Palivizumab (Synagis) Must Be Obtained Through the Texas Vendor Drug Program Beginning With the 2013 RSV Season

Information posted August 28, 2013

Effective October 1, 2013, for eligible Texas Medicaid fee-for-service (FFS) clients, providers must obtain the respiratory syncytial virus (RSV) prophylaxis drug palivizumab (Synagis) through the Texas Vendor Drug Program (VDP). TMHP will no longer issue prior authorizations for palivizumab and will not reimburse claims for procedure code 90378 with dates of service on or after October 1, 2013.

To obtain prior authorization, providers can call the Texas Prior Authorization Hotline at 1-877-PA-TEXAS (1-877-728-3927), or submit a request online after registering at https://paxpress.txpa.hidinc.com.

Physicians can have palivizumab shipped directly to their office from a network pharmacy. Physicians do not purchase the drug. The pharmacy will submit claims to VDP for the drug.

Note: Although TMHP will not reimburse claims for procedure code 90378, TMHP will reimburse claims for the administration of palivizumab when providers submit claims for the appropriate administration procedure code.

Procedure for Obtaining Palivizumab Through the VDP

(Taken from the Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.55.3, “Obtaining Palivizumab”)

1. The treating provider identifies a Medicaid-enrolled client with indications for RSV prophylaxis with palivizumab.

2. The provider obtains palivizumab through the VDP.

3. The provider adheres to Texas Medicaid benefits policy for RSV prophylaxis, except that prior authorization is required for all clients as noted below.

4. The provider or provider’s agent sends a prescription for palivizumab with supporting clinical information on the Texas Medicaid Vendor Drug Program Palivizumab (Synagis) Prescription Form to a Texas Medicaid-enrolled pharmacy that is a member of the Synagis Distribution Network. The administering provider does not purchase the drug. Not all pharmacies participate in VDP for the palivizumab distribution program.

Refer to the VDP website at www.txvendordrug.com/dur/Synagis.shtml to find participating pharmacies.

5. The pharmacy contacts VDP’s Prior Authorization Call Center. Prior authorization is required for all clients.

6. If the information submitted does not demonstrate medical necessity, the request is denied. Both the pharmacy and provider are notified of the denial.

7. If the information submitted demonstrates medical necessity, the request is approved and both pharmacy and provider are notified.

8. The selected pharmacy fills the prescription and overnight ships an individual dose of the medication, in the name of the Medicaid client, directly to the provider. An initiation packet is
mailed to the client’s family, informing them of RSV and palivizumab’s benefits and side effects.

9. The treating provider administers the palivizumab injection to the Medicaid client in the office setting.

10. The injection provider bills for an injection administration fee and any medically necessary office-based E/M service provided at time of injection. The provider does not bill Texas Medicaid for the drug.

11. The pharmacy contacts the provider each month after initial injection to obtain updated client information to ensure the proper amount for the next dose.

The following client demographic information is required:

- The client’s date of birth
- The client’s age in months, as of October 1
- The client’s estimated gestational age (in weeks) at birth
- The client’s body weight (in pounds or kilograms)
- The monthly dose required

**General Information About VDP**

**Medicaid Drug Benefit**

The Medicaid drug benefit for Medicaid FFS clients is limited to three prescriptions per month with the following exceptions that have unlimited prescriptions:

- Clients enrolled in waiver programs such as Community Living Assistance (CLASS) and Community-Based Alternatives (CBA)
- Texas Health Steps (THSteps)-eligible clients (clients who are 20 years of age and younger)
- Clients in skilled nursing facilities

FFS clients can be “locked-in” or “limited” to a specific pharmacy. FFS clients who are “locked-in” to a primary-care pharmacy have “LIMITED” printed on their Your Texas Benefits Medicaid card. Clients who are not “locked-in” to a specific pharmacy may obtain their drugs or supplies from any contracted Medicaid provider of pharmaceutical services.


**VDP Formulary Information**

VDP drug formulary information is available to health-care providers to help their clients efficiently get their medications. Information includes which state health-care program covers the drug, whether a drug is on the Medicaid Preferred Drug List (PDL), whether a Medicaid non-preferred prior authorization or clinical prior authorization is required, and other important drug information. VDP drug formulary information is available:
Online at [www.txvendordrug.com](http://www.txvendordrug.com) (All state health-care program formulary information with prior authorization type (PDL or clinical) required indicator)

Online at [www.txvendordrug.com/formulary/enhanced-form-search.shtml](http://www.txvendordrug.com/formulary/enhanced-form-search.shtml). Here providers can find Medicaid drug formulary and PDL information with links attached to selected non-preferred drugs that will guide providers to the preferred drugs in that therapeutic class.

Through Epocrates, a free drug information service that can be downloaded to your Palm, BlackBerry, Windows Mobile phone, or iPhone. In addition to listing a drug’s preferred status, Epocrates includes drug monographs, dosing information, and warnings. For more information, go to [www.epocrates.com](http://www.epocrates.com). All providers are also eligible to register for Epocrates.

### Obtaining Outpatient Prescribed Drug Prior Authorization for FFS Clients

To obtain prior authorization for any VDP medication for FFS clients, prescribing providers or their representatives should call the Texas Prior Authorization Hotline at 1-877-PA-TEXAS (1-877-728-3927). The Hotline is available Monday through Friday, 7:30 a.m. to 6:30 p.m., Central Time. To submit an online VDP prior authorization request for non-preferred drugs, prescribing providers must first register online at [https://paxpress.txpa.hidinc.com](https://paxpress.txpa.hidinc.com).

**Note:** *Pharmacists cannot obtain prior authorization for medications. If the client arrives at the pharmacy without prior authorization for a non-preferred drug, the pharmacist will alert the provider’s office and ask the provider to get prior authorization.*

### VDP Contact Information

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<thead>
<tr>
<th>Vendor Drug Area</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Covered outpatient drugs and billing: The 800 number is for pharmacy use only and can be used to reach anyone in the VDP.</td>
<td>1-800-435-4165</td>
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<tr>
<td>Pharmacy contracts</td>
<td>(512) 491-1429</td>
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<tr>
<td>Program management</td>
<td>(512) 491-1859</td>
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<tr>
<td>Policy</td>
<td>(512) 491-1145</td>
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<tr>
<td>Field administration</td>
<td>(817) 321-8092</td>
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<tr>
<td>Drug formulary (Texas listing of national drug codes)</td>
<td>(512) 491-1157</td>
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<tr>
<td>Texas Prior Authorization Center Hotline</td>
<td>1-877-728-3927</td>
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For more information, call the TMHP Contact Center at 1-800-925-9126.