

State of Vermont**Department of Vermont Health Access (DVHA)**

NOB 1 South, 280 State Drive

Waterbury, VT 05671-1010

January 28, 2021

****Attention Pharmacy Providers****
Update on Pharmacy COVID-19 Antigen Test Coverage

Effective December 1, 2021, Vermont enrolled pharmacies may now bill for select over-the-counter COVID-19 tests for use by Medicaid members in a home setting when prescribed by a Vermont Medicaid enrolled provider.

We have received member complaints that some pharmacies are instructing members to pay cash and submit receipts for reimbursement. Please note that per Medicaid rules, VT Medicaid/Green Mountain Care is not allowed to reimburse members directly for purchasing antigen test kits. Therefore, members may only receive test kits (at no cost) when pharmacies bill them directly to Medicaid with a valid prescription.

As a reminder, COVID-19 antigen tests may be obtained **via prescription** through pharmacies in one of the following ways:

- a) the pharmacist can write a prescription if they are enrolled as a Medicaid provider;
- b) through the pharmacy's own standing order; or
- c) through the use Dr. Levine's standing order.

Commissioner Levine's Standing Order, which can be found here (<https://sos.vermont.gov/media/wp4ddz2q/covid-antigen-test-standing-order-12-13-21-final.pdf>) may be used as a prescription by pharmacies in certain circumstances to dispense Covid-19 At-Home Antigen Test Kits.

Pharmacies **must** follow the NCPDP standard and use the NDC or UPC product codes found on the package. Copayment will **not** apply, and the coverage limit is no more than 4 test kits (8 tests) every 30 days. This change is in accordance with the [Global Commitment Register \(GCR\) 21-085](#) notice to expand coverage for COVID-19 antigen tests within the pharmacy benefit for Vermont Medicaid members. The following products are covered. Please refer to the DVHA OTC Drug list) for the most current coverage information:

<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/OTCWebList.pdf>

NDC	Drug Name	NDC	Drug Name
08337000158	INTELISWAB COVID-19 RAPID	60006019166	ON/GO COVID-19 ANTIGEN SE
11877001133	BINAXNOW COVID-19 AG CARD	82607066026	FLOWFLEX COVID-19 AG HOME
11877001140	BINAXNOW COVID-19 AG CARD	82607066027	FLOWFLEX COVID-19 ANTIGEN
14613033967	QUICKVUE AT-HOME COVID-19	82607066028	FLOWFLEX COVID-19 ANTIGEN
14613033968	QUICKVUE AT-HOME COVID-19	82607066047	FLOWFLEX COVID-19 ANTIGEN
14613033972	QUICKVUE AT-HOME COVID-19	95893053317	COVID-19 OTC ANTIGEN TEST
50021086001	ELLUME COVID-19 HOME TEST	95893077490	COVID-19 OTC ANTIGEN TEST
56964000000	ELLUME COVID-19 HOME TEST		

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to PBA_VTHelpdesk@changehealthcare.com.

Thank you for your continued support of Vermont's publicly funded pharmacy benefits programs.

Nancy J. Hogue, Pharm.D., Director of Pharmacy Services