



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Division of Medical Assistance  
600 Washington Street  
Boston, MA 02111

**MassHealth  
Pharmacy Bulletin 60  
September 1999**

TO: Pharmacies Participating in MassHealth  
FROM: Mark E. Reynolds, Acting Commissioner  
RE: **Obtaining Prior Authorization and Submitting Claims for Synagis (Palivizumab)**

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**Introduction**

Synagis (palivizumab) is a medication used to prevent respiratory syncytial virus (RSV) infection in infants and children at increased risk for severe disease, in particular those born prematurely and those with chronic lung disease.

To ensure that Synagis is delivered correctly and appropriately to MassHealth members, the Division requires prior authorization before the administration of this drug to its members. The Division's criteria for evaluating prior-authorization requests for Synagis are based on the American Academy of Pediatrics guidelines for infants and children at high risk for developing RSV lower respiratory tract infection (attached). For each infant or child for whom prior authorization is granted, prior authorization will be issued for the duration of the RSV season, that is, the period of time during which RSV is most prevalent, usually from November through April.

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**Supplying Synagis**

The two alternatives for reimbursement from the Division for supplying Synagis are:

- reimbursement to a MassHealth practitioner or community health center supplying Synagis in the office; or
  - reimbursement to the MassHealth pharmacy provider *if* the pharmacy provider delivers the Synagis to the office of the MassHealth practitioner or the community health center administering the Synagis.
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**Prior Authorization Requests**

Prior authorization for Synagis supplied by a MassHealth pharmacy who delivers this drug must be requested by the prescribing provider. The prescribing provider must complete a Request for Prior Authorization form (sample attached) or submit a written request on letterhead containing the information required in the billing instructions in Subchapter 5 of the provider manual. The request must include the name, address, and telephone number of the pharmacy that will fill the prescription.

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***New Address for Prior-  
Authorization Requests  
For Drugs***

Effective September 6, 1999, submit all prior-authorization requests for drugs to the following address:

University of Massachusetts Medical School  
DUR Program Offices  
11 Midstate Drive  
Auburn, MA 01501  
Telephone #: (508) 721-7171  
Fax #: (508) 721-7138

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***Obtaining Prior-  
Authorization Forms***

To obtain supplies of the Request for Prior Authorization form, mail or fax a written request to the following address or fax number.

Unisys  
Attn: Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

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***Questions***

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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