

BLASTFAX

2009-2010 RSV Recommendations

Concerns have been raised regarding the use of palivizumab in the prevention of Respiratory Syncytial Virus (RSV). This issue was carefully considered by the AAP Committee on Infectious Diseases as it developed the 2009 Red Book recommendations. It has been re-evaluated and reaffirmed in light of a second review of all available evidence. An upcoming AAP policy statement and commentary will further address this issue. As with *all* AAP policy, many factors are considered when developing recommendations for appropriate prophylaxis and treatment of infectious diseases in childhood.

In Georgia, RSV season typically begins in late October or early November and lasts through the following March. Cases occur during other months, but not in high numbers. Currently, palivizumab is the only FDA approved medication for reducing the risk of acquiring RSV disease. Palivizumab is administered to infants and children at high-risk of RSV complications.

Based on statewide RSV surveillance data, the optimal time to begin the administration of palivizumab is early October. In general, up to 5 doses are sufficient to provide protection throughout the RSV season. Infants born in March should receive one dose. Please visit the Georgia Division of Public Health at <http://health.state.ga.us/epi/rsv/tracking.asp> to view surveillance data.

Summarized below are the AAP recommendations for the use of palivizumab (for additional information refer to pages 560-569 of the 2009 Red Book):

- ◆ **Children < 2 years of age with hemodynamically significant Congenital Heart Disease (CHD).**
- ◆ **Children < 2 years of age with Chronic Lung Disease (CLD or BPD) who have required medical therapy (supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) for CLD within 6 months of the start of the RSV season.**
- ◆ **Children with severe immunodeficiencies may benefit from prophylaxis.**
- ◆ **Infants \leq 28 weeks gestation who are less than one year of age at the time of the initial injection.**
- ◆ **Infants 29-32 weeks gestation who are less than 6 months of age at the time of the initial injection.**
- **Infants 32-35 weeks gestation who are less than 3 months of age at the time of the initial injection. Available data do not enable definition of a subgroup of infants at risk of prolonged hospitalization and admission to the intensive care unit. Therefore, current recommendations are intended to reduce the risk of RSV hospitalization during the period of greatest risk (the first 3 months of life) among infants with consistently identified risk factors for hospitalization. Palivizumab prophylaxis should be limited to infants in this group at greatest risk of hospitalization due to RSV, namely infants younger than 3 months of age at the start of the RSV season or infants born during the RSV season who are likely to have an increased risk of exposure to RSV.**

Epidemiologic data suggest that RSV infection is more likely to occur and more likely to lead to hospitalization for infants in this gestational age group when at least one of the following two risk factors is present:

- **infant attends child care, defined as a home or facility where care is provided for any number of infants or young toddlers in the child care facility; or**
- **infant has a sibling younger than 5 years of age.**

Infants in this gestational age category should receive prophylaxis only until they reach 3 months of age and should receive a maximum of 3 monthly doses; many will receive only 1 or 2 doses until they reach 3 months of age. Once an infant has passed 90 days of age, the risk of hospitalization attributable to RSV lower respiratory tract disease is reduced. Administration of palivizumab is not recommended after 3 months of age.

Hospitalized infants determined to be at risk of severe RSV disease should receive palivizumab 48 to 72 hours before discharge home from the hospital during the respiratory virus season. Children with CHD/CLD do not need to have been born prematurely in order to receive palivizumab. The recommended dose of palivizumab is 15 mg/kg IM given monthly throughout the RSV season.

Medicaid CMO Policy: Page 3 of this blastfax contains a chart with Synagis information that has been recently revised.

Please remember that palivizumab doses administered may be entered into GRITS. This will help providers know the extent to which palivizumab has been administered to specific patients.

It is the Chapter's policy that a physician has the right to determine the services that will be provided in the office setting. If you are not providing palivizumab in your office, the Chapter feels it will be the responsibility of the CMOs to establish a back up venue to ensure patients receive the necessary treatments. The guidelines to refer a patient for palivizumab therapy are attached in the Medicaid CMO Policy Summary. If you have followed the policies established by DCH and the CMOs and continue to have issues, you are encouraged to report this to the Chapter office by completing a hassle form or contacting the Chapter directly at 404-881-5094.

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Medicaid CMO Palivizumab (Synagis) Policy Summary - August 2009

	<i>Medicaid FFS Pharmacy</i>	<i>Amerigroup</i>	<i>Peach State</i>	<i>Well Care</i>
# of doses covered	5	5	5	5
Preferred Venue for Administration	No Preference between home or office	PCP office	PCP office	PCP office
Payment for PCP	NA	99211 90772	Administration charges for the injection should be billed on a (HCFA) CMS 1500 claim form using CPT code 96372. You can also bill for an appropriate office visit for each administration of the drug.	The administration fee for the injection should be billed on a (HCFA) CMS 1500 claim form using CPT code 96372. You may also bill the appropriate office visit code for the patient encounter during administration of the drug.
Policy on back-up venue for administration if PCP chooses not to give	NA	Our policy is to continue to strongly encourage Synagis administration in the provider's office. However, if the child is at further health risk due to receiving the medication in their provider's office we will allow the service to be administered in the patient's home via a home health care (HHC) agency provided the member meets the medical criteria for the drug.	Home administration considered only if pt. meets criteria for home health, is home bound, or if risk of accessing PCP office will cause significant endangerment	Home administration considered only if pt. meets criteria for home health, is home bound, or if risk of accessing PCP office will cause significant endangerment.
How PCP is to identify alternate venue to administer Synagis	NA	Visit AG online directory www.amerigroup.com/providers/directories/asp Or Call 800-454-3730 to request assistance with identification of a provider or HHC agency that is able to provide this service. Select option 3 then option 2 for assistance with obtaining an authorization for HHC services.	If PCP cannot find alternate venue, call 800-514-0083 Option 2 or note this on the request form and Peach State Pharmacy Department will assist in finding an alternate venue	If PCP cannot find alternate venue, call 866-269-5251 or note this on the request form and WellCare Pharmacy Department will assist in finding an alternate venue.
How does a provider request PA for Synagis?	Outpatient Pharmacy: Contact SXC at 1-866-525-5827 or fax form to 1-888-491-9742 If administered in Physician's Office or Outpatient Hospital facility: Submit one request for entire season via web only at www.ghp.georgia.gov Providers may request additional units by submitting a change request via the web portal if patient weight changes.	All requests for Synagis including faxing of the Carmark referral form can now be made by directly contacting the AMERIGROUP pharmacy department at 800-454-3730 (phone) option 3, then option 3 or faxing the referral form to 800-359-5781.	Fax the Synagis Enrollment Form found on the Peach State Website to Caremark at 800-323-2445	Fax the Synagis Order Form to 1-866-455-6558. The form is located on the website at http://georgia.wellcare.com under provider, pharmacy services, then pharmacy forms.
Time to make PA determination	Outpatient Pharmacy: Within 24 hours from receipt of complete information. For Physician's Office or Outpatient Hospital facility: 5 business days from receipt of complete information	One (1) business day from receipt of a completed Synagis referral form with supporting clinical documentation where indicated demonstrating medical necessity. In the event the request is not approved and the provider requests a peer to peer and/or a medical appeal, the time to make a determination can take up to 30 days.	24 hours from receipt of complete information by Peach State Health Plan	24 hours from receipt of completed Synagis Order Form by WellCare Pharmacy Department
Time to find alternative provider if physician requests assistance	NA	72 hours	72 hours	72 hours
Time to ship meds, once PA has been authorized	NA	Once PA of Synagis has been authorized, Caremark will work with provider and/or HHC to determine scheduled date for Synagis administration. Synagis will be shipped 3-5 business days (no shipments on Fridays) prior to the scheduled date for Synagis administration.	Once PA for Synagis has been authorized, Caremark will work with provider and/or HHC to determine scheduled date for Synagis administration. Synagis will be shipped 3-5 business days (no shipments on Fridays) prior to the scheduled date of Synagis administration.	Once the PA for Synagis has been authorized, WellCare will contact provider to determine scheduled date for Synagis administration. Synagis will be shipped 3-5 business days (no shipments on Fridays) prior to the scheduled date of the administration.