

Provider Bulletin

For Physicians and Health Care Providers



August 16, 2010

Synagis Coverage Changes for 2010

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan cover Synagis (palivizumab) according to the Respiratory Syncytial Virus (RSV) prophylaxis guidelines the American Academy of Pediatrics (AAP) Committee on Infectious Diseases wrote and published in the 2009 AAP Red Book®. We want to clarify our coverage policy for the upcoming RSV season.

Please note that coverage will be available beginning October 15, 2010 and extend through March 31, 2011. You can make service requests prior to the available coverage date, but the request must be for dates of service during the coverage period. We will deny claims you file for dates of service between April 1, 2010 and October 14, 2010. The number of Synagis doses that we cover may vary depending on the patient's gestational age, diagnosis and risk factors.

We require prior authorizations for Synagis. We will deny claims you file with no prior authorizations. To request prior authorization or precertification for Synagis, please follow the appropriate procedures for your patient's coverage and billing method:

For South Carolina Preferred Blue®, State Health Plan and Federal Employee Members:

- To request precertification for Synagis you supplied, billed and administered in your office or other medical setting, please visit [My Insurance ManagerSM](#), then select the "Authorization/Precertification/Referral" link from the top menu.
- To request prior authorization for Synagis a pharmacy supplied for Preferred Blue members only, please call the Caremark prior authorization department at 866-814-5506. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of our prescription drug program. Caremark is an independent company that provides pharmacy benefits management.
- For information on State Health Plan benefits and criteria for Synagis a pharmacy supplied, please call Accredo, a Medco company, at 800-987-4904. On behalf of the State Health Plan, Accredo and Medco assist in the administration of the prescription drug program. Medco is an independent company that provides pharmacy benefits management. Accredo is a specialty pharmacy services company.
- For information on Federal Employee (FEP) benefits and prior authorization criteria for Synagis, please call 800-327-3238.

For BlueChoice HealthPlan Members:

- To request prior authorization for Synagis you supplied, billed and administered in your office, please call BlueChoice HealthPlan at 800-950-5387 and choose option 6.
- To request prior authorization for Synagis an infusion center supplied, administered and billed, please call ICORE Healthcare at 800-327-8648. On behalf of BlueChoice HealthPlan, ICORE Healthcare assists in the administration of the specialty drug program. ICORE Healthcare is an independent company that provides specialty pharmacy services.

2010 Synagis Coverage Criteria		
Condition	Criteria	Doses Covered
Chronic Lung Disease	Synagis is covered for infants and children who are less than 24 months of age with Chronic Lung Disease (previously bronchopulmonary dysplasia [BPD]) who required medical therapy (e.g., supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) within six months of the anticipated start of the RSV season.	Up to five doses, beginning at start of RSV season, 10/15/2010
Congenital Heart Disease	Synagis is covered for infants and children less than or equal to 24 months of age with hemodynamically significant cyanotic and acyanotic Chronic Heart Disease who also require medical therapy.	Up to five doses, beginning at start of RSV season, 10/15/2010
Prematurity	<p>Synagis is covered for preterm infants born at 28 weeks of gestation or earlier (≤ 28 weeks, 6 days) for first RSV season that occurs during the first 12 months of life.</p> <p>Synagis is covered for preterm infants born at 29 weeks to 32 weeks of gestation (between 29 weeks, zero days and 31 weeks, six days) for the first RSV season that occurs during the first six months of life. Infants born at 29 to 32 weeks of gestation may benefit most if younger than 6 months of age at the start of the RSV season.</p> <p>Synagis is covered for preterm infants less than three months of age at the start of the season who were born between 32 weeks and 34 weeks of gestation (32 weeks, zero days to 34 weeks, six days) when one of these risk factors is present:</p> <ul style="list-style-type: none"> • Child care attendance • Having a sibling younger than age five <p>Infants in this age category should receive Synagis only until they reach three months of age, a maximum of three monthly doses.</p>	<p>Up to five doses</p> <p>Up to five doses</p> <p>One to three doses, based on age at start of RSV season, 10/15/2010. Stop dosing at age three months.</p>

Filing Information				
Dosage	CPT Code	NDC	Description	Units (DUTs)
Synagis 50 mg/0.5ml vial	90378	60574-4114-01	Synagis 50 mg/unit	1
Synagis 100 mg/0.5ml vial	90378	60574-4113-01	Synagis 50 mg/unit	2

Prior Authorization/Precertification Requests				
	South Carolina Preferred Blue Members	State Health Plan Members	BlueChoice HealthPlan Members	Federal Employee Members
For Synagis supplied, billed and administered in your office	Request via My Insurance Manager	Request via My Insurance Manager	Contact BlueChoice HealthPlan at 800-950-5387 and choose option 6	Call 877-727-3794
For Synagis supplied, billed and administered in an infusion center	Request via My Insurance Manager	Request via My Insurance Manager	Contact ICORE at 800-327-8648	Call 877-727-3794
For Synagis supplied by a specialty pharmacy	For prior authorization, contact Caremark at 866-814-5506	For information, contact Accredo at 800-987-4904	Contact ICORE at 800-327-8648	Call 877-727-3794

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.