Updates to Over-the-Counter (OTC) COVID-19 Antigen Test Kits, Effective March 1, 2023

February 1, 2023

The Maximum Allowable Product Costs (MAPC) for Medi-Cal Rx covered over-the-counter (OTC) antigen tests have been updated on the *List of Covered Emergency Use of Authorization (EUA) COVID-19 Antigen Tests*, effective March 1, 2023. Refer to the Excel list for specific product information.

Effective March 1, 2023, the following prices have been updated and will be the amount reimbursed per test as a covered Medi-Cal Rx pharmacy benefit. Quantity and frequency limitations apply.

Product Description	Billing Code (11-digit NDC like number)	MAPC for Each	Effective Date
BINAXNOW™ COVID-19 AG SELF TEST, 1 kit, 2 each	11877001140	$8.00	03/01/2023
CARESTART™ COVID-19 AG HOME TEST, 1 kit, 2 each	50010022431	$5.00	03/01/2023
FLOWFLEX™ COVID-19 AG HOME TEST, 1 kit, 1 each	82607066026	$3.00	03/01/2023
FLOWFLEX COVID-19 AG HOME TEST, 1 kit, 2 each	82607066027	$3.00	03/01/2023
IHEALTH® COVID-19 AG RAPID TEST, 1 kit, 2 each	56362000589	$5.00	03/01/2023
INTELISWAB® COVID-19 RAPID TEST, 1 kit, 2 each	08337000158	$5.00	03/01/2023
QUICKVUE™ AT-HOME COVID-19 TEST, 1 kit, 2 each	14613033972	$7.00	03/01/2023

Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage. Coverage is restricted to specific 1-test-per-kit or 2-tests-per-kit OTC EUA COVID-19 U.S. Food and Drug Administration (FDA)-authorized, self-administered COVID-19 antigen tests listed in the *List.* Covered tests require dispensing from a pharmacy, written (or electronic equivalent) on a prescription pad signed by a licensed prescriber or a pharmacist. Packages/kits cannot be broken or sold as individual tests.

The following coverage criteria applies:

- Restricted to EUA for the diagnostic condition of suspected COVID-19 (Code I Restriction), **AND**

- Restricted to up to 8 tests (4 kits for 2 tests/kit) per 30 days per beneficiary, **AND**

- No refills allowed; the beneficiary would need to obtain a new prescription for each dispensing.

Note: Prior authorization (PA) requests for quantities outside the allowed amounts will be denied unless ordered or administered by a provider following an individualized clinical assessment and with appropriate clinical justification provided. In order to receive a test or test kit, the beneficiary must be eligible for Medi-Cal on the date of service (DOS). Refer to the *[Medi-Cal Rx Provider Manual](#)* on the [Medi-Cal Rx Web Portal](#) for additional coverage and reimbursement information.

Prior Alerts

- *[COVID-19 Antigen Tests Coverage Reminder](#)*

- *[Medi-Cal Rx Coverage of Over-the-Counter COVID-19 Antigen Test Kits](#)*

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.