



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

September 18, 2009

Dear Prescribing Practitioner:

RE: Criteria for Reimbursement of Synagis®, Antipsychotic Agents, and Agents Used to Treat Attention Deficit Disorder

Louisiana Medicaid's Pharmacy Benefits Management (LMPBM) Program in concert with its Drug Utilization Review (DUR) Board and the Louisiana Chapter of the American Academy of Pediatrics have developed criteria for Medicaid reimbursement for the infectious disease - Respiratory Syncytial Virus (RSV).

As a result, we are notifying prescribing practitioners of the following upcoming edits and limitations that the LMPBM Program is implementing regarding **palivizumab (Synagis®)**.

- Appropriate diagnosis
- Appropriate age
- Appropriate RSV season
- Maximum number of doses allowed

Additionally, the LMPBM Program and DUR Board collaborated with the Office of Mental Health to establish criteria for use of **atypical antipsychotic agents in children** as well as evaluation of concurrent prescribing of **drugs used to treat attention deficit disorder**.

All of these policies become effective October 1, 2009. The LMPBM Program will review pharmacy claims for adherence to program policy. Prescribers' records and prescriptions for patients receiving palivizumab (Synagis®), atypical antipsychotic agents and drugs used to treat attention deficit disorder may be requested to assure compliance with LMPBM Program policy.

If you have any concerns or comments regarding this correspondence, you may contact Melwyn B. Wendt at 225-342-9768 or send a fax to 225-342-1980. Your continued cooperation and support of Louisiana Medicaid's Pharmacy Benefits Management Program are greatly appreciated.

Sincerely,

Jerry Phillips
Medicaid Director

JP/MJT/mbw

Enclosure

Palivizumab (Synagis®)

Recommendations for immunoprophylaxis with Synagis® have been updated in the 2009 *Red Book* (Section 3) “Summaries of Infectious Diseases: Respiratory Syncytial Virus (RSV)” on pages 562-568 available at <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>.

Louisiana Medicaid has established parameters for payment of Synagis® prescriptions. Prescriptions for Synagis® will only be reimbursed by Louisiana Medicaid when prescriptions have met the following criteria.

Respiratory Syncytial Virus (RSV) Season

- RSV Season in Louisiana may vary depending on geographic location.
- Louisiana’s RSV activity may be followed during the RSV season by frequently accessing the website <http://www.cdc.gov/surveillance/nrevss/rsv/state.html>.
- The RSV season may begin in either October or November and ends March 31st.
- The maximum number of doses any recipient should receive is five (5).
- If the initial dose is given in October, the fifth and final dose should be given in February.
- If initial dose is given in November, the fifth and final dose should be given in March.
- Synagis® claims with dates of service outside of RSV season will deny. When justified by the prescriber, pharmacy claims for Synagis® may be reimbursed for patients billed outside the RSV season.
- Claims billed for dates of service outside the RSV season will require a hardcopy prescription with justification for Synagis® use handwritten by the prescriber. This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review.
- Medical records may be requested by the pharmacy compliance audit program for verification purposes. Claims billed for Synagis® outside the five (5) month RSV season will require an override by the pharmacy provider and justification should be documented in the recipient’s medical record.

Age Restriction

Claims for Synagis® will only be reimbursed for recipients who are twenty-four (24) months of age and younger as of November 1st. Once a recipient meets the age requirement for Synagis®, subsequent claims will continue to be reimbursed without further age evaluation.

Claims for recipients who are twenty-five (25) months of age or older on November 1st will deny. When justified by the prescriber, pharmacy claims for Synagis® may be reimbursed for these recipients; however, these pharmacy claims will require a hardcopy prescription with justification for Synagis® use handwritten by the prescriber. This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review.

ICD-9-CM Diagnosis Code Requirement

- An appropriate ICD-9-CM diagnosis code must be documented on the hardcopy prescription.
- Written, electronic or verbal consultation with the pharmacist is acceptable when the appropriate ICD-9-CM code is documented (by the prescriber or pharmacist) on the prescription.
- The decision to use Synagis® for certain diagnoses is subject to clinician assessment. The 2009 *Red Book* provides detailed information regarding Synagis® use.
- The diagnosis codes in the following list justify immunoprophylaxis with Synagis®.

<u>ICD-9-CM Code</u>	<u>Diagnosis</u>	<u>Description</u>
415.0		Acute cor pulmonale
416.0		Primary pulmonary hypertension
416.8		Pulmonary hypertension, secondary
745.0		Truncus arteriosus
745.10-745.11		Transposition of the great vessels
745.19		Other transposition of the great vessels
745.2		Tetralogy of Fallot
746.1		Tricuspid atresia and stenosis, congenital
746.2		Ebstein's anomaly
747.41		Total anomalous pulmonary venous return
747.83		Persistent pulmonary hypertension, primary pulmonary hypertension of the newborn (Persistent fetal circulation)
765.21		Less than 24 completed weeks of gestation
765.22		24 completed weeks of gestation
765.23		25-26 completed weeks of gestation
765.24		27-28 completed weeks of gestation
765.25		29-30 completed weeks of gestation
765.26		31-32 completed weeks of gestation
765.27		33-34 completed weeks of gestation
770.7		Chronic respiratory disease arising in perinatal period (CLD/BPD/interstitial pulmonary fibrosis of infancy/Wilson-Mikity syndrome)

- Other diagnoses may be used to justify Synagis® depending on recipient-specific factors.
- As an example, in infants/children
 - with congenital heart disease, immunoprophylaxis with Synagis® is based on the degree of physiologic cardiovascular compromise;
 - with neuromuscular conditions, the decision to provide immunoprophylaxis is based on the degree to which the condition compromises the handling of respiratory secretions.

- The following diagnosis codes **could** be used to justify immunoprophylaxis with Synagis® and are subject to prescriber assessment and judgment.

<u>ICD-9-CM Diagnosis Code</u>	<u>Description</u>
042	Human immunodeficiency virus (HIV) disease
045.00-045.13	Infantile paralysis
277.00 -277.09	Cystic fibrosis
279.00-279.90	Disorders involving the immune system
335.0	Werdnig-Hoffman disease
335.10-335.11	Spinal muscular atrophy
335.20-335.24	Motor neuron disease
343.0-343.9	Infantile cerebral palsy
358.0-358.9	Myoneural disorders
359.0-359.9	Muscular dystrophies and other myopathies
396.0-396.9	Diseases of mitral and aortic valves
424.1	Aortic stenosis
425.00-425.90	Cardiomyopathy
428.0-428.9	Heart failure
519.1	Other diseases of the trachea and bronchus, not elsewhere classified (Must specify tracheomalacia or tracheal stenosis)
745.4	septal defect
745.5	septal defect
745.60-745.69	Atrioventricular canal (endocardial cushion defect)
746.7	Hypoplastic left heart
746.89	Hypoplastic right heart
748.3	Other anomalies of the larynx, trachea and bronchus (Must specify congenital tracheal stenosis, atresia of trachea, absence or agenesis of bronchus, trachea)
748.4	Congenital cystic lung
748.5	Agenesis, hypoplasia, and dysplasia of the lung
748.61	Congenital bronchiectasis
750.15	Macroglossia
750.9	Uvula anomaly
759.89	Congenital malformation syndromes affecting multiple systems, not elsewhere classified (Beckwith Wiedmann syndrome)

Synagis® claims submitted from a pharmacy without an appropriate diagnosis code or without any diagnosis code will deny. Override provisions will be allowed when a diagnosis is justified by the prescriber.

Maximum Numbers of Doses Allowed

- Based upon the diagnosis code submitted, a maximum of five (5) doses of Synagis® will be reimbursed each RSV season.
- **If a diagnosis code of 765.27 (33-34 completed weeks of gestation) is billed, then a maximum of three (3) doses will be reimbursed each RSV season.**
- Claims billed for Synagis® outside the allowable number of doses will require a hardcopy prescription with justification for Synagis use handwritten by the prescriber. This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review. The pharmacy provider can override claims with this justification. The justification should be documented in the recipient's medical record.

Early Refill

Claims for Synagis® will only process for payment every twenty-eight (28) days. When a pharmacy submits a claim for Synagis® and there is an active paid claim on file, the incoming claim will deny. Prescribers may be contacted by the pharmacy provider to request an override of the early refill edit.

Note: An active prescription is a prescription in which the days supply has not expired.

Antipsychotic Agents

Maximum Daily Dose

Prescriptions for antipsychotic agents will only be reimbursed by Louisiana Medicaid when prescriptions have met the following criteria.* Daily doses for atypical antipsychotic agents used in recipients less than eighteen (18) years of age must not exceed an established maximum daily dose. Maximum daily doses for these agents are listed below.

Atypical Antipsychotic Maximum Daily Doses for Recipients Less Than 18 Years of Age			
Drug	<5 years old	5-12 years old	13-17 years old
Abilify®	5 mg daily	20 mg daily	30 mg daily
Risperdal®	3 mg daily	6 mg daily	8 mg daily
Invega®	3 mg daily	6 mg daily	9 mg daily
Seroquel®	100 mg daily	600 mg daily	1000 mg daily
Geodon®	30 mg daily	60 mg daily	120 mg daily
Zyprexa®	10 mg daily	20 mg daily	30 mg daily

Pharmacy claims billed which exceed these maximum daily doses will deny. With prescriber approval and justification, the pharmacist may override the denial.

*Existing policies on antipsychotic agents remain in effect. (Correspondence dated 07/25/05)

Iloperidone (Fanapt®)

When available, iloperidone (Fanapt®) will require an appropriate diagnosis code as do other antipsychotic agents. Incoming pharmacy claims for antipsychotics billed for recipients who have two (2) active prescriptions for antipsychotic agents will deny. Override provisions with prescriber approval and justification will be allowed.

The maximum recommended daily dose of iloperidone (Fanapt®) is 24mg/day. Pharmacy claims billed in excess of this dose will deny. Override provisions with prescriber approval and justification will be allowed.

Agents Used to Treat Attention Deficit Disorder

Incoming prescription claims for any agent listed in the table below will deny if there is an active prescription for any of these agents on the recipient's file written by a different prescriber. An active prescription is a prescription where the days supply has not expired. With prescriber approval and justification, the pharmacist may override the denial. The drugs included in this edit are:

Atomoxetine (Strattera®)	Dexmethylphenidate (Focalin®)	Dextroamphetamine/amphetamine
Lisdexamfetamine (Vyvanse®)	Dextroamphetamine	Methylphenidate