



**MEDICAL CARE POLICY ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
Pharmacy Transmittal No. 161**

March 15, 1999

EPSDT Physicians
Pharmacists
Managed Care Organizations

FROM: Susan Tucker, Acting Director

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Medicaid Payment of Synagis

Synagis (palivizumab) has recently been approved by the Food and Drug Administration (FDA) for use in the prevention of serious lower respiratory tract diseases caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV disease. Because of the high cost of this medication, prescribers are reluctant to follow the normal billing procedure of purchasing the drug and submitting to the State for reimbursement with their office visit charges. Medicaid pharmacy regulations allow for injectables to be dispensed by a pharmacy provider for administration by the prescriber when authorized by the Department to be covered under the Pharmacy Program. Based on this regulation and to ensure proper access and appropriate use of Synagis, the Department has developed a special billing procedure and authorization form to be used when administering this product on an outpatient basis to fee-for-service Medicaid recipients. If the patient is in an MCO, you should obtain billing instructions from an MCO representative.

Instructions for the Physician

The authorization form included with this transmittal should be filled out, signed by the prescriber and faxed to the Medical Care Finance and Compliance Administration (410-333-7049) before Synagis is administered. The prescriber should write a prescription for the amount required and forward it to the pharmacy either by fax or hard copy. The amount should cover a one month supply and may include up to two refills. Because this product must be refrigerated

and requires special handling, the pharmacy must not give the medication directly to the parent/guardian of the recipient. The prescriber is responsible for arranging pick-up and delivery of this product from the pharmacy to ensure that the product is handled appropriately.

The charges for the administration of Synagis and the associated office visit should be billed on a HCFA1500 using CPT code 99199. In block 24 D, in addition to the CPT code, please add, "Synagis, office exam level:_____". The office exam level of service can be either brief, focused, expanded, detailed or comprehensive as detailed in the CPT manual under Evaluation and Management.

If the patient is in an MCO you should obtain billing instructions from the MCO representative.

Instructions for the Pharmacy

The pharmacy should submit the prescription on-line through the pharmacy point-of-sale system. The pharmacy will initially receive a rejection with a message indicating that preauthorization is required and to call the Medical Care Finance and Compliance Administration (MCFCA) at 410-767-1693 for preauthorization. If the form is on file and properly completed, MCFCA will preauthorize the prescription. The pharmacy should resubmit the claim which will then adjudicate on-line.

Information and Program Restrictions

The first dose of Synagis is usually given in the physician's office for monitoring of possible anaphylactic reactions. Subsequent doses may be given in the home setting only if the patient is eligible for Home Health Services. The patient must not have established RSV disease because safety and efficacy have not been demonstrated in these patient populations. In addition, the patient should not have a history of cyanotic congenital heart disease.

To prevent inappropriate use of this product, the Program has placed the following limitations on its use:

Diagnosis: Chronic lung disease (bronchopulmonary dysplasia) in infants and children younger than two years of age, or
History of prematurity in infants with less than 35 weeks of gestational age and younger than two years of age

Age limit: Two years old or less

Quantity limit: Two vials/prescription/month (Recommended dosage is one vial for up to 15 pounds of body weight and two vials for infants weighing between 15-30 pounds)

Duration of therapy: Five months/year during RSV season (October - May)

Questions concerning this transmittal should be directed to the Program Specialist for Pharmacy Services at 410-767-1455.

PRESCRIBER'S STATEMENT OF MEDICAL NECESSITY
Synagis Prophylactic Treatment for Respiratory Syncytial Virus Infection

Medical Care Finance and Compliance Administration

Patient Information

Patient Name: _____ Address: _____

MA ID#: _____

Tel.#: _____

Does patient have other insurance coverage? Yes_ No_

Name of insurance and policy # _____

Date of birth: _____ Gestational age: _____ weeks Weight at birth: _____ Current weight: _____

Age restriction: Must be 2 years of age or younger

Drug contraindications: Patients with cyanotic congenital heart disease (CHD) and RSV-IGIV

Diagnosis:

___ Chronic lung disease (Bronchopulmonary dysplasia) in infants and children younger than 2 years of age; **and/or**

___ History of prematurity in infants less than 35 weeks of gestational age

___ Other: _____

RX

Synagis (palivizumab) _____ mg IM once a month for _____ months (max. 5 months)
(Recommended dosage: 15mg/kg of body weight)

Dispense: # _____ vial(s) (100mg/vial)

Medication to be administered:

___ in the physician's office

___ in the home setting by visiting nurse (patient must be pre- authorized for Home Health Services)

Medication to be dispensed as followed:

___ Medication to be delivered directly to physician's office by pharmacy, or

___ Picked up by physician's staff

I certify this patient's medical necessity for prophylactic treatment with Synagis and I will be supervising the treatment accordingly.

Prescriber's address: _____

Prescriber's signature

Name: _____ MD

Date: _____ Tel# _____