



SYNAGIS PA SUMMARY

Respiratory Syncytial Virus (RSV) Season 2013-2014

NOTES:

- ❖ Physicians administering Synagis in the office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov.
- ❖ Only prior authorization (PA) requests from the physician or physician's office are allowed. Requests from pharmacies are not accepted.
- ❖ The Synagis PA Request Form must be completed and submitted by fax by the physician or physician's office and signed by the physician (stamped signatures are not allowed). Telephonic submissions of the Synagis PA Request Form are not allowed. The Synagis PA Request Form is located at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.
- ❖ Up to a maximum of 5 doses will be allowed based on the eligibility criteria of the member for Synagis. If the first dose is provided in the hospital, then up to a maximum of 4 doses will be allowed. According to the American Academy of Pediatrics (AAP), for most infants, 5 monthly doses will provide over 20 weeks of protective serum antibody concentrations. According to the Georgia Chapter of the AAP, up to 5 doses are generally sufficient to provide protection throughout the RSV season. **A 6th dose will not be allowed.**
- ❖ DCH will allow RSV prophylaxis therapy with Synagis beginning October 1, 2013 and ending March 3, 2014. If the season extends into March, dosing exceptions past March 3rd through March 31st will be allowed for high-risk infants discharged from the hospital in February as well as in March who do not receive the March dose in the hospital.
- ❖ The start and end of the RSV season will be monitored by DCH and changes to the Synagis Policy Statement will be posted at www.mmis.georgia.gov under Pharmacy/Prior Approval Process or <http://dch.georgia.gov/provider-forms>.



**Reference Table:
Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants
RSV Season 2013-2014**

Month of First Dose ^a	Maximum Number of Doses ^b				
	<24 months old at time of first injection and has Chronic Lung Disease, hemodynamically significant Congenital Heart Disease, hematopoietic stem cell transplant or severe immunodeficiency	<12 months old at time of first injection with severe neuromuscular disease or congenital abnormality of the airway	<29 weeks gestation and <12 months old at time of first injection	29 to <32 weeks gestation and <6 months old at time of first injection	32 to <35 weeks gestation and born <3 months at time of first injection with risk factor ^d
October 2013	5	5	5	5	3 ^e
November 2013	4	4	4	4	3 ^e
December 2013	3	3	3	3	3 ^e
January 2014	2	2	2	2	2 ^e
February 2014 ^c	2	2	2	2	2 ^e
March 2014 ^f	1	1	1	1	1 ^e

Adapted from the American Academy of Pediatrics 2012 recommendations and the Georgia Chapter of the American Academy of Pediatrics 2013-2014 recommendations.

^aMonth of first dose from October 1, 2013-March 3, 2014 during the 2013-2014 RSV season. If the season extends into March, dosing exceptions past March 3rd through March 31st will be allowed for high-risk infants discharged from the hospital in February as well as in March who do not receive the March dose in the hospital. ^bIf the first dose was given at the hospital, subtract 1 dose from the number of maximum doses allowed depending on when the request to start Synagis.

^cApplies to high-risk infants discharged from the hospital in February only: High-risk infants discharged from the hospital in February should receive a February first dose and a March dose, if the season extends into March. The February dose should be received in the hospital 48-72 hours prior to discharge.

^dRisk factors include infants that attend child care or have a sibling younger than 5 years old.

^eOn the basis of patient age at the time of discharge from the hospital, fewer doses may be required since these infants will receive one dose every 30 days until the infant is 90 days of age.

^fApplies to high-risk infants discharged from the hospital in March only: High-risk infants discharged from the hospital in March should receive a March dose, if the season extends into March. The March dose should be received in the hospital 48-72 hours prior to discharge.



STATUS: Preferred

LENGTH OF AUTHORIZATION: October 1, 2013 to March 3, 2014. Dosing exceptions past March 3rd through March 31st will be allowed for high-risk infants discharged from the hospital in February as well as in March who do not receive the March dose in the hospital.

PA CRITERIA:

- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2013 who were born <29 weeks gestation *OR*
- ❖ Up to 5 doses approvable for members <6 months of age as of October 1, 2013 who were born 29 to <32 weeks gestation *OR*
- ❖ Up to 3 doses approvable for members <3 months of age as of October 1, 2013 who were born 32 to <35 weeks gestation AND attends child care or has one or more children <5 years of age living in the same household (multiple births younger than 1 year of age do not qualify as fulfilling this risk factor) *OR*
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2013 with a congenital abnormality of the airway or severe neuromuscular disease *OR*
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2013 who have a diagnosis of Chronic Lung Disease requiring medical therapy within 6 months before RSV season or hemodynamically significant Congenital Heart Disease *OR*
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2013 who have a diagnosis of hematopoietic stem cell transplant (BMT, peripheral blood, placental or cord blood) or severe immunodeficiency.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.