

General Questions

What is the Mosquito Repellent Benefit?

Texas Health and Human Services Commission (HHSC) covers mosquito repellents year-round for the prevention of the Zika virus and other related mosquito-borne diseases for clients enrolled in the following programs:

- Medicaid
- Children's Health Insurance Program (CHIP) and CHIP-Perinatal
- Children with Special Health Care Needs (CSHCN) Services Program
- Healthy Texas Women program (HTW)

Who qualifies to receive the mosquito repellent benefit?

The members identified below enrolled in Medicaid (STAR, STAR Health, STAR Kids, STAR+PLUS), CHIP or the Healthy Texas Women Program may use the mosquito repellent benefit with a valid prescription:

- Females 10-55 years of age
- Boys and Men ages 14 years and older
- Pregnant females of any age

Are pharmacies required to contact health-care providers for a prescription for mosquito repellent?

Yes. HHSC requires a prescription for all clients. Contact the client's healthcare provider to obtain a prescription for mosquito repellent.

How do pharmacies process refill requests?

Pharmacy staff should send refill requests to the physician named on the original prescription.

What mosquito repellents may be dispensed under Mosquito Repellent Benefit?

The dispensed mosquito repellent must be a product listed on the formulary. Refer to the [Formulary Products](#) for a list. Users can also search by product name, using the [Formulary Search](#) tool. Enter the 11-digit NDC, or click the "mosquito repellent" checkbox for a list of all products.

Where can I find more information about the Mosquito Repellent Benefit?

Refer to the [Mosquito Repellent Benefit webpage](#) of the Vendor Drug Program (VDP) website, including the claims submission guidelines. Refer to the list of covered products in the [VDP Product Search](#).

Pharmacy Claim Submission Questions

What is the prescription limit for mosquito repellent covered under the Medicaid Mosquito Repellent Benefit?

Coverage of mosquito repellents is limited to two cans or bottles per calendar month. Pharmacies can only dispense one can or bottle per fill, with one optional refill available per calendar month.

What quantity should pharmacies use for mosquito repellent pharmacy claims?

The "Unit of Measure" field (600-28) determines the "Quantity Dispensed" field (442-E7). Pharmacy staff should submit the standard unit in the "Unit of Measure" field when processing mosquito repellent claims. For example, the pharmacy should submit a 170-gram bottle of mosquito repellent with a quantity of 170.

How should a pharmacy submit the day supply?

HHSC expects a can of repellent to last 15 days or more. Pharmacy staff should submit a 15-day supply.

What is the reimbursement for mosquito repellent?

The traditional Medicaid reimbursement is the usual and customary price to the public or up to a maximum of \$6.50 per can/bottle of mosquito repellent (inclusive of product cost and dispensing fee), with the total calendar month maximum of \$13.00. Pharmacies must submit their usual and customary cost for the items. Reimbursement may vary between MCOs but may not exceed \$6.50 per can/bottle. Mosquito repellent products are not eligible for delivery fees or incentive fees.

What is the process for system overrides?

For claims outside of the eligibility requirements, manual overrides may be needed. The filling pharmacy should call the Centene Pharmacy Services Help Desk at 1-866-768-7147.