

Notice to Pharmacies: Mosquito Repellent Benefit

Texas covers mosquito repellents for the prevention of the Zika virus. The following notice describes claims processing, eligibility, and benefit information specific to the mosquito repellent benefit for the covered programs listed below. The last page of this document contains a prescription template for claims processing.

Covered programs:

1. Medicaid (managed care, MCO; and fee-for-service, FFS)
AND
Children's Health Insurance Program (CHIP) and CHIP-Perinatal
2. Healthy Texas Women (HTW)
3. Children with Special Health Care Needs Services Program (CSHCN)

1. Medicaid and CHIP:

Use of a Standing Order for the Mosquito Repellent Benefit

Texas Medicaid has issued a *Texas Medicaid Standing Order for Mosquito Repellent*. This is a standing order that may be used for clients enrolled in Medicaid (FFS and MCO), and CHIP programs. This Standing Order serves as a prescription and allows pharmacists to dispense mosquito repellent under the terms of the Standing Order. Pharmacies are encouraged to use this Standing Order instead of contacting clients' healthcare providers for individual prescriptions for mosquito repellent.

Pharmacists should reference the *2017 Texas Medicaid Standing Order for Mosquito Repellent* for details related to operating under the Standing Order. See below for additional information and tools to assist with claims processing, including a prescription template for pharmacies.

Pharmacies may request a copy of the *Texas Medicaid Standing Order for Mosquito Repellent* by emailing: VDP_Formulary@hhsc.state.tx.us

A prescription from a valid healthcare provider is required for any pharmacy/pharmacist not operating under a standing order, for the dispensing of mosquito repellent to Medicaid or CHIP clients.

2. HTW:

A prescription is not required for clients enrolled in the Healthy Texas Women program. The below information should be used to process claims for clients in the Healthy Texas Women program.

Provider name field: Zika, Zika (Last Name, First Name)
Address: 4900 N. Lamar Blvd, Austin, TX 78751
NPI: 1234568883
License: 2126X

The *Texas Medicaid Standing Order for Mosquito Repellent* may not be used for clients in the Healthy Texas Women program.

3. CSHCN:

A prescription is required for clients enrolled in CSHCN. Clients or pharmacies should contact the client's health care provider in order to obtain a prescription for mosquito repellent.

Mosquito Repellent Benefit Details

Eligible clients:

- Females ages 10 - 55 years and pregnant females of any age
- Males ages 14 years and older

Quantity:

- Coverage of mosquito repellents will be limited to two (2) can/bottles per calendar month: only one (1) can/bottle may be dispensed per fill, with one (1) optional refill available per calendar month
- Mosquito repellent claims will not count against clients' monthly three (3) prescription limit for FFS.

Benefit duration:

- The mosquito repellent benefit is available **May 1, 2017** through **December 31, 2017**.

Client responsibility

- Approved claims for eligible Medicaid, HTW, and CSHCN clients will be provided at no cost to the client.
- CHIP clients may be subject to a copay depending upon family income. Any potential copays should not exceed the cost of the product.

Covered Products

Covered products have been selected based on guidance from the Centers for Disease Control. Please download the [Zika Products Pharmacy Assistance Chart \(PDF\)](#) for a current list of covered mosquito repellents.

Claims Processing

Prescription details:

- For the dispensing under *Texas Medicaid Standing Order for Mosquito Repellent*:
 - See the *Mosquito Repellent Prescription Template* below.
- Pharmacies should process the claim per the prescription details if a written prescription is provided.

Reimbursement

- FFS: The reimbursement to pharmacies will be the usual and customary price to the general public or up to a maximum of \$6.50 per can/bottle of mosquito repellent (inclusive of product cost and dispensing fee); total calendar month maximum of \$13.00. Products will not be eligible for payment of a delivery fee or incentive fee.
- Reimbursement may vary for MCOs, but may not exceed \$6.50 per can/bottle.
- Pharmacies will be required to submit their usual and customary cost for the items.

Product NDC submission

- UPCs have been converted to NDCs for submission of claims. This was accomplished by converting the 12 digit UPC to an 11 digit NDC. Please refer to the [Zika Products Pharmacy Assistance Chart \(PDF\)](#) for NDCs for submission.
- *Note: Mosquito repellent will be treated as a generic medication and pharmacies have the authority to fill the prescription with any covered product, unless the prescriber has stated, "Do not Substitute", to specify the active ingredient (not the manufacturer).*

Unit of Measure

- Pharmacies should submit the NCPDP billing unit of measure standard when processing claims. For example, a 170 gram bottle should be submitted with a quantity of 170.

Days' Supply

- A can of repellent is expected to last 15 days or greater. Pharmacies are recommended to submit a 15 day supply.

Pregnant Females Less Than 10 or Greater Than 55 Years of Age

- For pregnant clients under the age of 10 or over the age of 55, the state or MCO may have to perform a manual claim override. For these clients, pharmacies should call the client's MCO provider line or the Pharmacy Benefits Access Help Desk (1-800-435-4165) for FFS clients.

Where can I find more information?

- Department of State Health Services: www.TexasZika.org
- Centers for Disease Control and Prevention: www.cdc.gov/zika/
- Vendor Drug Program:
<https://www.txvendordrug.com/formulary/formulary/zika-virus-prevention>
- Client program/eligibility verification:
<https://www.txvendordrug.com/providers/eligibility>



Texas Pharmacy Mosquito Repellent Order Processing Template

Medicaid/Children's Health Insurance Program (CHIP) Mosquito Repellent Template

Patient Name: _____ Patient Date of Birth: _____

Prescribed Product: Mosquito Repellent

Directions: Use topically, as directed per package labeling

Quantity: One (1)

Prescriber Name (Last, First): Parikh M.D., Rajendra

Prescriber NPI: 1255433876

NOTE: This template is to be used only in the processing of claims for mosquito repellent for patients in Texas Medicaid and CHIP programs, under the Texas Medicaid Standing Order for Mosquito Repellent. Any unauthorized use of the above prescriber information shall be referred to the Inspector General as potential fraud.

Healthy Texas Women (HTW) Mosquito Repellent Template

Patient Name: _____ Patient Date of Birth: _____

Prescribed Product: Mosquito Repellent

Directions: Use topically, as directed per package labeling

Quantity: One (1)

Prescriber Name (Last, First): Zika, Zika

Prescriber NPI: 1234568883

NOTE: This template is to be used only in the processing of claims for mosquito repellent for patients in the HTW program. Any unauthorized use of the above prescriber information shall be referred to the Inspector General as potential fraud.