Original Effective Date: 04/01/2019
Current Effective Date: 09/25/2024
Last P&T Approval/Version: 07/31/2024
Next Review Due By: 07/2025
Policy Number: C6074-A

Synagis (palivizumab)

PRODUCTS AFFECTED

Synagis (palivizumab)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Prevention of Respiratory Syncytial Virus (RSV)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

Drug and Biologic Coverage Criteria

ALL INDICATIONS:

1. Prescriber attests member is not a candidate for, or cannot access, and has not previously received Beyfortus (nirsevimab) for the current RSV season (See appendix)
   AND
2. FOR MEMBERS <6 MONTHS OF AGE: Prescriber attests infant's mother did NOT receive Abrysvo (respiratory syncytial virus vaccine) while pregnant

PREVENTION OF RSV FOR THE FOLLOWING MEMBER SCENARIOS-

A. CHRONIC LUNG DISEASE OF PREMATURITY:

1. (a) Infants ≤ 1 year of age at the start of the RSV season must meet the following criteria: The infant was born at < 32 weeks, 0 days gestation; AND The infant required > 21% oxygen for at least 28 days after birth
   OR
   (b) Infants ≤ 2 years of age at the start of the RSV season must meet the following criteria:
   The infant was born at < 32 weeks, 0 days gestation AND the infant required > 21% oxygen for at least 28 days after birth AND the child has required medical therapy (i.e., supplemental oxygen, diuretic therapy, or chronic corticosteroid therapy) during the 6 months before the start of the second RSV season

B. HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE:

1. The infant is ≤ 12 months of age at the start of the RSV season with hemodynamically significant congenital heart disease
   AND
2. The infant meets one of the following conditions according to the prescribing physician:
   (a) The infant is considered to have hemodynamically significant cyanotic CHD by a cardiologist recommendation (e.g., Transposition of the great arteries, Tetralogy of Fallot, etc.)
   OR
   (b) The infant has acyanotic heart disease AND is receiving medication to control heart failure AND will require cardiac surgical procedures
   OR
   (c) The infant has moderate to severe pulmonary hypertension
   AND
3. Synagis is prescribed by or in consultation with a cardiologist or intensivist.

C. CONGENITAL ABNORMALITY OF THE AIRWAY/NEUROMUSCULAR CONDITION:

1. The infant is ≤ 1 year of age at the start of the RSV season
   AND
2. Documentation the member's condition compromises handling of respiratory secretions.

D. PREMATURITY:

1. The infant is ≤ 12 months of age at the start of the RSV season
   AND
2. The infant was born before 29 weeks, 0 days gestation (≤ 28 weeks, 6 days gestation)
   NOTE: Synagis is not recommended in the second year of life on the basis of prematurity alone

E. IMMUNOCOMPROMISED:

1. The child is < 24 months of age at the start of the RSV season
   AND
2. Synagis is prescribed by or in consultation with an immunologist or an infectious diseases specialist
   AND
3. According to the prescribing physician, the child is/will be profoundly immunocompromised during the RSV season (e.g., chemotherapy or transplant)

F. CARDIAC TRANSPLANT:
1. The child is < 2 years of age at the start of the RSV season
   AND
2. The child has undergone or will undergo cardiac transplantation during the current RSV season
   AND
3. Synagis is prescribed by or in consultation with a cardiologist, intensivist, or transplant physician.

CONTINUATION OF THERAPY:
None

DURATION OF APPROVAL:
Approve a maximum of 5 months during the RSV season*.
*Refer to state guidance, if applicable.

PRESCRIBER REQUIREMENTS:
Per RMI if applicable

AGE RESTRICTIONS:
Per RMI

QUANTITY:
Per AAP guidelines, up to a maximum of 5 doses (15mg/kg) during RSV season

PLACE OF ADMINISTRATION:
The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the intramuscular injectable products be administered in a place of service that is a non-hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intramuscular

DRUG CLASS:
Antiviral Monoclonal Antibodies

FDA-APPROVED USES:
Indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (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 (CHD) and who are 24 months of age or younger at the beginning of RSV season

Limitations of Use: Safety and efficacy of Synagis have not been established for the treatment of RSV disease.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Contraindications to Beyfortus (nirsevimab) include: a history of serious hypersensitivity reactions, including anaphylaxis, to nirsevimab-alip or to any of the excipients (arginine hydrochloride, histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sucrose) [Beyfortus prescribing information, 2024].

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Synagis is a humanized monoclonal antibody (IgG1K) that has neutralizing and fusion-inhibitory activity against respiratory syncytial virus (RSV). It is approved by the Food and Drug Administration (FDA) for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients with at least one of the following: bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are ≤ 24 months of age at the beginning of the RSV season; history of premature birth (≤ 35 weeks gestational age) and who are ≤ 6 months of age at the beginning of the RSV season; hemodynamically significant congenital heart disease (CHD) who are ≤ 24 months of age at the beginning of the RSV season.

The American Academy of Pediatrics (AAP) revised their policy statement and modified their recommendations for use of Synagis for prevention of RSV infections in 2014. Additionally, the AAP Red Book was updated in 2018.8 A maximum of 5 monthly doses for all geographic locations is recommended regardless of the month when prophylaxis is started for CHD, chronic lung disease of prematurity (CLD), and premature infants/children born before 29 weeks' 0 days gestation. In the updated recommendations the only group of children who qualify for Synagis prophylaxis in the second year of life are those born < 32 weeks, 0 days gestation who required at least 28 days of oxygen after birth and who continue to require supplemental oxygen, chronic systemic corticosteroid therapy, or bronchodilator therapy within 6 months of the start of the second RSV season.

The seasonality of RSV varies by region, lasting November through March in most areas. Because five monthly doses of Synagis at 15 mg/kg per dose will provide more than 6 months of serum Synagis concentrations for most infants, administration of more than five monthly doses is not recommended within the continental US.8 Children who qualify for five monthly doses of Synagis should receive the first dose at the time of onset of the RSV season. For qualifying infants born during the RSV season, fewer than five monthly doses will be needed to provide protection until the RSV season ends in their region. For example, in regions where the season begins in November, if the child meets criteria in November, approve for 5 months; if Member meets criteria in December, approve for 4 months, etc. The RSV season in some areas of the US commences earlier than November, such as in Florida, where the onset may be as early as July. Despite varying onset and end dates of the RSV season in different regions of Florida, a maximum of five monthly doses of Synagis will be adequate for qualifying infants for most RSV seasons in Florida.

Therefore, if a Member is eligible in July, approve 5 months, if a Member is eligible in August, approve 4 months, etc.

During the 2022-2023 season, there was a shift in seasonality noted in 2021 and due to regional variability in interseason RSV cases, the AAP supported the use of palivizumab in eligible infants in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. The AAP recommended initiating the standard administration of palivizumab, which consists of 5 consecutive monthly doses. This regimen provides serum levels associated with protection for 6 months, the length of a typical RSV season. The AAP monitors the interseasonal trends.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

Contraindications to Synagis (palivizumab) include: Previous significant hypersensitivity reaction to Synagis.

Synagis® will not be approved in the following scenarios: Gestational age greater than or equal to 29 weeks, 0 days (otherwise healthy), Asthma prevention, To reduce wheezing episodes, Down Syndrome

(otherwise healthy), Diagnosis of Cystic Fibrosis (otherwise healthy), Healthcare- associated RSV disease, Breakthrough RSV hospitalization, Hemodynamically insignificant CHD (Secundum atrial septal defect, Small ventricular septal defect, Pulmonic stenosis, Uncomplicated aortic stenosis, Mild coarctation of the aorta, Patent ductus arteriosus), Congenital Heart Disease lesions corrected by surgery (unless Member continue to require CHF meds), Congenital Heart Disease and mild cardiomyopathy not on medical therapy, For patients greater than 12 months of age at the onset of RSV season (Based on prematurity alone), Diagnosis of Chronic Lung Disease of Prematurity without medical support (chronic systemic steroids, diuretic therapy, or supplemental O2), Diagnosis of Congenital Heart Disease and Otherwise healthy children in 2nd year of life.

TREATMENT OF RSV OR TREATMENT OF BREAKTHROUGH RSV is not an indication and will not be approved. The safety and efficacy of Synagis have not been established for treatment of RSV disease
Synagis is NOT recommended for infants with cystic fibrosis or Down syndrome unless other indications are also present.
Clinicians may administer up to a maximum of 5 monthly doses of palivizumab (15 mg/kg per dose) during the RSV season to infants who qualify for prophylaxis in the first year of life.
Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.

OTHER SPECIAL CONSIDERATIONS:

For dose requests outside of the RSV season the provider must submit a letter of medical necessity AND current local virology information showing virology > 10% for the most recent two consecutive weeks.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use 50 mg, each

AVAILABLE DOSAGE FORMS:

Synagis SOLN 50MG/0.5ML and 100MG/ML single-dose vials

REFERENCES

1. Synagis® injection [prescribing information]. Waltham, MA: Sobi Inc.; November 2021.
2. Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. (2014). PEDIATRICS, 134(2), 415-420. doi: 10.1542/peds.2014-1665
3. 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. Pediatrics. 134(2):415-420.
4. Centers for Disease Control and Prevention. Respiratory syncytial virus activity – United States, July 2012-June 2014. MMWR.2015;63(48):1133-1136 Available at: http://www.cdc.gov/surveillance/nrevss/rsv/reports.html.
5. Heikkinen T, Valkonen H, Lehtonen L, Vainionpaa R, Ruuskanen O. Hospital admission of high risk infants for respiratory syncytial virus infection: implications for palivizumab prophylaxis. Arch Dis

Child Fetal Neonatal Ed. 2005;90:F64-68.
6. Boeckh M, Berrey MM, Bowden RA, et al. Phase 1 evaluation of the respiratory syncytial virus-specific monoclonal antibody palivizumab in recipients of hematopoietic stem cell transplants. J Infect Dis. 2001;184:350-354.
7. Tomblyn M, Chiller T, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic cell transplantations recipients: A global perspective. Biol Blood Marrow Transplant. 2009;15:1143-1238.
8. Robinson KA, Odelola OA, Saldanha IJ. Palivizumab for prophylaxis against respiratory syncytial virus infection in children with cystic fibrosis. Cochrane Database Syst Rev. 2016;7:CD007743. doi: 10.1002/14651858.CD007743.pub6.
9. Respiratory Syncytial Virus. In: Kimberlin DW, Brady MT, Jackson MA, Long SS (Eds). RedBook: 2018 Report of the Committee of Infectious Diseases. 31st Edition, Itasca, IL: American Academy of Pediatrics; 2018.
10. Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season. Aap.org. (2022). Retrieved 5 September 2022, from https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/.
11. Respiratory Syncytial Virus Infection (RSV). Centers for Disease Control and Prevention. (2022). Retrieved 5 September 2022, from https://www.cdc.gov/rsv/clinical/index.html.
12. Caserta, M. T., O'Leary, S. T., Munoz, F. M., & Ralston, S. L. (2023). Palivizumab Prophylaxis in Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. Pediatrics, 152(1). https://doi.org/10.1542/peds.2023-061803
13. CDC. (2023, August 4). RSV | Prevention | Respiratory Syncytial Virus | CDC. Retrieved August 31, 2023, from www.cdc.gov website: https://www.cdc.gov/rsv/about/prevention.html

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: FDA-Approved Uses Appendix Contraindications/Exclusions/ Discontinuation References	Q3 2024
REVISION- Notable revisions: Required Medical Information Duration of Approval Appendix Background References	Q4 2023
REVISION- Notable revisions: Duration of Approval Appendix References	Q4 2022
Q2 2022 Established tracking in new format	Historical changes on file