Healthy Blue | HERITAGE HEALTH

Clinical Criteria

Subject:	Nebraska Synagis (palivizumab) Policy		
Document #:	ING-CC-0007 NE	**Publish Date**:	10/01/2022
Status:	Revised	**Last Review Date**:	10/10/2022

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Overview

This document addresses the use of Synagis (palivizumab), a monoclonal antibody approved by the Food and Drug Administration for prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) infection in select pediatric individuals.

Randomized placebo-controlled clinical trials have demonstrated the safety and efficacy of Synagis in reducing hospitalizations due to RSV infection and in reductions in other measures of RSV infection severity for a very specific group of infants and children. Epidemiologic data indicate that the risk of severe RSV infection most likely to require hospitalization is greater in the presence of risk factors.

In 2014, the American Academy of Pediatrics (AAP) issued updated guidelines regarding the use of immune prophylaxis for RSV. AAP reaffirmed this guidance in 2019. A summary of the AAP RSV guidance is as follows:

Preterm Infants without Chronic Lung Disease (CLD) of Prematurity or Congenital Heart Disease (CHD)
• Infants born before 29 weeks, 0 days gestation in the first year of life
Preterm Infants with CLD
• Infants born before 32 weeks, 0 days gestation and a requirement for >21% oxygen for at least 28 days after birth in the first year of life
Infants with CHD
• Prophylaxis may be administered in first year of life to certain infants with hemodynamically significant heart disease • Consultation with a cardiologist if recommended for patients with cyanotic heart disease for prophylaxis decisions
Children with Anatomic Pulmonary Abnormalities or Neuromuscular Disorder
• Prophylaxis may be considered in first year of life to children with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways
Immunocompromised Children
• Prophylaxis may be considered in children under 24 months who will be profoundly immunocompromised during the RSV season
Children with Down Syndrome
• Insufficient data available to routinely recommend prophylaxis
Children with Cystic Fibrosis
• Insufficient data available to routinely recommend prophylaxis
Timing of Prophylaxis for Alaska Native and American Indian Infants
• Greater flexibility in use of prophylaxis as a result of potentially higher disease burden • Use of government RSV surveillance data may be helpful in decision-making
Discontinuation of Prophylaxis Among Children who Experience Breakthrough RSV Hospitalization
• Discontinue prophylaxis
Prophylaxis in the Second Year of Life
• Recommended in children who require ≥28 days of supplemental oxygen after birth and continue to require medical intervention (supplemental oxygen, chronic corticosteroid therapy, diuretics)
Number of Monthly Doses in Season
• Maximum of 5
Other

NEHB-CD-014762-22 December 2022 State approval: 10/04/2022

- Prophylaxis is not recommended for prevention of primary asthma or reduction of subsequent wheezing episodes
- Prophylaxis is not recommended for prevention of nosocomial disease
- Not recommended for use in RSV treatment

Because 5 monthly doses of Synagis will provide more than 6 months of adequate serum concentrations for most infants, administration should be limited to the peak RSV seasons in the continental United States of November* to March. Qualifying infants born during RSV season will need fewer than 5 doses for protection until the season ends.
*Due to a spike in RSV cases outside of the normal Nebraska season in 2022, Synagis coverage will start October 1, 2022, and end in March 2023. Members may receive up to 5 doses beginning October 1 through March 31, 2023. If the series was started prior to November 1, one additional dose (for a total of 6 doses) may be approved with a subsequent PA request to allow coverage through March 31, 2023.

Specific information about national and regional RSV trends, especially pertaining to the peak variations in Florida and Alaska, is available from the National Respiratory and Enteric Virus Surveillance System (NREVSS) at: **http://www.cdc.gov/surveillance/nrevss/rsv/index.html**.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose. Due to a spike in RSV cases outside of the normal Nebraska season in 2022, Synagis coverage will start October 1, 2022, and end in March 2023. Members may receive up to 5 doses beginning October 1 through March 31, 2023. If the series was started prior to November 1, one additional dose (for a total of 6 doses) may be approved with a subsequent PA request to allow coverage through March 31, 2023.

Synagis (palivizumab)

Requests for Synagis (palivizumab) may be approved if the following criteria are met (2014 AAP):

I. A maximum of 5 doses of Synagis may be approved for **infants during the first RSV season within the first year of life** with any of the following:
   A. Born before 29 weeks, 0 days gestation (up to and including 28 weeks, 6 days) and younger than 12 months of age at the ***start*** of the RSV season; **OR**
   B. Documentation is provided indicating chronic lung disease of prematurity defined as birth at less than 32 weeks, 0 days gestation and a requirement for greater than 21% oxygen for at least 28 days after birth (not including asthma, reactive airway disease and cystic fibrosis without significant symptoms; **OR**
   C. Documentation is provided indicating hemodynamically significant congenital heart disease (including infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension); **OR**
   D. Documentation is provided indicating anatomic pulmonary abnormalities (for example, tracheal ring) or a neuromuscular condition that impairs the ability to clear secretions from the upper airway because of ineffective cough; **OR**

II. A maximum of 5 doses of Synagis may be approved for **children during their second RSV season** with any of the following:
   A. Documentation is provided indicating the individual is a preterm infant born at less than 32 weeks, 0 days gestation who required at least 28 days of oxygen after birth AND continues to require medical intervention within 6 months of the start of the second RSV season (including supplemental oxygen, chronic corticosteroid therapy or diuretics); **OR**

OR

III. A maximum of 5 doses of Synagis may be approved for **children younger than 24 months of age** with any of the following:
   A. Documentation is provided indicating profound immunocompromised status (such as severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, undergoing organ or hematopoietic stem cell transplant, or an absolute lymphocyte count of less than 100 cells/mm^3); **OR**
   B. Documentation is provided indicating the individual is undergoing cardiac transplantation;

Synagis approval is limited to RSV season as determined by CDC surveillance data (**http://www.cdc.gov/surveillance/nrevss/rsv/index.html**) or local health department.

Synagis (palivizumab) may not be approved for any of the following:

I. All other indications not included above; **OR**
II. Continued RSV prophylaxis for children who experience breakthrough RSV hospitalization; **OR**
III. Treatment of known RSV disease; **OR**

IV. Children who reach 24 months of age prior to the beginning of RSV season; **OR**
V. More than two seasons of RSV prophylaxis; **OR**
VI. Primary asthma prevention or to reduce subsequent episodes of wheezing; **OR**
VII. Children with surgically corrected congenital heart disease or hemodynamically insignificant heart disease (including secundum atrial septal defect, small ventricular septal defect, uncomplicated pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus) who do not otherwise meet approval criteria; **OR**
VIII. Children with Down syndrome who do not otherwise meet approval criteria.

Quantity Limits

Synagis (palivizumab) Quantity Limit

Drug	Limit
Synagis (palivizumab) 50 mg, 100 mg vial	15 mg/kg once a month for up to 5 doses per RSV season Members may receive up to 5 doses beginning October 1 through March 31, 2023. If the series was started prior to November 1, one additional dose (for a total of 6 doses) may be approved with a subsequent PA request to allow coverage through March 31, 2023.
Override Criteria	
One additional dose may be approved for individuals undergoing cardiopulmonary bypass for a surgical procedure as noted in clinical criteria. Members may receive up to 5 doses beginning October 1 through March 31, 2023. If the series was started prior to November 1, one additional dose (for a total of 6 doses) may be approved with a subsequent PA request to allow coverage through March 31, 2023.	

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each Synagis

HCPCS

S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

ICD-10 Diagnosis

P07.21-P07.26	Extreme prematurity
P07.31-P07.38	Preterm Newborn
P27.1	Bronchopulmonary dysplasia originating in the perinatal period
P27.8-P27.9	Other chronic respiratory diseases originating in the perinatal period
I42.9	Cardiomyopathy, unspecified
I50.9	Heart failure, unspecified
Q20.0-Q20.9	Congenital malformation of cardiac chambers and connections
Q21.0-Q21.8	Ventricular septal defects
Q22.0	Pulmonary valve atresia

Document History

Revised: 10/10/2022
Document History:

- 10/10/2022 Added new state guidance to allow early start to season and potential for additional dose in 2023.
- 8/8/2022- Annual review. Removed references to additional doses allowed during 2021 RSV season.
- 8/20/2021 – Annual Review: Add note providing direction on how to address the delayed 2021 RSV season and to refer to CDC website for RSV season by region. Add exclusion for more than two seasons of prophylaxis. Wording and formatting changes. Coding reviewed: Added ICD-10-CM P07.21-P07.26, P07.31-P07.38, P27.1, P27.8-P27.9, I42.9, I50.9, Q20.0-Q20.9, Q21.0-Q21.8, Q22.0
- 11/30/2020 – Administrative update to add documentation requirements.
- 8/21/2020 – Annual Review: No changes. Coding Reviewed: No changes.
- 09/23/2019 – Administrative update to add drug specific quantity limit.
- 09/09/2019 - Annual Review: Wording and formatting changes. Coding reviewed: No changes.
- 08/17/2018 – Annual Review: Wording and formatting updates. Add in reference for criteria.

References

1. American Academy of Pediatrics Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection: Policy Statement. *Pediatrics*. 2014; 134(2):415-420. Erratum in: Pediatrics. 2014; 134(6):1221. Available at: http://pediatrics.aappublications.org/content/134/2/415.full. Accessed: July 8, 2021.
2. American Academy of Pediatrics Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection: Technical Report. *Pediatrics*. 2014; 134(2):e620-e638. Available at: http://pediatrics.aappublications.org/content/134/2/e620.full.pdf+html. Accessed: July 8, 2021.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 8, 2021.
4. DrugPoints® System electronic version. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
6. NE state provider bulletin https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2022-17.pdf

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.