

Medicaid CMO Palivizumab (Synagis) Policy Summary - August 2008

	<i>Medicaid FFS Pharmacy</i>	<i>Amerigroup</i>	<i>Peach State</i>	<i>Well Care</i>
# of doses covered	6	6	6	6
Preferred Venue for Administration	No Preference between home or office	PCP office	PCP office	PCP office
Payment for PCP	NA	99211 90772	"Office visit" administration fee bundled	992XX (Code correct level visit as appropriate) 90772
Policy on back-up venue for administration if PCP chooses not to give	NA	Our policy is to continue to strongly encourage Synagis administration in the provider's office. However, if the child is at further health risk due to receiving the medication in their provider's office we will allow the service to be administered in the patient's home via a home health care (HHC) agency provided the member meets the medical criteria for the drug.	Home administration considered only if pt. meets criteria for home health, is home bound, or if risk of accessing PCP office will cause significant endangerment. If home health admin. is being requested, write OFFICE CAN NOT ADMINISTER, NEED HOME HEALTH ADMINISTRATION on the bottom of the form	Home administration considered only if pt. meets criteria for home health, is home bound, or if risk of accessing PCP office will cause significant endangerment.
How PCP is to identify alternate venue to administer Synagis	NA	Visit AG online directory www.amerigroup.com/providers/directories/asp Or Call 800-454-3730 to request assistance with identification of a provider or HHC agency that is able to provide this service. Select option 3 then option 2 for assistance with obtaining an authorization for HHC services.	If alternative method of delivery is approved, CareMark will assist in coordination of delivery. (Please refer to Synagis information sheet and workflow on Peach State website) https://www.pshpgeorgia.com/pshp/provider/providerForms.do Phone: 800-237-2767	If PCP cannot find alternate venue, call 866-269-5251 or note this on the request form and WC will arrange.
How does a provider request PA for Synagis?	Outpatient Pharmacy: Contact SXC at 1-866-525-5827 or fax form to 1-888-491-9742 If administered in Physician's Office or Outpatient Hospital facility: Submit one request for entire season via web only at www.ghp.georgia.gov Providers may request additional units by submitting a change request via the web portal if patient weight changes.	Contact AG pharmacy department at 800-454-3730 option 3, then option 3 or Caremark Specialty directly at 800-237-2767 or fax to 800-323-2445	Fax the Ga. Universal Form to Caremark at 800-323-2445	Fax the Synagis Order Form located at http://georgia.wellcare.com under "Pharmacy Forms" to 1-866-455-6558
Time to make PA determination	Outpatient Pharmacy: Within 24 hours from receipt of complete information. For Physician's Office or Outpatient Hospital facility: 5 business days from receipt of complete information	One (1) business day from receipt of a completed Synagis referral form with supporting clinical documentation where indicated demonstrating medical necessity. In the event the request is not approved and the provider requests a peer to peer and/or a medical appeal, the time to make a determination can take up to 30 days.	24 hours from receipt of complete information	24 hours from receipt of complete information
Time to find alternative provider if physician requests assistance	NA	72 hours	72 hours	24 hours
Time to ship meds, once PA has been authorized	NA	Once PA of Synagis has been authorized, Caremark will work with provider and/or HHC to determine scheduled date for Synagis administration. Synagis will be shipped 3-5 business days (no shipments on Fridays) prior to the scheduled dated for Synagis administration.	24 - 48 hours	24-48 hours