



# Provider Watch

August 1, 2008

## IMPORTANT PROVIDER NOTICE

### Preferred Drug List - Paxil CR and Rhinocort AQ

Peach State Health Plan (Peach State) is making an important change to the Preferred Drug List and we are writing to communicate this change to you. Beginning October 1, 2008, Paxil CR and Rhinocort AQ will be available for Peach State patients **only through prior authorization**. For any prescription filled or refilled on or after October 1, 2008, a prior authorization will be required in order for patients to receive additional fills of these medications.

**Peach State** PA criteria for both of these drugs **require** that a patient have a trial and failure of at least two preferred agents in the same class before being given authorization for one of these non-preferred drugs.

The Medication Prior Authorization Request form is available on the Peach State website, [www.pshp.com](http://www.pshp.com), under the Provider Forms section. This form can be faxed to US Script at 866-399-0929.

### Peach State Health Plan Synagis/RSV program - season begins in October

Enclosed are the Peach State Health Plan Synagis criteria for the 2008-2009 RSV season. These guidelines were developed based on recommendations of the American Academy of Pediatrics and local Georgia physicians.

Peach State Health Plan will again use Caremark, Inc., as its preferred provider of Synagis<sup>®</sup> for the 2008-2009 RSV season. ***Beginning immediately, all requests for Synagis should be forwarded to Caremark for initial screening to determine if the request meets criteria for coverage. Copies of the Caremark RSV Enrollment Form and the Synagis coverage criteria are enclosed. Caremark will be responsible for the delivery of the injectable product and the overall coordination of the drug distribution process.***

All injectable products will be billed directly to Peach State Health Plan by Caremark and shipped to your office. Administration charges for the injection should be billed directly to Peach State Health Plan on a (HCFA) CMS 1500 claim form using CPT code 90772.

You can also bill for an appropriate office visit for each administration of the drug. Please note that if you choose exposure to environmental air pollutants, tobacco smoke will not be considered as a risk factor. Tobacco smoke is a risk factor that can be controlled by the family of a high-risk infant. These infants should never be exposed to tobacco smoke.

Caremark Pharmacy specializes in specialty injectables and can provide the support and follow-up with Peach State Health Plan members to ensure compliance and positive clinical outcomes. Caremark offers:

- 24-hour access to the Caremark case management team
- Patient education and compliance monitoring programs
- Direct refill and renewal coordination
- Approved clinical protocols and treatment guidelines
- Synagis approval for the entire RSV season

For RSV enrollment please call **1-800-237-2767**, or fax a completed Synagis/RSV prior authorization request form to **1-800-323-2445**.

We invite you to call the **Peach State Health Plan Provider Inquiry Line at 1-866-874-0633** with any questions regarding the Synagis/RSV program. Thank you for your cooperation.

Dean Greeson, M.D.  
Vice President, Medical Affairs

Encs.



**RESPIRATORY SYNCYTIAL VIRUS (RSV)**  
**TELEPHONE 1-800-237-2767 FAX 1-800-323-2445**



**SPECIALTY PHARMACY SERVICES**  
**Enrollment Form**

**1. PATIENT INFORMATION** *To be completed by the patient*

Last Name		First Name		M.I.
Street Address				
City		State	ZIP	
Day Telephone # (+Area Code)		Night Telephone # (+Area Code)		Mobile Telephone # (+Area Code)
Date of Birth (MM/DD/YYYY)		Sex (Check One) <input type="checkbox"/> M <input type="checkbox"/> F		
Parent/Guardian Name				

**INSURANCE INFORMATION**

Primary/Medical Insurance		Secondary/Pharmacy Insurance		
Cardholder Name & ID # (If Not Patient)		Cardholder Name & ID # (If Not Patient)		
Group/Policy #		Group/Policy #		
Insurance Telephone # (+Area Code)		Insurance Telephone # (+Area Code)		
Employer		Medicaid #		

**ALTERNATE SHIPPING ADDRESS**

Last Name		First Name		M.I.
Street Address				
City		State	ZIP	

**2. PHYSICIAN INFORMATION** *To be completed by the physician and staff*

Prescriber's Last Name		Prescriber's First Name		
Hospital/Clinic		Office Contact		
Street Address				
City		State	ZIP	
Telephone # (+Area Code)		Fax # (+Area Code)	E-Mail Address	
Prescriber's License #		DEA #		
UPIN#		Medicaid License #		
Primary Care Physician Name		Phone #		

PHC3499-0708

**STATEMENT OF MEDICAL NECESSITY**

**PRIMARY DIAGNOSIS:**  
 Gestational Age \_\_\_\_ Weeks \_\_\_\_ Days Birth Weight \_\_\_\_\_ g/kg/lbs  
 Current Weight \_\_\_\_\_ kg/lbs Date Recorded / /

**Please Document All Diagnoses to the Highest Degree of ICD-9 Detail**

Congenital Heart Disease (Please Specify) \_\_\_\_\_  
 Chronic Respiratory Disease Arising in the Perinatal Period (CLD) (770.7)  
 ≤ 24 Weeks of Gestation (765.21 – 765.22)  
 25-26 Weeks of Gestation (765.23)  27-28 Weeks of Gestation (765.24)  
 29-30 Weeks of Gestation (765.25)  31-32 Weeks of Gestation (765.26)  
 33-34 Weeks of Gestation (765.27)  35-36 Weeks of Gestation (765.28)  
 Congenital Abnormality of Respiratory System (748.3 – 748.4)  
 Other Respiratory Conditions of Fetus and Newborn (770.0 – 770.9)  
 Other \_\_\_\_\_  
 Secondary Diagnosis (If Applicable) \_\_\_\_\_

**MEDICAL CRITERIA:**

**1. Chronic Lung Pulmonary Disease (CLD/BPD) and less than 24 months at start of RSV season?**  
 Yes  No ICD-9 \_\_\_\_\_  
 Is Patient Receiving Medical Treatment Of CLD (Check All That Apply and Provide Last Date Received)?  
 Oxygen: / /  Corticosteroids: / /  
 Bronchodilator: / /  Diuretics: / /

**2. Hemodynamically Significant Congenital Heart Disease and Less Than 24 Months at start of RSV season?**  
 Yes  No ICD-9 \_\_\_\_\_  
 Patient Has the Following Conditions:  
 Diagnosis of Moderate-Severe Pulmonary Hypertension  Cyanotic Heart Disease  
 Acyanotic Heart Disease  Medications for CHF \_\_\_\_\_  
 Last Date Received / /  
 Prior Operations  Yes  No Describe: \_\_\_\_\_

**3. Prematurity**  
 Gestational Age of ≤ 28 Weeks, 0 Days and Less Than 12 Months at the Start of Synagis Season  
 Gestational Age of 28 Weeks, 1 Day – 32 Weeks, 0 Days and Less Than 6 Months at the Start of Synagis Season  
 Gestational Age of 32 Weeks, 1 Day – 35 Weeks, 0 Days AND  
 Less Than 6 Months at the Start of Synagis Season  
 Has Two or More Risk Factors (see below)  Has NO Risk Factors

**Risk Factors (Check All That Apply)**  
 Child Care Attendance  School-Aged Siblings  
 Exposure to Environmental Air Pollutants (*excludes second hand tobacco smoke*) \*\*If checked the following information MUST be provided:  
 1. The specific source of the pollution MUST be provided \_\_\_\_\_  
 2. If outdoor pollution, provide documentation of the poor air quality.  
 3. Clinical rationale why this source of pollution would put the patient at additional risk for acquiring RSV  
 Congenital Abnormalities of Airway \_\_\_\_\_  
 Severe Neuromuscular Disease \_\_\_\_\_

**OTHER MEDICAL HISTORY:**

**NICU HISTORY:**  No  Yes NICU Name \_\_\_\_\_

**If Yes, Please Attach the NICU Discharge Summary**  
 Was There a NICU Dose Administered?  No  Yes Dates / /  
 Did the Neonatologist Recommend Synagis Prior to Discharge?  No  Yes  
 Expected Date of First/Next Injection / / Previous Injections?  No  Yes Dates / /  
 Deliver Product to  Office  Home  
 Agency Nurse to Visit Home for Injection?  No  Yes

**Rx**  
 Synagis® (palivizumab) 50 and/or 100 mg Vials  NKDA  
 Sig: Inject 15 mg/kg IM One Time Every 28 – 32 days  
 Dispense Quantity: QS  Refill \_\_\_\_ Months  
 Other: \_\_\_\_\_  Dispense As Written  Substitution Allowed

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**3. FAX COMPLETED FORM TOLL-FREE TO CAREMARKCONNECT® @ 1-800-323-2445**

**Include copies of the patient's insurance cards (front & back) when faxing the referral.**