

Synagis

Respiratory Syncytial Virus (RSV) Immunoprophylaxis Medical Policy – RX504.009

Blue Cross and Blue Shield of Texas (BCBSTX) would like to take this opportunity to provide information regarding the RSV Prophylaxis program.

- BCBSTX will review all requests for Synagis for BCBSTX members.
- If approved, the authorization will cover a maximum of 5 monthly injections for that patient for the current season beginning **October 1** of the current year and ending on **March 15** of the following year.
- BCBSTX will review all requests for Synagis for BCBSTX members. The specific medical criteria for coverage may be found in our medical policy guideline for "Respiratory Syncytial Virus (RSV) Immunoprophylaxis (RX504.009) which is available online at:

<http://medicalpolicy.hcsc.net/medicalpolicy/disclaimer.do?corpEntCd=TX1#hlink>

BCBSTX Health Plan Predetermination/Authorization Process

- Complete the BCBSTX Synagis Request Form in its entirety.
- "Submit" the [online version](#) of the form or fax the completed [interactive version](#) of the Synagis Request Form to Allan J. Chernov, M.D. (Medical Director, Health Care Quality & Policy) at (972) 766-5559.
- If you submit the completed form using the online option, BCBSTX will notify you of the review outcome by e-mail; if you use the mail or fax option, you will be notified by mail, unless e-mail notification is specifically requested.
- Please note that there will be no predetermination/authorization number provided for Synagis. (If the patient needs a referral number to a specialty physician due to contract requirements, this referral number is not part of the Synagis predetermination/authorization procedure.)

Synagis Distribution

BCBSTX has selected Triessent™ as the BCBSTX participating provider for Synagis. This pharmacy will coordinate the delivery of each dose of Synagis with the physician's office to ensure appropriate Synagis dosing of each patient. Also, ordering Synagis through Triessent™ allows the physician's office to avoid "buying and billing" for the medication.

| Participating Provider | Phone Number | Fax Number |
|------------------------|--------------------------------------|----------------|
| Triessent™ | 1-888-216-6710 option 2, option 3 | 1-866-203-6010 |

Ordering Synagis

STEP 1 – BCBSTX Health Plan Predetermination/Authorization Process

Complete the BCBSTX Synagis Request Form in its entirety and submit via fax or online option.

STEP 2 – Ordering Process for Triessent™

- Fax the Synagis Request Form, along with written authorization from BCBSTX.

If you obtain Synagis from a source other than Triessent™, file the claim directly to BCBSTX.

Payment of claims will depend on continued eligibility of the patient. Any co-pays, deductibles, and coinsurance will be the responsibility of the member.

Please address any additional questions such as fee schedules, preferred vendors, referrals, etc., with Provider Customer Service or your [local Professional Provider Network office](#), as appropriate.

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