GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
SYNAGIS PA SUMMARY

Respiratory Syncytial Virus (RSV) Season 2024-2025

NOTES:

- For billing through the outpatient pharmacy program and administering in the home health setting, the name and address of the pharmacy dispensing the medication as well as the name and address of the home health agency administering the medication must be provided.
- For billing through the outpatient pharmacy program and administering in the office setting, physician or physicians' office must certify that the medication will be shipped directly to the office from the pharmacy and provide the name and address of the pharmacy dispensing the medication.
- For billing through the Providers' Administered Drug List (PADL), please go to the Registered User portion of the Georgia Health Partnership website at www.mmis.georgia.gov to request a prior authorization (PA) from Physician Services.
- The Synagis PA Request Form (with ICD-10 codes) must be completed and submitted by fax by the physician or physician's office and signed by the physician (stamped signatures are not allowed). Telephonic submissions of the Synagis PA Request Form are not allowed. The Synagis PA Request Form is located at http://dch.georgia.gov/prior-authorization-process-and-criteria.
- Up to a maximum of 5 doses will be allowed based on the eligibility criteria of the member for Synagis. If the first dose is provided in the hospital, then up to a maximum of 4 doses will be allowed. According to the American Academy of Pediatrics (AAP), for most infants, 5 monthly doses will provide over 24 weeks of protective serum antibody concentrations. According to the Georgia Chapter of the AAP, up to 5 doses are generally sufficient to provide protection throughout the RSV season. Additional doses will be evaluated on a case-by-case basis as well as on the duration of the current RSV season.
- DCH will allow RSV prophylaxis therapy with Synagis beginning October 1, 2024 and ending March 3, 2025. If the season extends into March, dosing exceptions past March 3rd 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. Additional doses will be evaluated on a case-by-case basis as well as on the duration of the current RSV season.
- The start and end of the RSV season will be monitored and changes to the Synagis Policy Statement will be posted at www.mmis.georgia.gov under Pharmacy/Prior Approval Process or http://dch.georgia.gov/provider-forms.

STATUS: Preferred

LENGTH OF AUTHORIZATION: October 1, 2024 to March 3, 2025. If the season extends into March, dosing exceptions past March 3rd 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.

PA CRITERIA (please see below for reference table)**:**

- ❖ Synagis (palivizumab) will not be allowed for members who have received or are a candidate to receive Beyfortus (nirsevimab), with active RSV infection or with a history of RSV infection during the current RSV season (2024-2025).

- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2024 who were born <29 weeks' gestation.
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2024 with chronic lung disease (CLD) of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during the first 28 days after birth.
- ❖ Up to 5 doses approvable for members 12 to <24 months of age as of October 1, 2024 with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days after birth and continue to require medical support within 6 months of the start of RSV season.
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2024 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.
- ❖ Up to 5 doses approvable for members <12 months of age as of October 1, 2024 with pulmonary abnormality or neuromuscular disease that impairs ability to clear secretions from the upper airways.
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2024 who are profoundly immunocompromised.
- ❖ Up to 5 doses approvable for members <24 months of age as of October 1, 2024 with cystic fibrosis.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.

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Reference Table Only
Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants
RSV Season 2024-2025

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 after birth at time of first injection or <24 months of age with CLD of prematurity (<32 weeks' gestation) who required >21% oxygen therapy during first 28 days after birth 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 immuno-compromised or have cystic fibrosis at time of first injection**
October 2024	5	5	5	5	5
November 2024	4	4	4	4	4
December 2024	3	3	3	3	3
January 2025	2	2	2	2	2
February 2025[c]	2	2	2	2	2
March 2025[d]	1	1	1	1	1

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

[a]Month of first dose during the current season from October 1, 2024-March 3, 2025. If the season extends into March, dosing exceptions past March 3rd 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.

[b]If 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.

[c]Applies 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.

[d]Applies 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.