Clinical Policy: Palivizumab (Synagis)
Reference Number: ERX.SPA.124
Effective Date: 10.01.16
Last Review Date: 05.19

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

Description
Palivizumab (Synagis®) is a recombinant humanized mouse immunoglobulin (IgG1) monoclonal antibody which provides passive immunity against respiratory syncytial virus (RSV).

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) 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.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Synagis is medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Preterm Birth (must meet all):
      1. Diagnosis of preterm birth defined as gestational age < 29 weeks;
      2. Age at onset of RSV season < 12 months;
      3. Synagis prescription is written for RSV prophylaxis;
      4. Member has not been hospitalized with RSV disease during the current RSV season;
      5. Dose does not exceed 15 mg/kg once a month by intramuscular administration.
      Approval duration: Up to 5 doses per RSV season

   B. Chronic Lung Disease of Prematurity (must meet all):
      1. Diagnosis of chronic lung disease (CLD) of prematurity (i.e., BPD) defined as gestational age < 32 weeks and a 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 systemic corticosteroid therapy, or diuretic therapy within 6 months of the start of the RSV season;
      3. Synagis prescription is written for RSV prophylaxis;
      4. Member has not been hospitalized with RSV disease during the current RSV season;
      5. Dose does not exceed 15 mg/kg once a month by intramuscular administration.
Approval duration: Up to 5 doses per RSV season

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 (a or b):
            a) Receiving medication to control congestive heart failure AND will require a
               cardiac surgical procedure;
            b) 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;
   3. Synagis prescription is written for RSV prophylaxis;
   4. Member has not been hospitalized with RSV disease during the current RSV season;
   5. Dose does not exceed 15 mg/kg once a month by intramuscular administration.
   Approval duration: Up to 5 doses per RSV season (6 doses if cardio-pulmonary bypass)

D. Anatomic Pulmonary Abnormalities, Neuromuscular Disorders, and Infants Profoundly
   Immunocompromised (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. Synagis prescription is written 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 intramuscular administration.
   Approval duration: Up to 5 doses per RSV season

E. Cystic Fibrosis (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 gestational age < 32 weeks and 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. Synagis prescription is written for RSV prophylaxis;
   4. Member has not been hospitalized with RSV disease during the current RSV season;
   5. Dose does not exceed 15 mg/kg once a month by intramuscular administration.
   Approval duration: Up to 5 doses per RSV season

F. Alaska Native and Other American Indian Infants (must meet all):
   1. Medical director consultation is required for requests relating to Alaska native and other
      American Indian infants that fall outside the criteria outlined above;
   2. Alaska native infants: Eligibility for prophylaxis may differ from the remainder of the U.S. on
      the basis of epidemiology of RSV in Alaska, particularly in remote regions where the burden
      of RSV disease is significantly greater than in the general U.S. population;
3. Other American Indian infants: Limited information is available concerning the burden of RSV disease among American Indian populations. However, special consideration may be prudent for Navajo and White Mountain Apache infants in the first year of life;
4. Synagis prescription is written for RSV prophylaxis;
5. Member has not been hospitalized with RSV disease during the current RSV season;
6. Dose does not exceed 15 mg/kg once a month by intramuscular administration.

**Approval duration: Up to 5 doses per RSV season**

**G. Other diagnoses/indications**
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

**II. Continued Therapy**

A. **All Indications in Section I (must meet all):**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Synagis prescription is written for RSV prophylaxis;
3. Member has not received yet 5 doses of Synagis in the current RSV season (6 doses if cardio-pulmonary bypass);
4. Member has not been hospitalized with RSV disease during the current RSV season;
5. If request is for a dose increase, new dose does not exceed 15 mg/kg once a month by intramuscular administration.

**Approval duration: Up to 5 doses per RSV season (6 doses if cardio-pulmonary bypass)**

**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 policy – ERX.PA.01 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
- RSV: respiratory syncytial virus

*Appendix B: Therapeutic Alternatives*
Not applicable

*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*
The RSV season may commence as early as September and continue through May. In Florida, the RSV season may begin at any time throughout the year.

**V. Dosage and Administration**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSV prophylaxis in pediatric patients</td>
<td>15 mg/kg IM once a month</td>
<td>15 mg/kg/month; up to 5 doses per RSV season (one extra dose if cardio-pulmonary bypass)</td>
</tr>
</tbody>
</table>

**VI. Product Availability**
Single-dose vial: 50 mg/0.5 mL, 100 mg/1 mL
VII. References


Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>P&amp;T Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy created.</td>
<td>08.16</td>
<td>09.16</td>
</tr>
<tr>
<td>Converted to new template.</td>
<td>07.17</td>
<td>08.17</td>
</tr>
<tr>
<td>Doses added.</td>
<td></td>
<td></td>
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<tr>
<td>References updated.</td>
<td></td>
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<tr>
<td>Note: age limitation for CHD is maintained at &lt; 12 months (as opposed to &lt; 24 months) per AAP guidelines.</td>
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<td>2Q 2018 annual review: CHD bypass and transplantation age delineated as &lt; 24 months per AAP guidelines; references reviewed and updated.</td>
<td>02.13.18</td>
<td>05.18</td>
</tr>
<tr>
<td>2Q 2019 annual review: no significant changes; RSV seasonal patterns are updated in Appendix D per the CDC and state health departments to indicate a season onset as early as September extending to as late as May (Florida seasonal information is updated to indicate possible year-round onset); references reviewed and updated.</td>
<td>02.19.18</td>
<td>05.19</td>
</tr>
</tbody>
</table>

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.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. 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.

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