

Texas Children's Health Plan
COVID-19 VACCINE AND BOOSTER INFORMATION

Name	Description									
Vaccine/ Booster										
Spikevax COVID-19 Vaccine Coverage Update	<p>BACKGROUND:</p> <ul style="list-style-type: none">On January 31, 2022, the FDA issued full approval of the Moderna COVID-19 Vaccine, now marketed as Spikevax, for individuals 18 years of age and older. HHSC updated the Medicaid and CHIP pharmacy benefit coverage for the Spikevax COVID-19 vaccine.Spikevax has the same formulation as the emergency use authorization (EUA) Moderna COVID-19 vaccine and the same administration schedule. The primary series of two doses are given by a healthcare provider one month apart. The original Moderna COVID-19 vaccine is also available under the EUA. Spikevax can be used interchangeably with the EUA Moderna COVID-19 Vaccine without any safety or effectiveness concerns.Spikevax is the brand name for the Moderna COVID-19 vaccine and has unique National Drug Codes (NDC). Beginning June 1, 2022, Medicaid will cover the brand name Spikevax COVID-19 Vaccine NDCs in the table below for Medicaid and CHIP as a payable pharmacy benefit. <table><tr><th>Drug name</th><th>Dosage</th><th>NDC</th></tr><tr><td>Spikevax COVID-19 Vaccine</td><td>0.5 mL</td><td>80777-0100-11</td></tr><tr><td>Spikevax COVID-19 Vaccine</td><td>0.5 mL</td><td>80777-0100-99</td></tr></table> <ul style="list-style-type: none">HHSC will cover the administration of the COVID-19 vaccine as non-risk and continue to follow the COVID-19 non-risk payment (NRP) process.	Drug name	Dosage	NDC	Spikevax COVID-19 Vaccine	0.5 mL	80777-0100-11	Spikevax COVID-19 Vaccine	0.5 mL	80777-0100-99
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Pfizer and Moderna COVID-19 Vaccine Coverage for Children Update	<ul style="list-style-type: none">The FDA issued a new EUA for the use of the Moderna and Pfizer-BioNTech COVID-19 Vaccine on June 17, 2022, for children down to 6 months of age. <p>Note: The age group definitions for the Moderna and Pfizer-BioNTech COVID-19 vaccines are not identical.</p> <ul style="list-style-type: none">Pfizer									

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	<ul style="list-style-type: none"> ○ The FDA amended the EUA to include the use of the Pfizer vaccine in children six months through four years. ○ The Pfizer-BioNTech COVID-19 vaccine is administered as a primary series of three intramuscular doses for the expanded pediatric age group. The initial and second doses are administered three weeks apart, and the third dose is administered at least eight weeks after the second. This three-dose schedule is different than the two-dose schedule for older age groups. The vaccine dosage strength varies by age. • Moderna <ul style="list-style-type: none"> ○ The FDA amended the emergency use authorization (EUA) to include children six months through 17 years. ○ For the expanded pediatric age group, the Moderna COVID-19 vaccine is administered as a primary series of two intramuscular doses one month apart. This two-dose schedule is identical to that of older age groups. The vaccine dosage strength varies by age.
Pfizer COVID-19 Vaccine Booster Dose for Children Update	<ul style="list-style-type: none"> • On May 17, 2022, the U.S. Food and Drug Administration (FDA) amended the EUA for the Pfizer-BioNTech COVID-19 vaccine • The FDA amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine as follows: • Authorization of a single booster dose for individuals age 5 through 11 at least 5 months after completion of the primary series with the Pfizer-BioNTech COVID-19 vaccine. • The Health and Human Services Commission (HHSC) allows for pharmacy benefit coverage of the Pfizer-BioNTech vaccine in compliance with the expanded use authorized by the FDA.
Booster Dose Moderna COVID-19 Vaccine for Adults Added to the Formulary	<ul style="list-style-type: none"> • The FDA, under an EUA, authorized the Moderna COVID-19 vaccine to prevent COVID-19 in individuals 18 years and older. The manufacturer of the Moderna COVID-19 vaccine has developed a new booster dose-only formulation also authorized under the EUA for individuals 18 and older. • On May 13, 2022, HHSC added formulary coverage for the new booster dose-only formulation of the Moderna COVID-19 Vaccine. The following national drug codes (NDCs) were added to the formulary for Medicaid and CHIP as a reimbursable pharmacy benefit:

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	<table><tr><th>Drug name</th><th>Dosage</th><th>NDC</th></tr><tr><td>Moderna COVID-19 Vaccine (EUA)</td><td>0.5 mL</td><td>80777-0275-05</td></tr><tr><td>Moderna COVID-19 Vaccine (EUA)</td><td>0.5 mL</td><td>80777-0275-99</td></tr></table> <ul style="list-style-type: none">• HHSC continues to cover the vaccine administration based on the Medicare rate for vaccine administration as non-risk. As a reminder, there is currently no ingredient cost associated with the vaccine.	Drug name	Dosage	NDC	Moderna COVID-19 Vaccine (EUA)	0.5 mL	80777-0275-05	Moderna COVID-19 Vaccine (EUA)	0.5 mL	80777-0275-99
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Moderna COVID-19 Vaccine (EUA)	0.5 mL	80777-0275-05								
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Second COVID-19 Vaccine Booster Dose Updated	<ul style="list-style-type: none">• On March 29, 2022, the FDA amended EUA for the Pfizer-BioNTech and Moderna COVID-19 vaccine as follows:<ul style="list-style-type: none">○ Authorization of a second booster dose for individuals 50 years and older at least 4 months after the first booster dose with any authorized or approved COVID-19 vaccine.○ Immunocompromised individuals may receive a second booster at least 4 months after the first booster dose with any authorized or approved COVID-19 vaccine subject to the age-specific limitations for the respective vaccine.									
COVID Drug update										
COVID-19 Drug Veklury (Remdesivir) is a covered benefit for Medicaid and CHIP clients	<p>On January 21, 2022, the FDA expanded the use of Veklury (remdesivir lyophilized injection) for patients in the outpatient setting. Veklury is indicated for patients meeting all the following :</p> <ul style="list-style-type: none">• Age 28 days or older• Weighing at least 3 kg or 6.6 lbs• Have mild-to-moderate COVID-19• High-risk for progression to severe COVID-19, including hospitalization or death									
Merck Oral COVID-19 drug, Molnupiravir, Added to Formulary	<p>HHSC added Molnupiravir to the Medicaid and CHIP formulary as a payable pharmacy benefit on January 3, 2021. Molnupiravir is indicated to treat individuals with a confirmed diagnosis of COVID-19 who are at high risk for progression to severe COVID-19 and for whom alternative treatment options authorized by the FDA are not accessible or clinically appropriate.</p> <p>HHSC added the following national drug codes (NDC) for Molnupiravir:</p>									

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	<table><tr><td>Drug name</td><td>Dosage</td><td>Package Size</td><td>NDC</td></tr><tr><td>Molnupiravir EUA</td><td>200 mg</td><td>40 capsules</td><td>00006-5055-06</td></tr></table> <p>The dosage for Molnupiravir is 800 mg (four 200mg capsules) taken orally every 12 hours for 5 days.</p>	Drug name	Dosage	Package Size	NDC	Molnupiravir EUA	200 mg	40 capsules	00006-5055-06				
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Molnupiravir EUA	200 mg	40 capsules	00006-5055-06										
Pfizer Oral COVID-19 Drug, Paxlovid, Added to Formulary	<p>HHSC added Paxlovid to the Medicaid and CHIP formulary as a payable pharmacy benefit on December 27, 2021. The medication treats mild-to-moderate COVID-19 in adults and children 12 years of age and older, who are at high risk for progression to severe COVID-19.</p> <p>HHSC added the following national drug codes (NDC) for Paxlovid:</p> <table><tr><td>Drug name</td><td>Dosage</td><td>Package size</td><td>NDC</td></tr><tr><td>Paxlovid EUA</td><td>300-100mg</td><td>6 tablets</td><td>00069-1085-06</td></tr><tr><td>Paxlovid EUA</td><td>300-100mg</td><td>30 tablets</td><td>00069-1085-30</td></tr></table> <p>Paxlovid is nirmatrelvir tablets co-packaged with ritonavir tablets. The dosage for Paxlovid is 300mg of nirmatrelvir (two 150mg tablets) with 100mg of ritonavir (one 100mg tablet), with all three tablets taken together orally twice daily for 5 days.</p> <p>Paxlovid requires a prescription and should be initiated after diagnosis of COVID-19 within 5 days of symptom onset. This medication is not authorized for the prevention of COVID-19.</p>	Drug name	Dosage	Package size	NDC	Paxlovid EUA	300-100mg	6 tablets	00069-1085-06	Paxlovid EUA	300-100mg	30 tablets	00069-1085-30
Drug name	Dosage	Package size	NDC										
Paxlovid EUA	300-100mg	6 tablets	00069-1085-06										
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Convalescent Plasma Benefit	<p>Convalescent plasma treatment of hospitalized patients with COVID-19 has been subject to EUA since August of 2020. Subsequent scientific studies have indicated the need to modify this EUA by limiting use in immunocompromised patients. A new HCPCS code C9507 was created to describe this service (C9507 long descriptor: Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit)</p> <p>Procedure code C9507 is applicable for diagnosis code U071.</p>												

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	<p>Clients of all ages, including pregnant women and children who meet EUA criteria, may be eligible for procedure code C9507.</p> <p>Providers must follow the National Institutes of Health COVID-19 Treatment Guidelines for convalescent plasma, which can be found on the following webpage: NIH COVID convalescent plasma guidelines.</p>
COVID-19 Test Kit information	
COVID-19 At-home Test Kits Available as a Pharmacy Benefit	<p>HHSC will allow COVID-19 at-home test kits as a Medicaid and Children's Health Insurance Program (CHIP) pharmacy benefit beginning January 3, 2022. Members may obtain COVID-19 at-home test kits from a Medicaid-enrolled retail pharmacy with or without a prescription from a prescribing provider. TCHP will allow for a maximum quantity of 4 tests per calendar month. Prescriptions can be processed using single packs (1 test) or multi-pack test kits (2 tests), equaling a total of 4 at-home COVID-19 tests per month. As an example:</p> <ul style="list-style-type: none">• 1 single-pack kit (1 test) – allows 4 kits per calendar month• 1 multi-pack kit (2 tests) – allows 2 kits per calendar month <p>View the alert to see the list of allowable test kits.</p>