

BLASTFAX

2013-2014 RSV Recommendations

In Georgia, RSV season typically begins in October. Currently, Palivizumab is the only FDA-approved medication for reducing disease severity. Based on statewide RSV surveillance data, administration of Palivizumab for at-risk babies should begin October 1, 2013. The RSV season in Georgia is typically October through March. In general up to five doses are sufficient to provide protection throughout the RSV season. A high-risk infant discharged from the hospital in February should receive February and March injections. A high-risk infant that is discharged in March should receive an injection in March.

Summarized below are the AAP recommendations for the use of Palivizumab (for additional information refers to pages 609-618 of the 2012 Red Book). A brief summary is below.

- ◆ **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.**
- ◆ **Children <1 year of age with congenital abnormalities of their airway or neuromuscular disease that compromises handling of respiratory secretions.**
- ◆ **Infants \leq 28 weeks' gestation who are less than one year of age at the start of the RSV season.**
- ◆ **Infants 29-32 weeks' gestation who are less than 6 months of age at the start of the RSV season.**
- ◆ **Infants 32-35 weeks' gestation who are less than 3 months of age at the start of the RSV season.**
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**
- **One or more children younger than 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.**

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.

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.

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 backup 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. *If a commercial insurer is not following AAP recommendations, please inform the Chapter office.*

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Georgia Chapter
American Academy of Pediatrics

Medicaid FFS and CMO Palivizumab (Synagis) Policy Summary - 2013-2014 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 between outpatient pharmacy/home health, outpatient facility or physician office	PCP office	PCP office	PCP office
Payment for PCP	Refer to FFS Medical Policy or PA via Georgia Medical Care Foundation (GMCF) at 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	Refer to FFS Medical Policy or PA via GMCF at www.mmis.georgia.gov	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	Refer to FFS Medical Policy or PA via GMCF at www.mmis.georgia.gov	Visit AG online directory at www.realsolutions.com Or Call 800-454-3730 for assistance with identification of a provider or HHC agency that is able to provide this service.	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 - 2012-2013 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.goergia.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 Caremark 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> Within 24 hours from receipt of complete information.</p> <p><u>Physician's Office or Outpatient Hospital Facility:</u> 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>One (1) business day 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	<p>Refer to FFS Medical Policy or PA via GMCF at www.mmis.georgia.gov</p>	<p>72 hours</p>	<p>72 hours</p>	<p>72 hours</p>
Time to ship meds, once PA has been authorized	<p>NA</p>	<p>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.</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>