



**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® 2020–2021 Provider Bulletin for more information.**

The 2020–2021 Synagis® (palivizumab) season will begin November 16, 2020, and end April 16, 2021. 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](#).

Effective November 2, 2020, 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 or completed by calling the Pharmacy Prior Authorization Helpdesk at 1-800-424-5725. All Synagis® Pharmacy PARs must be signed by the prescribing physician, even if submitted by an agent of the prescriber. **All requests for administration in the provider’s office or facility should be submitted through the Colorado PAR Program. Please visit [ColoradoPAR.com](#) 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](#) for Respiratory Syncytial Virus (RSV) prophylactic therapy. 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) for a home administration (pharmacy benefit) and request an expanded (pharmacist) review. For office/outpatient administration (medical benefit), please visit [ColoradoPAR.com](#) to submit a medical prior authorization for Synagis®. 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:

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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 [ColoradoPAR.com](http://ColoradoPAR.com) 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.

Provider attests that Synagis® will be administered in the patient's home or long-term care facility.  Yes  No  
If no, for doses not administered in the patient's home (ex. physician's office), please visit [ColoradoPAR.com](http://ColoradoPAR.com) for information on how to submit a medical PAR for Synagis®.

Has the child received prior doses as an inpatient?  Yes  No

If yes, what date was the last dose received? \_\_\_\_\_

**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

