

Health First Colorado Pharmacy Synagis® Information Sheet

This information sheet does not need to be faxed or submitted with the Prior Authorization Request (PAR) form as it is intended to provide information only. Refer to the Synagis® 2016-2017 Provider Bulletin for more information.

The 2016-2017 Synagis® season will begin November 30, 2016 and end April 30, 2017. Health First Colorado will approve requests for a maximum of five (5) doses, at a dosing interval of no fewer than 26 days between injections. Requests for doses exceeding the five (5) dose maximum or beyond the season end date will be **DENIED**. Providers should be aware that the Colorado Respiratory Syncytial Virus (RSV) season typically has a later onset (i.e. starts closer to the end of December) and should schedule their Synagis® doses accordingly. Area virology trend reporting is available on the [Centers for Disease Control and Prevention \(CDC\) website](http://www.cdc.gov).

Effective November 16, 2016, Health First Colorado will begin accepting PARs for Synagis®. All requests for Synagis® (Palivizumab) require prior authorization. All requests for administration in the home should be submitted for payment through the pharmacy benefit, which must be submitted on the Health First Colorado Synagis® Pharmacy Benefit PAR form. The form can be found in the Provider Services Forms section of the Department's website. **No other forms will be accepted.** The form can be faxed to 888-772-9696 or completed by calling the Pharmacy Prior Authorization Helpdesk at 800-365-4944. All Synagis® Pharmacy PARs must be signed by the prescribing physician, even if submitted by an agent of the prescriber. **All requests for administration in the provider's office or facility should be submitted through the ColoradoPAR Program. Please visit ColoradoPAR.com for information on how to submit a medical prior authorization for Synagis®.**

The Department is continuing use of coverage criteria based on the recommendations of the [American Academy of Pediatrics \(AAP\) 2014](http://www.aapublications.org) for Respiratory Syncytial Virus (RSV) prophylactic therapy. These recommendations have been updated since the 2009 AAP guidelines. Per the AAP "Evidence of these falling rates of RSV hospitalizations, along with new data about which children are at highest risk of RSV hospitalization, guided the AAP recommendation that palivizumab prophylaxis be limited to infants born before 29 weeks gestation, and to infants with certain chronic illnesses like congenital heart disease or chronic lung disease." The Department has reviewed the guidelines and evidence and agrees with the AAP statement. Synagis® is used to prevent serious lower respiratory tract disease caused by RSV in pediatric members at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Health First Colorado Synagis® Pharmacy Benefit PAR Form online will be **DENIED**. If additional clinical consideration is requested after denial from Pharmacy PA Helpdesk for a home administration (pharmacy benefit), please escalate to the state pharmacist at fax number 303-866-3590. For office/outpatient administration (medical benefit), please visit coloradoPAR.com to submit a medical prior authorization for Synagis®. Members or providers may appeal Synagis® prior authorization denials through the normal appeals process.

Reimbursement and Prior Authorization of Synagis® Immune Globulin

Reimbursement for Synagis® administered in a physician's office is \$1,386.88 per 50mg unit. Providers should bill less than the reimbursement maximum per unit, if the 50mg vial is split between two (2) members. Please note that no more than one (1) 50mg vial will be allowed per month through the pharmacy benefit. As an example, if 100mg is needed use a 100mg vial and not two (2) 50mg vials. The chart below provides details regarding the pharmacy coverage guidelines.

Dispensing Guide (for Pharmacy Administration Only)

Weight	Dosage	Dispense Units
Up to 3.3 kg	Up to 49.5 mg	1 x 50 mg vial
3.4 kg to 6.6 kg	51 mg to 99 mg	1 x 100 mg vial
6.7 kg to 10 kg	100.5 mg to 150 mg	1 x 100 mg vial + 1 x 50 mg vial
10.1 kg to 13.3 kg	151.5 mg to 199.5 mg	2 x 100 mg vials
13.4 kg to 16.6 kg	201 mg to 249.5 mg	2 x 100 mg vials + 1 x 50 mg vial
16.7 kg to 20 kg	250.5 mg to 300 mg	3 x 100 mg vials

Reminder: The provider must retain copies of all documentation for six (6) years (10 C.C.R. 2505-10, Section 8.040.2).

Health First Colorado Synagis® Pharmacy Benefit* Prior Authorization Request

Fax Requests to: 888-772-9696 (forms need to be faxed for approval) or **call the PA Help Desk:** 800-365-4944

*Pharmacy Benefit is defined as being administered in client's home

For doses not administered in the patient's home (ex. physician's office) please visit Coloradopar.com for information on how to submit a PAR to the ColoradoPAR Program.

Provider Information	Client Information
Requesting Physician	Client ID #
Requesting Medicaid Provider #	Name (L/F/M)
NPI	Date of Birth
DEA	Gender [] Male [] Female
Phone	Current Weight ___ kg
Fax	Units per Month <u>0</u> or <u>1</u> x 50 mg ___ x 100 mg
Address	Number of Months Requested (no more than 5)
City State ZIP	Today's Date
Billing Provider #	Dates of Service From: To:

Health First Colorado will approve Synagis® prior authorization requests for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. **Requests will be approved for a maximum of 5 doses, at a dosing interval of no fewer than 26 days between refills.** Requests will be accepted beginning November 16, 2016, prior to the season start date of November 30, 2016. Do not submit requests prior to November 16, 2016.

For infants in the 1st year of life: (Check **at least** one of the following **AND** indicate diagnosis code)

- Any infant up to 12 months of age, born before 29 weeks 0 days gestation.
- For infants born before 32 weeks 0 days gestation **AND** Chronic Lung Disease (CLD) of prematurity with greater than 21% oxygen use for at least 28 days after birth ICD 10-CM Code: _____
- An infant with cystic fibrosis with clinical evidence of CLD **AND/OR** nutritional compromise ICD 10-CM Code: _____
- An infant with neuromuscular disease or pulmonary abnormality **AND** is unable to clear secretions from the upper airways ICD 10-CM Code: _____
- An infant who undergoes cardiac transplantation during the RSV season.
- Infants with hemodynamically significant heart disease (acyanotic heart disease) defined as having one or more of the following: ICD 10-CM Code: _____
 - Infants receiving medication to control congestive heart failure and will require cardiac surgical procedures;
 - Infants with moderate to severe pulmonary hypertension
- An infant with cyanotic heart defects **AND** in consultation with a pediatric cardiologist **AND both** of the following:
 - Requirement of >21% oxygen for at least 28 days after birth ICD 10-CM Code: _____
 - Continues to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy)
- An infant who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy) ICD 10-CM Code: _____

For infants in the 2nd year of life: (Check **at least** one of the following **AND** indicate diagnosis code)

- For infants born before 32 weeks 0 days gestation **AND** Chronic Lung Disease (CLD) of prematurity **AND** Requirement of >21% oxygen for at least 28 days after birth **AND** continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy) ICD 10-CM Code: _____
- An infant who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy) ICD 10-CM Code: _____
- Infants with manifestation of severe lung disease: (Choose one of the following **AND** add Diagnosis code) ICD 10-CM Code: _____
 - Previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities of chest radiography or chest computed tomography that persist when stable **OR**
 - Weight for length less than the 10th percentile.
- An infant who undergoes cardiac transplantation during the RSV season.

Has the child received prior doses as an inpatient? Yes No

If yes, what date was the last dose was received? _____

Prescriber Signature _____

Date _____