

# Respiratory Syncytial Virus (RSV) Prophylaxis Policy and Procedure



**Date:** 09/18/07  
**Department:** Medical Management  
**Unit:** Pharmacy

**Approved by:** CareOregon  
Pharmacy & Therapeutics Committee

Applies to CareOregon/Oregon Health Plan Formulary

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## PURPOSE

This document describes the policy and procedure for obtaining authorization for RSV prophylaxis with Synagis.

## POLICY

- I. PharmaCare is the exclusive pharmacy vendor for CareOregon members.
- II. In the Pacific Northwest, the RSV season typically begins November to December and ends in April. CareOregon uses data from regional laboratories to determine the start and end of the RSV season. This information is available at <http://www.cdc.gov/ncidod/dvrd/revb/nrevss/rsvtre1.htm>.
- III. If approved, the starting date for using Synagis is November 1 each year (or sooner if RSV is detected in the community) for a total of five doses. Approval for more than five doses or additional doses after March 31 is considered on a case-by-case basis.
- IV. Synagis is considered medically necessary for infants and children who meet any of the following criteria<sup>1,2,3</sup>:
  - A. Age  $\leq$  12 months and born at  $\leq$  28 weeks gestation
  - B. Age  $\leq$  6 months and born at 29-32 weeks gestation
  - C. Age  $\leq$  24 months with chronic lung disease and requires **continuous** medical therapy (home oxygen, bronchodilators, and/or corticosteroids) within six months prior to the start of the RSV season
  - D. Age  $\leq$  24 months with **hemodynamically significant** congenital heart disease and one of the following:
    - On medication for the treatment of congestive heart failure, OR
    - Moderate to severe pulmonary hypertension, OR
    - Cyanotic heart disease

- V. Medical necessity for infants and children not falling within the indications in (IV) above is determined on a case-by-case basis by the Medical Director using current guidelines issued by the American Academy of Pediatrics.

## PROCEDURES

1. Download and complete the **CareOregon Medication Request Form for Synagis (palivizumab)** at [http://www.careoregon.org/provider/documents/CO\\_Synagis\\_MRF-Rx-ed.pdf](http://www.careoregon.org/provider/documents/CO_Synagis_MRF-Rx-ed.pdf)
2. Begin submitting requests for Synagis on the first business day in October each year.
3. Fax the completed form and supporting medical records (required for all requests) to 1-866-616-6016.
4. CareOregon reviews the request and notifies the provider of approval or denial.
5. If approved, a total of five doses is authorized for protection throughout the season.
6. PharmaCare contacts the provider to verify member information and weight and coordinates monthly shipping according to the member's scheduled appointments.

## REFERENCES

1. The American Academy of Pediatrics Technical Report: Meissner HC, Long SS; American Academy of Pediatrics Committee on Infectious Diseases and Committee on Fetus and Newborn. Revised indications for the use of palivizumab and respiratory syncytial virus immune globulin intravenous for the prevention of respiratory syncytial virus infections. *Pediatrics*. 2003 Dec; 112 (6 Pt 1):1447-52.
2. Policy Statement: American Academy of Pediatrics Committee on Infectious Diseases and Committee on Fetus and Newborn. Revised indications for the use of palivizumab and respiratory syncytial virus immune globulin intravenous for the prevention of respiratory syncytial virus infections. *Pediatrics*. 2003 Dec; 112 (6 Pt 1):1442-6.
3. American Academy of Pediatrics Clinical Practice Guideline: Diagnosis and management of bronchiolitis. *Pediatrics*. Oct 2006; 118(4): 1774-1793.