Respiratory syncytial virus (RSV) season 2014–2015
(November to March)

Synagis—Prior Authorization Guidelines

Overview
Neighborhood Health Plan (NHP) will be using BriovaRx as our specialty vendor for Synagis. NHP will be covering the cost of the injection as well as the administration of Synagis throughout the Respiratory Syncytial Virus (RSV) infection season (November through March) only if obtained from BriovaRx. Synagis and all supplies necessary for the administration will be shipped out and delivered to your office within 24 to 48 hours after ordering. NHP can be billed for administration of the drug.

Requesting Authorization: How do I get it?
2. Fax the form directly to BriovaRx at 1-866-391-1890. (If you have questions, call 866-235-3193.)
3. If your patient meets the below criteria, Synagis will be delivered to your office within 24 to 48 hours after ordering.

Approval Process
For patients who meet criteria, Synagis will be approved for the entire RSV season for a maximum of five monthly doses during RSV season, beginning November 1. Synagis coverage is not recommended beyond March 15 unless there is evidence of significant ongoing community circulation of RSV. Infants born during the RSV season will need fewer than five monthly doses.

Authorization criteria can be found at:

The Synagis enrollment form can be found at:
https://medmetrics.rxportal.sxc.com/rxclaim/mps/NHP%20FAX%20PA%20Form%20Synagis.pdf

Approval of Synagis will be granted if the patient meets any of the following criteria:

<table>
<thead>
<tr>
<th>Group</th>
<th>Younger than 12 months of age at start of RSV season</th>
<th>Second year of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm infants without CLD or CHD</td>
<td>Indicated if born before 29 weeks, 0 days. Infants born during the RSV season will need fewer than five monthly doses.</td>
<td>Not indicated.</td>
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<tr>
<td>Preterm infants with CLD</td>
<td>Indicated if born before 32 weeks, 0 days and require &gt;21% oxygen for at least the first 28 days after birth.</td>
<td>Indicated if born before 32 weeks, 0 days (must have satisfied first season CLD criteria) and continue to require medical support (chronic systemic corticosteroid, diuretic, bronchodilator or supplemental oxygen therapy) within six months of start of RSV season.</td>
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(cont.)
<table>
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<tr>
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<th>Younger than 12 months of age at start of RSV season</th>
<th>Second year of life</th>
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</thead>
<tbody>
<tr>
<td>Preterm infants with CHD*</td>
<td>Indicated in hemodynamically significant CHD, including infants with acyanotic heart disease who are receiving medication to control CHF and will require cardiac surgical procedures and infants with moderate to severe PAH.</td>
<td>Not indicated.</td>
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<tr>
<td>Infants who receive cardiac transplant during RSV season</td>
<td>Indicated.</td>
<td>Indicated.</td>
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<td>Infants with anatomic pulmonary abnormalities or neuromuscular disorders that impair the ability to clear respiratory secretions from the upper airway because of ineffective cough</td>
<td>Indicated.</td>
<td>Not indicated.</td>
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<td>Infants who are profoundly immunocompromised during RSV season</td>
<td>Indicated.</td>
<td>Indicated.</td>
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<tr>
<td>Infants with CF</td>
<td>CF + CLD and/or nutritional compromise.</td>
<td>CF + Severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable) OR CF + weight for length less than 10\textsuperscript{th} percentile.</td>
</tr>
</tbody>
</table>

*The following groups of infants with CHD are not at increased risk of RSV infection and generally should not receive immunoprophylaxis:
- Infants and children with hemodynamically insignificant heart disease (eg, secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus)
- Infants with lesions adequately corrected by surgery, unless they continue to require medication for congestive heart failure
- Infants with mild cardiomyopathy who are not receiving medical therapy for the condition
- Children in the second year of life

Other recommendations from the AAP policy statement:
- Synagis should be discontinued for the rest of the RSV season following RSV-associated hospitalization
- Synagis should not be used during hospitalization for RSV
- Patients should not receive more than 5 monthly doses of Synagis per RSV season; qualifying infants born during the RSV season may require fewer than five doses
- Patients with Down's Syndrome should be treated the same way as those without the condition
- Synagis is not recommended for primary asthma prevention or to reduce subsequent episodes of wheezing

References