7049 | 0.1121 | 0.2401 | | 0.5956 | | 0.2925 | 1.4937 |
| RxSavings distributed by BlueCross BlueShield of Tennessee | D7057 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by BlueCross BlueShield of South Carolina | D7058 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by Wellmark BlueCross BlueShield | D7060 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by Fidelis Care New York | D7062 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RXSavings distributed by OSF Health Plans | D7063 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by Premier Plus | D7064 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by Texas Plus | D7066 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| RxSavings distributed by Mennonite Mutual Aid Association | D7068 | 0.1119 | 0.2161 | | 0.5483 | | 0.2779 | 1.4171 |
| RxSavings distributed by UCare Minnesota | D7069 | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |
| EnvisionRx Plus | D7070 | | | | | | | |
| | | 0.1057 | 0.2041 | 0.4290 | 0.4867 | 0.3117 | 0.2507 | 1.3788 |

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| A | B | C | D | E | F | G | H | I |
| Plan Name | Dnum | AMANTADINE 100MG CAPSULE | AMANTADINE 100MG TABLET | FLUMADINE 100MG TABLET | RELENZA 5MG DISKHALER | RIMANTADINE 100MG TABLET | SYMMETREL 100MG TABLET | TAMIFLU 75MG GELCAP |
| Rx Savings Access Card | D7071 | 0.1082 | 0.2089 | 0.4147 | 0.4786 | 0.3190 | 0.2423 | 1.2348 |
| Pharmacy Care Alliance (Option A) | D7072 | 0.1011 | 0.2160 | 0.4290 | 0.4884 | 0.3297 | 0.2632 | 1.2869 |
| Pharmacy Care Alliance (Option B) | D7073 | 0.1011 | 0.2160 | 0.4290 | 0.4884 | 0.3297 | 0.2632 | 1.2869 |
| AARP Prescription Discount Card | D7074 | 0.1011 | 0.2280 | 0.4529 | 0.5182 | 0.3480 | 0.2779 | 1.3635 |
| SHL RxCard | D7075 | 0.1028 | | | | | | 1.3328 |
| ScripSolutions Freedom | D7076 | 0.1095 | 0.2113 | 0.5638 | 0.5144 | 0.3224 | 0.2574 | 1.2501 |
| ScripSolutions Choice | D7077 | 0.1095 | 0.2113 | 0.5638 | 0.5144 | 0.3224 | 0.2574 | 1.2501 |
| American Advantage-Med | D7079 | 0.1004 | 0.2089 | 0.4243 | 0.4924 | 0.3190 | 0.2479 | 1.2885 |
| American Prescription Plan | D7080 | 0.1119 | 0.2161 | | 0.5483 | | 0.2779 | 1.4171 |
| PrimeScript | D7081 | 0.1082 | 0.2089 | 0.4290 | 0.5182 | 0.3190 | 0.2633 | 1.3328 |
| SXC Health Solutions, Inc. | D7082 | 0.0933 | 0.1800 | 0.4147 | 0.4787 | 0.2750 | 0.2423 | 1.2348 |
| Walgreens Health Initiatives Prescription Discount Drug Card | D7083 | 0.0995 | 0.1920 | 0.4147 | 0.4742 | 0.2934 | 0.2545 | 1.2228 |
| Walgreens Health Initiatives Prescription Discount Drug Card | D7083 | 0.1244 | 0.2401 | 0.4767 | 0.5956 | 0.3748 | 0.2925 | 1.5320 |
| PrecisionDiscounts (Option A) | D7084 | 0.0746 | 0.1755 | 0.4290 | 0.4966 | 0.2748 | 0.2633 | 1.2808 |
| Public Sector Partners Prescription Drug Discount Card | D7086 | 0.0933 | 0.1800 | 0.4147 | 0.5182 | 0.2750 | 0.2423 | 1.2103 |
| Rx for Less delivered through UPMC for Life | D7087 | 0.1095 | 0.2113 | 0.4195 | 0.4872 | 0.3227 | 0.2574 | 1.3482 |
| Sav-Rx Med-Advantage Prescription Discount Card | D7088 | 0.1004 | 0.2089 | 0.4243 | 0.4882 | 0.3190 | 0.2479 | 1.2801 |
| U Share Prescription Drug Discount Card | D7089 | 0.0965 | 0.2089 | 0.4147 | 0.4703 | 0.3190 | 0.2545 | 1.2140 |
| Community Care Rx | D7090 | 0.0884 | 0.1637 | 0.4147 | 0.4935 | 0.3024 | 0.2423 | 1.3328 |
| Community Care Rx | D7090 | 0.0884 | 0.1637 | 0.4147 | 0.4935 | 0.3024 | 0.2423 | 1.3328 |
| Criterion Advantage | D7091 | 0.0884 | 0.1637 | 0.4147 | 0.4935 | 0.3024 | 0.2423 | 1.3328 |
| Criterion Advantage | D7091 | 0.0884 | 0.1637 | 0.4147 | 0.4935 | 0.3024 | 0.2423 | 1.3328 |
| Golden Buckeye | D7092 | 0.0884 | 0.1637 | 0.4147 | 0.4935 | 0.3024 | 0.2423 | 1.3328 |
| Adventra X-tra Drug Discount Card Program | D7095 | | | | | | | |
| | | 0.1082 | 0.2089 | | 0.4954 | | 0.2545 | 1.2831 |

Disclaimer

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| | | | | | | | | |
|---|-------|--------------------------------|-------------------------------|------------------------------|--------------------------|--------------------------------|------------------------------|---------------------------|
| MEDICARE ALLOWED PAYMENT AMOUNT | | \$0.76 | \$0.76 | \$1.32 | \$5.43 | \$1.65 | \$2.17 | \$6.99 |
| (Includes 5% or 10% reduction from AWP) | | | | | (per 10mg) | | | |
| A | B | C | D | E | F | G | H | I |
| Plan Name | Dnum | AMANTADINE 100MG CAPSULE | AMANTADINE 100MG TABLET | FLUMADINE 100MG TABLET | RELENZA 5MG DISKHALER | RIMANTADINE 100MG TABLET | SYMMETREL 100MG TABLET | TAMIFLU 75MG GELCAP |
| BD Advantage Drug Discount Card | D7096 | 0.1119 | 0.2161 | | | | 0.2779 | 1.4171 |

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