

**To: All Providers and Associations**

**RE: Synagis<sup>®</sup> Criteria for 2009-2010 Season**

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis<sup>®</sup>.

**Highlights of the updated criteria include:**

- The approval time frame for Synagis<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> utilization. The form and complete updated criteria specific to Synagis<sup>®</sup> are available on the Agency's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) under Programs: Pharmacy Services: Prior Authorization/Overrides Criteria and Pharmacy Forms: 2009-2010 Synagis<sup>®</sup> Criteria and Forms.

**Educational Presentation / Web Conference**

To inform providers about changes impacting the 2009-2010 Synagis<sup>®</sup> season, the Alabama Medicaid Agency will present a statewide Web conference on August 14, 2009 at 10:00 a.m. for all Synagis<sup>®</sup> 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<sup>®</sup> 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.

Providers may register by emailing their name, phone number and email address to [Earnestine.Rhodes@medicaid.alabama.gov](mailto:Earnestine.Rhodes@medicaid.alabama.gov) or by calling (334) 242-5050 and providing their name, phone number and email address during normal business hours. Participants registering via email should include SYNAGIS ILINC in the subject line of the email when responding. Participants should register early as space for the web conference is limited.

Additional questions regarding Synagis<sup>®</sup> criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

July 15, 2009

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