



## GEORGIA MEDICAID FEE-FOR-SERVICE SYNAGIS PA SUMMARY

### Respiratory Syncytial Virus (RSV) Season 2016-2017

#### NOTES:

- ❖ Physicians administering Synagis in the office must bill the drug through the DCH physician's injectable program and not the outpatient pharmacy program. Please go to the Registered User portion of the Georgia Health Partnership website at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) to request a prior authorization (PA) from Physician Services.
- ❖ The Synagis PA Request Form (with ICD-10 codes) 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>.
- ❖ OptumRx will accept faxed PA requests from the physician or physician's office are allowed. Requests from pharmacies are not accepted.
- ❖ 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 24 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 6<sup>th</sup> dose will not be allowed.**
- ❖ DCH will allow RSV prophylaxis therapy with Synagis beginning October 1, 2016 and ending March 3, 2017. If the season extends into March, dosing exceptions past March 3<sup>rd</sup> through March 31<sup>st</sup> 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 and changes to the Synagis Policy Statement will be posted at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) under Pharmacy/Prior Approval Process or <http://dch.georgia.gov/provider-forms>.

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** October 1, 2016 to March 3, 2017. If the season extends into March, dosing exceptions past March 3<sup>rd</sup> through March 31<sup>st</sup> 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** (please see below for reference table):

- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2016 who were born <29 weeks' gestation.



- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2016 with chronic lung disease (CLD) of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during the first 28 days after birth.
- ❖ Up to 5 doses approvable for members 12 to <24 months of age as of October 1, 2016 with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days after birth and continue to require medical support within 6 months of the start of RSV season.
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2016 with hemodynamically significant congenital heart disease (CHD) who are acyanotic receiving medication to control congestive heart failure (CHF) and will require cardiac surgical procedures or have moderate to severe pulmonary hypertension or have cyanotic heart defects and the decision regarding RSV prophylaxis was made in consultation with a pediatric cardiologist.
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2016 with pulmonary abnormality or neuromuscular disease that impairs ability to clear secretions from the upper airways.
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2016 who are profoundly immunocompromised.
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2016 with cystic fibrosis.

**EXCEPTIONS:**

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

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

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



Reference Table Only  
Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants  
RSV Season 2016-2017

Month of First Dose <sup>a</sup>	Maximum Number of Doses <sup>b</sup>				
	<29 weeks' gestation and <12 months of age at time of first injection	<12 months of age with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days after birth at time of first injection or <24 months of age with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days after birth and continue to require medical support within 6 months at time of first injection	<12 months of age with hemodynamically significant CHD who are acyanotic receiving medication for CHF and will require cardiac surgery or who have moderate to severe hypertension or have cyanotic heart defects in consultation with a pediatric cardiologist at time of first injection	<12 months of age with pulmonary abnormality or neuromuscular disease that impairs ability to clear secretions from upper airways at time of first injection	<24 months of age who are profoundly immunocompromised or have cystic fibrosis at time of first injection
October 2016	5	5	5	5	5
November 2016	4	4	4	4	4
December 2016	3	3	3	3	3
January 2017	2	2	2	2	2
February 2017 <sup>c</sup>	2	2	2	2	2
March 2017 <sup>d</sup>	1	1	1	1	1

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

<sup>a</sup>Month of first dose during the current season from October 1, 2016-March 3, 2017. If the season extends into March, dosing exceptions past March 3<sup>rd</sup> through March 31<sup>st</sup> 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.

<sup>b</sup>If the first dose during the current season was given at the hospital, subtract 1 dose from the number of maximum doses allowed based on when Synagis was started during the current season.

<sup>c</sup>Applies to high-risk infants discharged from the hospital in February only during the current season: High-risk infants discharged from the hospital in February should receive a February dose and a March dose. The February dose should be received in the hospital 48-72 hours prior to discharge.

<sup>d</sup>Applies to high-risk infants discharged from the hospital in March only during the current season: High-risk infants discharged from the hospital in March should receive a March dose. The March dose should be received in the hospital 48-72 hours prior to discharge.