



Title: Respiratory Syncytial Virus (RSV) Prophylaxis Policy and Procedure	P&P Number:
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Applies To: CareOregon (Medicaid) and CareOregon Advantage (Medicare)	

PURPOSE

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

POLICY

- I. CVS Caremark is the exclusive pharmacy vendor for CareOregon members and CareOregon requires members to obtain Synagis through CVS Caremark.
- II. If a provider bills CareOregon claims with CPT code 90378 (intramuscular use) or 90379 (intravenous use), the charges are denied unless pre-approved under special circumstances.
- III. 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. A report of at least 10% positive in the state of Oregon is the threshold that defines the RSV season. This information is available at <http://www.cdc.gov/surveillance/nrevss/rsv/default.html>

If approved, the starting date for using Synagis is November 1 each year (or sooner if RSV is detected in the community) and ends on March 31st. The maximum approved dose and duration depends on the patient's diagnosis supported by medical records, chronological age, gestational age and the month that Synagis was requested (See Procedure Number 5). For infants who qualify for 5 doses, initiation of immunoprophylaxis in November and continuation for a total of 5 monthly doses will provide protection into April.

- IV. Synagis is considered medically necessary for infants and children who meet any of the following criteria^{1,2}:
 - A. Age \leq 12 months and born at \leq 28 weeks gestation

- B. Age ≤ 12 months and born before 35 weeks (34 days and 6 days) gestation and has a diagnosis of congenital abnormalities of the airway or neuromuscular disease.
- C. Age ≤ 6 months and born before 32 weeks (31 weeks 6 days) gestation
- D. Age ≤ 90 days and born at 32 to less than 35 weeks (32 weeks 0 days through 34 weeks 6 days) gestation with one of two risk factors. Risk factors include child care attendance and siblings younger than 5 years of age.
- E. Age ≤ 24 months with chronic lung disease and requires **continuous** medical therapy (home oxygen, bronchodilators, diuretics and/or chronic corticosteroids) within six months prior to the start of the RSV season
- F. Age ≤ 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 and V) 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
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, the following duration and doses will be approved to provide protection throughout the season.

Diagnosis	Dose and Duration
<ul style="list-style-type: none"> • CLD • CHD • < 32 weeks gestation • <35 weeks gestation with congenital abnormalities of the airway or neuromuscular disease 	Maximum of 5 doses. One dose per month until 3/31.
<ul style="list-style-type: none"> • ≤ 90 days of age and born between 32 weeks and less than 35 weeks 	Maximum of 3 doses One dose per month until 90 days of age.

6. CVS Caremark will contact the provider to verify member information and weight and coordinate monthly shipping according to the member's scheduled appointments.

REFERENCES

1. American Academy of Pediatrics. Policy Statement – Modified Recommendations for Use of Palivizumab for Prevention of Respiratory Syncytial Virus Infections. *Pediatrics*. 2009 Sept; 124.
2. American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. Available at: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>. Accessed November 5, 2009.
3. 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.
4. 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.
5. American Academy of Pediatrics Clinical Practice Guideline: Diagnosis and management of bronchiolitis. *Pediatrics*. Oct 2006; 118(4): 1774-1793.