



Medicaid FFS Pharmacy Prior Authorization Programs Update

Effective October 16, 2015, the fee-for-service pharmacy program will implement the following parameters for palivizumab (Synagis). These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 17, 2015 DURB meeting:

Align criteria with the most recent American Academy of Pediatrics palivizumab guidelines

- Quantity Limit: 5 doses during the respiratory syncytial virus (RSV) season; defined as October 16 to March 31 for Medicaid FFS
- Clinical Criteria
 - For Infants **aged <12 months** at start of RSV season
 - Gestational age (GA) <29 weeks; or
 - Chronic lung disease (CLD) of prematurity:
 - GA <32 weeks, and
 - Requiring >21% oxygen use for ≥28 days post-birth; or
 - Congenital airway abnormality or neuromuscular disorder that decreases the ability to manage airway secretion; or
 - Hemodynamically significant heart disease; for example:
 - Infant with acyanotic heart disease receiving medication to control congestive heart failure and will require cardiac surgery; or
 - Infant with moderate to severe pulmonary hypertension; or
 - Potentially, infant with cyanotic heart disease, with consultation by cardiologist
 - For infants and children **aged <24 months** at start of RSV season
 - CLD of prematurity, and requiring medical support (oxygen, bronchodilator, diuretic, or chronic steroid therapy) within 6 months prior to start of second RSV season; or
 - Solid organ transplantation during RSV season; or
 - Profoundly immunocompromised during RSV season, for example (and not limited to):
 - Human immunodeficiency virus; or
 - Receiving treatment for cancer; or
 - Hematopoietic stem cell transplantation; or
 - On corticosteroid therapy; or
 - Any degree of lymphopenia

The updated palivizumab (Synagis®) [worksheet](#) *(to be posted at the start of RSV season on 10/16/2015)* provides instructions for completing the prior authorization process.

For more detailed information on the DURB, please refer to:

http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

To obtain a PA, please contact the clinical call center at 1-877-309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain a PA.