



Iowa Department of Human Services

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Lt. Governor

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Director

INFORMATIONAL LETTER NO.1437

DATE: October 20, 2014

TO: Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Family Planning, Residential Care Facility, ICF/ID State and Community Based ICF/ID Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Respiratory Syncytial Virus (RSV) 2014-2015 Season

EFFECTIVE: Immediately

Prescription Coverage

- Guidelines:** Iowa Medicaid follows the current American Academy of Pediatrics (AAP) Guidelines for eligibility criteria for prophylaxis of high-risk infants and young children. The updated guidance released on July 28, 2014, can be reviewed at <http://pediatrics.aappublications.org/content/134/2/415.full>.
- Start Date:** Palivizumab approval periods will begin November 1, 2014, and will be considered through March 31, 2015. Extensions may be considered if virology persists beyond March 2015 and the member has not received five doses. Prior authorization (PA) requests may be submitted beginning October 13, 2014, for consideration of approval for a November 1, 2014, start date. Approval consideration is based on the member's age at the start of therapy.
- Prior Authorization:** Copies of the season's current PA forms are located at the following links:
 - For office administration: [Form 470-0829](#)¹
 - For outpatient administration (In the Home): [Form 470-4110](#)²
- Doses:** A maximum of five doses will be allowed per member during a single season. No allowances will be made for a sixth dose.
- Dosage:** Palivizumab is to be dosed 15mg/kg monthly. Dispense the minimum units necessary for the dosage. Pharmacies will be subject to audit to ensure the NDC(s) dispensed will total the dosage closest to the dosage required. Overbilled units are subject to recoupment.
- Billing:** Synagis® 50mg Injection should be billed as 0.5 ml. Synagis® should be billed no more frequent than every 30 days.

¹ <http://dhs.iowa.gov/sites/default/files/470-0829%202011-05.pdf>

² <https://www.iowamedicaidpdl.com/sites/default/files/ghs-files/prior-authorization-forms/2014-10-15/pavilizumab-pa-form-npi-oct2014accepted.pdf>

7. **Prior Authorization (PA) Criteria:** The PA criteria can be reviewed at www.iowamedicaidpdl.com. Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients, who experience a breakthrough RSV hospitalization, should have their monthly prophylaxis discontinued, as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

- Patient is less than 12 months of age at start of therapy and has CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21 percent oxygen for at least the first 28 days after birth).
- Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the six-month period before the start of the second RSV season.

Prematurity (without CLD of Prematurity or Congenital Heart Disease)

- Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.

Neuromuscular Disorders or Anatomic Pulmonary Abnormalities

- Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.

Hemodynamically Significant Congenital Heart Disease (CHD)

- Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following: Acyanotic heart disease receiving medication to control congestive heart failure and will require cardiac surgical procedures, moderate to severe pulmonary hypertension, or cyanotic heart defects with documentation of consultation with a pediatric cardiologist that recommends palivizumab prophylaxis.

Immunocompromised Children

- Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).

Questions

Providers may go to the website at www.iowamedicaidpdl.com to view all PDL and PA information. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or email info@iowamedicaidpdl.com.

For questions relating to obtaining a medical PA, please contact the IME Medical Prior Authorization Unit at 888-424-2070 or 515-256-4624 (local in Des Moines).

For any other questions, such as how to bill, please contact the IME Provider Services Unit at 1-800-338-7909 or locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.