POLICY:
The Ventura County Health Care Plan will provide coverage for the Pneumococcal Polysaccharide Vaccine to those members who have a medically necessary indication.

INDICATION: Streptococcus pneumoniae (pneumococcus) is a bacterial pathogen that affects children and adults worldwide. It is a leading cause of illness in young children and causes illness and death among the elderly and persons who have certain underlying medical conditions. The organism colonizes the upper respiratory tract and can cause the following types of illnesses: a) disseminated invasive infections, including bacteremia and meningitis; b) pneumonia and other lower respiratory tract infections; and c) upper respiratory tract infections, including otitis media and sinusitis. Each year in the United States, pneumococcal disease accounts for an estimated 3,000 cases of meningitis, 50,000 cases of bacteremia, 500,000 cases of pneumonia, and 7 million cases of otitis media.

CRITERIA FOR MEDICAL NECESSITY

- Adults aged ≥ 65 years
- Anyone over 2 years of age who has the following:
  - Chronic cardiovascular disease (e.g., congestive heart failure or cardiomyopathy)
  - Chronic pulmonary diseases (e.g., chronic obstructive pulmonary disease {COPD} or emphysema)
  - Chronic liver diseases (e.g., cirrhosis)
  - Diabetes mellitus
  - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy)
  - Immunosuppressive conditions [e.g., congenital immunodeficiency, human immunodeficiency virus (HIV) infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, or generalized malignancy]
  - Organ or bone marrow transplantation
  - Therapy with alkylating agents, antimetabolites, systemic corticosteroids, or radiation
o Chronic renal failure or nephrotic syndrome

o Chronic cerebrospinal fluid (CSF) leakage resulting from congenital lesions, skull fractures, or neurosurgical procedures

DOSAGE

- Usually only one dose is required
- A second dose may be given for the following indications
  - People aged ≥ 65 who received first dose at age < 65 if more than 5 years have passed since initial dose
  - Functional or anatomic asplenia (e.g., sickle cell disease or splenectomy)
  - Immunosuppressive conditions (e.g., congenital immunodeficiency, human immunodeficiency virus {HIV} infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, or generalized malignancy)
  - Chronic renal failure or nephrotic syndrome
  - Organ or bone marrow transplantation
  - Therapy with alkylating agents, antimetabolites, systemic corticosteroids, or radiation
- Children ≤ 10 years may receive second dose 3 years after the first dose
- Patients ≥ 10 years should receive second dose 5 years after the first dose

Procedure

A treatment authorization request must be submitted to the UR Department for review and approval by the UR staff.

A: Attachment- None

B: Developed by: Cynthian Wilhelmy, MD _____________________ Oct 2005

   Committee Review: UM on 10-24-05 and QA on 11-15-05

C. References