

Synagis® (palivizumab)

When requesting Synagis® (palivizumab), the individual requiring treatment must be diagnosed with an FDA-approved indication or approved compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indications

Synagis is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients with:

- A history of premature birth
- Bronchopulmonary dysplasia
- Hemodynamically significant congenital heart disease (CHD)

Approved Off-Label Compendial Uses

Synagis is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients with:

- Chronic lung disease of prematurity
- Congenital abnormality of the airway
- Neuromuscular disease
- Immunocompromised status

Coverage Guidelines

The individual is requesting Synagis for the prevention of lower respiratory tract infection caused by respiratory syncytial virus (RSV).

Preterm infant:

- The individual is born before 29 weeks, 0 days gestation **AND**
- The individual will be 12 months of age or less at the start of the RSV season

Chronic lung disease of prematurity:

- The individual is born before 32 weeks, 0 days gestation **AND**
- The individual required greater than 21% oxygen for at least the first 28 days after birth **AND**
- The individual will be less than 12 months of age at the start of the RSV season **OR**
- The individual will be less than 24 months of age at the start of the RSV season and continues to require medical therapy (e.g., chronic corticosteroids therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season

Congenital heart disease (CHD):

- The individual has undergone or will undergo cardiac transplantation surgery during the RSV season **AND**
- The individual will be less than 24 months of age at the start of the RSV season **AND**
- Synagis is prescribed by or in consultation with a cardiologist, intensivist, or transplant physician

OR

- The individual has hemodynamically significant cyanotic CHD **OR**
- The individual has acyanotic heart disease and is receiving medication to control heart failure and is requiring cardiac surgical procedures **OR**
- The individual has lesions that have been adequately corrected by surgery and continues to require medication for congestive heart failure **OR**
- The individual has moderate to severe pulmonary hypertension **AND**
- The individual will be 12 months of age or less at the start of the RSV season **AND**
- Synagis is prescribed by or in consultation with a cardiologist or intensivist

Congenital abnormality of the airway/neuromuscular disease

- The individual's condition impairs the ability to clear respiratory secretion **AND**
- The individual will be 12 months of age or less at the start of the RSV season

Immunocompromised child:

- The individual will be profoundly immunocompromised during the RSV season (e.g., chemotherapy, transplant) **AND**
- The individual will be less than 24 months of age at the start of the RSV season **AND**
- Synagis is prescribed by or in consultation with an immunologist or an infectious disease specialist

Duration of Approval: Approve up to maximum 5 monthly doses

Dosing Recommendation

The recommended dose is 15 mg per kg of body weight, administered intramuscularly prior to commencement of the RSV season and remaining doses administered monthly throughout the RSV season

References

1. Synagis® injection [prescribing information]. Gaithersburg, MD: MedImmune LLC; May 2017.
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4. Heikkinen T, Valkonen H, Lehtonen L, Vainionpää R, Ruuskanen O. Hospital admission of high risk infants for respiratory syncytial virus infection: implications for palivizumab prophylaxis. *Arch Dis Child Fetal Neonatal Ed*. 2005;90:F64–68.
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7. Robinson KA, Odelola OA, Saldanha IJ. Palivizumab for prophylaxis against respiratory syncytial virus infection in children with cystic fibrosis. *Cochrane Database Syst Rev*. 2016;7:CD007743. doi: 10.1002/14651858.CD007743.pub6.
8. Respiratory Syncytial Virus. In: Kimberlin DW, Brady MT, Jackson MA, Long SS (Eds). Red Book: 2018 Report of the Committee of Infectious Diseases. 31st Edition, Itasca, IL: American Academy of Pediatrics; 2018.
9. Hall CB, Weinberg GA, Iwane MK, et al. The burden of respiratory syncytial virus infection in young children. *N Engl J Med*. 2009;360:588–598.
10. 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;102:531–537.
11. Feltes TF, Cabalka AK, Meissner HC, et al. Palivizumab prophylaxis reduces hospitalization due to respiratory syncytial virus in young children with hemodynamically significant congenital heart disease. *J Pediatr*. 2003;143:532–540.