



Kaleo Auvi-Q Manufacturer Direct Bill Processing Job Aid

What Is It?

Walgreens has partnered with Kaleo, manufacturer of Auvi-Q, to increase patient access to an epinephrine auto-injector (EAI) via the Kaleo Auvi-Q Manufacturer Direct Bill program. The majority of patients will have a \$0 dollar out of pocket for Auvi-Q when covered by the insurance but with select rejects pay as much as \$50 dollars.

Eligibility

- Commercially insured patients are eligible for the program. Patients with a high deductible may receive a higher co-pay due to coverage limitations
- Government funded patients are **not** eligible for the program, however select Medicaid patients may be able to receive assistance from the manufacturer through the Kaleo Cares program. For additional information, patients can call Kaleo Cares at (502) 213-7601.
- Uninsured patients are **not** eligible for the program, but may be able to receive assistance from the manufacturer through the Kaleo Direct Delivery Service. For additional information, patients can call Kaleo Direct Delivery Service at (844) 357-3968.

Step One

When a patient presents to the pharmacy with a prescription for Auvi-Q, team members must check if the patient is eligible for the Kaleo Direct Bill Program located at: StoreNet > Patient Care > Pharma Partner/Consignment Programs > Auvi-Q (Kaleo) > Eagle Force > [Patient Portal](#)

Step Two

Log into Eagle Force (EF) using your Walgreens Authenticator ID and password.

- Enter in the store number of the location you are working at.
- Enter in the required information to check patient eligibility:
 - If the patient is eligible, EF will generate a card to be used for the prescription.
 - If the patient is **not** eligible, EF will not generate a card and will provide supporting information around the eligibility check.

Step Three

Once the patient's eligibility has been confirmed, use Intercom Plus (IC+) to register the below plan information into their profile:

- **Plan ID:** KALMAN
- **BIN:** 014468
- **PCN:** KALMAN
- **Recipient ID:** Provided on Eagle Force Card
- **NDCs Covered:** 60842-0022-01, 60842-0021-01, 60842-0023-01
- **Group Numbers:** KALMAN 38; See information below



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Sample Card

Walgreens **Direct Bill Program**

First Name: TESTA
Last Name: TESTA
Plan ID: KALMAN
BIN #: 014468
PCN #: KALMAN
GRP #: KALMAN38
Recipient ID: [REDACTED]

PROGRAM INSTRUCTION

This offer is valid only in the United States. Program is applicable only for commercially insured patients who utilize the direct delivery service. Offer not valid for patients insured in whole or in part by government programs such as Medicaid, Medicare, Tricare or other federal or state health programs (such as state prescription drug programs). If the patient is eligible for benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable. Cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription(s). Not valid if reproduced. Void where prohibited by law. Cash discount cards are not commercial payers and are not eligible to be used for this program. Program managed by PSKW LLC on behalf of kaleo Inc. The parties reserve the right to rescind, revoke, amend, or terminate this offer without written notice at any time. Savings limits apply.

Step Four – Commercially Insured Billing Steps

Bill the patient’s primary plan using standard prescription billing procedures in IC+. Register plan ID: **KALMAN** as secondary in the patient profile following the standard [Coordination of Benefits \(COB\) Processing Procedures](#). ACOB will invoke and process the claim to the patient’s linked direct bill program.

- **Copay Returned:** \$0
- **Refills:** Quantity Limits (see below)

Drug Name	NDC	Maximum Quantity Benefit
Auvi-Q 0.1MG INJ 2 Auto Injectors (1 box)	60842-0021-01	Maximum quantity benefit 1 box (2 injectors) per calendar year
Auvi-Q 0.15MG INJ, 2 Auto Injectors (1 box)	60842-0022-01	Maximum quantity benefit of 2 boxes (4 injectors) per calendar year
Auvi-Q 0.3MG INJ 2 Auto Injectors (1 box)	60842-0023-01	Maximum quantity benefit of 2 boxes (4 injectors) per calendar year

Commercially Insured Drug Not Covered Rejects

Updated: 3/11/2020





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The Kaleo Auvi-Q Manufacturer Direct Bill Program will **only** cover the following primary plan reject messages with a returned copay designated below:

Product/Service Not Covered – Plan/Benefit Exclusion	Plan Limitations Exceeded
Refills Are Not Covered	Cost Exceeds Maximum
Prior Authorization Required	Product Not On Formulary
Pharmacy Not Contracted with Plan on Date of Service	Non Matched Pharmacy Number
M/I Service Provider Number	

- For these primary plan rejections, follow **Step Four - Commercially Insured Billing Steps**.
- In the situation where a COB claim is being processed through Web SDL use **Other Coverage Code: 3 - Other Coverage Exists - This Claim Not Covered**.
- **For SDL processing procedures, see [Coordination of Benefits \(COB\) Processing Procedures](#).**

Drug Name	NDC	Copy Returned	Maximum Quantity Benefit
Auvi-Q 0.1MG INJ 2 Auto Injectors (1 box)	60842-0021-01	\$25	Maximum quantity benefit 1 box (2 injectors) per calendar year
Auvi-Q 0.15MG INJ, 2 Auto Injectors (1 box)	60842-0022-01	\$25 - 1 box \$50 - 2 box	Maximum quantity benefit of 2 boxes (4 injectors) per calendar year
Auvi-Q 0.3MG INJ 2 Auto Injectors (1 box)	60842-0023-01	\$25 - 1 box \$50 - 2 box	Maximum quantity benefit of 2 boxes (4 injectors) per calendar year

Questions

If you are **unable** to complete the COB claim using the Kaleo Auvi-Q Manufacturer Direct Bill Program please open a ticket at: StoreNet > Fix > Troubleshooting > Service Desk (formerly Help Center) > Pharmacy > This doesn't solve my problem > Third Party > Functions > [Third Party Direct Bill](#)



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Additional kaleo Auvi-Q Product Information

Indication and Important Safety Information

Indication

AUVI-Q® (epinephrine injection, USP) is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to allergens, idiopathic and exercise-induced anaphylaxis. AUVI-Q is intended for patients with a history of anaphylactic reactions or who are at increased risk for anaphylaxis.

Important Safety Information

AUVI-Q is intended for immediate self-administration as emergency supportive therapy only and is not a substitute for immediate medical care. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. Each AUVI-Q contains a single dose of epinephrine for single-use injection. Please see full Important Safety Information at end of presentation.

AUVI-Q® is designed to be easy to use



0.3 mg



0.15 mg



0.1 mg



Pocket-sized



Auto-retractable needle



Voice Instructions



3 doses available



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Patient Postcard

- Some patients may receive the postcard below from their prescriber and present to the pharmacy along with their prescription.

Auvi-Q
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

**WHAT TO EXPECT
WHEN YOU PICK
UP AUVI-Q® AT
WALGREENS**

Auvi-Q
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

Bring your paper AUVI-Q prescription and this card to Walgreens for in-store pickup.

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$0 FOR AUVI-Q*
Pharmacist has questions? Review program details located in StoreNet.

Call **1-877-30-AUVIQ** with any questions.

AUVI-Q Expiration Date Reminder
Sign up to receive an email 30 days before your AUVI-Q expiration date. Visit auvi-q.com/reminder.

*Terms and Conditions: Only valid for commercially insured patients in the 50 United States and DC through the direct delivery service and/or designated retail pharmacies. Limit one (1) carton of AUVI-Q 0.1 mg per patient each calendar year. Limit two (2) cartons of AUVI-Q 0.15 mg or 0.3 mg per patient each calendar year. Individual insurance plans may impose additional requirements that affect the redemption of the offer and out-of-pocket costs may vary. Not eligible if prescriptions are paid for in part/full by state or federally funded program(s), like Medicare Part D, Medicaid, Vet. Aff., Dept. of Def. or Tricare, and where prohibited by law. OFFER IS NOT INSURANCE. Offer cannot be sold, purchased, traded, transferred, and cannot be combined with any other offer. Cash discount cards are not commercial payers and are not eligible to be used for this program. Offer provided by Kaleo, and it may change at any time without notice. Call 844-357-3968 for questions regarding offer eligibility.

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