Notice to Pharmacies: Mosquito Repellent Benefit

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

Covered programs:
- Medicaid (Managed Care, MCO; and fee-for-service, FFS)
- Children's Health Insurance Program (CHIP) and CHIP-Perinate
- Healthy Texas Women

Medicaid and CHIP Clients:

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 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 obtain a copy of the Texas Medicaid Standing Order for Mosquito Repellent upon request by email to: 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.

Healthy Texas Women Clients:

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.
Mosquito Repellent Benefit Description

Covered population:
- Females ages 10 - 45 years
- Pregnant females of any age

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. (FFS only).

Benefit duration:
- The mosquito repellent benefit is available through October 31, 2016.
- This allows for the dispensing of mosquito repellent only when the mosquitoes that carry the Zika virus are expected to be active.

Client responsibility
- Approved claims for eligible Medicaid 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 and include the recommended amount of the active ingredient DEET or Picaridin. Please download the Zika Products Pharmacy Assistance Chart 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
- 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.
- These products will not be eligible for payment of a delivery fee or incentive fee.
- 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 Covered Products table 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 45 Years of Age
- For pregnant clients under the age of 10 or over the age of 45, 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/


**Client program/eligibility verification**: www.txvendordrug.com/about/downloads/client-eligibility.pdf
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.