Clinical Policy: Palivizumab (Synagis)

Reference Number: CP.PHAR.16
Effective Date: 08/09
Last Review Date: 08/17 Revision Log

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

Description
The intent of the criteria is to ensure that patients follow selection elements established by Centene® clinical policy for palivizumab (Synagis®).

Policy/Criteria
It is the policy of health plans affiliated with Centene Corporation® that Synagis is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

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

1. Gestational age at birth is < 29 weeks;
2. Age at onset of respiratory syncytial virus (RSV) season < 12 months;
3. Synagis prescription is written for RSV prophylaxis;
4. Dose does not exceed 15 mg/kg once a month by intramuscular (IM) administration;
5. Member has not been hospitalized with RSV disease during the current RSV season;

Approval duration: up to 5 doses per RSV season*

**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the season.*

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

1. Diagnosis of chronic lung disease of prematurity (i.e., bronchopulmonary dysplasia) 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. Dose does not exceed 15 mg/kg once a month by IM administration;
5. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*

**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the 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;
2. Synagis prescription is written for RSV prophylaxis;
3. Dose does not exceed 15 mg/kg once a month by IM administration;
4. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*
(1 extra dose if cardio-pulmonary bypass)
**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the season.*

D. Anatomic Pulmonary Abnormalities, Neuromuscular Disorders, 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. Dose does not exceed 15 mg/kg once a month by IM administration;
4. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*
**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the season.*

E. Cystic Fibrosis (must meet all)**:**
1. Diagnosis of cystic fibrosis and one of the following;
   a. Clinical evidence of nutritional compromise;
   b. Diagnosis of chronic lung disease 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. Dose does not exceed 15 mg/kg once a month by IM administration;
5. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*

**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the 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. Dose does not exceed 15 mg/kg once a month by IM administration;
6. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*

**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the season.*

G. Other diagnoses/indications: Refer to CP.PHAR.57 - Global Biopharm Policy.

II. Continued Approval

A. All Indications (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Synagis prescription is written for RSV prophylaxis;
3. If request is for a dose increase, new dose does not exceed 15 mg/kg once a month by IM administration;
4. Member has not received 5 doses of Synagis in the current RSV season;
5. Member has not been hospitalized with RSV disease during the current RSV season.

Approval duration: up to 5 doses per RSV season*

**The RSV season typically commences in November and continues through April but may begin earlier or persist later in certain states, including Florida. The five monthly shots ideally are initiated prior to RSV season onset and then continue throughout the season.*

B. Other diagnoses/indications (1 or 2)**:**
1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy; or
2. Refer to CP.PHAR.57 - Global Biopharm Policy**.**

Background

Description/Mechanism of Action:

Palivizumab, a recombinant humanized mouse immunoglobulin monoclonal antibody which provides passive immunity against RSV, acts by binding the RSV envelope fusion protein on the surface of the virus and blocking a critical step in the membrane fusion process. Palivizumab also prevents cell-to-cell fusion of RSV-infected cells.

Formulations:

Synagis: Sterile, preservative-free liquid solution (100 mg/mL) for intramuscular injection*
- 0.5 mL single-dose vial containing 50 mg palivizumab
- 1 mL single-dose vial containing 100 mg palivizumab

**Thimerosal or other mercury-containing salts are not used in the production of Synagis. Synagis cannot be stored once open.*

FDA Approved Indications:

Synagis is an RSV envelope fusion protein inhibitor monoclonal antibody/IM formulation indicated for:
- 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 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.

  Limitations of use:
  - The safety and efficacy of Synagis have not been established for treatment of RSV disease.

Appendices

Appendix A: Abbreviation Key

IM: intramuscular
RSV: respiratory syncytial virus

Reviews, Revisions, and Approvals	Date	Approval Date
References reviewed and updated Specialist Review	07/13	07/13
Converted authorization guideline to algorithms	08/13	10/13
Specialist Review	07/14	
Updated according to 2014 AAP Guidelines: Prophylaxis changed to <29 wks from <32 wks and high risk infants <35 wks and to only one season of prophylaxis for prematurity Defined CLD and changed recommendation to 5 doses for all indications Prophylaxis now to be discontinued if experience a breakthrough RSV hospitalization Infants with CHD now only allowed prophylaxis in first year of life and Ped Cardio needs consultation with cyanotic heart disease Prophylaxis for pulmonary abnormality or neuromuscular disease recommended for only 1 year, and clarity provided for pulmonary abnormality	08/14	0/8/14
Omitted profoundly immunocompromised ≤ 24 months and children younger than 2 years who undergo cardiac transplantation during RSV season patient populations based on strength of guideline recommendation.	07/15	08/15
Updated algorithms and Appendix B for clarity	11/15	
Added "is Synagis prescribed for RSV prophylaxis" question to algorithm for clarity. No change in intent of criteria. Updated template and disclaimer language	01/16	
Policy converted to new template. Prophylaxis for cardiac transplantation and profoundly immunocompromised infants added to criteria.	07/16	08/16
Safety information removed (hypersensitivity). Doses added.	07/17	08/17

References

1. Synagis Prescribing Information. Gaithersburg, MD: MedImmune, LLC; May 2017. Available at https://www.azpicentral.com/synagis/synagis.pdf#page=1. Accessed June 30, 2017.
2. 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 Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. *Pediatrics.* August 2014; 134(2): e415-20. doi: 10.1542/peds.2014-1665.
3. Technical Report: Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. *Pediatrics.* August 2014; 134(2): e620-38. doi: 10.1542/peds.2014-1666.

4. 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.
5. 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. Updated March 7, 2017. Accessed June 30, 2017.

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.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.