



111 E. Capitol St.
Suite 500
Jackson, MS 39201

2017-2018 Respiratory Syncytial Virus (RSV) Season and Synagis® Criteria

Magnolia Health
111 East Capitol Street, Suite 500
Jackson, Mississippi 39201
Phone (866) 912-6285

October, 2017

Dear Magnolia Health Clinician,

Enclosed please find the Magnolia Health Synagis® Authorization Guidelines for the 2016-2017 RSV season. These guidelines were developed in 2017 based on recommendations of the American Academy of Pediatrics and recently reviewed under the guidance and consultation with key opinion leaders, as well as the Mississippi Division of Medicaid.

Magnolia health will again use our PBM, Envolve Pharmacy Solutions, to process requests for Synagis® for the RSV season. Beginning immediately, all requests for Synagis® should be forwarded to Envolve Pharmacy Solutions for initial screening to determine if the request meets criteria for coverage. A copy of the enrollment form is enclosed. When submitting the request, please include the NICU discharge summary to expedite the review process.

Synagis® is available through a limited distribution network as established by the manufacturer.

Your specialty pharmacy of choice will be responsible for the delivery of the injectable product and the overall coordination of the drug distribution process. All injectable products will be billed directly to Magnolia Health by the specialty pharmacy provider and shipped to your office. Administration charges for the injection should be billed directly to Magnolia Health on a (HCFA) CMS 1500 claim form using CPT code 96372 (Administration) and CPT code 90378 (Medicine). You can also bill for an appropriate office visit for each administration of the drug.

Billing and payment for pre-approved Synagis® administration, outside of your specialty pharmacy provider, requires submission of a claim form using the designated CPT 90378 for Synagis®, with a required NDC and entry of billing units incremental to each 50 mg dose administered (i.e. 100mg = 2 billing units).

To submit your request, fax the completed enrollment form to 1-866-399-0929. For questions, contact the Magnolia Health Pharmacy Department at 1-866-912-6285, enter 66409 for pharmacy queue.

Thank you for your cooperation,

A handwritten signature in black ink, appearing to read "J Erwin".

Jeremy Erwin, MD
Chief Medical Director, Magnolia Health

Enclosures:
2017-2018 MS-DOM PA Form
2017-2018 MS-DOM PA Criteria
2017-2018 MS-DOM Criteria/Additional Documentation



1-866-912-6285
TDD/TTY 1-877-725-7753

MagnoliaHealthPlan.com



2017-18 Mississippi Division of Medicaid Synagis® Prior Authorization Criteria*

Beneficiaries must meet at least one of the bullet point criteria for age at the beginning of the RSV season: Nov 1, 2017

Age ≤ 1 year at start of RSV season and one of the following:

- Prematurity of ≤ 28 weeks 6 days gestation
- Documentation of **chronic lung disease (CLD)** of prematurity (defined as gestational age of 29 weeks 0 days – 31 weeks 6 days **AND** requirement for oxygen >21% or chronic ventilator therapy for at least the first 28 days after birth).
- Documentation of **hemodynamically significant CHD AND** one of the following:
 - (1) **acyanotic heart disease** receiving medication for congestive heart failure **AND** will require cardiac surgery.
 - (2) **moderate to severe pulmonary hypertension.**
 - (3) Documentation of **cyanotic heart disease** through consultation with pediatric cardiologist.
- Documentation of **congenital abnormalities of the airway OR neuromuscular disease** that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- Documentation of **cystic fibrosis AND** clinical evidence of CLD (defined as gestational age of 29 weeks 0 days – 31 weeks 6 days **AND** requirement for oxygen >21% for at least the first 28 days after birth) **OR** nutritional compromise.
- Documentation of **profound immunocompromise** (includes, but is not limited to, patients undergoing stem cell transplantation, chemotherapy) during the RSV season.

Age 12 – 24 months at start of RSV season and one of the following:

- Documentation of **chronic lung disease (CLD)** of prematurity (defined as gestational age ≤ 31 weeks 6 days **AND** requirement for oxygen >21% or chronic ventilator therapy for at least the first 28 days after birth) **AND** required continued medical support (defined as chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the RSV season.
- Documentation of **cystic fibrosis AND** one of the following:
 - (1) manifestations of **severe lung disease** (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persists when stable).
 - (2) weight for length < 10th percentile.
- Documentation of **profound immunocompromise** (includes, but is not limited to, patients undergoing stem cell transplantation, chemotherapy or organ transplants) during the RSV season.

Coverage limitations:

- PA requests for Synagis will be approved starting at the onset of RSV season for a maximum of up to 5 doses and a dosing interval not less than 30 days between injections. PA requests will be accepted starting October 9, 2017 for dates of service starting November 1, 2017.
- Synagis® will not be authorized for administration prior to Nov 1, 2017. Synagis® dosing authorizations will extend for the recommended number of doses **OR** until the end of epidemic RSV season as defined by CDC - whichever occurs first. Monthly prophylaxis should be discontinued for any infant or young child who experiences a breakthrough RSV hospitalization.

NOTES:

- Prophylaxis in infants with Down Syndrome is not recommended without the presence of one of the criteria listed above.

* American Academy of Pediatric Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. *Pediatrics*. Available at <http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665>.

CRITERIA/ADDITIONAL DOCUMENTATION

RSV-SYNAGIS



BENEFICIARY INFORMATION	
Beneficiary ID: _____ - _____ - _____	DOB: _____ / _____ / _____
Beneficiary Full Name: _____	
RSV-SYNAGIS® CRITERIA/ADDITIONAL DOCUMENTATION*	
<p>PA requests will be accepted starting October 9, 2017 for dates of service starting November 1, 2017. Synagis® will not be authorized for administration prior to November 1, 2017. PA requests will be approved starting at the onset of RSV season for a maximum of up to 5 doses and a dosing interval <u>not less than 30 days</u> between injections. Synagis® dosing authorizations will extend for the recommended number of doses <i>OR</i> until the end of epidemic RSV season as defined by CDC - <i>whichever occurs first</i>. DOM will notify providers when the end of the RSV season is determined. Monthly prophylaxis should be discontinued for any infant or young child who experiences a breakthrough RSV hospitalization.</p>	
PA REQUEST INFORMATION:	
<p>PHARMACY INFORMATION – Synagis® is available through a limited distribution network established by the manufacturer. The following list includes previously approved pharmacy providers. If the requesting pharmacy provider is not included in this list, select “Other” and provide pharmacy information including name, address, telephone number, Medicaid provider number, etc.</p> <p> <input type="checkbox"/> Acro Pharmaceutical Services <input type="checkbox"/> AcariaHealth <input type="checkbox"/> BriovaRx <input type="checkbox"/> NMMC <input type="checkbox"/> UMC <input type="checkbox"/> Vital Care </p> <p> <input type="checkbox"/> Other NPI: _____ PH: _____ FAX: _____ </p> <p> Birth Date: _____ Gestational Age: _____ wks: _____ days: _____ Birth Weight: _____ lbs. _____ oz. </p> <p> NDC#: _____ Current Weight: _____ lbs. _____ oz. Date last weighed: _____ </p> <p> Did the patient receive Synagis in the hospital? Yes ___ No ___ If “Yes”, list date(s) of administration: _____ </p>	
<p><i>Check the criteria used to qualify the patient for Synagis®. All information requested on PA form must be completed for approval consideration.</i></p>	
<p>Age ≤ 1 year at start of RSV season and one of the following:</p> <p><input type="radio"/> Prematurity of ≤ 28 weeks 6 days gestation.</p> <p><input type="radio"/> Documentation of chronic lung disease (CLD) of prematurity*.</p> <p><input type="radio"/> Documentation of hemodynamically significant CHD AND one of the following:</p> <p>(1) Acyanotic heart disease receiving medication for congestive heart failure AND will require cardiac surgery.</p> <p>(2) Moderate to severe pulmonary hypertension.</p> <p>(3) Documentation of cyanotic heart disease through consultation with pediatric cardiologist.</p> <p><input type="radio"/> Documentation of congenital abnormalities of the airway OR neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough.</p> <p><input type="radio"/> Documentation of cystic fibrosis AND clinical evidence of CLD of prematurity* OR nutritional compromise.</p> <p>Documentation of being profoundly immunocompromised** during the RSV season.</p>	<p>Age 12 – 24 months at start of RSV season and one of the following:</p> <p><input type="radio"/> Documentation of chronic lung disease (CLD) of prematurity* AND required continued medical support** during the 6-month period before the RSV season.</p> <p><input type="radio"/> Documentation of cystic fibrosis AND one of the following:</p> <p>(1) Manifestations of severe lung disease**.</p> <p>(2) Weight for length < 10th percentile.</p> <p>Documentation of being profoundly immunocompromised** during the RSV season.</p>
<p><small>* Chronic lung disease of prematurity defined as gestational age ≤ 31 weeks 6 days AND requirement for oxygen >21% or chronic ventilator therapy for at least the first 28 days after birth. ** Refer to 2017-18 Division of Medicaid Synagis® PA Criteria Instructions for more detailed definitions. Reference: Pediatrics 2014:134; 415 originally published online July 28, 2014.</small></p>	

FAX THIS PAGE

STANDARDIZED ONE PAGE PHARMACY PRIOR AUTHORIZATION FORM



Mississippi Division of Medicaid, Pharmacy Prior Authorization Unit,
550 High St., Suite 1000, Jackson, MS 39201

Medicaid Fee for Service/Change Healthcare
Fax to: 1-877-537-0720 Ph: 1-877-537-0722
<https://medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/>

Magnolia Health/Envolv Pharmacy Solutions
Fax to: 1-866-399-0928 Ph: 1-800-460-8988
<https://www.magnoliahealthplan.com/providers/pharmacy.html>

UnitedHealthcare/OptumRx
Fax to: 1-866-940-7328 Ph: 1-800-310-6826
<http://www.uhcommunityplan.com/health-professionals/ms/pharmacy-program.html>

BENEFICIARY INFORMATION	
Beneficiary ID: _____ - _____ - _____	DOB: ____/____/____
Beneficiary Full Name: _____	
PRESCRIBER INFORMATION	
Prescriber's NPI: _____	
Prescriber's Full Name: _____	Phone: _____
Prescriber's Address: _____	FAX: _____
PHARMACY INFORMATION	
Pharmacy NPI: _____	
Pharmacy Name: _____	
Pharmacy Phone: _____	Pharmacy FAX: _____
CLINICAL INFORMATION	
Requested PA Start Date: _____ Requested PA End Date: _____	
Drug/Product Requested: _____ Strength: _____ Quantity: _____	
Days Supply: _____ RX Refills: _____ Diagnosis or ICD-10 Code(s): _____	
<input type="checkbox"/> Hospital Discharge <input type="checkbox"/> Additional Medical Justification Attached	
Medications received through coupons and/or samples are not acceptable as justification PLEASE COMPLETE AND FAX DRUG SPECIFIC CRITERIA/ADDITIONAL DOCUMENTATION FORM FOUND BELOW	
<i>Prescribing provider's signature (signature and date stamps, or the signature of anyone other than the provider, are not acceptable)</i> I certify that all information provided is accurate and appropriately documented in the patient's medical chart.	
Signature required: _____	Date: _____
Printed Name of Prescribing Provider: _____	

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