

Provider Link

To: CPMG Physicians (PCPs and Specialists)
From: Children's Physicians Medical Group, Inc. (CPMG)
Date: October 23, 2019
Re: 2019-2020 Respiratory Syncytial Virus (RSV) Season

CPMG would like to inform you that Synagis administration will begin on **November 1, 2019 and end on March 31, 2020**. Guidelines have remained unchanged, and a maximum of 5 doses will be given.

Similar to last season, Synagis administration will be provided in a dedicated clinic via the Rady Children's Hospital infusion center. This process has been developed in conjunction with the RCSSD Infectious Disease division and patients will be tracked to assure that this is a safe and effective process.

The CPMG Authorization Request for Synagis form has been updated. Please read it carefully to determine if your patients meet Synagis criteria.

As well, a procedural guide for Synagis administration has been developed, clarifying where to submit authorization requests, which forms are required, and which agency provides the medication. Both forms are attached, and are also available on our website at www.CPMGSanDiego.com.

Important Note: For any CPMG authorizations issued between today and 11/01/19, the first dose of Synagis should be administered on or after 11/01/19.

Should you have any questions regarding this notification, please contact CPMG Provider Relations at providerrelations@rchsd.org or phone (858) 634-4954.

Visit us on our website: www.CPMGsandiego.com

CPMG/RCHN SYNAGIS ADMINISTRATION GUIDE

Please refer to this page for Health Plan specific authorization procedures. CPMG/RCHN
"Request for Authorization" form is on the next page.

HEALTH PLAN:	REQUIRED FORMS:	OBTAIN AUTHORIZATION FROM:	MEDICATION DISPENSED BY:	SEND CLAIM TO:
AETNA	CPMG FORM	CPMG	RCHSD PHARMACY *	RCHN
AETNA BETTER HEALTH (MEDI-CAL)	CPMG FORM	CPMG (SUBMIT TO CCS FIRST)	RCHSD PHARMACY *	RCHN
ANTHEM BLUE CROSS HMO	CPMG FORM	CPMG	RCHSD PHARMACY *	RCHN
ANTHEM BLUE CROSS POS	CPMG FORM	CPMG	RCHSD PHARMACY *	ANTHEM BLUE CROSS
BLUE SHIELD	CPMG FORM	CPMG	RCHSD PHARMACY *	BLUE SHIELD
BLUE SHIELD PROMISE HEALTH PLAN (MEDI-CAL)	CPMG FORM	CPMG (SUBMIT TO CCS FIRST)	RCHSD PHARMACY *	RCHN
CALIFORNIA KIDS CARE	CPMG FORM	CPMG	RCHSD PHARMACY*	CKC
CIGNA	HEALTHPLAN-SPECIFIC FORM	CIGNA SPECIALTY PHARMACY SERVICES	CIGNA SPECIALTY PHARMACY SERVICES **	CIGNA
HEALTH NET HMO & POS	HEALTHPLAN-SPECIFIC FORM	HEALTH NET PHARMACY SERVICES	CAREMARK CONNECT **	HEALTH NET
HEALTH NET MEDI-CAL	CPMG FORM	CPMG (SUBMIT TO CCS FIRST)	RCHSD PHARMACY *	RCHN
SCRIPPS HEALTH PLAN	CPMG FORM	CPMG	RCHSD PHARMACY*	RCHN
SHARP HEALTH PLAN	CPMG FORM	CPMG	RCHSD PHARMACY *	SHARP
UNITED HEALTHCARE	CPMG FORM	CPMG	OPTUM RX **	UNITED HEALTHCARE
UNITED HEALTHCARE COMMUNITY & STATE (MEDI-CAL)	CPMG FORM	CPMG (SUBMIT TO CCS FIRST)	RCHSD PHARMACY *	RCHN

* administered in RCHSD Infusion Center

** administered in PCP office

SPECIALTY PHARMACIES:

CAREMARK CONNECT
CIGNA SPECIALTY PHARMACY
HEALTH NET PHARMACY SERVICES
OPTUM RX

FAX NUMBERS:

(866) 846-3098
(800) 351-3616
(800) 548-5526
(800) 853-3844

CPMG AUTHORIZATION REQUEST FOR SYNAGIS

PLEASE NOTE:

Due to established regional patterns of RSV prevalence, some areas, including San Diego and Riverside counties, will administer Synagis on a delayed schedule relative to most of the country. Synagis administration will begin on **Nov 1, 2019** and end on **March 31, 2020**. A maximum of 5 doses will be given.

- The American Academy of Pediatrics (AAP) has not changed its guidelines for the use of Synagis for the 2019-2020 season.
- **Only requests submitted on this form will be processed.**
- Please complete this form and fax to CPMG Customer Service at (858) 309-7977, or attach electronically to requests submitted online via www.eznet.rchsd.org.

Child's Name: _____ DOB: _____ ID # _____

ICD-10 Codes: _____ Health Plan: _____

Please check any that apply:

Child was born prematurely **at less than 29 weeks**, 0 days gestation **AND** was, or will be less than 1 year of age on Dec 1, 2019.

Child was born prematurely **at less than 32 weeks**, 0 days gestation, has chronic lung disease, required oxygen for at least 28 days after birth, **AND** was, or will be less than 1 year of age on Dec 1, 2019.

Child **required oxygen** for at least 28 days after birth, still requires medical intervention (i.e. supplemental oxygen, chronic steroids, or diuretic therapy), **AND** was, or will be less than 24 months of age on Dec 1, 2019.

Child has **hemodynamically significant heart disease** **AND** was, or will be less than 1 year of age on Dec 1, 2019.

Child has **pulmonary abnormality** or **neuromuscular disease** that impairs the ability to clear secretions from the upper airway **AND** was, or will be less than 1 year of age on Dec 1, 2019.

Child will be profoundly **immunocompromised** during the RSV season (e.g. due to chemotherapy or transplant status) **AND** was, or will be less than 24 months of age on Dec 1, 2019.

Other medical condition that may require Synagis: _____

****IMPORTANT CHANGES REGARDING SYNAGIS GUIDELINES (UPDATED IN 2014):**

- Synagis is no longer recommended for otherwise healthy infants born at or after 29 weeks, 0 days gestation.
- Synagis is no longer recommended for children in the 2nd year of life except for children who required at least 28 days of oxygen after birth and who continue to require medical treatment (oxygen, steroids, or diuretic therapy).
- Synagis is not routinely recommended for children with cystic fibrosis or Down syndrome.
- Monthly Synagis injections should be discontinued in any child who requires hospitalization for breakthrough RSV.