

Influenza Antiviral Medications: Summary for Clinicians

Influenza Antiviral Medications for 2017-2018 Influenza Season and Associated Resistance

- Antiviral medications with activity against influenza viruses are an important adjunct to influenza vaccine in the control of influenza.
- Influenza antiviral prescription drugs can be used to **treat** influenza or to **prevent** influenza.
- There are three FDA-approved influenza antiviral medications recommended for use in the United States during the 2017-2018 influenza season.
 - These medications include oseltamivir (Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®). These drugs have activity against both influenza A and B viruses. See Table 1 and Table 2 for more information regarding indications and dosing.
 - Amantadine and rimantadine are antiviral drugs in a class of medications known as adamantanes. These medications are active against influenza A viruses, but not influenza B viruses. As in recent past seasons, there continues to be high levels of resistance (>99%) to adamantanes among circulating influenza A (H3N2 and H1N1) viruses. Therefore, amantadine and rimantadine are not recommended for antiviral treatment or chemoprophylaxis of currently circulating influenza A viruses.
- Antiviral resistance to oseltamivir, zanamivir, and peramivir among circulating influenza viruses is currently low, but this can change. Also, antiviral resistance can emerge during or after treatment in some patients (e.g., immunocompromised).
 - For additional information regarding antiviral drug resistance to influenza viruses, visit www.cdc.gov/flu/about/qa/antiviralresistance.htm.
 - For weekly surveillance data on antiviral resistance this season, visit www.cdc.gov/flu/weekly/index.htm.

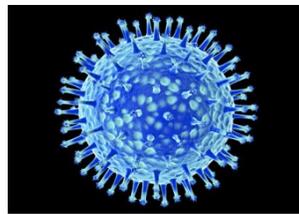


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Summary of Influenza Antiviral Treatment Recommendations

- Clinical trials and observational data show that early antiviral treatment can shorten the duration of fever and illness symptoms, and may reduce the risk of [complications from influenza](#) (e.g., otitis media in young children, pneumonia, and respiratory failure).
 - Early treatment of hospitalized adult influenza patients has been reported to reduce death.
 - In hospitalized children, early antiviral treatment has been reported to shorten the duration of hospitalization.
 - Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.
- Antiviral treatment is recommended **as early as possible** for any patient with confirmed or suspected influenza who is hospitalized, has severe, complicated or progressive illness, or is at higher risk for influenza complications.
- Persons at higher risk for influenza complications include the following:
 - children aged younger than 2 years;
 - adults aged 65 years and older;
 - persons with chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematological, and metabolic disorders, or neurologic and neurodevelopment conditions;
 - persons with immunosuppression;
 - women who are pregnant or postpartum (within 2 weeks after delivery);
 - persons aged younger than 19 years who are receiving long-term aspirin therapy;
 - American Indians/Alaska Natives;
 - persons who are morbidly obese; and
 - residents of nursing homes and other chronic care facilities.
- Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Reference: Centers for Disease Control and Prevention. (2017). *Influenza Antiviral Medications: Summary for Clinicians*. Retrieved from <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.



Table 1. Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza*

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events / Allergic Reactions
Oseltamivir	Influenza A and B	Treatment	Any age ¹	N/A	Adverse events: nausea, vomiting, headache. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events.
		Chemo-prophylaxis	3 months and older ¹	N/A	
Zanamivir	Influenza A and B	Treatment	7 yrs and older ²	People with underlying respiratory disease (e.g., asthma, COPD)	Allergic reactions: oropharyngeal or facial edema, skin rash. Adverse events: risk of bronchospasm, especially in the setting of underlying airways disease; sinusitis, dizziness, and ear, nose and throat infections. Post marketing reports of sporadic, transient neuropsychiatric events.
		Chemo-prophylaxis	5 yrs and older ²	People with underlying respiratory disease (e.g., asthma, COPD)	
Peramivir	Influenza A and B	Treatment	2 yrs and older ³	N/A	Adverse events: diarrhea. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events.
		Chemo-prophylaxis	N/A	N/A	

N/A = not applicable, COPD = chronic obstructive pulmonary disease

¹ Oral oseltamivir is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in persons 14 days and older, and for chemoprophylaxis in persons 1 year and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants less than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics. If a child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless the situation is judged critical due to limited data in this age group.

² Inhaled zanamivir is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in persons aged 7 years and older, and for chemoprophylaxis of influenza in persons aged 5 years and older. Inhaled zanamivir is contraindicated in patients with history of allergy to milk protein.

³ Intravenous peramivir is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in persons aged 2 years and older. Peramivir efficacy is based on clinical trials in which the predominant influenza virus type was influenza A; a limited number of subjects infected with influenza B virus were enrolled.

*Table adapted from Centers for Disease Control and Prevention. (2017). *Table 1. Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza*. Retrieved from <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

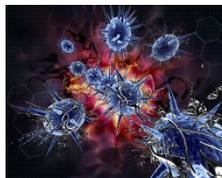
Table 2. Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Prophylaxis

Antiviral Agent	Use	Children	Adults
Oseltamivir ^a (Oral)	Treatment (5 days)	If older than 14 days and younger than 1 year old: 3 mg/kg twice daily. If child is 1 to 12 years of age, dose varies by child's weight: 15 kg or less, the dose is 30 mg twice a day >15 to 23 kg, the dose is 45 mg twice a day >23 to 40 kg, the dose is 60 mg twice a day >40 kg, the dose is 75 mg twice a day	75mg twice daily (13 years of age and older)
	Prophylaxis (10 days following close contact with an infected individual and up to 6 weeks for a community outbreak.)	If child is 1 to 12 years of age, dose varies by child's weight: 15 kg or less, the dose is 30 mg once a day >15 to 23 kg, the dose is 45 mg once a day >23 to 40 kg, the dose is 60 mg once a day >40 kg, the dose is 75 mg once a day	75mg once a day (13 years of age and older)
Zanamivir ^b (Inhaled)	Treatment (5 days)	If child is 7 years of age or older: 10 mg (two 5-mg inhalations) twice daily	10 mg (two 5-mg inhalations) twice daily
	Prophylaxis (10 days in the household setting and 28 days for a community outbreak.)	If child is 5 years of age or older: 10 mg (two 5-mg inhalations) once daily	10 mg (two 5-mg inhalations) once daily
Peramivir ^c (Intravenous)	Treatment (1 dose)	If child is 2 to 12 years of age: One 12 mg/kg dose, up to 600 mg maximum, via intravenous infusion for 15 to 30 minutes	One 600 mg dose, via intravenous infusion for 15 to 30 minutes (13 years of age and older)
	Prophylaxis	Not applicable	Not applicable

^aTamiflu® [prescribing information]. South San Francisco, CA: Genentech, Inc; 2016.

^bRelenza® [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2016.

^cRapivab® [prescribing information]. Durham, NC: BioCryst Pharmaceuticals; 2017.



ATTENTION PROVIDERS: PAYMENT ERROR RATE MEASUREMENT (PERM) FFY17 Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, CNI Advantage.

Please be advised that sampled providers who fail to cooperate with the CMS contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.

Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the [Provider link](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html) on the CMS PERM website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html>

If you have any questions, please call Catherine Altazan at 225-342-2612.

Online Medicaid Provider Manual Chapter Revisions as of December, 2017

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	Table of Contents	12/13/17
	2.1 Residential Services	12/13/17
	2.1 Provider Requirements	12/18/17
Vision (Eyewear) Services	46.1 Covered Services	12/22/17



Archived Online Medicaid Provider Manual Chapter Revisions as of December, 2017

Manual Chapter	Section(s)	Date of Omission(s)
Behavioral Health Services	Table of Contents	12/13/17
	2.1 Residential Services	12/13/17
	2.1 Provider Requirements	12/18/17
Vision (Eyewear) Services	46.1 Covered Services	12/22/17



Remittance Advice Corner

Attention Medicaid Providers

Please note December 26, 2017 and January 2, 2018 are declared state holidays. Thus, the following changes will be made to the Medicaid Checkwrite Schedules:

Change FROM: Tuesday, December 26, 2017 TO: Wednesday, December 27, 2017

Change FROM: Tuesday, January 2, 2018 TO: Wednesday, January 3, 2018



Attention All Providers - 2018 HCPCS Update

Louisiana Medicaid is currently in the process of completing the 2018 Healthcare Common Procedure Coding System (HCPCS) update. Part of the update includes changing Louisiana Medicaid files to reflect the deleted HCPCS codes for 2018. It is the intent to have the new 2018 codes and updates on file as soon as possible including the appropriate editing and coverage determination for the new 2018 HCPCS codes.

Providers should submit claims for the appropriate HCPCS code to preserve timely filing. Claims denied due to the use of the new 2018 HCPCS codes not on file as of January 1, 2018, will be recycled once the fee schedule updates are complete.

Applicable Fee Schedules on the Louisiana Medicaid website, www.lamedicinel.com will be updated in the near future to reflect coverage of the new 2018 codes. Providers should monitor their RA messages for additional information.

Please contact the appropriate Managed Care Organization with any questions concerning their 2018 HCPCS updates. For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.



Attention LTC and ICF-DD Facilities

UPDATE: Beginning with the March 2018, monthly Optional State Supplement (OSS) payments will be generated by State of Louisiana Division of Administration.

To receive OSS payments for eligible residents of Long Term Care and ICF-DD Facilities after February 2018, the Facility **must** complete the following no later than **January 12, 2018**:

1. Register the Facility with Louisiana Division of Administration @ <http://www.doa.la.gov/pages/osp/vendorcenter/vendorregn.aspx>
2. Submit a completed IRS W-9 form for the Facility to DOA-OSRAP, via e-mail at DOA-OSRAP-LAGOV@LA.GOV or fax (225) 342-0960.
3. Vendors requesting EFT Payments must register at the following ISIS EFT FORM link @ <http://www.doa.la.gov/osrap/ISIS%20EFT%20Forml.pdf>.

If you need help with LAGOV registration, contact Office of State Procurement via email VENDR_INQ@la.gov or phone 225-342-8010.

Providers must continue to review the OSS Payment Remittances through the OSS web application in order to verify and issue individual recipient payments.

Return Payments must be made through the OSS system. Payments should not be returned to Louisiana Department of Health.

Refer to the OSS Provider User Guide located on the “Forms/Files/Surveys/User Manuals” tab at LaMedicaid.com for additional information.

For questions related to this announcement, email to OSS@la.gov; or contact LDH’s OSS Program Manager, Lorie Young, by phone at (225) 342-0456.

For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917