

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: PALIVIZUMAB

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria when CCHP considers Palivizumab medically necessary.

Palivizumab is a recombinant monoclonal antibody to respiratory syncytial virus (RSV).

RSV season as defined by the State of Wisconsin and Forward Health runs annually from November 1st through April 30th.

A patient may be approved for up to **5 doses** of Palivizumab during RSV Season.

If a child receiving monthly Palivizumab prophylaxis experiences a breakthrough RSV hospitalization, monthly prophylaxis will be **discontinued**.

POLICY:

Palivizumab may be indicated for 1 or more of the following:

Effective: 10/19

Reviewed: 10/21

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Developed by: CCHP Medical Directors and Director Health Plan Clinical Services

- 1) **Prematurity:** Infant born before 29 weeks gestation and younger than 1 year at beginning of RSV season
- 2) **Pulmonary abnormalities and neuromuscular disease:** Infant younger than 12 months at the start of RSV season, with **1 or more** of the following conditions that impair the ability to clear secretions from the upper airway because of an ineffective cough:
 - a) Congenital abnormalities of airway
 - b) Neuromuscular disease that compromises airway clearance
- 3) **Chronic lung disease:** Infant or child with chronic lung disease of prematurity (ie, bronchopulmonary dysplasia), and **1 or more** of the following:
 - a) Younger than 12 months at the onset of RSV season and **ALL** of the following:
 - i) Gestational age at delivery is before 32 weeks gestation
 - ii) Required supplemental oxygen greater than 21% for at least the first 28 days after birth
 - b) Between 12 and 24 months of age at beginning of RSV season and **ALL** of the following:
 - i) Gestational age at delivery is before 32 weeks gestation
 - ii) Required supplemental oxygen greater than 21% for at least the first 28 days after birth
 - iii) Required medical support (corticosteroid, diuretic, or supplemental oxygen) during the 6 month period before the start of the RSV season
- 4) **Immunocompromised:** Infant or young child with **ALL** of the following:
 - a) Younger than 24 months of age at the start of the RSV season
 - b) Profoundly immunocompromised as a result of, but not limited to, any of the following conditions:
 - i) Acquired Immune Deficiency Syndrome (AIDS)
 - ii) Solid organ transplant
 - iii) Stem cell transplant
 - iv) Receiving chemotherapy
- 5) **Cardiac transplant:** Infant or young child with **ALL** of the following:
 - a) Younger than 24 months at the start of the RSV season
 - b) Scheduled to undergo cardiac transplantation during the RSV season
- 6) **Congenital heart disease:** Infant younger than 12 months at beginning of RSV season, with hemodynamically significant heart disease, as indicated by **1 or more** of the following :
 - a) Acyanotic heart disease and receiving medication for heart failure
 - b) Moderate to severe pulmonary hypertension
 - c) Written recommendation by pediatric cardiologist that child receive prophylaxis against RSV

Palivizumab will only be authorized for injections administered during the RSV season starting November 1st and ending April 30th. The total number of injections is limited to five per member per season.

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Developed by: CCHP Medical Directors and Director Health Plan Clinical Services

REFERENCES:

1. Synagis (palivizumab) for intramuscular use. Physician Prescribing Information. MedImmune, Inc. <https://www.synagis.com>
2. American Academy of Pediatrics Committee on Infectious Diseases, American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. (Technical report). Pediatrics 2014;134(2):e620-38. DOI: 10.1542/peds.2014-1666.
3. American Academy of Pediatrics Committee on Infectious Diseases, American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. (Policy statement). Pediatrics 2014;134(2):415-20. DOI: 10.1542/peds.2014-1665.
4. Wisconsin Forward Health Synagis Prior Authorization Guidelines <https://www.forwardhealth.wi.gov>
5. MCG Careweb Guideline (A-0320). MCG Health Ambulatory Care 23rd Edition. Copyright © 2019 MCG Health, LLC. All Rights Reserved.

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