



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

September 20, 2012

Dear Prescribing Practitioner:

Re: Criteria for Reimbursement of Palivizumab (Synagis®) for the 2012-2013 Respiratory Syncytial Virus (RSV) Season for Recipients in Fee-for-Service Medicaid

Louisiana Medicaid Pharmacy Benefits would like to advise prescribing practitioners that reimbursement criteria used for palivizumab for the 2011-2012 RSV season will remain in effect for the 2012-2013 RSV season. Edits and limitations will continue to focus on:

- Appropriate RSV Season
- Maximum Number of Doses Allowed
- Appropriate Age of Recipient
- Appropriate Diagnosis

Use of palivizumab outside of the reimbursement criteria for RSV season requires completion of the *Palivizumab Override Authorization Request* form and subsequent approval. Louisiana Medicaid Pharmacy Benefits will continue to review pharmacy claims for adherence to program policy. Medicaid may request prescribing practitioners' records for patients receiving palivizumab and/or prescription copies for palivizumab to ensure compliance with program policy.

If you have any concerns or comments regarding this correspondence, you may contact Melwyn B. Wendt, Pharm.D., by phone at 225-342-3908 or by fax at 225-342-1980. Your continued cooperation and support of the Louisiana Medicaid Program are greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Rodney Wise, M.D.".

Rodney Wise, M.D.
Medical Director

RW/mbw
Enclosure

Palivizumab (Synagis®) Reimbursement Criteria for the 2012-2013 RSV Season for Pharmacy Fee-for-Service Recipients

Palivizumab is indicated for the prevention of serious lower respiratory tract infection caused by respiratory syncytial virus (RSV) in selected infants and young children. Pharmacy claims for palivizumab will be reimbursed by Louisiana Medicaid when prescriptions meet all of the following criteria:

RSV Season

- Palivizumab claims will be reimbursed in accordance with an RSV season of November 1, 2012 through March 31, 2013.

Maximum Number of Doses

- Based upon the diagnosis code submitted, a maximum of five (5) doses of palivizumab will be reimbursed each RSV season.
- **If a diagnosis code of 765.27 (33-34 completed weeks of gestation) is submitted, then a maximum of three (3) doses will be reimbursed each RSV season.**

Age Restriction

- Palivizumab claims will be reimbursed for recipients who are twenty-four (24) months of age and younger as of November 1, 2012.

ICD-9-CM Diagnosis Code Requirement

- An ICD-9-CM diagnosis code to justify the reason for palivizumab use must be documented on all palivizumab prescriptions.
- Two lists containing ICD-9-CM diagnosis codes which are in accordance with the reimbursement criteria are provided:
 - List 1 – Diagnoses Which Justify Palivizumab Use
 - List 2 – Diagnoses Which May Justify Palivizumab Use Depending on Recipient-Specific Factors

ICD-9-CM Diagnosis Codes in Accordance with Reimbursement Criteria

List 1: Diagnoses Which Justify Palivizumab Use

<u>ICD-9-CM Diagnosis Code</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)

List 2: Diagnoses Which May Justify Palivizumab Use Depending on Recipient-Specific Factors

ICD-9-CM

<u>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	Ventricular septal defect
745.5	Atrial 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)

Palivizumab Use Outside the Reimbursement Criteria

RSV Season

- Palivizumab prescriptions outside the reimbursement criteria for RSV Season which initially deny at the pharmacy require Prior Authorization (PA) to override the denial.
- Palivizumab use outside the RSV Season requires completion of the *Palivizumab Override Authorization Request* form available at www.lamedicaid.com following the link for pharmacy and prescribing providers.
- The ICD-9-CM diagnosis code justifying palivizumab use must be indicated on the form. The *Palivizumab Override Authorization Request* form must be completed in full and must be signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable.
- The justification provided must also be documented in the recipient's **medical record**.
- The completed *Palivizumab Override Authorization Request* form must be faxed from the prescribing practitioner to the Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe College of Pharmacy at 1-866-797-2329.
- Louisiana Medicaid RxPA Operations may be contacted for clarification by phone at 1-866-730-4357.

Maximum Number of Doses / Age Restriction/ ICD-9-CM Diagnosis Code Requirement

- Palivizumab use that does not meet all reimbursement criteria requires a **handwritten hardcopy prescription with: (1) a justification for use outside the criteria, and (2) an ICD-9-CM diagnosis code handwritten by the prescribing practitioner**. The justification provided should also be documented in the recipient's medical record. The handwritten prescription, justification, and ICD-9-CM diagnosis code are necessary for the pharmacy to override the claim denial. The prescription, with the doses and treatment duration indicated, shall originate with the prescriber. Prescription forms provided by a pharmacy, home health agency or other entity to the prescriber are not acceptable.
- This prescription may be faxed to the pharmacy and must be retained by the pharmacy for audit review.