



Georgia Medicaid Fee-For-Service Synagis Policy for RSV Season 2023 – 2024

The Georgia Department of Community Health (GDCH) provides this policy for Synagis (palivizumab) prophylaxis for its Fee-For-Service (FFS) members during the 2023-2024 respiratory syncytial virus (RSV) season. The policy is centered on the recommendations by the American Academy of Pediatrics (AAP) and the Georgia Chapter of the AAP (GAAAP). Based on the review of data on the seasonality of RSV, palivizumab pharmacokinetics, changing incidence of bronchiolitis hospitalizations, effect of gestational age and other risk factors on RSV hospitalization rates, mortality of children hospitalized with RSV infection, effect of wheezing and palivizumab-resistant RSV isolates, the AAP/GAAAP recommendations are driven by the clinical benefit derived from palivizumab prophylaxis. The GDCH policy is as follows:

- According to AAP/GAAAP, in general, up to five doses are sufficient to provide protection throughout the RSV season since five monthly doses will provide more than 6 months (>24 weeks) of serum concentrations. A maximum of up to 5 doses will be allowed for the following members:
 - Preterm infants <29 weeks' gestation who are <12 months of age.
 - Preterm infants <12 months of age with chronic lung disease (CLD) of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during the first 28 days of life. Prophylaxis will be allowed for these members during the 2nd year of life if they required medical support during the 6-month period before the RSV season.
 - Infants <12 months of age with hemodynamically significant congenital heart disease (CHD) who are acyanotic receiving medication to control congestive heart failure (CHF) and will require cardiac surgical procedures or have moderate to severe pulmonary hypertension or have cyanotic heart defects and the decision regarding RSV prophylaxis was made in consultation with a pediatric cardiologist.
 - Infants <12 months of age with pulmonary abnormality or neuromuscular disease that impairs ability to clear secretions from the upper airways.
 - Children <24 months of age who are profoundly immunocompromised.
 - Children <24 months of age with cystic fibrosis.
- Dosing will not be allowed for members who have received Beyfortus (nirsevimab), with active RSV infection or with a history of RSV infection during the current season.
- High-risk infants discharged from the hospital in February should receive a February and a March dose. High-risk infants discharged from the hospital in March should receive a March dose. High-risk infants born during the RSV season should receive a dose in the hospital 48-72 hours prior to discharge.
- Only prescribers or prescriber offices are allowed to submit requests for Synagis. Stamped or copied signatures will not be accepted.

Based on RSV surveillance data, the RSV season in Georgia is typically October through March. Thus, GDCH will allow RSV prophylaxis therapy of up to 5 doses with palivizumab beginning October 1, 2023 and ending March 4, 2024 based on AAP/GAAAP recommendations. If the season extends into March, dosing exceptions past March 4th through March 31st will be allowed for high-risk infants discharged from the hospital in February as well as in March who do not receive the March dose in the hospital. Please see the table below for the maximum number of palivizumab doses. We will continuously monitor the start and end of the RSV season, especially in light of recent atypical RSV levels observed in Georgia. Based on RSV surveillance data reported by the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (GDPH), GDCH may continue to approve Synagis (palivizumab) doses on a monthly basis for eligible patients until RSV levels are below threshold. Please check back for policy updates.

For Georgia Medicaid FFS members, Synagis prior authorizations (PA) through Pharmacy Services must be faxed to OptumRx at 1-888-491-9742 using the Synagis PA Request Form located at <http://dch.georgia.gov/prior-authorization-process-and-criteria>. For Synagis prior authorizations through Physician Services, please go to the Registered User portion of the Georgia Health Partnership portal at <https://www.mmis.georgia.gov>.

Sincerely,
Georgia Department of Community Health

1. American Academy of Pediatrics. Policy Statement: Updated guidelines for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. Reaffirmed 2019
2. Advisory Committee on Immunization Practices and AAP recommendations for the use of the monoclonal antibody nirsevimab for the prevention of RSV disease. August 2023
3. Georgia Chapter American Academy of Pediatrics. Blastfax: Guidance for palivizumab prophylaxis among Infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. September 2015
4. Georgia Division of Public Health. Respiratory Syncytial Virus (RSV) Surveillance in Georgia.
5. Centers for Disease Control and Prevention. Respiratory Syncytial Virus Surveillance



Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants RSV Season 2023-2024

Month of First Dose ^a	Maximum Number of Doses ^b				
	<29 weeks' gestation and <12 months of age at time of first injection	<12 months of age with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days of life and <24 months of age with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days of life and continue to require medical support within 6 months at time of first injection	<12 months of age with hemodynamically significant CHD who are acyanotic receiving medication for CHF and will require cardiac surgery or who have moderate to severe hypertension or have cyanotic heart defects in consultation with a pediatric cardiologist at time of first injection	<12 months of age with pulmonary abnormality or neuromuscular disease that impairs ability to clear secretions from upper airways at time of first injection	<24 months of age who are profoundly immunocompromised or have cystic fibrosis at time of first injection
October 2023	5	5	5	5	5
November 2023	4	4	4	4	4
December 2023	3	3	3	3	3
January 2024	2	2	2	2	2
February 2024 ^c	2	2	2	2	2
March 2024 ^d	1	1	1	1	1

Adapted from the recommendations by the American Academy of Pediatrics (AAP) and the Georgia Chapter of the AAP.

^aMonth of first dose during the current season from October 1, 2023-March 4, 2024. If the season extends into March, dosing exceptions past March 4th through March 31st will be allowed for high-risk infants discharged from the hospital in February as well as in March who do not receive the March dose in the hospital.

^bIf the first dose during the current season was given at the hospital, subtract 1 dose from the number of maximum doses allowed based on when Synagis was started during the current season.

^cApplies to high-risk infants discharged from the hospital in February only during the current season: High-risk infants discharged from the hospital in February should receive a February dose and a March dose. The February dose should be received in the hospital 48-72 hours prior to discharge.

^dApplies to high-risk infants discharged from the hospital in March only during the current season: High-risk infants discharged from the hospital in March should receive a March dose. The March dose should be received in the hospital 48-72 hours prior to discharge.

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5. Centers for Disease Control and Prevention. Respiratory Syncytial Virus Surveillance