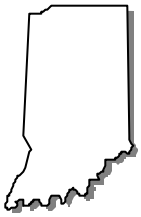

IMPORTANT INFORMATION

BR200239 SEPTEMBER 24, 2002

To All Providers:

- Due to a change in Medicare billing for diabetic supplies with span dates that include future dates of service, EDS has implemented a process to allow reimbursement of diabetic supplies. All crossover claims for this service must be submitted to EDS for special processing or they will deny. Send claims to the following address:

  EDS Written Correspondence
  P.O. Box 7263
  Indianapolis, IN 46204

To All Pharmacy Providers:

> *Note: The information referenced below is not directed to those providers rendering services in the risk based managed care (RBMC) delivery system.*

- Effective September 17, 2002, Phase II of the Preferred Drug List (PDL) was implemented for the IHCP. Phase II adds ACE inhibitors and proton pump inhibitors (PPI) to the PDL. These additions to the PDL are further described in IHCP provider bulletin *BT200243.* In addition to the ACE inhibitors and PPIs listed in the bulletin, all generic strengths of lisinopril are now included on the PDL. Captopril 12.5 milligrams (for children 12 years and younger) should be added to the PDL of ACE inhibitors. Prescription claims submitted for products not on the PDL will deny for explanation of benefits (EOB) *3017 – This NDC is not on the IHCP Preferred Drug List. Prior authorization is required. Please have the prescriber contact ACS at 1-866-879-0106 for prior authorization.*

To All Physicians, Hospitals, Clinics, Mental Health, and Pharmacy Providers:

- Effective immediately, prior authorization (PA) for Respigam® and Synagis® has been revised. The following criteria must be used for Respigam and Synagis:

  The following medication administration site criteria needs to be met before Respigam is approved:

  – The Indiana Rational Drug Therapy Program does not permit home administration.
  – Administration can be performed in a clinic, physician's office, or a hospital.

  Synagis is the preferred product for prophylaxis. Respigam requires PA using the same criteria as listed below for the use of Synagis. **The PA form for Synagis is**

available for download at the www.indianamedicaid.com Web site and can be used for Respigam.

Synagis can be administered in any setting where intramuscular (IM) injections are appropriate. At least one of the following criteria must be met before the patient is considered "at risk" for respiratory syncytial virus (RSV):

- Patient is less than 24 months old at the start of therapy and has chronic lung disease, especially if on oxygen chronically or if only off oxygen less than 3 to 6 months.
- Patient is younger than one year old at the start of therapy with a gestational age of 28 weeks or less than one year and has a history of accompanying medical problems. For example, caffeine administration for respiratory stimulation within the last year.
- Patient is younger than six months old at the start of therapy with a gestational age of 29 to 32 weeks.
- Patient is less than three months old at the start of therapy with a gestational age of 33 to 36 weeks and accompanying medical problems.
- Patient is six months old at the start of therapy with a gestational age of 33 to 36 weeks and has one of the following risk factors: school age siblings, crowding in the home, daycare attendance, exposure to tobacco smoke in the home, multiple births, neurologic disease, anticipated cardiac surgery, distance to or availability of hospital care.
- Patient cannot be approved if he or she is currently receiving immunoglobulin infusions. Immunity should be acquired through those infusions.

Treatment can only be approved for the RSV season. Therefore, the approval period will be October 1, 2002, through April 30, 2003. Approval will be for a total of six doses. Administration of the seventh dose will require a separate PA.

The following information was published in *BR200223*, dated June 4, 2002, and is still valid for billing. "Current Procedural Terminology code *CPT 90378 – Respiratory Syncytial Virus Immune Globulin* for intramuscular use (RSV-IGIM), was updated to include the dosage description of 50 milligrams (mg) for dates of service (DOS) on or after June 1, 2002, and the reimbursement rate reflects the rate for a 50mg vial for DOS on or after June 1, 2002. For claims billed on or after June 1, 2002, providers must indicate one unit of service for every 50mg of RSV-IGIM administered."