Rabies post-exposure prophylaxis in Health Service Region 6/5 South: a guide

Before giving rabies post-exposure prophylaxis: get a RABIES RISK ASSESSMENT

Before providing rabies post-exposure prophylaxis (PEP) for a patient after an animal bite, a rabies risk assessment should be the FIRST step. DSHS Region 6/5 South Zoonosis Control (ZC) staff members are knowledgeable and experienced in this matter, yet we are continually contacted by providers and patients seeking options for continuation of PEP when an adequate risk assessment would likely have precluded it from being started in the first place.

Obtaining rabies PEP in Region 6 / 5 S: options for providers

1. Hospital emergency departments (ED)

   The ED is most common setting where patients receive the first dose of PEP [rabies vaccine (RV) and rabies immune globulin (RIG)]. For those patients who were given PEP in the ED and told that they should follow up with their primary-care providers (PCP) for the remaining immunizations, it is usually an unpleasant event when they suddenly learn that their PCP has no knowledge of PEP and/or no interest in providing it. Of course, many patients started on PEP in the ED don’t have PCPs at all, thus joining the aforementioned group in the same predicament—they’re patients who need the remainder of PEP and have no simple way to get it.

   The above explanation is provided as a lead-in to identifying the first, and probably most common, option that patients fall back upon to get the remainder of their PEP: returning to the ED as outpatients. The drawbacks to this option need not be stated in an era of cost containment, to say nothing of this inappropriate use of the ED for primary care.

2. Referral to infectious disease (ID) specialists

   Patients who are adequately insured can sometimes be referred to private ID physicians, the providers’ appointment schedules permitting. An advantage of this option is that many providers have RV on hand and are familiar with the PEP schedule; disadvantages are the time-sensitive nature of the referral (i.e., patients usually need to be seen with a few days, not a month) and possible out-of-network charges for patients. This is not an option for uninsured or Medicaid patients, in almost all cases.
3. **Referral to outpatient clinics at county-operated low-cost health care facilities, if available in a county (e.g., the Harris Health System in Harris County)**

The obvious advantage of patients receiving PEP in this setting is its reduced cost, as charges are made on a sliding scale tied to the patient’s income. However, for this facility at least, we regularly receive mixed reports about the Harris Health System’s knowledge of the rabies PEP protocol and ability to provide it.

4. **Referral to outpatient clinics at county health departments which are willing to administer PEP and have trained clinical staff available to do so**

At this time, the only counties to which this option applies are Jefferson and Hardin/Orange; Montgomery County has expressed interest in doing so, and ZC will soon be discussing this option with the local health authority. Also, of the seven counties within Region 6 /5 South that do not have local health departments, four have DSHS clinics staffed by nurses, so patients in those counties could receive PEP provided by DSHS under option 7 below, if they are eligible.

5. **Manufacturer—direct shipping to providers**

The two manufacturers of RV (Sanofi and Novartis) and RIG (Sanofi and Grifols) have established processes whereby providers can order PEP components directly. In our experience, this is a rarely utilized option, because for insured patients, the provider is required to pay for the order up front and then seek reimbursement through the insurance provider (or directly from the patient).

For financially indigent patients meeting program requirements, providers can obtain PEP free of charge, but obtaining the documentation required to prove financial hardship takes some time, and a disqualifying requirement for this option is that the patient cannot be enrolled in, or qualify for, ANY form of medication reimbursement program or private insurance (so no Medicaid or Medicare).

6. **Walgreens and follow-up with PCP**

A limited number of Walgreens pharmacies carry, or can order, RV to be dispensed to patients who provide a prescription from their PCP. Note that the pharmacy only dispenses the doses of RV, it does not administer them to the patient, and payment is
required at the time the RV is dispensed (Walgreens does not bill insurance providers). Also, the PCP must be willing to administer the RV to his/her patient, not just write a prescription for it. Many Walgreens pharmacies have been notoriously stubborn about participating in this process, partly because they have mistakenly believed that they’re being asked to administer the RV, not just dispense it to the patient, but Walgreens’ supervising pharmacists have been diligent about “getting the word out”, and it has helped.

Unfortunately, this arrangement is not yet working smoothly without the involvement of the regional ZC office (i.e., it takes several coordinating phone calls), but it is another option for obtaining the remainder of PEP.

7. Region 6/5 South office—in Houston

Finally, one more option for obtaining PEP is to go through the regional ZC office. A small stock of RIG and RV is kept on hand and can be dispensed to patients upon receipt of a prescription from their PCP. A detailed procedure is established, which ultimately results in the biologicals being dispensed to patients, with specific instructions for them to transport the products directly to their PCP’s office.

Unfortunately, certain beliefs continue to persist regarding this option, the chief two being that a) the products will be dispensed free of charge and/or b) patients can be given the injections at the regional office.

ZC staff spends a significant amount of time addressing these two misconceptions with patients and providers. PEP is NOT dispensed free of charge. Patients are required to complete a payment agreement, which is transmitted to the central billing office in Austin, and they are told that they will need to discuss payment concerns with that office. Also, they are asked to provide, if possible, a down payment of five per cent of the total cost of the biologicals. Furthermore, the regional ZC office is not a clinic and does not perform any clinical procedures, including administering immunizations.

For Medicare and Medicaid patients, procedures are in place as follows:

Rabies biologicals are covered by Texas Medicaid, but DSHS is not an approved Medicaid provider and thus cannot seek reimbursement under the program. PCPs are encouraged to order biologicals directly from the manufacturers (option 4 above) and seek reimbursement from Medicaid.
Rabies biologicals are covered by Medicare only if they are administered by the provider. Since DSHS does not administer the biologicals we distribute, we cannot bill Medicare even though DSHS is enrolled as a Medicare provider. PCPs are encouraged to order biologicals directly from the manufacturers (option 4 above) and seek reimbursement from Medicare.

In either case, if the exposure is valid, in the opinion of ZC, and the provider refuses to order biologicals from the manufacturer, DSHS will dispense biologicals, but every attempt will be made to encourage the provider to order PEP components from the manufacturers.

FOR 24/7 ASSISTANCE: CALL ZOONOSIS CONTROL AT 713-767-3000