

NHIA Bamlanivimab Pilot Enrollment

1. Instructions

Please read this important information before you begin.

Thank you for your interest in participating in NHIA's pilot program to help administer bamlanivimab to high-risk individuals residing or working in long-term care settings, including skilled facilities and assisted living facilities.

In order to become eligible to receive an allocation of bamlanivimab from NHIA, you must complete this enrollment survey providing the information below. Each pharmacy location that wishes to receive an allocation must enroll separately.

Please note that being approved to participate in this pilot does not guarantee an allocation of product as supplies will be limited to 500 doses per week. Whether or not a pharmacy receives an allocation of product from NHIA, locations approved for participation in this pilot will be listed on the NHIA website as a reference for states and other entities to use in determining access to bamlanivimab (and potentially other COVID-related therapies and vaccines) through other channels.

Required information:

1. Resident state pharmacy license number.
2. Resident state nursing license number (if applicable). *Not required if visiting nurses are subcontracted and not directly employed.
3. Home infusion accreditation provider.
4. Amerisource Bergen account number (not required to participate)
5. Medicare A/B MAC Provider Transaction Access Number (PTAN).
6. Number of skilled facilities or assisted living facilities in your service area for which you have existing contractual relationships or could service for bamlanivimab infusions.
7. Experience with bamlanivimab including previous allocations and number of infusions provided. (Prior experience is not required for participation in the pilot.)
8. Ability to comply with program requirements for assessing patients for eligibility according to the FDA emergency use authorization, reporting adverse events to FDA, and collecting outcome data.

* 1. Name of person who will serve as the primary point of contact for the NHIA bamlanivimab pilot program.

* 2. Pharmacy location information

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address for Primary Point of Contact

Phone Number for Primary Point of Contact

* 3. Resident pharmacy license number for the state where the pharmacy is physically located.

4. State nursing license number if applicable.



NHIA Bamlanivimab Pilot Enrollment

2. Medicare A/B MAC Enrollment

Participants in the pilot must be capable of billing Medicare directly for the administration of monoclonal antibodies. Billing is through the A/B MAC and requires the pharmacy be enrolled as a pharmacy or mass immunizer. Administration fees for bamlanivimab provided as part of this program may be billed to third party payers or Medicaid, however the home infusion provider must verify payer eligibility for all non-Medicare patients.

* 5. Does your pharmacy currently have a PTAN to participate in the Medicare A/B MAC as a pharmacy or mass immunizer to administer COVID-19 treatments/vaccines?

- Yes
- No
- In process (please provide date you enrolled in the comment box below)

If pending, provide the date enrollment was submitted:



NHIA Bamlanivimab Pilot Enrollment

3. Medicare Enrollment

* 6. Provide your A/B MAC Provider Transaction Access Number (PTAN)



NHIA Bamlanivimab Pilot Enrollment

4. Accreditation

* 7. Select your home infusion accreditation provider. Note- this refers to accreditation used to satisfy commercial payer credentialing. Accreditation for the new Medicare Home Infusion Therapy Services Supplier is not required for participation in the pilot.

- | | |
|---|--|
| <input type="radio"/> Accreditation Commission for Health Care (ACHC) | <input type="radio"/> The Compliance Team (TCT) |
| <input type="radio"/> Center for Pharmacy Practice Accreditation (CPPA) | <input type="radio"/> The Joint Commission (TJC) |
| <input type="radio"/> Community Health Accreditation Program (CHAP) | <input type="radio"/> Utilization Review Accreditation Commission (URAC) |
| <input type="radio"/> National Association of Boards of Pharmacy (NABP) | <input type="radio"/> No accreditation |

Other (please specify)



NHIA Bamlanivimab Pilot Enrollment

5. Amerisource Bergen

An existing account with Amerisource Bergen Corp. (ABC) is not required for participation in the program. If you do not currently have an account and receive an allocation of bamlanivimab from NHIA, then the delivery will be issued based on a pharmacy license number. However, if you have an established account, please provide it below.

* 8. Do you have an account with Amerisource Bergen?

Yes

No



NHIA Bamlanivimab Pilot Enrollment

6. ABC Account

* 9. Please provide your Amerisource Bergen account number.



NHIA Bamlanivimab Pilot Enrollment

7. Bamlanivimab Allocation

Please indicate if you have received an allocation of bamlanivimab from other sources.

* 10. Have you previously received an allocation of bamlanivimab to be dispensed from this pharmacy location?

Yes (please use comment box to specify source)

No

If yes, please specify source of allocation (i.e. hospital pharmacy, state, other pilot program)

NHIA Bamlanivimab Pilot Enrollment

8. Experience with bamlanivimab.

* 11. Approximately, how many doses of bamlanivimab have been administered by your pharmacy location?

* 12. Please provide the sites of care where bamlanivimab has been administered from your location.

- Home
- Long-term care facility (SNF, ALF)
- Infusion suite
- Field hospital/suite

Other (please specify)

NHIA Bamlanivimab Pilot Enrollment

9. Facility Relationships

Please help us understand your capabilities for providing bamlanivimab to the long-term care, skilled, and assisted living facilities in your service area.

* 13. Do you have existing agreements or referral relationships with long-term care, SNF, and/or ALFs in your area?

- Yes
- No
- Other (please specify)

14. If yes to above, how many long-term care facilities, SNFs, and/or ALFs do you currently work with?

* 15. Please estimate how many long-term care facilities, SNFs, and ALFs are within your service area. Please base this response on your ability to administer the medication within 24 hours of qualifying an eligible referral.



NHIA Bamlanivimab Pilot Enrollment

10. Participation Requirements

* 16. Are you able to comply with the following participation requirements if approved for an allocation of bamlanivimab?

	Yes	No
Assess patient eligibility for bamlanivimab according to the FDA approved Emergency Use Authorization?	<input type="radio"/>	<input type="radio"/>
Make every effort to administer bamlanivimab within 24 hours of qualifying a patient.	<input type="radio"/>	<input type="radio"/>
Report all serious adverse events to the FDA using the Medwatch program?	<input type="radio"/>	<input type="radio"/>
Collect and report facility information, age, gender, and ethnicity of each patient treated with bamlanivimab as part of this program.	<input type="radio"/>	<input type="radio"/>
Collect and report whether the recipient of bamlanivimab was a resident or staff member of the facility.	<input type="radio"/>	<input type="radio"/>
Collect outcome data for adverse events, hospitalizations, emergency department visits, and deaths in patients that received bamlanivimab.	<input type="radio"/>	<input type="radio"/>

NHIA Bamlanivimab Pilot Enrollment

11. Finished

You have completed the survey. Thank you for enrolling in NHIA's bamlanivimab pilot. You will be notified about next steps shortly.