Department of HUMAN SERVICES

INFORMATIONAL LETTER NO. 2324-MC-FFS-CVD

DATE: March 10, 2022

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS), Coronavirus Disease (CVD)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid

RE: Monoclonal Antibodies Update

EFFECTIVE: Immediately

On January 24, 2022, the United States Food and Drug Administration (FDA) rescinded the emergency use authorization (EUA) for two monoclonal antibody treatments – bamlanivimab and etesevimab (administered together) and REGEN-COV (casirivimab and imdevimab) – citing that data show these treatments are highly unlikely to be active against the omicron variant, which is circulating at a very high frequency throughout the U.S., and that these treatments are not authorized for use in any U.S. states, territories, and jurisdictions at this time. In the future, if patients in certain geographic regions are likely to be infected or exposed to a variant that is susceptible to these treatments, then use of these treatments may be authorized in these regions. The full FDA statement is available here[1].

As a result, the following monoclonal antibodies are no longer authorized for use and may not be administered for treatment or post-exposure prevention of COVID-19 under the EUA until further notice by the FDA.

Eli Lilly	
Code	**Description**
M0245	Intravenous infusion, bamlanivimab and etesevimab; includes infusion and post-administration monitoring
M0246	Intravenous infusion, bamlanivimab and etesevimab; includes infusion and post-administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency (PHE)

[1] Coronavirus (COVID-19) Update: FDA Limits Use of Certain Monoclonal Antibodies to Treat COVID-19 Due to the Omicron Variant | FDA

Q0245	Injection, bamlanivimab and etesevimab, 2100 mg

Regeneron	
Code	**Description**
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab; includes infusion or injection, and post-administration monitoring, subsequent repeat doses
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab; includes infusion or injection, and post-administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE, subsequent repeat doses
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab; includes infusion or injection, and post-administration monitoring
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab; includes infusion or injection, and post-administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE
Q0240	Injection, casirivimab and imdevimab, 600 mg
Q0243	Injection, casirivimab and imdevimab, 2400 mg

If you have questions, please contact the Iowa Medicaid Provider Services Unit or the appropriate Managed Care Organization (MCO):

Iowa Medicaid Provider Services for FFS members:
- Provider Services: 1-800-338-7909
- Provider email: imeproviderservices@dhs.state.ia.us

Amerigroup Iowa, Inc.:
- Provider Services: 1-800-454-3730
- Provider email: iowamedicaid@amerigroup.com
- Website: https://providers.amerigroup.com/ia

Iowa Total Care:
- Provider Services: 1-833-404-1061
- Provider email: care_management@iowatotalcare.com
- Website: https://www.iowatotalcare.com