

Synagis® Web Conference

2009-2010

RSV Season

August 14, 2009
10:00 AM CT

Hosted By

Alabama Medicaid

In conjunction with Health Information Designs, Inc.

Synagis® 2009-2010 Season

Web Conference Agenda

- I. Welcome/Introductions
- II. Background/History
- III. 2009-2010 Season Overview
- IV. Changes for the Season
- V. PA Criteria Review and Process
- VI. Notification Process/Approval Letter
- VII. Educational Opportunities/Outreach
- VIII. Question/Answer

Synagis® 2009-2010 Season

Welcome/Introductions

- a. Alabama Medicaid
- b. Health Information Designs, Inc.
- c. Medicaid Pharmacy Specialists
- d. MedImmune

Synagis® 2009-2010 Season

Background/History

Robert Moon, M.D.,

Alabama Medicaid Medical Director

AAP's Red Book

For 70 years, the Red Book has set standards of quality, authority and value. Red Book experts have full access to the world's literature to help establish their recommendations.¹

The Red Book is developed by the AAP Committee on Infectious Diseases, and its content, including contributions from hundreds of experienced practitioners, is reviewed by the CDC and FDA.¹

¹ Red Book 2009 "About the Red Book"

AMA's Use of the Red Book

- Alabama Medicaid for the past several years has taken our criteria from the Red Book. Prior to what was released this summer, we had been using the most recent version: "AAP 2006 Redbook Recommendations for the Prevention of RSV".
- This summer, Red Book released its 2009 version² and our criteria has been updated accordingly.

² Red Book 2009, Section 3. Summaries of Infectious Diseases, Respiratory Syncytial Virus

“AAP News” article

“Reducing RSV hospitalizations
AAP modifies recommendations
for use of palivizumab in
high-risk infants, young children”

* “AAP News”, July 2009, Vol. 30, No. 7



THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News

Volume 30 • Number 7
July 2009
www.aapnews.org

Reducing RSV hospitalizations AAP modifies recommendations for use of palivizumab in high-risk infants, young children

by H. Cody Meissner, M.D., FAAP, and
Joseph A. Bocchini Jr., M.D., FAAP



Dr. Meissner

Based on additional data regarding the seasonality of respiratory syncytial virus (RSV) disease as well as risk factors for disease acuity, AAP recommendations for immunoprophylaxis with palivizumab have been updated in the 2009 *Red Book*.

Among the changes are new recommendations for infants born at 32 weeks' to less than 35 weeks' gestation (32 weeks, 0 days through 34 weeks, 6 days).

This article summarizes the recommendations and major changes present in the 2009 *Red Book* (pages 562-568) and in an AAP policy statement soon to be published in *Pediatrics*. The updated recommendations aim to ensure optimal balance of benefit and cost.

Disease burden

More than 125,000 hospitalizations due to RSV infection occur annually in the United States. Approximately 2% to 3% of all infants in the first 12 months of life will be hospitalized because of an RSV infection. Most of these infants will be previously healthy, term infants.

RSV-infected premature infants, infants with chronic lung disease (CLD) of prematurity and infants with hemodynamically significant congenital heart disease have hospitalization rates four to five times greater than those of healthy infants. Parents of infants at high risk for severe RSV infection are routinely educated on the importance of decreasing exposure to and transmission of RSV.

In the absence of a safe, effective vaccine or a broadly effective antiviral agent for chemoprophylaxis or treatment, passive immunoprophylaxis with the monoclonal antibody palivizumab remains the most important intervention for reducing the burden of RSV disease among high-risk infants and children. However, immunoprophylaxis is costly. The updated recommendations are based in part on the conclusion that the cost effectiveness of immunoprophylaxis can be maximized by restricting its use to infants at highest risk of hospitalization during times when RSV is most likely to be circulating.

Palivizumab was approved by the Food and Drug Administration (FDA) in 1998 for prevention of serious lower respiratory tract disease caused by RSV in pediatric patients at increased risk of severe disease. FDA approval was based on the results of a randomized clinical trial showing that prophylaxis with five monthly doses of palivizumab reduced RSV hospitalization rates by about 50% compared with placebo recipients. AAP recommendations for selection of infants for immunoprophylaxis

first were published in November 1998 and revised in December 2003. The updated AAP recommendations differ in certain respects with those contained in the FDA-approved label and package insert for Synagis (palivizumab).

Initiation and termination of prophylaxis

For most areas of the United States, recommendations for initiation and termination of prophylaxis remain unchanged for infants with hemodynamically significant congenital heart disease, chronic lung disease of prematurity and birth before 32 weeks' gestation. For children in these categories living in most areas of the United States, the updated recommendations state that the first dose of palivizumab should be administered during the first week of November, and the fifth and last dose should be administered in March.

For the majority of areas in the United States, outbreaks of RSV disease begin in November or December, peak in January or February and end in March or April. Five monthly doses of palivizumab will provide more than 20 weeks of protective serum antibody concentration for most infants. If prophylaxis is initiated in October in a geographic area with an earlier onset of RSV season, under the updated recommendations, the fifth and last dose of palivizumab should be administered in February.

Surveillance data from the Centers for Disease Control and Prevention have identified variations in the onset and offset of the RSV season in areas within Florida that should affect the timing of palivizumab administration. The updated recommendations state that infants and young children in Florida who qualify for prophylaxis for the season should receive palivizumab only during the five months following onset of RSV season (maximum of five doses). Detailed recommendations for specific areas of Florida are discussed in the 2009 *Red Book* and the AAP policy statement.

Eligibility criteria for prophylaxis of high-risk infants, young children

Infants with chronic lung disease of prematurity

No change is recommended for consideration of palivizumab prophylaxis for infants and children younger than 24 months of age who receive medical therapy (supplemental oxygen, bronchodilators, diuretic or chronic corticosteroid therapy) within six months before the start of the RSV season (a maximum of five monthly doses).

Infants born before 32 weeks' gestation (31 weeks, 6 days or less)

No change is recommended for consideration of prophylaxis for infants born at or before 28 weeks' gestation who may benefit from prophylaxis during the RSV season, whenever that occurs during the first 12 months of life. Infants born at 29 to 32 weeks of gestation may benefit from prophylaxis up to 6 months of age (a maximum of five monthly doses).

MedImmune

- We are aware that MedImmune is refuting the 2009 Red Book and is challenging the evidence basis of the AAP's recommendation and the use of existing FDA labeling.

The Red Book as a Standard

The Red Book is recognized as a standard of care guideline.

- The credentials of its committee members are very significant.
- Obviously just because the AAP did not share all of their references in the Red Book, does not mean they don't exist.
- We too look forward to them sharing more information, but also recognize that many guidelines are the work of expert opinion or consensus.

FDA Labeling

Physician Prescribing

Synagis® 2009-2010 Season

Prior Authorization Overview

Kelli Littlejohn, Pharm.D.

Alabama Medicaid Director of Pharmacy

RSV Season

- The Alabama Medicaid Agency uses the RSV Season data from the Centers for Disease Control and Prevention (CDC) website
- The National Respiratory and Enteric Virus Surveillance System (NREVSS)
- CDC lists RSV surveillance by:
 - State trends(AL)
 - Divisional trends (East South Central)
 - Regional trends (South)
 - National trends

RSV Season: AL State Trends

<http://www.cdc.gov/surveillance/nrevss/rsv/state.html> (accessed 8/10/09)

CDC Home



Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

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The National Respiratory and Enteric Virus Surveillance System (NREVSS)

[NREVSS Home](#) > [Respiratory Syncytial Virus Surveillance](#)

[Back to RSV Surveillance](#)

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State Trends

Select a State:

OR

Select a Division:

OR

Select a Region:



[Click here to return to the national map.](#)

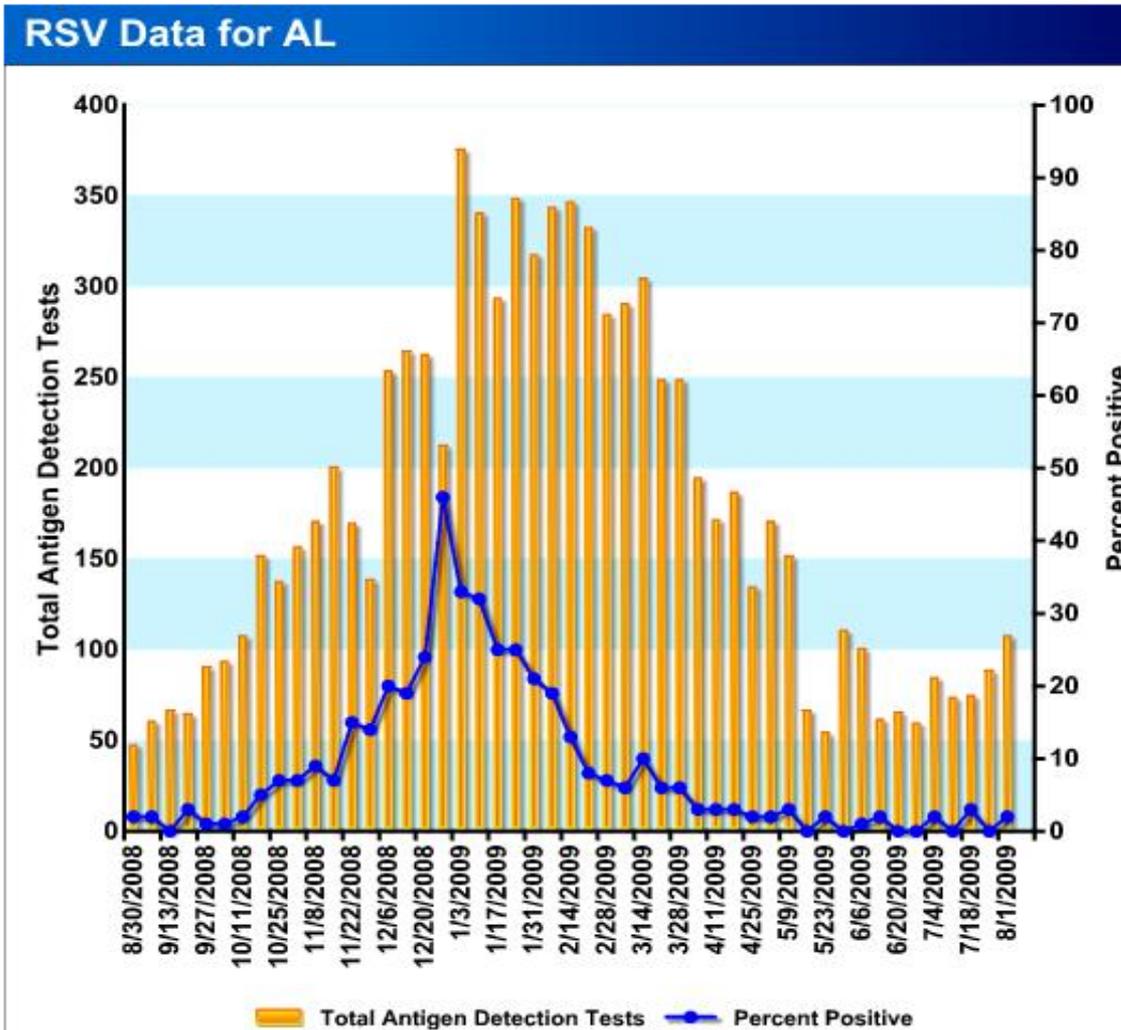
RSV Data for AL

400

100

RSV Season: AL State Trends

<http://www.cdc.gov/surveillance/nrevss/rsv/state.html> (accessed 8/10/09)



The NREVSS participating labs in the AL area:

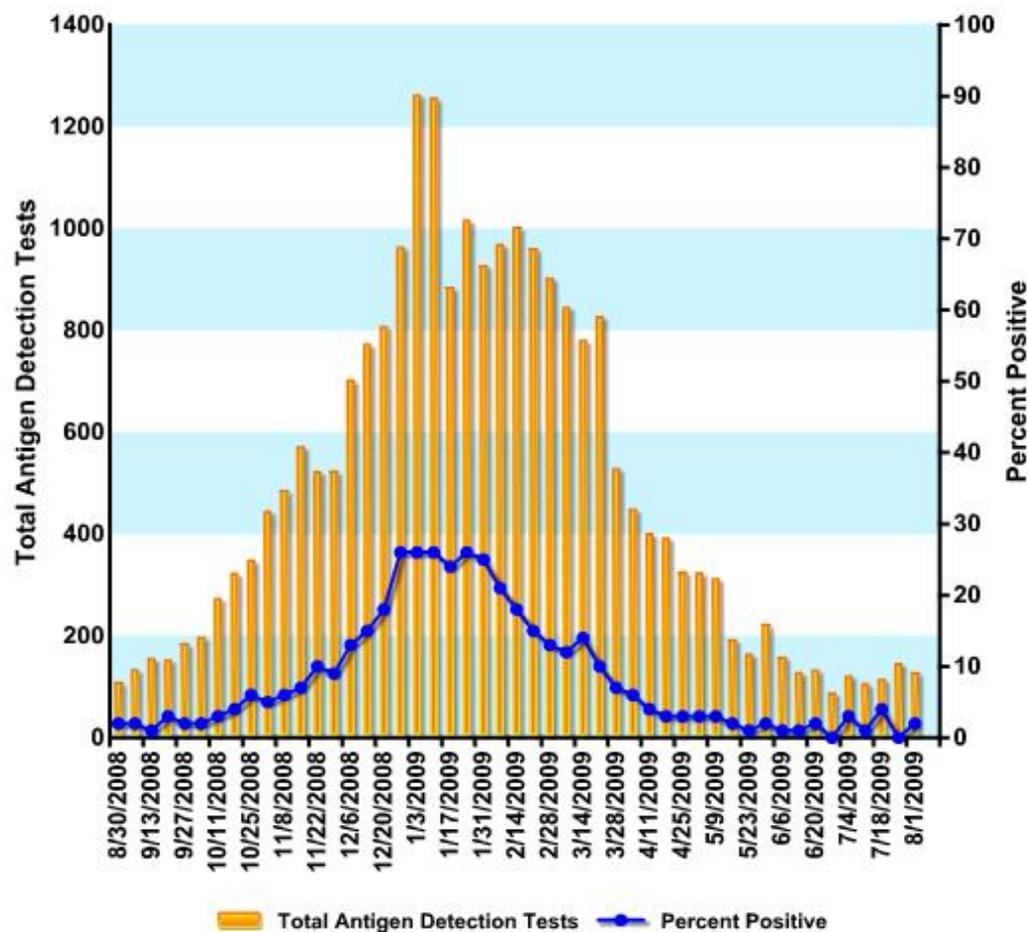
- Baptist South - Montgomery, AL
- Crestwood Medical Center - Clinical Laboratory - Huntsville, AL
- Cullman Regional Medical Center - Cullman, AL
- Elmore Community Hospital Laboratory - Wetumpka, AL
- George H. Lanier Memorial Hospital - Valley, AL
- Marshall Medical Center South - Boaz, AL
- Providence Hospital - Mobile, AL
- Southeast Alabama Medical Center - Dothan, AL
- Springhill Memorial Hospital - Mobile, AL
- UAHSF Diagnostic Virology Lab - Birmingham, AL
- University of South Alabama Medical Center - Mobile, AL
- Woodland Medical Center - Cullman, AL

RSV Season:

East South Central Division Trends

<http://www.cdc.gov/surveillance/nrevss/rsv/state.html> (accessed 8/10/09)

RSV Data for East South Central



The NREVSS participating labs in the East South Central Division:

- Baptist South - Montgomery, AL
- Crestwood Medical Center - Clinical Laboratory - Huntsville, AL
- Cullman Regional Medical Center - Cullman, AL
- Elmore Community Hospital Laboratory - Wetumpka, AL
- George H. Lanier Memorial Hospital - Valley, AL
- Marshall Medical Center South - Boaz, AL
- Providence Hospital - Mobile, AL
- Southeast Alabama Medical Center - Dothan, AL
- Springhill Memorial Hospital - Mobile, AL
- UAHSF Diagnostic Virology Lab - Birmingham, AL
- University of South Alabama Medical Center - Mobile, AL
- Woodland Medical Center - Cullman, AL
- Ephraim McDowell Regional Medical Center - Danville, KY
- Fort Logan Hospital - Stanford, KY
- Jackson Purchase Medical Center - Mayfield, KY
- Norton Medical Pavilion - Louisville, KY
- University of Kentucky Hospital - Lexington, KY
- University of Louisville Hospital - Louisville, KY
- Alliance Health Care System - Holly Springs, MS
- Baptist Memorial Hospital North MS - Oxford, MS
- Baptist Memorial Union County - New Albany, MS
- Forrest General Hospital - Hattiesburg, MS
- Mississippi Baptist Medical Center - Jackson, MS
- Ocean Springs Hospital - Ocean Springs, MS
- University Hospitals & Clinics - Jackson, MS
- Winston Medical Center - Louisville, MS
- Blount Memorial Hospital - Microbiology Department - Maryville, TN
- DeKalb Community Hospital - Smithville, TN
- Dyersburg Regional Medical Center - Dyersburg, TN
- East Tennessee Children's Hospital - Knoxville, TN
- Fort Loudoun Medical Center - Lenoir City, TN
- Memorial Hospital Microbiology Laboratory - Chattanooga, TN
- NorthCrest Medical Center - Springfield, TN
- St. Jude's Children's Research Hospital - Memphis, TN
- St. Mary's Health System - Knoxville, TN
- Stonecrest Medical Center - Smyrna, TN
- Summit Medical Center - Hermitage, TN
- TC Thompson Children's Hospital - Chattanooga, TN
- University of Tennessee - Memphis, TN
- Vanderbilt University Medical Center - Nashville, TN
- Volunteer Community Hospital Clinical Laboratory - Martin, TN

2009-2010 Season Overview

- Approval time frame 10/1/2009 through 3/31/2010.
- PAs will be accepted by HID beginning 9/1/2009.
- Up to 5 doses allowed per recipient. Some recipients may receive up to a max of 3 doses, depending on GA and CA.
- No circumstances will result in approval of a 6th dose.

2009-2010 Season Overview

- Date of any inpatient dose must be included on the PA form.
- Recipient must meet GA and CA (at the start of the RSV season- 10/1/2009).
- **Prescribers** must submit PA requests directly to HID.
- A copy of hospital discharge summary from birth is required on **ALL** Synagis[®] PA requests.

2009-2010 Season Overview

- If approved, each subsequent monthly dose will require submission of recipient weight/date of last dose to HID (prescriber or pharmacy).
- Approval/denial letters will be faxed to prescriber and dispensing pharmacy.
- All criteria/forms/ALERTs/web conferences are posted on the Medicaid website www.medicaid.alabama.gov

Synagis® 2009-2010 Season

Prior Authorization Changes for this season

Kelli Littlejohn, Pharm.D.

Alabama Medicaid Director of Pharmacy

Changes for the Season

- All criteria posted on Medicaid website- *complete transparency*
- Prescribers, not the pharmacy, manufacturer, or any third party are to submit PA requests directly to HID (*last season*)
- A copy of the hospital discharge summary from birth is required on all Synagis[®] PA requests

Changes for the Season

- If approved, each subsequent monthly dose will require submission (by prescriber or pharmacy) of recipient current weight and last injection date *utilizing the original PA approval letter.*
- No stamped signatures accepted on PA form.
- Current forms must be submitted. Old forms will not be accepted.

Changes for the Season

- Some recipients may receive up to a maximum of 3 doses, depending on GA and CA:

<p style="text-align: center;">Synagis® Timeframe Approval for GA 32 weeks, 0 days thru 34 weeks, 6 days <u>and</u> born < 3 months before the start of RSV season <u>or</u> born during RSV season (also must meet at least one of the two identified 2009 AAP risk factors)</p>				
If Birthdate is:	Then receive approval thru:		If Birthdate is:	Then receive approval thru:
7/1/2009	10/1/2009		10/15/2009	1/15/2010
7/15/2009	10/15/2009		11/1/2009	2/1/2010
8/1/2009	11/1/2009		11/15/2009	2/15/2010
8/15/2009	11/15/2009		12/1/2009	3/3/2010
9/1/2009	12/2/2009		12/15/2009	3/17/2010
9/15/2009	12/16/2009		After 12/29/2009	3/31/2010
10/1/2009	1/1/2010			

Synagis® 2009-2010 Season

Prior Authorization Criteria Review

Kelli Littlejohn, Pharm.D.

Alabama Medicaid Director of Pharmacy

Criteria Review

www.medicaid.alabama.gov

Alabama Medicaid Agency

Medicaid


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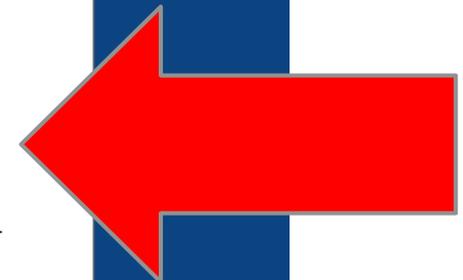


Welcome to the Alabama Medicaid Agency

Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents. These individuals must meet certain income and other requirements.

What's New:

- [Alerts](#) - Updated 7/15/09
- [Synagis](#) - Register for August 14 web conference
- [Together for Quality \(TFQ\) Initiative](#)
- [Long Term Care Rebalancing Committee](#) - Updated July 10, 2009
- [Medicaid Matters](#) - Online newsletter
- [Health Reform](#) - Join the Agency's new email discussion list!



Criteria Review

http://www.medicaid.alabama.gov/programs/pharmacy_svcs/pharmacy_services.aspx

Alabama Medicaid Agency

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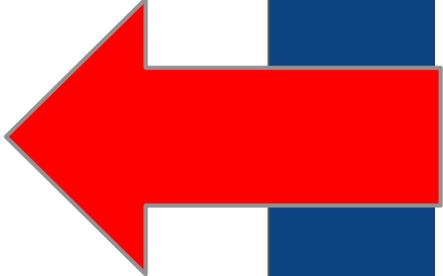
Pharmacy Services

The Alabama Medicaid Agency pays for most medicines legally prescribed by a doctor or authorized health professional when dispensed by a licensed doctor or pharmacist in accordance with state and federal laws. In FY 2007, Medicaid paid for approximately 7 million prescriptions for qualifying Alabama recipients.

- [Billing Resources /Policy for Providers](#) - *Includes instructions for billing compound prescription claims*
- [Prior Authorization/Overrides Criteria and Pharmacy Forms](#) *Includes External Criteria/PA instructions effective 4/1/09*
- [SMAC](#) - *Link to Alabama Medicaid Pharmacy State Maximum Allowable Cost (SMAC)/ Myers and Stauffer webpage*
- [Synagis](#) - *Important information for the 2009-2010 season*
- [Tamper-Resistant Prescription Pads](#) - *Information on federal mandate*



Sign up for e-mail



Criteria Review

http://www.medicaid.alabama.gov/programs/pharmacy_svcs/synagis_page_2009.aspx


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Synagis - Information for 2009 - 2010

To inform providers about changes impacting the 2009-2010 Synagis® season, the Alabama Medicaid Agency will present a statewide Web conference on August 14, 2009 at 10:00 a.m. for all Synagis® providers. A question and answer session will be held at the end of the presentation so providers may ask questions or obtain clarification as needed.

Providers may participate in the Synagis® web conference via physical attendance in the Medicaid Boardroom or join via an iLinc web conferencing feature. In order to join via iLinc, participants must register by August 10, 2009.

To register, email your name, phone number and email address to:

Earnestine.Rhodes@medicaid.alabama.gov

or by calling (334) 242-5050 and providing your name, phone number and email address during normal business hours. Participants should register early as space for the web conference is limited.

- [Synagis Prior Authorization Form - Updated 7/27/09](#)
- [Synagis Prior Authorization Criteria - Updated 7/27/09](#)
- [Synagis Appendix A - Updated 7/27/09](#)
- [Synagis Instruction Worksheet - Updated 7/27/09](#)
- [Synagis 2009-2010 ALERT - Updated 7/27/09](#)



Sign up for e-mail updates from the Alabama Medicaid Pharmacy Program!
[Click here to subscribe!](#)

Criteria Review: ALERT

http://www.medicaid.alabama.gov/documents/program-RX/PA_Forms/3J-6n_Synagis_Alert_Letter_7-15-09.pdf

ALERT

To: All Providers and Associations

RE: Synagis[®] Criteria for 2009-2010 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis[®].

Highlights of the updated criteria include:

- The approval time frame for Synagis[®] will begin October 1, 2009 and will be effective through March 31, 2010.
- Up to five doses will be allowed per recipient in this timeframe. Some recipients may only receive up to a max of 3 doses, depending on the gestational and chronological age.
- There are no circumstances that will result in approval of a sixth dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form.
- For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must not exceed the specified age at the start of the RSV season.
- Prescribers, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis[®] on a separate prior authorization form (Form 351) directly to Health Information Designs and completed forms may be accepted beginning September 1, 2009 (for an October 1 effective date).
- A copy of the hospital discharge summary from birth is required on all Synagis[®] PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescribing physician or dispensing pharmacy utilizing the original PA approval letter.
- Letters will be faxed to both the prescriber and the dispensing pharmacy notating approval or denial.

Criteria

Alabama Medicaid follows the 2009 updated American Academy of Pediatrics (AAP) guidelines regarding Synagis[®] utilization. The form and complete updated criteria specific to Synagis[®] are available on the Agency's website at www.medicaid.alabama.gov under Programs: Pharmacy Services: Prior Authorization/Overrides Criteria and Pharmacy Forms: 2009-2010 Synagis[®] Criteria and Forms.

Educational Presentation / Web Conference

To inform providers about changes impacting the 2009-2010 Synagis[®] season, the Alabama Medicaid Agency will present a statewide Web conference on August 14, 2009 at 10:00 a.m. for all Synagis[®] providers. A question and answer session will be held at the end of the presentation so providers may ask questions or obtain clarification as needed.

Criteria Review: Criteria

http://www.medicaid.alabama.gov/documents/program-RX/PA_Forms/3J-6k_Synagis_PA_Criteria_7-27-09.pdf

Alabama Medicaid Agency Synagis® Prior Authorization Criteria

1. Is the infant's gestational age \leq 28 wks and chronological age¹ less than 12 months old?
 Yes (If yes, go to # 7)
 No (If no, go to # 2)
2. Is the infant's gestational age 29 wks up to 31 wks, 6 days and chronological age¹ less than 6 months old?
 Yes (If yes, go to # 7)
 No (If no, go to # 3)
3. Is the infant's gestational age 32 wks, 0 days-34 wks, 6 days and born $<$ 3 months before the start of RSV season OR born during the RSV season²? The infant must meet at least one of the two identified AAP risk factors (childcare attendance, sibling younger than 5 yrs of age).
 Yes (If yes, go to # 7)
 No (If no, go to # 4)
4. Is the infant's gestational age $<$ 35wks and chronological age¹ \leq 12 months with a diagnosis² of congenital abnormalities of the airway or neuromuscular disease that compromises handling of respiratory secretions? Supporting documentation⁴ of diagnosis/ICD-9 code must be included.
 Yes (If yes, go to #7)
 No (If no, go to #5)
5. Is the patient less than 24 months of age with a diagnosis of Chronic Lung Disease³ (CLD) of prematurity (defined as gestational age less than 35 weeks) and has received medical therapy (supplemental oxygen, bronchodilator, diuretic, or chronic corticosteroid therapy) within 6 months before the start of the RSV season or who continues to require medical therapy (as defined above). Supporting documentation⁴ of diagnosis/ICD9 code and medical therapy must be included.
 Yes (If yes, indicate treatment below and go to #7)
 No (If no, go to #6)
6. Is the patient 24 months of age or younger with a diagnosis of hemodynamically significant cyanotic or acyanotic Congenital Heart Disease(CHD) with one of the following:
(a) Congenital heart disease patient who is receiving medication⁵ to control congestive heart failure (CHF), or
(b) moderate to severe pulmonary hypertension⁵, or
(c) cyanotic heart disease with no or incomplete surgical correction of defect?
Supporting documentation⁴ of diagnosis/ICD9 code as well as medications (if applicable) must be included.
 Yes (If yes for 6a, 6b or 6c, go to #7)
 No (If no, deny)
7. Is the patient currently an outpatient and has not been enrolled as an inpatient within 2-weeks of the date the Synagis® is requested? Enter discharge date (if applicable)_____.
 Yes (If yes, approve request)
 No (If no, deny)

(NOTE: If discharge date does not reflect a 2 week period, approval may be given to be effective 2 weeks post hospital discharge)

One of the first 6 criteria and the final criterion must be met before approval can be granted. A copy of the hospital discharge summary from birth is required on all Synagis PA requests. RSV prophylaxis approval will terminate March 31. RSV season is defined by the Alabama Medicaid Agency as October 1 through March 31.

NOTE: Approval authorizes only one dose (based on patient weight) every twenty-eight days up to a five (5) dose maximum or through March 31. A dose is defined as the calculated dosage (patient weight (kg) X 15mg/kg \pm 100 mg/ml of Synagis®). The result of the calculation will be the number of ml's the patient needs. Use the appropriate combination of vials to get the correct dose. No dose may be given after March 31. Requests for more than one dose in a 28 day period cannot be approved. If the patient received a dose in an inpatient setting, approval will

Criteria Review: Appendix A

http://www.medicaid.alabama.gov/documents/program-RX/PA_Forms/3J-6-1_Synagis_Appendix_A_7-27-09.pdf

APPENDIX A
ALABAMA MEDICAID AGENCY
SYNAGIS® PA INSTRUCTION WORKSHEET

ICD-9 CODE and MEDICATION LIST FOR USE WITH SYNAGIS® CRITERIA

Note: ANY accepted diagnosis/ICD-9 Code listed on the prior authorization form MUST have supporting documentation attached. Supporting Documentation is supplemental information submitted to support the patient meeting the criteria and may include copies of hospital discharge notes, progress notes, pharmacy profiles, etc.

I. Neuromuscular Disorders

Acceptable ICD-9 codes include:

045.00-045.13	Infantile paralysis
330.0-330.1	Cerebral degenerations
333.2	Myoclonus
334.0-334.1	Spinocerebellar disease
335.0	Werdnig-Hoffmann disease (Infantile spinal muscular atrophy)
335.10-335.11	Spinal muscular atrophy
335.20-335.24	Motor neuron disease

Exclude (but not limited to) the following (ie the following are NOT accepted):

343.0-343.9	Cerebral Palsy
345.10	Generalized Convulsive epilepsy
345.3	Grand mal seizures
345.5-345.9	Epilepsy
741.90	Spina bifida
777.0	Newborn seizures
780.3	Infantile seizures

II. Congenital Abnormalities of the Airways

Acceptable ICD-9 codes include:

519.1	Other diseases of the trachea and bronchus, not elsewhere classified (Must specify Tracheomalacia or tracheal stenosis)
748.3	Other anomalies of larynx, trachea, and bronchus (Must specify congenital tracheal atresia, atresia of trachea, or absence or agenesis of bronchus, trachea)
748.4	Congenital cystic lung
748.5	Agenesis, hypoplasia, and dysplasia of the lung
748.61	Congenital bronchiectasis
750.15	Macroglossia
750.9	Uvula anomaly
759.89	Beckwith (-Wiedemann) Syndrome

Exclude (but not limited to) the following (ie the following are NOT accepted):

748.60	Anomaly of lung, unspecified
748.69	Other anomaly of the lung

Criteria Review: PA Form 351

http://www.medicaid.alabama.gov/documents/program-RX/PA_Forms/3J-6-j_Synagis_Form351_7-14-09.pdf

Alabama Medicaid Pharmacy Synagis® PA Request Form

FAX: (800) 748-0116
Phone: (800) 748-0130

Fax or Mail to
HEALTH INFORMATION DESIGNS

P.O. Box 3210
Auburn, AL 36832-3210

Incomplete Forms Will Be Returned

PATIENT INFORMATION

Patient Name _____ Patient Medicaid # _____

Patient DOB _____ Patient phone # with area code _____

PRESCRIBER INFORMATION

Prescriber name _____ NPI # _____ License # _____

Phone # with area code _____ Fax # with area code _____

Address (Optional) _____
(Address/City/State/Zip)

*I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency.
I will be supervising the patient's treatment. Required supporting documentation from the patient's medical record is attached.*



Prescribing Practitioner Signature (Required)

Date

Criteria Review: PA Form 351

DRUG/CLINICAL INFORMATION

Drug requested _____ NDC/J Code _____

Strength _____ (if applicable) Qty. per month _____ Number of doses requested _____

Current weight _____ kg. Gestational age _____ wks _____ days Chronological age _____

ICD-9 Codes _____

Check applicable age, condition and risk factors

- Gestational age \leq 28 wks, 6 days & infant is $<$ 12 months[†]
- Gestational age 29 wks, 0 days-31 wks, 6 days & infant is $<$ 6 months[†]
- Gestational age 32 wks, 0 days-34 wks, 6 days & infant $<$ 3 months old at the start of RSV season OR born during the RSV season with one of the two AAP risk factors*
- Gestational age $<$ 35 wks & infant \leq 12 months[†] with congenital abnormalities of the airway or neuromuscular disease that compromises handling of respiratory secretions**
- Child is $<$ 24 months[†] old with Chronic Lung Disease** of prematurity (gestational age $<$ 35 wks)
- Child is \leq 24 months[†] old with hemodynamically significant (cyanotic or acyanotic) Congenital Heart Disease** (must not have had or completed surgical correction)

[†] Chronological age at start of RSV season

* Document AAP risk factor(s) below

** Include ICD-9 codes for the indicated disease states. Attach supporting documentation (i.e. progress notes, discharge notes, and/or chart notes) as outlined in the criteria for any submitted diagnosis/ICD-9 code.

AND

Is patient currently outpatient with no inpatient stay in the last 2 weeks? Yes No If no, indicate discharge date _____

Was a dose of Synagis[®] administered while patient was hospitalized? Yes No If yes, indicate date dose administered _____

Synagis® 2009-2010 Season

Notification Process Approval Letter

**Christina Daniels-Faulkner,
Pharm.D.**

Health Information Designs, Inc.

2009-10 Approval Letter

PHARMACY SERVICES

DATE: 10/01/09

To: PRESC NAME
ADRS1
CITY, ST 12345

Other Provider: PHARMACY NAME
ADRS1
CITY, ST 12345

Prescription Review Outcome - Approval

RE: LNAME , FNAME

Submitted Medicaid ID Number: 123456789012 HID #: 2672671

We have received your request for prior authorization for **DRUGNAME** NDC **60574411301** . The request has been **APPROVED**. The PA# is **7009065289** and is valid from **10/01/09** until **03/31/10** for a total of **5** doses.

COMMENTS

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis. The approval time frame for Synagis will begin October 1, 2009 and will be effective through March 31, 2010. A total of up to five (5) doses will be allowed per recipient in this timeframe. Some recipients may only receive up to a max of 3 doses, depending on the gestational and chronological age. There are no circumstances that will allow for approval of a sixth dose.

Subsequent monthly doses will require submission of the recipient's current weight and last injection date. This information can be included in the chart below and may be faxed to HID by the prescribing physician or dispensing pharmacy.

Date of Last Dose	Current Weight	Date Next Dose Due

*Not required for the first dose. This information must be completed and sent to HID for each subsequent dose.

If you have any questions, please call us at 1-800-748-0130.

Thank You,

Christina Daniels, PharmD

HID Pharmacy Services

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply telephone (1-800-748-0130) or fax (1-800-748-0116) and destroy all copies of the original message.

2009-10 Approval Letter

PHARMACY SERVICES

DATE: 10/01/09

To: PRESC NAME
ADRS1
CITY, ST 12345

Other Provider: PHARMACY NAME
ADRS1
CITY, ST 12345

Prescription Review Outcome - Approval

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Synagis® 2009-2010 Season

Educational Opportunities/Outreach

Kelli Littlejohn, Pharm.D.

Alabama Medicaid Director of Pharmacy

Educational Opportunities/Outreach

- Web conference: live and recording posted
- All criteria on website
- HID: 1-800-748-0130 (dedicated staff person: Cissy Davis, RN, BSN)
- MPS/Academic Detailers
 - Top Provider Visits (completed)
 - Upon request

Synagis[®] 2009-2010 Season

Questions?

Thank you for participating in this web conference.