



MEMORANDUM

To: Prescribers/Physicians
Pharmacy Providers

From: Chukwuemeka Okoronkwo, Chief, Pharmacy Services

Subject: 2021- 2022 RSV Season Clinical and Service Prior-Authorizations

Date: September 13, 2021

This memorandum is to update providers of the Maryland Medicaid Office of Pharmacy Services (OPS) on the coverage of Palivizumab (Synagis®) in high-risk infants for passive immunoprophylaxis against Respiratory Syncytial Virus (RSV) known as a lower respiratory tract infection.

For the 2021-2022 RSV Season, OPS will utilize the July 2014 American Academy of Pediatrics (AAP) guidelines, and [Interim Guidance released by AAP on August 10, 2021](#) for the determination of RSV immunoprophylaxis approval.

The Prescriber shall fax the following forms and documents to OPS at (866) 440-9345 to expedite the prior-authorization process: **(incomplete forms will be returned)**

1. The OPS [Prescriber's Statement of Medical Necessity \(SMN\) form](#);
2. The OPS [Synagis Service Prior-Authorization form](#); and
3. The patient's hospital discharge summary, which includes information about the gestational age, medical diagnosis, drug history, and prior Synagis administrations are given in the hospital before discharge.

The OPS clinical pharmacist will review the submitted information and the decision will be communicated to the prescriber and pharmacy if provided.

When Maryland OPS approves Synagis:

The Prescriber shall:

1. Contact the pharmacy for the ordering/delivery of Synagis to the office; and
2. Each month, complete the [Synagis Service Prior-Authorization Form](#) and fax it to 1-866-440-9345.

The Pharmacy Provider shall:

1. Submit the Synagis claim electronically to the OPS Point-of-Sale (POS) claims processor to obtain a system denial; and

2. Call 1-800-932-3918 to obtain the necessary POS edit overrides for online claim adjudication.

Due to the atypical RSV season based on the [Interim Guidance released by AAP](#), OPS will be accepting preauthorization requests for Palivizumab starting September 13, 2021 instead of November 2021. Starting September 13, 2021, the Program will begin accepting and reviewing requests for prior-authorization of Synagis. The first dose of Synagis shall be administered to patients upon receipt of preauthorization approval.

Once the participant is approved, the drug will be covered for the number of doses needed for the RSV season as per AAP guidelines. Should the prescriber feel that an infant who has been denied Synagis has extenuating co-morbidity and severe risks for complications due to RSV, a recommendation letter by the child’s pulmonologist or cardiologist should be faxed to the OPS for reconsideration on a case-by-case basis.

Pharmacy providers are responsible to verify the participant’s eligibility each month by calling the Eligibility Verification Automated System (EVS) at [1-866-710-1447](tel:1-866-710-1447) (24 hours/7 days) before submitting their requests for a refill. Requests for prior-authorization for participants who are enrolled in a Managed Care Organization (MCO) should be directed to the respective MCO. Below is a list of telephone numbers for the MCO’s prior-authorizations:

TOLL-FREE PHONE NUMBERS FOR MANAGED CARE ORGANIZATIONS

Managed Care Organization/Customer Service	Pharmacy Benefit Managers’ Phone Number
Aetna	1-844-345-2797 (Pharmacy) 1-866-827-2710 (Physician)
AMERIGROUP Community Care/Anthem	1-833-237-9228 (Pharmacy) 1-800-454-3730 (Physician)
Carefirst Community Health Plan Maryland(Carefirst CHPMD)	1-800-730-8530
Jai Medical Systems	1-800-213-5640 (Pharmacy) 1-800-555-8513 (Physician)
Kaiser Permanente	1-800-788-2949
Maryland Physicians Care	1-800-922-1557
MedStar Family Choice	1-800-345-5413 (Pharmacy) 410-933-2200 (Physician)_
Priority Partners	1-800-345-5413 (Pharmacy) 1-800-730-8543 (Physician)
United Healthcare	877-305-8952 (Pharmacy) 877-842-3210 (Physician)

Any additional questions concerning prior-authorizations of Synagis may be directed to the Clinical <https://health.maryland.gov/mmcp/pap/Pages/paphome.aspx>