

### Special Provider Bulletin – Synagis® Vaccine Benefit

Reference: B2200473



## Synagis® (Palivizumab) Vaccine Benefit UPDATE

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## Synagis® (Palivizumab) Vaccine

#### **Benefit UPDATE**

Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric members at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15mg 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 American Academy of Pediatrics (AAP) indications will be denied. Members may appeal this decision and must follow the normal member appeal process.

#### **Time Spans**

Effective August 17, 2021, Health First Colorado (Colorado's Medicaid Program) began accepting Prior Authorization Requests (PARs) for Synagis<sup>®</sup>.

The 2021-2022 Synagis season began August 17, 2021 and will conclude April 15, 2022. Due to the atypical RSV activity currently seen across Colorado, the Synagis® season began earlier than in years prior. A maximum of eight (8) doses will be approved. This is 3 additional doses over the usual five (5) permitted each season. The Department will continue to monitor RSV reporting and reassess Health First Colorado member needs based on CDC virology reporting and AAP guidance.

Area virology trend reporting is available on the Centers for Disease Control and Prevention (CDC) website.

Providers should schedule the member's Synagis® doses accordingly.

#### Dosage

Due to the extended season, members may require additional doses. As a result, a member may receive a maximum of eight (8) doses, at a dosing interval of no fewer than 26 days between injections.

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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#### Coverage and Reimbursement

Coverage and Reimbursement, Prior Authorization Requests (PAR), and Billing Instructions can be found in the <u>August 2021 Synagis® Special Provider Bulletin (B2100467)</u>.

When Synagis® is administered in the member's home or a long-term care facility, Synagis® is to be billed to the Health First Colorado pharmacy benefit via Magellan Rx Management.

When administered in the provider's office or clinic, Synagis® is to be billed to the Health First Colorado medical benefit via Keystone Peer Review Organization (Kepro).

# Prior Authorization Requests (PARs) Submitted to Keystone Peer Review Organization (Kepro)

Providers who have already received an approved PAR from Kepro for the initial five (5) doses and need to add additional doses up to three (3) doses, to their approved PAR, may submit a modification to the existing PAR to Kepro via the online PAR portal, Atrezzo.

Providers with approved PARs for Pediatric Long Term Home Health (PLTHH) that includes nursing visits for the purpose of Synagis® administration may also submit a modification request of up to three (3) additional visits to their PLTHH PAR for additional approved doses.

Providers may also contact Kepro for additional assistance at:

Kepro Customer Service: 720-689-6340

Kepro Provider Issue email: coproviderissue@kepro.com

For additional information about the ColoradoPAR program and Kepro please visit the ColoradoPAR Program web page.

Email the Department's UM Team at <a href="https://hccens.org/learning-nc-ess">hccens.org/learning-nc-ess</a>, or for escalated concerns regarding Synagis® PARs submitted to Kepro.

Contact the benefits team at <a href="https://hcpf\_benefitsupport@state.co.us">hcpf\_benefitsupport@state.co.us</a> with Home Health policy questions.

Contact Christina Winship at Christina. Winship@state.co.us with Synagis® Policy Questions.

# Prior Authorization Requests (PARs) Submitted to Magellan Rx Management

Providers who have already received an approved PAR from Magellan Rx for the initial five (5) doses and need to add additional doses up to three (3) doses, to their approved PAR, may reach out to Magellan Rx Management Call Center (1-800-4334-5725) for PAR modifications.

New PARs can be submitted to Magellan via the Synagis Pharmacy Benefit Prior Authorization Request Form (Fax: 1-800-434-5881), available on the <u>Provider Forms web page</u> under the Synagis® Prior Authorization Request Form drop down.

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### **Gainwell Technologies Contacts**

Provider Services Call Center 1-844-235-2387

Gainwell Technologies Mailing Address P.O. Box 30 Denver, CO 80201

#### Magellan Rx Management Contacts

Pharmacy Call Center Phone: 1-800-424-5725 Fax: 1-800-424-5881

### **Keystone Peer Review Organization (Kepro)**

Kepro Customer Service 720-689-6340

Kepro Provider Issue Email coproviderissue@kepro.com