INFORMATIONAL LETTER NO.1292

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 MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

DATE: September 23, 2013

SUBJECT: Respiratory Syncytial Virus (RSV) 2013-2014 Season

EFFECTIVE: Immediately

RSV season is defined by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. It is described in the RSV surveillance reports published annually in the Morbidity and Mortality Weekly Report (MMWR) and available at: http://www.cdc.gov/surveillance/nrevss/rsv/reports.html.

Prescription Coverage

1. Guidelines: Iowa Medicaid will provide coverage of prescription drugs that protect against RSV consistent with the American Academy of Pediatrics (AAP) Guidelines (revised 2009) for Infants and Children at Risk for Severe Illness Due to RSV Infection. Palivizumab is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients at high risk of RSV disease.

2. Start Date: Palivizumab approval periods will begin November 25, 2013, and will be considered through March 31, 2014. Extensions may be considered if virology persists beyond March 2014 and the member has not received the maximum number of doses based on age. Prior authorization requests may be submitted beginning October 14, 2013, for consideration of approval for a November 25, 2013, start date. Approval consideration is based on the member’s age at the start of therapy.
   - The start date was derived from the median start date of the past five seasons using Iowa virological data. As defined by the United States National Respiratory and Enteric Virus Surveillance System (NREVSS), the RSV season starts when the first of two consecutive weeks during which the mean percentage of specimens testing positive for RSV antigen is ≥10 percent. The start date will be adjusted to an earlier date by Iowa Medicaid if indicated by the virological data.
Iowa Medicaid will use virology data provided by the Iowa Department of Public Health (IDPH) to prospectively estimate the start of the RSV season and follow the virology data to the end of the season. The IDPH makes the data provided available to the public on the Department of Public Health’s website at: http://www.idph.state.ia.us/Cade/Influenza.aspx.

3. **Prior Authorization:** Copies of the season’s current prior authorization forms are located at the following links:
   - For office administration: Form 470-0829 http://www.ime.state.ia.us/Providers/Forms.html.

4. **Doses:** A maximum of five doses will be allowed per member during a single season. Some members may receive a maximum of three doses, dependent on gestational and chronological age at the start of the RSV season. No allowances will be made for a sixth dose.

5. **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.

6. **Billing:** Synagis® 50mg Injection should be billed as 0.5 ml. Synagis® should be billed **no more frequent than every 30 days.**

7. **Prior Authorization (PA) Criteria:** The PA criteria can be reviewed at www.iowamedicaidpdl.com. The criteria have been amended to include information on the guidelines utilized and start date determination.

**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.