



Texas Medicaid Coverage of Influenza Vaccine for the 2019-2020 Season

Effective September 1, 2019, the managed care organizations listed below will cover the influenza vaccine at participating Navitus Texas Network Pharmacies for their members. Pharmacies participating in the vaccine service network may process the influenza vaccine at the point of service for STAR, STAR Kids, CHIP, and CHIP Perinate members ages 7 and older.

Important Items:

- Pharmacies must be enrolled with VDP and Navitus.
- Pharmacies must submit a claim that includes the following information:
 - Submit the value “7” in the “Submission Clarification Code” field (42Ø-DK) to designate the drug as non-formulary/medically necessary on the encounter
 - Submit the value "MA" in the “Professional Service Code” field (44Ø-E5) to designate the service on the encounter
- Pharmacies are encouraged to collect the administering pharmacist’s NPI.

Covered Benefits

<i>Product Name</i>	<i>NDC</i>
Afluria® Quadrivalent	33332-0219-20
Afluria® Quadrivalent	33332-0319-01
Afluria® Quadrivalent	33332-0419-10
Fluarix® Quadrivalent	58160-0896-52
Flucelvax Quadrivalent	70461-0419-10
Flucelvax® Quadrivalent	70461-0319-03
FluLaval Quadrivalent	19515-0897-11
FluLaval Quadrivalent	19515-0906-52
FluMist® Quadrivalent	66019-0306-10
Fluzone® Quadrivalent	49281-0419-50
Fluzone® Quadrivalent	49281-0631-15
Fluzone® Quadrivalent Pediatric	49281-0519-25
Dose	
Fluzone® Quadrivalent	49281-0419-10
Covered Health Plans	

Community First Health Plan	Cook Children’s Health Plan
Community Health Choice	Driscoll Children’s Health Plan
Children’s Medical Center Health Plan	El Paso Health Plan
FirstCare Health Plan	Dell Children’s Health Plan
Parkland Community Health Plan	Scott & White Health Plan
Texas Children’s Health Plan	

