

**Synagis (palivizumab)**  
**Effective 12/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Synagis (palivizumab) is a monoclonal antibody produced by recombinant DNA technology used to prevent severe disease caused by respiratory syncytial virus infections (RSV)

### FDA-Approved Indication

Synagis is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth (less than or equal to 35 weeks gestational age) and 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 (CHD) 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.

#### A. Compensial Uses

1. RSV prophylaxis in infants with congenital abnormalities of the airway or neuromuscular disease that compromise handling of respiratory secretions
2. RSV prophylaxis in immunocompromised pediatric patients
3. RSV prophylaxis in pediatric patients with cystic fibrosis who have evidence of chronic lung disease or nutritional compromise in the first year of life

All other indications are considered experimental/investigational and not medically necessary.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for the prevention of serious lower respiratory tract disease caused by RSV when a member has any of the following diagnoses and meets the criteria pertaining to the diagnosis:

1. Prematurity
2. Chronic lung disease (CLD) of prematurity
3. Congenital heart disease (CHD) (See Appendix B)
4. Congenital airway abnormality
5. Neuromuscular condition
6. Immunocompromised children
7. Cystic fibrosis

**A. Prematurity**

All of the following criteria are met:

1. Member's gestational age is < 29 weeks, 0 days.
2. Member's chronological age at the start of RSV season is < 12 months.

**B. CLD of prematurity**

ALL of the following criteria must be met:

1. Member's gestational age is < 32 weeks, 0 days.
2. Requirement for > 21% oxygen for at least the first 28 days after birth.
3. Member meets either of the following criteria:
  - i. Member's chronological age at the start of their first RSV season is < 12 months.
  - ii. Member's chronological age at the start of the subsequent RSV season is < 24 months and the member continues to require medical support (e.g., chronic corticosteroids, diuretic therapy, supplemental oxygen) during the 6-month period prior to the start of the RSV season.

**C. CHD**

All of the following criteria are met:

1. CHD is hemodynamically significant.
2. Member meets either of the following criteria:
  - i. Member's chronological age at the start of RSV season is < 12 months.
  - ii. Member's chronological age at the start of RSV season is between 12 to 24 months and the member will be undergoing cardiac transplantation during the RSV season.

**D. Congenital airway abnormality**

All of the following criteria must be met:

1. The condition compromises handling of respiratory secretions.
2. Member's chronological age at the start of RSV season is < 12 months.

**E. Neuromuscular condition**

All of the following criteria must be met:

1. The condition compromises handling of respiratory secretions.
2. Member's chronological age at the start of RSV season is < 12 months.



#### F. Immunocompromised children

All of the following criteria must be met:

1. Member is profoundly immunocompromised during the RSV season (e.g., SCID, stem cell transplant, bone marrow transplant)
2. Member's chronological age at the start of the RSV season is <24 months

#### G. Cystic Fibrosis

Either of the following criteria must be met:

1. Member's chronological age at the start of the RSV season is < 12 months and the member has evidence of CLD or nutritional compromise
2. Member's chronological age at the start of RSV season is between 12 to 24 months and the member has manifestations of lung disease (e.g., hospitalizations for pulmonary exacerbations) or weight for length less than the 10<sup>th</sup> percentile

#### Limitations

1. Approvals will be granted for up to 5 doses per RSV season. The RSV season in the United States is generally from November to April
2. Synagis will not be approved if the member has received a dose of Beyfortus or Enflonsia during the current RSV season.
3. For all off-season Synagis requests, authorization of 1 dose per request, up to a maximum of 5 doses per RSV season, may be granted if the RSV activity for the requested region is  $\geq 10\%$  (with rapid antigen testing) or  $\geq 3\%$  (with real-time polymerase chain reaction (PCR) test) within 2 weeks of the intended dose according to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). The local health department or the CDC NREVSS will be consulted to assess the RSV activity for that region or state (<http://www.cdc.gov/surveillance/nrevss/rsv/index.html>). Other Specialty Guideline Management criteria apply.

#### Appendix

##### Appendix A: Recommended Use of Synagis for Prevention of RSV Infection

Recommendations from the American Academy of Pediatrics for the prevention of RSV infection with Synagis are summarized in Table below. Synagis should be administered intramuscularly at a dose of 15 mg/kg once per month beginning prior to the onset of the RSV season, which typically occurs in November. Because 5 monthly doses of Synagis will provide more than 6 months of serum Synagis concentrations above the desired serum concentration for most infants, administration of more than 5 monthly doses is not recommended within the continental United States.

**Table. Recommended Use of Synagis for Prevention of RSV Infection**

<b>Prematurity</b>	<ul style="list-style-type: none"><li>• Preterm infants born &lt; 29 weeks, 0 days of gestation who are younger than 12 months at the start of the RSV season</li></ul>
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<b>Congenital Heart Disease</b>	<ul style="list-style-type: none"> <li>• Infants and children &lt; 12 months of age with hemodynamically significant CHD</li> <li>• Those most likely to benefit from prophylaxis include: <ul style="list-style-type: none"> <li>○ Infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures</li> <li>○ Infants with moderate to severe pulmonary hypertension</li> </ul> </li> <li>• Infants and children &lt; 24 months of age who undergo cardiac transplantation during the RSV season</li> </ul>
<b>Chronic Lung Disease of Prematurity</b>	<ul style="list-style-type: none"> <li>• For the first RSV season during the first year of life: Preterm infants who develop CLD of prematurity defined as: <ul style="list-style-type: none"> <li>○ Gestational age &lt; 32 weeks, 0 days <u>AND</u></li> <li>○ Requirement for &gt; 21% oxygen for at least the first 28 days after birth</li> </ul> </li> <li>• For the second RSV season during the second year of life: Preterm infants who: <ul style="list-style-type: none"> <li>○ Satisfy the above definition of CLD of prematurity <u>AND</u></li> <li>○ Continue to require medical support* for CLD during the 6-month period prior to the start of the second RSV season</li> </ul> </li> </ul>
<b>Congenital Abnormality of the Airway/ Neuromuscular Condition</b>	<ul style="list-style-type: none"> <li>• Infants who have either a significant congenital abnormality of the airway or a neuromuscular condition that compromises handling of respiratory secretions for the first year of life</li> </ul>
<b>Immunocompromised children</b>	<ul style="list-style-type: none"> <li>• Children younger than 24 months of age who are profoundly immunocompromised during the RSV season</li> </ul>
<b>Cystic Fibrosis</b>	<ul style="list-style-type: none"> <li>• For the first year of life, children with clinical evidence of CLD and/or nutritional compromise</li> <li>• For the second year of life, children with manifestations of 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 weight for length less than the 10<sup>th</sup> percentile.</li> </ul>

Abbreviations: CHD = congenital heart disease; CLD = chronic lung disease (formerly bronchopulmonary dysplasia); RSV = respiratory syncytial virus.

\* Medical support includes supplemental oxygen, diuretic therapy, or chronic corticosteroid therapy.

#### **Appendix B: Examples of Congenital Heart Anomalies\***

- Atrial or ventricular septal defect



- Patent ductus arteriosus
- Coarctation of aorta
- Tetralogy of Fallot
- Pulmonary or aortic valve stenosis
- D-Transposition of great arteries
- Hypoplastic left/right ventricle
- Truncus arteriosus
- Total anomalous pulmonary venous return
- Tricuspid atresia
- Ebstein's anomaly
- Pulmonary atresia
- Single ventricle
- Double-outlet right ventricle

\*Must be hemodynamically significant. See Table above for examples of infants and children who are most likely to benefit from Synagis.

## References

1. American Academy of Pediatrics. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014;134(2):415-20.
2. Bernstein D. Epidemiology and Genetic Basis of Congenital Heart Disease. In: Kliegman RM, St. Geme J. Nelson Textbook of Pediatrics, Edition 21. Chap. 451. Philadelphia, PA: Elsevier; 2020. Accessed May 26, 2020.
3. Midgley CM, Haynes AK, Baumgardner JL, et.al. Determining the Seasonality of Respiratory Syncytial Virus in the United States: The Impact of Increased Molecular Testing. *The Journal of Infectious Disease*. 1 August 2017; 216(3): 345-355.
4. Rose EB, Wheatley A, Langley G, Gerber S, Haynes A. Respiratory Syncytial Virus Seasonality — United States, 2014–2017. *MMWR Morb Mortal Wkly Rep* 2018;67:71–76. DOI: <https://dx.doi.org/10.15585/mmwr.mm6702a4>. Accessed May 20, 2020.
5. Synagis (palivizumab) [prescribing information] Waltham, MA: Sobi Inc; November 2021.

## Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

09/11/2024 – Reviewed and updated at September P&T. Updated Limitations section to indicate that members will not be approved for Synagis if they have received a dose of Beyfortus in the current RSV season. Effective 12/1/2024.

09/10/2025 – Reviewed and updated at September P&T. Updated Limitations section to indicate that members will not be approved for Synagis if they received a dose of Enflonsia in the current RSV season. Effective 12/1/2025.

