Clinical Policy: Palivizumab (Synagis)

Reference Number: OR.CP.PHAR.16
Effective Date: 07.01.22
Last Review Date: 05.24
Line of Business: Medicaid – Oregon Health Plan Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Palivizumab (Synagis®) is a recombinant humanized monoclonal antibody with anti-respiratory syncytial virus (RSV) activity.

FDA Approved Indication(s)
Synagis is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients:

- With a history of premature birth (less than or equal to 35 weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season;
- With bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season;
- With hemodynamically significant congenital heart disease and who are 24 months of age or younger at the beginning of RSV season.

Limitation(s) of use: The safety and efficacy of Synagis have not been established for treatment of RSV disease.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Trillium Community Health Plan that Synagis is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Preterm Infant (must meet all)**:**

1. Diagnosis of preterm infant with gestational age < 29 weeks;
2. Age at onset of RSV season < 12 months;
3. Request is for RSV prophylaxis;
4. Member has not been hospitalized with RSV disease during the current RSV season;
5. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
6. Dose does not exceed 15 mg/kg once a month by intramuscular (IM) administration (*see Appendix E for dose rounding guidelines*).

Approval duration: one dose per month during RSV season

- **See appendix D for requirements for coverage outside typical RSV season (November-March)**

B. Chronic Lung Disease of Prematurity (must meet all):

1. Diagnosis of chronic lung disease (CLD) of prematurity (i.e., BPD) defined as both of the following (a and b):
   a. Gestational age < 32 weeks;
   b. Requirement for > 21% oxygen for ≥ 28 days after birth;
2. Age at onset of RSV season (a or b):
   a. Age < 12 months;
   b. Age ≥ 12 months to < 24 months and continues to require supplemental oxygen, chronic corticosteroid therapy, bronchodilator therapy, or diuretic therapy within 6 months of the start of the RSV season;
3. Request is for RSV prophylaxis;
4. Member has not been hospitalized with RSV disease during the current RSV season;
5. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
6. Dose does not exceed 15 mg/kg once a month by IM administration (*see Appendix E for dose rounding guidelines*).

Approval duration: one dose per month during RSV season

- **See appendix D for requirements for coverage outside typical RSV season (November-March)**

C. Congenital Heart Disease (must meet all)**:**

1. Age and diagnosis at onset of RSV season (a or b):
   a. Age < 12 months and either (i or ii);
      i. Diagnosis of acyanotic heart disease and either (1 or 2):
         1) Receiving medication to control congestive heart failure AND will require a cardiac surgical procedure;
         2) Diagnosis of moderate to severe pulmonary hypertension;
      ii. Diagnosis of a cyanotic heart defect and RSV prophylaxis is recommended by a pediatric cardiologist;
   b. Age < 24 months and undergoing cardiac transplantation or cardio-pulmonary bypass during the current RSV season;
2. Member has not been hospitalized with RSV disease during the current RSV season;
3. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
4. Dose does not exceed 15 mg/kg once a month by IM administration (*see Appendix E for dose rounding guidelines*)..

Approval duration: one dose per month during RSV season

See appendix D for requirements for coverage outside typical RSV season (November-March)

D. Anatomic Pulmonary Abnormalities, Neuromuscular Disorders, Infants Profoundly Immunocompromised (off-label) (must meet all)**:**

1. Age and diagnosis at onset of RSV season (a or b):

a. Age < 12 months and diagnosis of an anatomic pulmonary abnormality or neuromuscular disorder that impairs the ability to clear secretions from the upper airway (e.g., due to ineffective cough);
b. Age < 24 months and will be profoundly immunocompromised during the RSV season (e.g., due to solid organ or hematopoietic stem cell transplantation, chemotherapy, severe combined immunodeficiency, chronic granulomatous disease);

2. Request is for RSV prophylaxis;
3. Member has not been hospitalized with RSV disease during the current RSV season;
4. Dose does not exceed 15 mg/kg once a month by IM administration (*see Appendix E for dose rounding guidelines*).
5. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
6. Dose does not exceed 15 mg/kg once a month by IM administration (*see Appendix E for dose rounding guidelines*).

Approval duration: one dose per month during RSV season

- **See appendix D for requirements for coverage outside typical RSV season (November-March)**

E. Cystic Fibrosis (off-label) (must meet all)**:**

1. Diagnosis of cystic fibrosis and one of the following (a or b):
   a. Clinical evidence of nutritional compromise;
   b. Diagnosis of CLD of prematurity defined as both of the following (i and ii):
      i. Gestational age < 32 weeks
      ii. Requirement for > 21% oxygen for ≥ 28 days after birth;
2. Age at onset of RSV season (a or b):
   a. Age < 12 months;
   b. Age < 24 months and (i or ii):
      i. Manifestations of severe lung disease (e.g., previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable);
      ii. Weight for length < 10th percentile;
3. Request is for RSV prophylaxis;
4. Member has not been hospitalized with RSV disease during the current RSV season;
5. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
6. Dose does not exceed 15 mg/kg once a month by IM administration (*see Appendix E for dose rounding guidelines*).

Approval duration: one dose per month during RSV season

- **See appendix D for requirements for coverage outside typical RSV season (November-March)**

F. Other diagnoses/indications (must meet 1 or 2)**:**

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):

a. For drugs on the PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.PMN.255 for Medicaid; or
b. For drugs NOT on the PDL (Medicaid), the non-formulary policy for the relevant line of business: OR.CP.PMN.1001 for Medicaid; or

2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.PMN.53 for Medicaid.

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
   b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B);
2. Request is for RSV prophylaxis;
3. Member will not reach 24 months of age at the start of RSV season;
4. Member has not been hospitalized with RSV disease during the current RSV season;
5. For the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination;
6. If request is for a dose increase, new dose does not exceed 15 mg/kg once a month by intramuscular administration. (*see Appendix E for dose rounding guidelines*).

Approval duration: one dose per month during RSV season

- **See appendix D for requirements for coverage outside typical RSV season (November-March)**

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the PDL (Medicaid), the non-formulary policy for the relevant line of business: OR.CP.PMN.1001 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

BPD: bronchopulmonary dysplasia
CLD: chronic lung disease of prematurity
FDA: Food and Drug Administration
HHS: Health and Human Services
RSV: respiratory syncytial virus

Appendix B: Therapeutic Alternatives

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Beyfortus® (nirsevimab)	**Prophylaxis - First RSV Season** Single IM injection of: • Weight < 5 kg: 50 mg • Weight ≥ 5 kg: 100 mg **Prophylaxis - Second RSV Season** Single 200 mg dose IM	First RSV Season: 1 dose Second RSV Season: 1 dose (2 doses per lifetime if member is at increased risk of severe disease)

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): previous significant hypersensitivity reaction to Synagis
- Boxed warning(s): none reported

Appendix D: RSV Seasonal Durations across the United States - Initiation and Termination of RSV Prophylaxis

The RSV season may commence as early as September and continue through May. In Oregon the RSV season is typically November-March. For approvals outside of the months of November-March, approval requires proof of early onset or continued threat of RSV in the region from which the member resides.
*Onset is defined as 2 consecutive weeks where % positive is ≥10%, (data are provided by the Oregon's Weekly Respiratory Syncytial Virus Surveillance Report from the Oregon Public Health Division based on regions. Weekly updates are found at: https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Pages/RespiratorySyncytialVirusSurveillanceData.aspx

Region	Counties
NW Oregon – SW Washington	Benton, Clackamas, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, Yamhill
Central Oregon	Crook, Deschutes, Grant, Harney, Jefferson, Wheeler
Columbia Gorge – NE Oregon	Baker, Gilliam, Hood River, Marrow, Sherman, Umatilla, Union, Wasco, Wallowa
Southern Oregon	Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Malheur

- The updated guidance provided by the AAP for the 2022-2023 RSV seasons states because of the continued variability in RSV circulation, the AAP continues to support the use of palivizumab in eligible patients in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. The AAP continues to recommend programmatic consideration of providing more than 5 consecutive doses of palivizumab depending on the duration of the current RSV surge in a given region of the country.

- ACIP and AAP 2023 recommendations for the use of nirsevimab state the following regarding palivizumab:
  - If palivizumab was administered initially for the season and < 5 doses were administered, the infant should receive 1 dose of nirsevimab. No further palivizumab should be administered.
  - If palivizumab was administered in season 1 and the child is eligible for RSV prophylaxis in season 2, the child should receive nirsevimab in season 2, if available. If nirsevimab is not available, palivizumab should be administered as previously recommended.
- AAP frequently asked questions regarding nirsevimab state in the context of a limited supply of nirsevimab, CDC recommends providers suspend using nirsevimab in palivizumab-eligible children. If nirsevimab supply is inadequate, CDC recommends that providers suspend using nirsevimab in palivizumab-eligible children aged 8–19 months for the 2023–2024 RSV season. These children should receive palivizumab per American Academy of Pediatrics (AAP) recommendations. Nirsevimab should continue to be offered to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care is more challenging or in communities with known high rates of RSV among older infants and toddlers.

Appendix E: Dose Rounding Guidelines

Weight-based Dose Range	Vial Quantity Recommendation
≤ 52.49 mg	1 vial of 50 mg/0.5 mL
52.5 mg – 104.99 mg	1 vial of 100 mg/1 mL
105 mg – 157.49 mg	1 vial of 50 mg/0.5 mL and 1 vial of 100 mg/1 mL
157.5 mg – 209.99 mg	2 vials of 100 mg/1 mL
210 mg – 262.49 mg	1 vial of 50 mg/0.5 mL and 2 vials of 100 mg/1 mL
262.5 mg – 314.99 mg	3 vials of 100 mg/1 mL

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
RSV prophylaxis in pediatric patients	15 mg/kg IM once a month	15 mg/kg/month; up to 5 doses per RSV season (1 extra dose if cardio-pulmonary bypass)

VI. Product Availability

Single-dose vials: 50 mg/0.5 mL, 100 mg/1 mL

VII. References

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2. Synagis Prescribing Information. Gaithersburg, MD: MedImmune, LLC; November 2021. Available at https://www.synagis.com/synagis.pdf. Accessed January 9, 2024.
3. Respiratory syncytial virus infection (RSV): Trends and surveillance. Centers for Disease Control and Prevention website. Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. Available at

http://www.cdc.gov/rsv/research/us-surveillance.html. Page last reviewed: October 28, 2022. Accessed January 25, 2023.
4. Rose EB, Wheatley A, Langley G, Gerber S, Haynes A. Respiratory Syncytial Virus Seasonality — United States, 2014–2017. MMWR Morb Mortal Wkly Rep 2018;67:71–76. DOI: http://dx.doi.org/10.15585/mmwr.mm6702a4.
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9. Errata: RSV Policy Statement: Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. American Academy of Pediatrics. *Pediatrics.* December 2014; 134(6): 1221.
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12. CDC Health Alert Network: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States. June 10, 2021. Available at: https://emergency.cdc.gov/han/2021/han00443.asp.
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14. Updated guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season. American Academy of Pediatrics. Pediatrics. November 17, 2022. Available at: https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-

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17. Health Alert Network CDCHAN-00499: Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season. October 23, 2023. Available at: https://emergency.cdc.gov/han/2023/han00499.asp. Accessed January 31, 2024.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Reviews, Revisions, and Approvals	Date	Plan Approval Date
Policy created; adapted from previously approved policy TCHP.PHAR.1811 Palivizumab (Synagis)	03.17.22	04.07.22
Edited all initial coverage criteria to extend coverage from <12 to <24 months of age during 2022-2023 RSV season due to OHA directed coverage updates.	12.05.22	01.05.23
Added the following requirement: "for the current RSV season, member has not previously received Beyfortus or other RSV monoclonal antibody or any RSV vaccine, including maternal RSV vaccination."; for CLD added bronchodilator therapy as an additional option to confirm appropriateness of therapy in the second year of life per AAP guidance; references reviewed and updated.	11.07.23	11.21.23
2Q 2024 annual review: no significant changes; updated Appendix D with AAP recommendations in the context of a limited supply of nirsevimab; added Coding Implications section to appendix; references reviewed and updated.	03.29.24	05.21.24

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members

and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.