



**Georgia Fee-For-Service Medicaid
Synagis[®] Policy for RSV Season
2012 – 2013**

The Georgia Department of Community Health (GDCH) announces its policy for Synagis[®] (palivizumab) prophylaxis for its Fee-For-Service (FFS) members during the 2012-2013 respiratory syncytial virus (RSV) season. The policy is centered on the 2012 recommendations by the American Academy of Pediatrics (AAP) and the 2012-2013 recommendations by the Georgia Chapter of the AAP (GAAAP). Based on review of data on the seasonality of RSV, the AAP and GAAAP recommend the following to ensure optimal balance between benefit and cost.

- For initiation and termination of prophylaxis, GDCH will allow no more than a maximum of 5 doses. A 6th dose will not be allowed. According to the AAP/GAAAP, in general up to five doses are sufficient to provide protection throughout the RSV season since five monthly doses provide over 20 weeks of protective serum antibody
- No more than a maximum of up to 5 doses will be allowed for children or infants who meet the following criteria:
 - Children <2 years of age with hemodynamically significant Congenital Heart Disease (CHD), hematopoietic stem cell transplant or severe immunodeficiency.
 - Children <2 years of age with Chronic Lung Disease (CLD or BPD) who have required medical therapy for CLD within 6 months of the start of the RSV season.
 - Infants <12 months of age with severe neuromuscular disease or congenital abnormality of the airway at the start of the RSV season.
 - Infants <29 weeks gestation who are <12 months of age at the start of the RSV season.
 - Infants 29 to <32 weeks gestation who are <6 months of age at the start of the RSV season.
- No more than a maximum of up to 3 doses will be allowed for infants born 32 to <35 weeks gestation who are <3 months with a risk factor (attends child care or has one or more children <5 years of age living in the same household [multiple births <1 year of age do not qualify]) at the start of the RSV season. Prophylaxis is not recommended once these infants reach 90 days of age.
- High-risk infants discharged from the hospital in February should receive a February first dose and a March dose, if the season extends into March. High-risk infants discharged from the hospital in March should receive a March dose, if the season extends into March. High-risk infants born during the RSV season should receive their first dose in the hospital 48-72 hours prior to discharge.
- Only prescribers are allowed to submit requests for Synagis[®]. Stamped or copied physician signatures will not be accepted.

Based on the Georgia Department of Public Health (GDPH) and the Centers for Disease Control and Prevention (CDC) RSV surveillance data, the RSV season in Georgia is typically October through March. Thus, at this time, GDCH will allow prophylaxis therapy of up to 5 doses with palivizumab beginning October 1, 2012 and ending March 2, 2013. If the season extends into March, dosing exceptions past March 2nd 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 attached table for maximum number of palivizumab doses. We will continuously monitor the start and end of the 2012-2013 RSV season and will notify you of any changes.

For Georgia Medicaid FFS members, Synagis[®] prior authorizations (PA) through Pharmacy Services must be faxed to Catamaran at 1-888-491-9742 using the Synagis[®] PA Request Form located at <http://dch.georgia.gov/provider-forms>. For Synagis[®] prior authorizations through Physician Services, please go to <https://www.mmis.georgia.gov>.

Sincerely,
Georgia Department of Community Health

1. American Academy of Pediatrics. Respiratory Syncytial Virus. In Red Book Online: 2012 Report of the Committee on Infectious Disease. Available at: <http://aapredbook.aappublications.org>.
2. Georgia Chapter American Academy of Pediatrics. Blastfax: 2012-2013 RSV Recommendations. Available at www.gaaap.org.
3. Georgia Division of Public Health. Respiratory Syncytial Virus in Georgia. Available at health.state.ga.us/epi/rsv/tracking.asp.
4. Centers for Disease Control and Prevention. Respiratory Syncytial Virus Surveillance. Available at www.cdc.gov.



**Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants
RSV Season 2012-2013**

Month of First Dose ^a	Maximum Number of Doses ^b				
	<24 months old at time of first injection and has Chronic Lung Disease, hemodynamically significant Congenital Heart Disease, hematopoietic stem cell transplant or severe immunodeficiency	<12 months old at time of first injection with severe neuromuscular disease or congenital abnormality of the airway	<29 weeks gestation and <12 months old at time of first injection	29 to <32 weeks gestation and <6 months old at time of first injection	32 to <35 weeks gestation and born <3 months at time of first injection with risk factor ^d
October 2012	5	5	5	5	3 ^e
November 2012	4	4	4	4	3 ^e
December 2012	3	3	3	3	3 ^e
January 2013	2	2	2	2	2 ^e
February 2013 ^c	2	2	2	2	2 ^e
March 2013 ^f	1	1	1	1	1 ^e

Adapted from the American Academy of Pediatrics 2012 recommendations and the Georgia Chapter of the American Academy of Pediatrics 2012-2013 recommendations.

^aMonth of first dose from October 1, 2012-March 2, 2013 during the 2012-2013 RSV season. If the season extends into March, dosing exceptions past March 2nd 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 was given at the hospital, subtract 1 dose from the number of maximum doses allowed depending on when the request to start Synagis.

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

^dRisk factors include infants that attend child care or have one or more children <5 years of age living in the same household. Multiple births <1 year of age do not qualify as fulfilling this risk factor.

^eOn the basis of patient age at the time of discharge from the hospital, fewer doses may be required since these infants will receive one dose every 30 days until the infant is 90 days of age.

^fApplies to high-risk infants discharged from the hospital in March only: High-risk infants discharged from the hospital in March should receive a March dose, if the season extends into March. The March dose should be received in the hospital 48-72 hours prior to discharge.

1. American Academy of Pediatrics. Respiratory Syncytial Virus. In Red Book Online: 2012 Report of the Committee on Infectious Disease. Available at: <http://aapredbook.aappublications.org>.
2. Georgia Chapter American Academy of Pediatrics. Blastfax: 2012-2013 RSV Recommendations. Available at www.gaaap.org.
3. Georgia Division of Public Health. Respiratory Syncytial Virus in Georgia. Available at health.state.ga.us/epi/rsv/tracking.asp.
4. Centers for Disease Control and Prevention. Respiratory Syncytial Virus Surveillance. Available at www.cdc.gov.