



September 8, 2010

Dear Provider:

With RSV season approaching, Phoenix Health Plan (PHP) would like to answer some questions about our Synagis® guidelines. Our guidelines are based on the 2009 AAP Red Book. The AAP Red Book changed the RSV criteria in 2009. RSV season begins in November and continues through March. A maximum of 5 doses in the RSV season is recommended; some children will receive less than 5 doses.

Synagis® does not completely prevent RSV disease but can reduce the risk of hospitalization in some patients. Encourage families with young children to practice good hygiene, avoid crowds and obtain all recommended immunizations, including influenza.

What criteria does Phoenix Health Plan use to approve Synagis®?

1. To receive a maximum of 5 doses, infant must meet one of the following criteria:
 - a) Infants born at \leq 28 weeks gestation and less than 12 months old at the start of the RSV season
 - b) Infants born at 29 to 32 weeks gestation. And less than 6 months old at the start of the RSV season
 - c) Children \leq 2 years of age at the start of RSV season with chronic lung disease requiring medical therapy within the last 6 months
 - d) Children \leq 2 years of age at the start of RSV season with hemodynamically significant congenital heart disease (CHD)

AAP defines “hemodynamically significant” as

- Infants receiving medication to control congestive heart failure
- Moderate to severe pulmonary hypertension
- Cyanotic heart disease

Prophylaxis is **NOT** needed for the following:

- ASD
- Small VSD
- Pulmonic Stenosis
- Uncomplicated Aortic Stenosis
- Patent ductus arteriosus
- Lesion corrected by surgery
- Mild cardiomyopathy which does not require medication for heart failure

2. Variable doses
 - a) Infants < 3 months old at the start of RSV season, born between 32 and 35 weeks gestation are considered on a case-by-case basis, based on 1 or more of the following DOCUMENTED risk factors:
 - o Child care attendance (by the infant)
 - o Sibling <5 years of age
3. Synagis® is not recommended once an infant is 90 days of age because the risk of hospitalization is reduced.

How do I request Synagis®?

1. Utilize Synagis® Eligibility Assessment Form (attached)
2. Phoenix Health Plan will begin accepting Synagis® requests starting October 1st, 2010.
3. Prior Authorization decision is based on information provided on the Assessment form. Do not send additional documentation unless specifically requested.

Where do requests for Synagis® go?

- The ordering provider should fax to:

Phoenix Health Plan (602) 674-6652 or (888) 887-9982

How is the medication administration coordinated if approved?

- Members approved for Synagis® injections who reside in Maricopa County, Pima County, Flagstaff or Prescott will be directed to the Los Niño's Synagis® Program at 602.424.2146. Clinics are located at:

Central Phoenix:

2601 E. Thomas Rd #115
Phoenix, AZ 85016

East Valley:

1400 N. Gilbert Rd. Suite N
Gilbert, AZ 85234

Tucson:

6632 E. Carondelet
Tucson, AZ 85710

Flagstaff:

1016 W. University Avenue #106
Flagstaff, AZ 86001

Prescott:

3755 Karicio Lane #2D
Prescott, AZ 86303

- Members residing outside of Maricopa County, Pima County, Flagstaff and Prescott can receive authorized Synagis® injections in your office. If the injection(s) are given in your office, you may order Synagis® by calling Carelogic/Curascript at 1-866-297-0933 (open 8am to 9pm EST). Synagis® will then be shipped to your office.

Thank you for your participation and for the quality care you provide to our members.

Lorraine Frary CPhT, Synagis Coordinator
Phoenix Health Plan

Reference:

American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. Available at: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>. Accessed August 31, 2009.

Synagis® Eligibility Assessment Form

Submission Date: _____

Patient/Member Name:	Member ID#:	DOB:
Date of Last Office Visit:	Current Weight:	Diagnosis code(s):
Gestational Age: (for example 29 5/7)	Birth Weight :	

Please check all qualifying factors:

___ **Yes** ≤24 months of age with bronchopulmonary dysplasia (BPD) or chronic lung disease (CLD) and medical intervention for CLD within the past 6 months (Born Nov 1, 2008 or after).

****Approved for up to 5 consecutive monthly doses**

___ **Yes** ≤24 months of age with Congenital Heart Disease (Born Nov 1, 2008 or after).

Please choose all that apply:

- Patient is receiving medication to control congestive heart failure.

List Medications _____

- Moderate to severe pulmonary hypertension

- Cyanotic heart disease

****Approved for up to 5 consecutive monthly doses**

___ **Yes** ≤28 weeks and 6 days gestational age and < 1 year of age @ onset of RSV season (Born Nov 1, 2009 or after).

****Approved for up to 5 consecutive monthly doses**

___ **Yes** 29-32 weeks and 0 days gestational age and < 6 months @ onset of RSV season (Born May 1, 2010 or after).

****Approved for up to 5 consecutive monthly doses**

___ **Yes** 32 weeks and 1 day -34 weeks and 6 days gestational age and < 3 months of age at the onset of RSV season (Born August 1, 2010 or after) with at least one of the following risk factors:

(Please check all that apply)

___ Day care attendance (exposure to greater than or equal to 2 unrelated children for > 4 hrs per week)

___ Young siblings (under age 5)

****Approved for up to 3 consecutive monthly doses or until age 3 months (whichever come first)**

**** Please note; Synagis® will not be approved for administration after the end of RSV season.**

Provider Name (Printed): _____

Provider Signature: _____

Provider Fax # : (_____) _____ - _____ Provider Phone #: (_____) _____ - _____