



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

March 16, 2010

RE: Updated Reimbursement Instructions for Palivizumab (Synagis®)

Dear Pharmacist:

The Louisiana Medicaid Pharmacy Benefits Management (LMPBM) Program sent correspondence to you in September 2009 regarding policy edits and limitations on reimbursement for palivizumab. A copy of this correspondence is available at http://www.lamedicaid.com/provweb1/Pharmacy/Phcy_Ltr_09_2.pdf. These edits and limitations were implemented in concert with the Louisiana Drug Utilization Review (DUR) Board and the Louisiana Chapter of the American Academy of Pediatrics.

As noted in the initial correspondence, a recipient requiring immunoprophylaxis with palivizumab should receive their final dose by March 31, 2010. Doses given after March 31, 2010, are considered beyond the RSV season and will deny per established LMPBM policy.

In the rare instance when palivizumab is prescribed beyond the RSV season, it will be necessary to paper bill Louisiana Medicaid for palivizumab for overrides. Pharmacy providers must use the NCPDP Universal Claim Form (UCF). Claims submitted on the UCF claim form should be mailed to the following address for processing: Louisiana Medicaid Pharmacy Benefits Management, Attn: Amy Ponti, P.O. Box 91030, Baton Rouge, LA 70821-9030. Please contact Amy Ponti at 225-342-9768 with questions about claim forms or paper billing.

All palivizumab claims submitted for override will require a handwritten prescription with both justification for use and appropriate ICD-9-CM code(s) handwritten by the prescriber on the prescription. This justification should address the applicable denials for diagnosis, age, RSV season, and/or maximum number of doses allowed, explaining why an override is medically necessary.

The LMPBM Program continually audits providers for adherence to program policy. These audits may include requests for prescriber and/or pharmacy records of recipients receiving palivizumab. 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 the LMPBM Program are greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Gregory".

Don Gregory
Interim Medicaid Director

DG/MJT/mbw