

# Pharmacy Management Drug Policy

<b>SUBJECT:</b> Respiratory Syncytial Virus (RSV) Prophylaxis- Synagis (palivizumab), Beyfortus (nirsevimab) and Enflonsia (clesrovimab) <b>POLICY NUMBER:</b> PHARMACY-51 <b>EFFECTIVE DATE:</b> 08/2008 <b>LAST REVIEW DATE:</b> 10/01/2025		
<i>If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. This drug policy applies to the following line/s of business:</i>		
<b>Policy Application</b>		
<b>Category:</b>	<input checked="" type="checkbox"/> Commercial Group (e.g., EPO, HMO, POS, PPO)	<input checked="" type="checkbox"/> Medicare Advantage
	<input checked="" type="checkbox"/> On Exchange Qualified Health Plans (QHP)	<input type="checkbox"/> Medicare Part D
	<input checked="" type="checkbox"/> Off Exchange Direct Pay	<input checked="" type="checkbox"/> Essential Plan (EP)
	<input checked="" type="checkbox"/> Medicaid & Health and Recovery Plans (MMC/HARP)	<input checked="" type="checkbox"/> Child Health Plus (CHP)
	<input type="checkbox"/> Federal Employee Program (FEP)	<input type="checkbox"/> Ancillary Services
	<input checked="" type="checkbox"/> Dual Eligible Special Needs Plan (D-SNP)	

## DESCRIPTION:

Respiratory syncytial virus (RSV) is the leading cause of lower respiratory illness in children. The risk of serious RSV illness is highest among children with prematurity, chronic lung disease, congenital heart disease, multiple congenital anomalies and certain immunodeficiencies. In the United States, RSV infection accounts for more than 90,000 pediatric hospitalizations and 4,500 deaths annually.

Prophylaxis to prevent RSV infection in infants and children at increased risk for severe disease is available using Synagis (palivizumab), Beyfortus (nirsevimab) and Enflonsia (clesrovimab):

**Synagis** is an intramuscularly administered monoclonal antibody preparation. It is administered in a dose of 15 mg/kg once a month during the RSV season (usually considered beginning around November and terminating around the beginning of April). Number of doses varies based on risk factors, gestational age, and age at the start of season.

In recent years, the national median duration of RSV season has been 17 weeks or less. For most children in the appropriate high-risk categories, five monthly doses of Synagis will result in substantially more than 20 weeks of protective serum antibody concentrations for most of the RSV season, even with variation in season onset and conclusion.

**Beyfortus** and **Enflonsia** are intramuscularly administered monoclonal antibody preparations, recommended to be given to patients younger than 8 months old born during or entering their *first* RSV season. **Beyfortus** is also indicated for infants 8 months through 24 months entering their second RSV season who remain at high risk of severe RSV disease. A single dose of Beyfortus or Enflonsia given prior to the start of or during the RSV season provides a duration of protection of at least 5 months, enough to cover the length of the typical RSV season. **Please note: Beyfortus and Enflonsia are covered without prior authorization.**

**Start and Duration of RSV prophylaxis therapy** varies by regional and seasonal rates of infection. CDC reporting of percent positive PCR testing for specific regions will be monitored throughout the season. Typically, a 3% PCR positivity rate is considered epidemic

## Pharmacy Management Drug Policy

### Respiratory Syncytial Virus (RSV) Prophylaxis

Current levels can be found at [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory/virus-activity-levels/) except where noted otherwise

**On December 31, 2025, SYNAGIS (palivizumab) will no longer be manufactured, distributed, or available for purchase. This discontinuation applies to all settings of care and indicated patient populations, including infants with a history of premature birth (<35 weeks gestational age), those with bronchopulmonary dysplasia (BPD), and those with congenital heart disease (CHD).**

**The prior authorization approval of SYNAGIS will NOT be authorized due to the product discontinuation and unavailability. No prior authorization is required for BEYFORTUS and ENFLONISIA.**

#### **POLICY GUIDELINES:**

1. Synagis will not be approved in the same RSV season for any patients that have already received Beyfortus or Enflonsia. Per the FDA labeling for Beyfortus and Enflonsia, Palivizumab should not be administered to infants who have already received Beyfortus or Enflonsia in the same season.
2. Prior authorization is contract dependent.
3. Synagis is paid under the medical benefit.
4. All indications other than those listed in the policy section above are not covered.
5. Synagis Prophylaxis against RSV should be initiated at the onset of the RSV season and terminated at the end of the RSV season. In most seasons in the Northeast, the start of the season occurs mid-November, and ends mid-March to April 1. For those children meeting criteria for 5 monthly doses, the last dose should be administered at the beginning of March, which will provide protection through April.
6. The number of Synagis doses approved will be based on start date of the initial dose. Doses for months outside of the Synagis season will not be approved. For infants born during the RSV season, fewer than 5 monthly doses may be needed.
  - a. For individuals who reside in states outside of New York, approval will be based upon RSV trends within that state.
7. Currently policy guidelines are based on available RSV trends and guidance from the American Academy of Pediatrics (AAP) guidelines. This information will be regularly reviewed and subject to change based on evolving evidence and guidance.
8. This policy does not apply to Medicare Part D and D-SNP pharmacy benefits. The drugs in this policy may apply to all other lines of business including Medicare Advantage.
9. For members with Medicare Advantage, medications with a National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) will be covered pursuant to the criteria outlined by the NCD and/or LCD. NCDs/LCDs for applicable medications can be found on the CMS website at <https://www.cms.gov/medicare-coverage-database/search.aspx>. Indications that have not been addressed by the applicable medication's LCD/NCD will be covered in accordance with criteria determined by the Health Plan (which may include review per the Health Plan's Off-Label Use of FDA Approved Drugs policy). Step therapy requirements may be imposed in addition to LCD/NCD requirements.
10. Clinical documentation must be submitted for each request (initial and recertification) unless otherwise specified (e.g., provider attestation required). Supporting documentation includes, but is not limited to, progress notes documenting previous treatments/treatment history, diagnostic testing, laboratory test results, genetic testing/biomarker results, imaging and other objective or subjective measures of benefit which support continued use of the requested product is medically necessary. Also, ongoing use of the requested product must continue to reflect the current policy's preferred formulary. Recertification reviews may result in the requirement to try more cost-effective treatment

## Pharmacy Management Drug Policy

### Respiratory Syncytial Virus (RSV) Prophylaxis

alternatives as they become available (i.e., generics, biosimilars, or other guideline supported treatment options). Requested dosing must continue to be consistent with FDA-approved or off-label/guideline-supported dosing recommendations.

- Continued approval at time of recertification will require documentation that the drug is providing ongoing benefit to the patient in terms of improvement or stability in disease state or condition.
- All requests will be reviewed to ensure they are being used for an appropriate indication and may be subject to an off-label review in accordance with our Off-Label Use of FDA Approved Drugs Policy (Pharmacy-32).
  - All utilization management requirements outlined in this policy are compliant with applicable New York State insurance laws and regulations. Policies will be reviewed and updated as necessary to ensure ongoing compliance with all state and federally mandated coverage requirements.

#### **Synagis Approval Time Periods:**

Line of Business	Medical approval time-period
SafetyNet (Medicaid, HARP, CHP, Essential Plan)	Maximum of 5 doses through 3/31/2026
Commercial/Exchange	Maximum of 5 doses through 3/31/2026
Medicare	Maximum of 5 doses through 3/31/2026

#### **CODES:**      Number      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract*

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).  
Copyright © 2006 American Medical Association, Chicago, IL

#### **HCPCS:**

Drug Name	J-Code (If assigned)
Synagis	90378
Beyfortus	90380, 90381
Enflonsia	90382

#### **UPDATES:**

Date	Revision
10/01/2025	Revised
08/29/2025	Revised
07/25/2025	Revised
03/06/2025	Revised
12/19/2024	Revised
11/21/2024	P&T Committee Review / Approval
09/13/2024	Revised

## Pharmacy Management Drug Policy

### Respiratory Syncytial Virus (RSV) Prophylaxis

06/25/2024	Revised
06/20/2024	Revised
11/30/2023	P&T Committee Approval
11/09/2023	Reviewed
10/26/2023	Revised
10/20/2023	Revised
09/22/2023	Revised
09/12/2023	Revised
08/10/2023	Revised
11/17/2022	P&T Committee Approval
11/2022	Revised
10/2022	Revised
1/2022	Revised
11/2021	Revised / P&T Committee Approval
8/2021	Revised
07/2021	Revised
06/30/2021	Revised
06/2021	Revised
05/2021	Revised
03/2021	Revised
11/2020	P&T Committee Approval
08/20	Reviewed
08/19	Revision
10/18	Revision
10/17	Reviewed
9/16	Revised
10/15	Revised
9/15	Revised
8/14	Revised
10/13	Reviewed
9/12	Revised
9/11	Reviewed
9/10	Reviewed
10/09	Revised
9/09	Revised
9/08	Revised

#### **REFERENCES:**

1. Synagis® package insert. Gaithersburg, MD: MedImmune, Inc.; 04/2012
2. The Impact RSV Study Group. Palivizumab, a humanized respiratory syncytial virus monoclonal antibody, reduces hospitalization from respiratory syncytial virus infection in high risk infants. Pediatrics. 1998; 102(3):531-537.
3. American Academy of Pediatrics: Committee on Infectious Diseases and Committee on Fetus and Newborn. Prevention of respiratory syncytial virus infections: Indications for the use of palivizumab and update on the use of RSV-IGIV (RE9839). Pediatrics. 1998; 102(5):1211-1216.
4. American Academy of Pediatrics: Committee on Infectious Diseases and Committee on Fetus and Newborn. Policy Statement. Revised Indications for the Use of Palivizumab and Respiratory Syncytial Virus

## Pharmacy Management Drug Policy

### Respiratory Syncytial Virus (RSV) Prophylaxis

- Immune Globulin Intravenous for the Prevention of Respiratory Syncytial Virus Infections. *Pediatrics*. 2003; 112 (6) 1442-1446.
5. American Academy of Pediatrics. Respiratory Syncytial Virus In: Red Book: 2006 Report of the Committee on Infectious Diseases. 27<sup>th</sup> edition American Academy of Pediatrics. 2006:560-566
  6. The American Academy of Pediatrics Red Book Online. Section 3. Summaries of infectious diseases: Respiratory Syncytial Virus Available at: <http://aapredbook.aappublications.org/cgi/content/full/2003/1/3.105>
  7. MedImmune, Inc. Phase 3 study shows Synagis reduces RSV hospitalization in young children with congenital heart disease. Press Release. Boston, MA: MedImmune, Inc; October 18, 2003.
  8. Committee on Infectious Diseases and Committee on Fetus and Newborn, "Respiratory Syncytial Virus Immune Globulin Intravenous: Indications for Use", (RE9718), *Pediatrics*, 1997 Apr, 99(4): 645-650.
  9. Sondheimer HM, Cabalka AK, Feltes TF et al. (The Cardiac Synagis Study Group). Palivizumab (PV) prevents hospitalization due to respiratory syncytial virus (RSV) in young children with serious congenital heart disease (CHD). *Pediatr Cardiol*. 2002; 23(6): 664(abstract #4).
  10. Committee on Infectious Diseases and Committee on Fetus and Newborn, "Prevention of Respiratory Syncytial Virus Infections: Indications for the Use of Palivizumab and Update on the Use of RSV-IVIG", (S98-39), *Pediatrics*, 1998 Nov, 102(5): 1211-16.
  11. Estrada B, "A New Approach to RSV Prophylaxis", *Infect Med*, 1998, 15(10): 682.
  12. Impact-RSV Study Group "Palivizumab, A Humanized Respiratory Syncytial Virus Monoclonal Antibody, Reduces Hospitalization from Respiratory Syncytial Virus infection in High-risk Infants", *Pediatrics*, 1998 Sept, 102(3): 531.
  13. Subramanian KN, et al, "Safety, Tolerance and Pharmacokinetics of a Humanized Monoclonal Antibody to Respiratory Syncytial Virus in Premature Infants and Infants with Bronchopulmonary Dysplasia", Medi-493 Study Group, *Pediatr Infect Dis J*, 1998 Feb, 17(2): 110-115.
  14. Consensus Statement for the Use of Synagis from Divisions of Neonatology, Pulmonary, Infectious Diseases and General Pediatrics at the Children's Hospital at Strong Memorial Hospital, 11/98.
  15. Boeckh M, Berrey MM, Bowden RA, et al. Phase 1 evaluation of the respiratory syncytial virus-specific monoclonal antibody palivizumab in recipients of hematopoietic stem cell transplants. *J Infect Dis*. 2001;184:350-354.
  16. Dykewicz CA. Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients: Focus on community respiratory virus infections. *Biol Blood Marrow Transplant*. 2001;7:19S-22S.
  17. Lieberman JM, Dingivan CA. Cystic fibrosis respiratory syncytial virus (RSV) registry: year 1 results. *Pediatr Pulmonol*. 1999 Sept; Supplement 19:277. Presented at: 13<sup>th</sup> Annual North American Cystic Fibrosis Conference. Seattle, WA, October 7-10, 1999 (Abstract #400).
  18. Meissner HC, Anderson LJ, Pickering LK. Annual variation in respiratory syncytial virus season and decisions regarding immunoprophylaxis with palivizumab. *Pediatrics* 2004;114:1082-1084
  19. Malfoot A, Adam G, Ciofu O, et al. immunization in the current management of cystic fibrosis patients. *J Cyst Fibros*. 2005;4:77-87
  20. Journal of American Medical Association Brief Report: Respiratory Syncytial Virus Activity---United States, 2005-2006 *JAMA*, January 24, 2007;297(4):356-357
  21. American Academy of Pediatrics. Respiratory syncytial virus. In: Red Book: 2006 Report of the Committee on Infectious Diseases, 27<sup>th</sup> ed, Pickering, LK (Ed), American Academy of Pediatrics, Elk Grove Village, IL 2006. p.560.
  22. Hand, IL, Noble, L, Geiss, D, Shotkin, A. Respiratory syncytial virus immunoprophylaxis in an urban population: A comparison of delivery strategies and outcomes. *Pediatr Infect Dis J* 2008; 27:175.
  23. Tulloh, R, Marsh, M, Blackburn, M, et al. Recommendations for the use of palivizumab as prophylaxis against respiratory syncytial virus in infants with congenital cardiac disease. *Cardiol Young* 2003; 13:420.
  24. Medimmune website at: [www.medimmune.com/pipeline/index.asp](http://www.medimmune.com/pipeline/index.asp)
  25. American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, ed. Red Book: 2009 Report of the Committee on Infectious Diseases. 28<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. Available at: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>. Accessed August 18, 2011

## Pharmacy Management Drug Policy

### Respiratory Syncytial Virus (RSV) Prophylaxis

26. American Academy of Pediatrics, **Policy Statement—Modified Recommendations for Use of Palivizumab for Prevention of Respiratory Syncytial Virus Infections** PEDIATRICS Vol. 124 No. 6 December 2009, pp. 1694-1701
27. CDC website- RSV “Prophylaxis and High Risk Groups” accessed September 5, 2012  
<http://www.cdc.gov/rsv/clinical/prophylaxis.html>
28. The American Academy of Pediatrics Red Book Online .2012, 29<sup>th</sup> edition Section 3. Summaries of infectious diseases: Respiratory Syncytial Virus p626-629. Available at:  
<http://aapredbook.aappublications.org/content/1/SEC131/SEC249.body>
29. Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. Pediatrics 2014; 134(6): 415-420
30. Technical Report: Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. Pediatrics 2014; 134:e620-e638
31. Khalid A, Toaimah F, Almatar D, et al. Monoclonal Antibody Treatment of RSV Bronchiolitis in Young Infants: A Randomized Trial. Pediatrics 2019; 144 (1).
32. American Academy of Pediatrics Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization from Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread. Accessed August 20, 2021: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>
33. Beyfortus® package insert. Swiftwater, PA: SanofiPasteur, Inc.; 10/2023