

#### SYNAGIS® INFORMATION SHEET

This information sheet does not need to be faxed or submitted with the Prior Authorization Request (PAR) form as it is intended to provide information only. Refer to the Synagis® 2023-2024 Provider Bulletin for more information.

The 2023-2024 Synagis® (palivizumab) season will begin October 1, 2023, and end April 1, 2024. Health First Colorado will approve requests for a maximum of five (5) doses, at a dosing interval of no fewer than 26 days between injections. Requests for doses exceeding the five (5) dose maximum or beyond the season end date will be **DENIED**. Providers should be aware that the Colorado Respiratory Syncytial Virus (RSV) season typically has a later onset (i.e., starts closer to the end of December) and should schedule their Synagis® doses accordingly. Area virology trend reporting is available on the <u>Centers for Disease Control and Prevention (CDC)</u> website.

Effective October 1, 2023, Health First Colorado will begin accepting PARs for Synagis®. All requests for Synagis® (palivizumab) require prior authorization. All requests for administration in the home should be submitted for payment through the pharmacy benefit, which must be submitted on the Health First Colorado Synagis® Pharmacy Benefit PAR form. The form can be found in the Provider Services Forms section of the Department's website. **No other forms will be accepted**. The form can be faxed to 1-800-424-5881. All Synagis® Pharmacy benefit PARs must be signed by the prescribing physician, even if submitted by an agent of the prescriber. In the event that the prescriber can attest to a documented home health service access issue for the member, pharmacy benefit PARs for office administration will be considered. **All other requests for administration in the provider's office or facility should be submitted through the ColoradoPAR Program. Please visit <a href="https://hcpf.colorado.gov/par">https://hcpf.colorado.gov/par</a> for information on how to a submit a medical PAR for Synagis®.** 

The Department is continuing use of coverage criteria based on the recommendations of the American Academy of Pediatrics (AAP) 2014 for Respiratory Syncytial Virus (RSV) prophylactic therapy and the 2023 Advisory Committee on Immunization Practices (ACIP) and AAP Recommendations for nirsevimab. These recommendations have been updated since the 2009 AAP guidelines. Per the AAP "Evidence of these falling rates of RSV hospitalizations, along with new data about which children are at highest risk of RSV hospitalization, guided the AAP recommendation that palivizumab prophylaxis be limited to infants born before 29 weeks gestation, and to infants with certain chronic illnesses like congenital heart disease or chronic lung disease." The Department has reviewed the guidelines and evidence and agrees with the AAP statement. Synagis® is used to prevent serious lower respiratory tract disease caused by RSV in pediatric members at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Health First Colorado Synagis® Pharmacy Benefit PAR Form online will be **DENIED**. To request additional clinical consideration after a pharmacy benefit denial, first contact Magellan Rx Management Pharmacy Call Center (1- 800-434-5725) to request an expanded (pharmacist) review. Members or providers may appeal Synagis® prior authorization denials through the normal appeals process.

#### Dispensing and Prior Authorization of Synagis® Immune Globulin

 Please note that no more than one (1) 50mg vial will be allowed per month through the pharmacy benefit. As an example, if 100mg is needed, use a 100mg vial and not two (2) 50mg vials. The chart below provides details regarding the pharmacy coverage quidelines.

## **Dispensing Guide (for Pharmacy Administration Only)**

Weight	Dosage	Dispense Units						
Up to 3.3 kg	Up to 49.5 mg	1 x 50 mg vial						
3.4 kg to 6.6 kg	51 mg to 99 mg	1 x 100 mg vial						
6.7 kg to 10 kg	100.5 mg to 150 mg	1 x 100 mg vial + 1 x 50 mg vial						
10.1 kg to 13.3 kg	151.5 mg to 199.5 mg	2 x 100 mg vials						
13.4 kg to 16.6 kg	201 mg to 249.5 mg	2 x 100 mg vials + 1 x 50 mg vial						
16.7 kg to 20 kg	250.5 mg to 300 mg	3 x 100 mg vials						

Reminder: The provider must retain copies of all documentation for six (6) years (10 C.C.R. 2505-10, Section 8.040.2).



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# SYNAGIS® PHARMACY BENEFIT\* PRIOR AUTHORIZATION REQUEST FORM

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UNITS PER MONTH:   O OR  1 X 50MG X 100MG NUMBER OF MONTHS REQUESTED (NO MORE THAN 5):  TODAY'S DATE: DATES OF SERVICE: FROM: TO:																										
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	☐ Infants with hemodynamically significant heart disease (acyanotic heart disease) defined as having one or more of the following: ICD 10-CM Code										Code:															
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## SYNAGIS® PHARMACY BENEFIT\* PRIOR AUTHORIZATION REQUEST FORM

Phone: 1-800-424-5725									/						
Pharmacy Benefit is defined as being administered in client's home or doses not administered in the patient's home (ex. physician's office), please visit https://hcpf.colorado.gov/par for information on l								to the Cold	orado PAR	l Program		ı	!		
or child	or children in the second year of life: (Check at least one of the following AND indicate diagnosis code)														
	(CLD) of prematur	before 32 weeks 0 days ge rity <b>AND</b> Requirement of > te to require medical intervendiuretic therapy)		ICD 10-CM Code:											
		e profoundly immunocompi poietic stem cell transplanta	ICD 10-CM Code:												
	Children with man	nifestation of severe lung di	sease: (Choose one of	the follo	wing <b>A</b>	ND ad	d Diagno	osis cod	e)						
		pitalization for pulmonary e s of chest radiography or cl <b>OR</b>	ICD 10-CM Code:												
	☐ Weight for le	ength less than the 10th pe	ICD 10-CM Code:												
	A child who undergoes cardiac transplantation during the RSV season.														
Has the member received prior doses of Synagis®? ☐ Yes ☐ No															
	If yes, what date	was the last dose received	?												
Has th	Has the member received Beyfortus (nirsevimab)? ☐ Yes ☐ No														
	If no, provider at	tests that Beyfortus is not a	available at the initiatio	on of Syn	agis® t	reatme	nt and u	pon Bey	fortus	availabi	ity Syna	agis® wi	ill		
	be discontinued. ☐Yes ☐No														
Provider attests that Synagis $^{@}$ will be administered in the patient's home or long-term care facility. $\square$ Yes $\square$ No															
	If no, doses administered in a physician's office or clinic must be billed through the medical benefit unless a patient cannot access home health services.														
	Provider a	attests home health service	s are not available to t	he patie	nt.		☐ Y	es 🗆	No						
	If	no, please visit https://hcp	f.colorado.gov/par for	informa	tion on	how to	submit	a medic	al PAR	for Syna	agis®.				
Pr	escriber Signatu	ıre (Required)						Date							

By signature, the Prescriber confirms the criteria information above is accurate and verifiable in-patient records

Fax This Form to:
HEALTH FIRST COLORADO PRIOR AUTHORIZATIONS
FAX NUMBER: 1-800-424-5881 (FORMS NEED TO BE FAXED FOR APPROVAL)
PA HELP DESK: 1-800-424-5725

(i. OF CO/Opp.)