

Blastfax

Major Changes in Guidance for Palivizumab Prophylaxis among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection

The AAP has published the policy statement mentioned above and an accompanying technical report in the August 2014 edition of *Pediatrics* (published online July 28). Links to the full documents can be found below.

Policy statement: <http://pediatrics.aappublications.org/content/early/2014/07/23/peds.2014-1665>

Technical report: www.pediatrics.org/cgi/doi/10.1542/peds.2014-1666

The AAP recommends use of palivizumab be limited to high-risk infants who are most likely to benefit:

- Infants born before 29 weeks gestation;
- Infants with certain chronic illnesses, including congenital heart disease or chronic lung disease.

Summary of Guidance

- In the first year of life, palivizumab prophylaxis is recommended for infants born before 29 weeks, 0 days' gestation.
- Palivizumab prophylaxis is not recommended for otherwise healthy infants born at or after 29 weeks, 0 days' gestation.
- In the first year of life, palivizumab prophylaxis is recommended for preterm infants with CLD of prematurity, defined as birth at <32 weeks, 0 days' gestation and a requirement for >21% oxygen for at least 28 days after birth.
- Clinicians may administer palivizumab prophylaxis in the first year of life to certain infants with hemodynamically significant heart disease. Decisions regarding palivizumab prophylaxis for infants with heart disease may be made in consultation with a pediatric cardiologist.
- Clinicians may administer up to a maximum of 5 monthly doses of palivizumab (15 mg/kg per dose) during the RSV season to infants who qualify for prophylaxis in the first year of life. Qualifying infants born during the RSV season may require fewer doses.
- Palivizumab prophylaxis is not recommended in the second year of life except for children who required at least 28 days of supplemental oxygen after birth and who continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy).
- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.
- Children with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways may be considered for prophylaxis in the first year of life.
- Children younger than 24 months who will be profoundly immunocompromised during the RSV season may be considered for prophylaxis.

- Insufficient data are available to recommend palivizumab prophylaxis for children with cystic fibrosis or Down syndrome.
- The burden of RSV disease and costs associated with transport from remote locations may result in a broader use of palivizumab for RSV prevention in Alaska Native populations and possibly in selected other American Indian populations.
- Palivizumab prophylaxis is not recommended for prevention of health care-associated RSV disease.

In Georgia, RSV season typically begins in October. Based on statewide RSV surveillance data, administration of palivizumab for at-risk babies should begin October 1, 2014. In general, up to five doses are sufficient to provide protection throughout the RSV season. For hospitalized infants, the first dose of palivizumab should be administered 48-72 hours prior to discharge from the nursery. The last dose should be administered in February, except when a high-risk infant is discharged in February, they should receive an injection in February and March. A high-risk infant that is discharged in March should receive one injection prior to discharge.

Infants who have been discharged from their birth hospital and are readmitted when they are due for an injection should receive it while hospitalized.

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.

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For questions or concerns regarding this blastfax or any other immunization information, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org

Medicaid FFS and CMO Palivizumab (Synagis) Policy Summary - 2014-2015 RSV Season

| | <i>Medicaid FFS Pharmacy</i> | <i>Amerigroup</i> | <i>Peach State</i> | <i>Well Care</i> |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum # of doses covered | 5 | 5 | 5 | 5 |
| Preferred Venue for Administration | No preference office | PCP office | PCP office | PCP office |
| Payment for PCP | Refer to FFS Physician's Injectable Drug List (PIDL) or Physician Services Manual via www.mmis.georgia.gov | Administration fee for the injection should be billed on a (HCFA) CMS 1500 claim form using CPT code 96372. You may also bill for an appropriate office E&M code with each visit for Synagis administration. | Administration fee for the injection should be billed on a (HCFA) CMS 1500 claim form using CPT code 96372 and a diagnosis code for RSV prophylaxis. You may also bill the appropriate office visit code for the patient encounter during 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 | Home Health or Outpatient Facilities are venue options if the PCP chooses not to administer. | We strongly encourage Synagis administration in the provider's office to promote continuity of follow-up of high risk infants. If the child is placed in further health risk by receiving the medication in the provider's office, we will allow Synagis to be administered in the patient's home via a home health care (HHC) agency. | 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 patient 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 | Find a provider at www.mmis.georgia.gov/portal/PubAccessMemberInformation/FindaProvider/tabid/49/Default.aspx or call 800-766-4456 for assistance. | Visit AG online directory at www.realsolutions.com Or Call 800-454-3730 for assistance with identification of a network provider or HHC agency. | 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 to speak with a pharmacy manager or note this on the request form and WellCare Pharmacy Department will assist in finding an alternate venue. |

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Medicaid FFS and CMO Palivizumab (Synagis) Policy Summary - 2014-2015 RSV Season (continued)

| | <i>Medicaid FFS Pharmacy</i> | <i>Amerigroup</i> | <i>Peach State</i> | <i>Well Care</i> |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How does a provider request PA for Synagis? | <p><u>Outpatient Pharmacy/Home Health:</u> Fax the Synagis PA Request Form to Catamaran at 1-888-491-9742. The form is located at http://dch.georgia.gov/pharmacy under Prior Authorization Process and Criteria. Providers may request additional units if patient weight changes by calling Catamaran at 1-866-525-5827</p> <p><u>Physician's Office or Outpatient Hospital Facility:</u> Submit one request for entire season via web only at www.mmis.georgia.gov. Providers may request additional units by submitting a change request via the web portal if patient weight changes.</p> | <p>All requests for Synagis, including faxing of the Amerigroup referral form, can now be made by directly contacting the AMERIGROUP pharmacy department at 800-454-3730 (phone) or faxing the referral form to 800-359-5781.</p> | <p>Fax the Synagis Enrollment Form found on the Peach State Website to the Peach State Pharmacy Department at 866-374-1579</p> | <p>Fax the Synagis Order Form to 1-866-455-6558. The form is located on the website at http://georgia.wellcare.com Click on For Providers, then Pharmacy.</p> |
| Time to make PA determination | <p><u>Outpatient Pharmacy/Home Health:</u> One (1) business day from receipt of complete information for initial PA requests. In the event the request is not approved and the provider requests a peer to peer and/or medical appeal, the time to make a determination generally takes up to three (3) business days from receipt of complete information.</p> <p><u>Physician's Office/Clinic or Outpatient Clinic/Hospital Facility:</u> Five (5) business days from receipt of complete information.</p> | <p>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.</p> | <p>Three (3) business days from receipt by Peach State 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.</p> | <p>One (1) business day from receipt of a completed Synagis referral form with supporting clinical documentation of 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.</p> |
| 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 | <p>Once PA of Synagis has been authorized, Amerigroup 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.</p> | <p>Once PA for Synagis has been authorized, the specialty pharmacy will work with 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 Synagis administration.</p> | <p>Once the PA for Synagis has been authorized, WellCare will contact the requesting 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.</p> |