DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington

To:	All Prescribers Managed Care Organizations Nursing Facility Administrators Pharmacists Regional Support Networks	**# Memo: 09-71** **Issued: November 18, 2009**
From:	Douglas Porter, Assistant Secretary Health and Recovery Services Administration	**For further information, go to:** http://hrsa.dshs.wa.gov/pharmacy

Subject: **Synagis® (2009 - 2010 Respiratory Syncytial Virus (RSV) Season): Administration and Authorization Requirements**

Effective for dates of service on and after December 1, 2009, the Department of Social and Health Services (DSHS) will require providers to follow the updated 2009 American Academy of Pediatrics (AAP) guidelines for the administration of Synagis®.

Requirements for Administration and Authorization of Synagis® for 2009 - 2010 RSV Season

Effective for dates of service on and after December 1, 2009, DSHS will require providers to follow the 2009 updated guidelines established by the American Academy of Pediatrics (AAP) for the administration of Synagis®.

Note: *This information relates only to those clients NOT enrolled in a DSHS managed Care Organization (MCO). For clients enrolled in a DSHS MCO, please refer to the coverage guidelines in the enrollee's plan.*

Respiratory Syncytial Virus (RSV)/Synagis® Season

DSHS has established the RSV/ Synagis® season as December 1, 2009 through April 30, 2010. DSHS monitors RSV incidence as reported by laboratories throughout the state and may change the dates based on the data collected.

Unless otherwise notified by DSHS, these dates are firm.

Criteria for Administration of Synagis® to DSHS Clients

DSHS requires that the following guidelines and standards of care be applied to clients considered for RSV/Synagis® prophylaxis during the RSV season. DSHS established these guidelines and standards using the AAP guidelines revised and updated in 2009.

Children younger than 2 years of age at the beginning of the coverage season (i.e., born after December 1, 2007) are covered for up to a maximum of five doses for the season, regardless of start of treatment in relation to season start and end dates, if they have one of the following conditions:

- ✓ **Children with Chronic Lung Disease (CLD):**
  - *For their* first *RSV season with CLD, clients* who have required medical therapy (supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy) for CLD within 6 months prior to the anticipated start of the RSV/ Synagis® season (i.e., after June 1, 2009);
  - *For their* second *RSV season with CLD, clients* who continue to require medical therapy, ***or*** **if treatment with Synagis is ordered by a neonatologist, pediatric intensivist, pulmonologist, or infectious disease specialist.**
- ✓ **Asthma - Children** with asthma who are on daily inhaled steroid therapy, but have persistent symptoms require evaluation by an asthma specialist or pulmonologist prior to authorization for Synagis®;
- ✓ **Immunocompromised Children** - For example severe combined immunodeficiency or advanced acquired immunodeficiency syndrome;
- ✓ **Hemodynamically significant cyanotic, or acyanotic congenital heart disease** and ONE of the following:
  - Receiving medication to control congestive heart failure;
  - Moderate to severe pulmonary hypertension;
  - Undergoing surgical procedures that use cardiopulmonary bypass; or
  - Infants with cyanotic heart disease.

Note: DSHS does ***not*** authorize Synagis® for the following groups of infants and children with congenital heart disease:

- Infants and children with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus);
- Infants with lesions adequately corrected by surgery, unless they continue to require medication for congestive heart failure; and
- Infants with mild cardiomyopathy who are not receiving medical therapy for the condition.

✓ **Children younger than 12 months of age at the beginning of the RSV/Synagis® season (i.e., born after Dec 1, 2008) with significant congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory tract secretions -** These clients are covered for a maximum of five doses for the season during the first year of life only;

✓ **Children born at 28 weeks and 6 days gestation or earlier and younger than 12 months of age at the beginning of the RSV/Synagis® season (i.e., born after December 1, 2008)** – These clients are covered for a maximum of five doses for the season, regardless of start of treatment in relation to RSV season start and end dates;

✓ **Children born at 29 weeks and 0 days through 31 weeks and 6 days gestation and younger than 6 months of age at the beginning of the RSV/Synagis® season (i.e., born after June 1, 2009)** – These clients are covered for a maximum of five doses for the season, regardless of start of treatment in relation to RSV season start and end dates;

✓ **Children born at 32 weeks and 0 days through 34 weeks and 6 days gestation, younger than 3 months of age at the beginning of the RSV/Synagis® season (i.e., born after September 1, 2009)**, and having one of the following risk factors:

- Attending child care; or
- Living with siblings younger than five years of age.

Children who qualify under these criteria should receive Synagis® only until they reach 3 months of age and may receive a maximum of **three** doses of Synagis® during the season. This means that some children may only receive one or two doses, because of their age, during the RSV/Synagis season. Payment for any doses beyond the three allowed or administered after 3 months of age will be considered an overpayment subject to recoupment.

Other Considerations When Administering Synagis®

Administer the first dose of Synagis 48 to 72 hours before discharge or promptly after discharge to infants who qualify for prophylaxis during the RSV/Synagis season.

If an infant or child who is receiving Synagis immunoprophylaxis experiences a breakthrough RSV infection, continue administering monthly prophylaxis for the maximum allowed doses as above.

Note: DSHS does not authorize Synagis® for children with cystic fibrosis.

Authorization and Billing Procedures

Please direct questions or concerns regarding billing and authorization of Synagis® to DSHS's Pharmacy Authorization Unit at 1-800-848-2842. Fax prior authorization requests on completed DSHS prior authorization form(s) to 1-360-725-2122.

Bill DSHS using the following guidelines:

- ✓ Synagis® may be dispensed and billed by a retail pharmacy for administration by a physician, or may be billed by the physician's office;
- ✓ Pharmacies bill through standard pharmacy Point-of-Sale electronic claim submission using the appropriate National Drug Code for the product dispensed;
- ✓ Physician's offices billing directly for Synagis® must bill on a CMS-1500 or comparable electronic billing format using Current Procedural Terminology (CPT) code 90378;
- ✓ When requesting authorization for Synagis® use the "Request For Synagis (Not Managed Care/Healthy Options)" form, DSHS 13-771, and clearly indicate on page 2 whether a pharmacy or a physician's office is billing DSHS.

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Criteria for Coverage or Authorization

Note: Criteria for coverage or authorization vary depending on the patient's age at the start of the RSV season.

Clients Younger than One Year of Age for the Duration of RSV/Synagis® Season (Dates of Birth May 1, 2009 – April 30, 2010)

DSHS requires providers to use and accurately apply the "Criteria for Administration of Synagis® to DSHS Clients." Billing for Synagis® outside of these guidelines will be considered an overpayment and will be subject to recoupment.

DSHS will continue to cover Synagis® for clients younger than one year of age without authorization, as long as utilization is appropriate. In this case, physicians and pharmacies are not required to submit paperwork or obtain pre-approval for the administration of Synagis®.

Clients Reaching One Year of Age During RSV/Synagis® Season (Dates of Birth December 1, 2008 – April 30, 2009)

DSHS requires prior authorization to administer Synagis® to DSHS clients who are:

- ✓ Under one year of age at the start of RSV/Synagis® season; and
- ✓ Will reach their first birthday prior to the end of the season.

Prior authorization is required to administer Synagis® to children one year of age and older. Request authorization by faxing the "Request For Synagis (Not Managed Care/Healthy Options)" form, DSHS 13-771.

Clients Between One and Two Years of Age at the Beginning of RSV/Synagis® Season (Dates of Birth December 1, 2007 – November 30, 2008)

Prior authorization is required to administer Synagis® to DSHS clients one year of age and older at the start of RSV/Synagis® season. Request authorization by faxing the "Request For Synagis (Not Managed Care/Healthy Options)" form, DSHS 13-771.

Clients Older than Two Years of Age at the Beginning of RSV/Synagis® Season (Dates of Birth prior to December 1, 2007)

DSHS does not pay for administering Synagis® to clients older than two years of age.

Weight Changes for Clients One Year of Age and Older During RSV/Synagis® Season

The quantity of Synagis® authorized for administration of Synagis® to clients one year of age and older is dependent upon their weight at the time of administration.

If you have obtained authorization for a quantity of Synagis® that no longer covers the client's need due to weight gain, complete and fax the "Request For Additional MG's of Synagis® Due to Client Weight Increase" form, DSHS 13-770. DSHS will update the authorization to reflect an appropriate quantity and fax back confirmation of the increased dosage.

Evaluation of Authorization Requests

DSHS physicians will evaluate requests for authorization to determine whether the client falls within 2009 AAP guidelines for the administration of Synagis®. DSHS will fax an approval or denial to the requestor.

Please allow at least five business days for DSHS to process the authorization request. You may verify the status of a pending authorization by calling the Medical Assistance Customer Service Center at 1-800-562-3022.

DSHS forms may be downloaded at DSHS/HRSA forms website at: http://www.dshs.wa.gov/msa/forms/eforms.html.

ProviderOne Readiness

To continue to get paid, providers need to complete readiness activities to prepare for ProviderOne implementation. Specific instructions and resources are available at http://hrsa.dshs.wa.gov/providerone/providers.htm.

How Can I Get DSHS/HRSA Provider Documents?

To download and print DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link).