

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.028
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SUBJECT: Hepatitis A Vaccine
INDEX TITLE: Medical Management
ORIGINAL DATE: November 20, 2006

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()	POS ()	PPO ()	OOA/DOC ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
Medicare Select ()	Medicare Supplement ()				
DPW-MA:					
Health Choices ()	Voluntary ()			All (X)	
CMS-MA:					
HMO (X)	PPO ()	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP:					
Free ()	Sub ()			All (X)	

I. POLICY

It is the policy of UPMC Health Plan to recognize the value of preventive medicine as appropriate and consistent with good medical practice, and will provide coverage of vaccines for prevention of Hepatitis A when the services are medically necessary as described in this policy and covered under the member's benefit plan.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to identify the vaccines for Hepatitis A that are currently approved, and to describe the indications for the use of these vaccinations.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Background

Hepatitis A is an acute, usually self-limiting infection of the liver caused by Hepatitis A virus (HAV). The average incubation period is 28 days, but may vary from 15–50 days. Approximately 10–12 days after infection, the virus can be detected in blood and feces. In general, an individual is most infectious from 14–21 days before the onset of symptoms, and up to 7 days after the onset of symptoms.

The risk of developing symptomatic illness following HAV infection is directly correlated to age. In children below six years of age, HAV infection is usually asymptomatic, with only 10% developing jaundice. Among older children and adults, infection usually causes clinical disease, with jaundice occurring in more than 70% of cases. Therefore, highly HAV-endemic regions are characterized by asymptomatic childhood infection, with only the occasional occurrence of clinical Hepatitis A.

Currently available Vaccines for Hepatitis A:

- | | |
|----------------------|---|
| Havrix | Pediatric Hepatitis A Vaccine. |
| VAQTA | Hepatitis A pediatric vaccine. |
| Twinrix [®] | Combined Hepatitis A and B vaccine for adults only. |

B. Indications

Hepatitis A vaccine is considered medically necessary for the following:

1. Routine immunization of all children 12 – 23 months of age – 2 doses given 6 months apart. Studies indicate immunity lasting up to 20 years.
2. Children older than 23 months may be vaccinated with the 2 doses provided that they have not been vaccinated before.
3. Also for members:
 - With chronic liver disease,
 - With clotting factor disorders,
 - Who are exposed to an outbreak of Hepatitis A,
 - Men who have sex with men,
 - Members who use IV street drugs

C. Limitations

1. Vaccine for travel or employment reasons is not covered.
2. This vaccine should be postponed in children who have a serious illness or infection. The vaccine may be given to a child who has a minor illness such as a common cold.

D. Variations

N/A

E. References

1. Centers for Disease Control and Prevention. Prevention of hepatitis A through active or passive immunization. Recommendation of the Advisory Committee on Immunization Practices (ACIP). *Morbidity and Mortality Weekly Report*, 1999, 48(RR-12):1-37.
2. Feinstone SM, Gust ID. Hepatitis A Vaccine. In: Plotkin SA, Orenstein WA, eds. *Vaccines* (3rd ed.). Philadelphia: WB Saunders Company; 1999. pp. 650-671.
3. Innis BL, Snitbhan R, Kunasol, et al. Protection against hepatitis A by an inactivated vaccine. *Journal of the American Medical Association*, 1994, 271:28-34.
4. Public health control of hepatitis A: Memorandum from a WHO meeting. [*Bulletin of the World Health Organization*](#), 1995, 73:15-20.
5. Werzberger A, Mensch B, Kuter B, et al. A controlled trial of a formalin-inactivated hepatitis A vaccine in healthy children. *New England Journal of Medicine*, 1992, 327:453-457.
6. Hepatitis A-Vaccine Guidelines for Healthcare providers – CDC podcasts 1879.
7. Immunization Issues for the 21st Century; Frenkel, LD and Nielse, K *Annals of Allergy, Asthma & Immunology*, June 2003, Vol 138 (7):550-559.
8. Recommended Adult Immunization Schedule – United States, October 2007-September, 2008; *MMWR Weekly Quick Guide*; 10/19/07, Vol 56, No 41

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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