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Pharmacy Update

January 14, 2020

COVID-19 At-Home Over-The-Counter Test Kit Imperative

For Commercial (non-Medicaid) Plan Members at No Cost

On January 10, 2022, the Biden-Harris Administration announced insurance companies and group health plans would be required to cover the cost of at-home over-the-counter (OTC) COVID-19 tests. This means people with private health coverage can get tests at no cost, effective January 15, 2022 (**https://www.cms.gov/newsroom/press-releases/biden-harris-administration-requires-insurance-companies-and-group-health-plans-cover-cost-home**).

In order to facilitate the dispensing of COVID-19 OTC test kits for Eligible Persons whose Plan Sponsors elect to cover the kits through the pharmacy benefit with **no cost-share to the Eligible Person**, CVS Caremark® will adjudicate COVID-19 OTC test kits through the pharmacy benefit effective January 15, 2022. For applicable CVS Caremark Plan Sponsors, pharmacies may be reimbursed at the pharmacy's submitted **usual and customary** charge for paid claims. Pharmacies should be aware that a lower-of-logic comparison to **Gross Amount Due** also will apply.

Providers must submit their usual and customary charge in NCPDP field # 426-DQ. The usual and customary charge must reflect the lowest price Provider would charge any customer for the same COVID-19 OTC test kit on the same date of service. For the avoidance of doubt, a Provider's usual and customary charge must be the same price as offered to customers who are purchasing a COVID-19 OTC test kit without involvement of the pharmacy department or use of their insurance benefits.

Note: CVS Caremark's adjudication logic is available on January 15, 2022, to conform to the Biden-Harris administration imperative. CVS Caremark will follow up with formal contracting through the normal contracting channels in the near future.

This update applies to:
All Network Pharmacies

Line of Business:
Commercial, Exchange (Not applicable to Medicare Part D PDP's)

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331** if one is not provided.

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at **www.caremark.com/pharminfo** > NCPDP Payer Sheets.

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Processing Information

Additional requirements for claims processing and dispensing of COVID-19 OTC test kits are:

- An order from a health care provider is not required for Eligible Persons to access test kits; if Eligible Persons do not present a prescription for an COVID-19 OTC test kit, the pharmacy should enter the dispensing pharmacist's NPI as the Prescriber ID on the claim.

- There is a maximum limit of 8 tests per Eligible Person per 30 days, and there are no quantity limits when prescribed by a healthcare provider.

- Of those COVID-19 OTC test kits listed in the drug compendia, the following are known at this time to be **excluded** from the benefit:
  - Pixel by LabCorp™
  - MyLAB Box™
  - Ellume™

  Note: If an excluded kit is submitted, the pharmacy may receive the following or similar reject messages: Reject 70: <<NOT COVERED UNDER PHARMACY BENEFIT>> or <<NDC NOT COVERED PLAN EXCLUSION>>.

- If the plan is not covering COVID-19 OTC test kits at this time as part of its pharmacy benefit, your pharmacy may receive the following or similar reject: Reject 70: << NOT COVERED UNDER PHARMACY BENEFIT>> or <<OTC NOT COVERED>>.

- If your pharmacy receives a "Pharmacy not contracted" or "Non-participating pharmacy" reject, the following override code may be utilized: Submission Clarification Code (SCC) 12 in NCPDP Field# 42Ø-DK.

IMPORTANT INFORMATION

Government-provided COVID-19 test kits acquired by pharmacies to distribute to Eligible Persons for free are not part of this reimbursement program; do not submit claims to CVS Caremark for reimbursement for these government-provided test kits.

Testing conducted to screen for general workplace health and safety (such as employee "return to work" programs), for public health surveillance for SARS-CoV-2, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition is beyond the scope of section 6001 of the FFCRA (Families First Coronavirus Response Act).