



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 [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov).

Effective October 1st, 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 Colorado PAR Program. Please visit <https://hcpf.colorado.gov/par> for information on how to 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](https://www.aapublications.org/) for Respiratory Syncytial Virus (RSV) prophylactic therapy and [the 2023 Advisory Committee on Immunization Practices \(ACIP\) and AAP Recommendations for nirsevimab](https://www.cdc.gov/vaccines/imz/byacip/). 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 guidelines.

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).





Phone: 1-800-424-5725

Fax: 1-800-424-5881

Request Date:

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

*Pharmacy Benefit is defined as being administered in client's home
For doses not administered in the patient's home (ex. physician's office), please visit <https://hcpf.colorado.gov/par> for information on how to submit a PAR to the Colorado PAR Program

CLIENT INFORMATION

| | |
|--|---|
| LAST NAME: | FIRST NAME: |
| | |
| MEDICAID ID NUMBER: | DATE OF BIRTH: |
| | - - |
| GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female | CURRENT WEIGHT: _____ kg |
| UNITS PER MONTH: <input type="checkbox"/> 0 OR <input type="checkbox"/> 1 _____ X 50MG _____ X 100MG | NUMBER OF MONTHS REQUESTED (NO MORE THAN 5): _____ |
| TODAY'S DATE: | DATES OF SERVICE: FROM: TO: |

PROVIDER INFORMATION

| | |
|-----------------------------|------------------------------|
| PHYSICIAN LAST NAME: | PHYSICIAN FIRST NAME: |
| | |
| STREET ADDRESS: | |
| CITY: | STATE: |
| | ZIP: |
| PHONE NUMBER: | FAX NUMBER: |
| - - | - - |
| NPI NUMBER: | DEA NUMBER: |
| | - |

Health First Colorado will approve Synagis® prior authorization requests for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. **Requests will be approved for a maximum of 5 doses, at a dosing interval of no fewer than 26 days between refills.** Requests will be accepted beginning October 1, 2023. Providers must attest to the Synagis® administration location.

For infants in the first year of life: (Check *at least* one of the following **AND** indicate diagnosis code)

- Any infant up to 12 months of age, born before 29 weeks 0 days gestation. ICD 10-CM Code: _____
- For infants born before 32 weeks 0 days gestation **AND** Chronic Lung Disease (CLD) of prematurity with greater than 21% oxygen use for at least 28 days after birth ICD 10-CM Code: _____
- An infant with cystic fibrosis with clinical evidence of CLD **AND/OR** nutritional compromise ICD 10-CM Code: _____
- An infant with neuromuscular disease or pulmonary abnormality **AND** is unable to clear secretions from the upper airways ICD 10-CM Code: _____
- An infant who undergoes cardiac transplantation during the RSV season. ICD 10-CM Code: _____
- Infants with hemodynamically significant heart disease (acyanotic heart disease) defined as having one or more of the following: ICD 10-CM Code: _____
 - Infants receiving medication to control congestive heart failure and will require cardiac surgical procedures;
 - Infants with moderate to severe pulmonary hypertension
- An infant with cyanotic heart defects **AND** in consultation with a pediatric cardiologist **AND both** of the following: ICD 10-CM Code: _____
 - Requirement of >21% oxygen for at least 28 days after birth
 - Continues to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy)
- An infant who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy) ICD 10-CM Code: _____





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Request Date:

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*Pharmacy Benefit is defined as being administered in client's home
For doses not administered in the patient's home (ex. physician's office), please visit <https://hcpf.colorado.gov/par> for information on how to submit a PAR to the Colorado PAR Program

For children in the second year of life: (Check *at least* one of the following **AND** indicate diagnosis code)

For children born before 32 weeks 0 days gestation **AND** Chronic Lung Disease (CLD) of prematurity **AND** Requirement of >21% oxygen for at least 28 days after birth **AND** continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy)

ICD 10-CM Code: _____

A child who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy)

ICD 10-CM Code: _____

Children with manifestation of severe lung disease: (Choose one of the following **AND** add Diagnosis code)

Previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities of chest radiography or chest computed tomography that persist when stable **OR**

ICD 10-CM Code: _____

Weight for length less than the 10th percentile.

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 the member received Beyfortus (nirsevimab)? Yes No

If no, provider attests that Beyfortus is not available at the initiation of Synagis treatment and upon Beyfortus availability Synagis will be discontinued.

Yes No

Provider attests that Synagis® will be administered in the patient's home or long-term care facility. Yes 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 attests home health services are not available to the patient. Yes No

If no, please visit <https://hcpf.colorado.gov/par> for information on how to submit a medical PAR for Synagis®.

Prescriber Signature (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

