



## Community Health Network of Connecticut, Inc.<sup>TM</sup>

September 2009

Dear Healthcare Provider:

Respiratory Syncytial Virus (RSV) is a leading cause of lower respiratory tract infections in children and hospitalization of infants younger than one year of age. Most children are infected with RSV during the first year of life and almost all have been infected by two years of age. In most healthy infants the highly contagious virus causes symptoms resembling those of the common cold. However, RSV may cause serious lower respiratory tract disease in certain pediatric patients at high risk of RSV disease. Risk factors for developing severe RSV infections include premature birth and chronic lung disease.

Palivizumab (Synagis<sup>®</sup>) is effective in the prevention of lower respiratory tract disease caused by RSV and is indicated for selected pediatric patients younger than 24 months of age with chronic lung disease or congenital heart disease. It also should be considered for selected infants and children with a history of preterm birth.

Synagis<sup>®</sup>, a monoclonal antibody, is given by intra-muscular injection monthly through the RSV season. The first dose should be administered near to the anticipated start of the RSV season. The expected 2009-2010 RSV season is November 1, 2009 through March 31, 2010. It is important to identify patients who would benefit from receiving the drug and to arrange for its delivery. You may have CHNCT members in your practice for whom palivizumab might be appropriate.

Community Health Network of CT, Inc. (CHNCT) covers palivizumab (Synagis<sup>®</sup>) for its members in accordance with the published policy statement and recommendations of the American Academy of Pediatrics. These recommendations appear in the 2009 AAP "Red Book." The specific reference is: American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, Baker CJ, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. A summary of these recommendations is enclosed along with a Palivizumab Referral Form.

CHNCT has established an exclusive partnership with **Professional Home Care Services, Inc.** to dispense and deliver Synagis<sup>®</sup> to physicians for office administration and to home care agencies for home administration. Prior authorization is required for the series, not for each injection. If a patient receives an initial injection within an inpatient hospital setting, the continuing outpatient series will need prior authorization. To obtain the necessary prior authorization and arrange for delivery of Synagis<sup>®</sup>, please submit a copy of the enclosed Palivizumab Request Form via **fax to (860) 563-1650**. For questions regarding the CHNCT program, please contact CHNCT's Pharmacy Program at 1-866-615-9475.

Sincerely,

John V. Federico, MD  
Senior Vice President & Chief Medical Officer

Enclosures:

CHNCT Synagis<sup>®</sup> Request Form  
Palivizumab Guidelines (2009-2010)

**2009-2010  
RSV Season**

**Community Health Network of Connecticut, Inc.  
Palimizumab (Synagis®) Request Form  
1-866-615-9475  
Fax: 1-860-563-1650**



Name:	DOB:
CHNCT #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Head of Household Name:	Gestational age (weeks/days): _____ / _____
Address:	Birth weight:
City/St/Zip	
Phone (day) _____ Phone (night) _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish

**A. Criteria Category (check One (1) category only – that most applicable to the clinical situation):**

- 1. Infant/Child with chronic lung disease (CLD), less than two years of age\*, and who has received medical treatment, e.g., supplemental oxygen, bronchodilators, diuretics, or corticosteroid therapy, etc., for CLD within the past 6 months. [Maximum of five monthly doses]
- 2. Infant born at ≤ 28 weeks gestational age who does not have CLD, and who is up to 12 months of age\*. [Max of 5 doses]
- 3. Infant born at 29 weeks up to 32 weeks gestational age who does not have CLD, and who is up to 6 months of age\*. [Max 5 doses]
- 4. Infant born at 32 weeks up to 35 weeks gestational age, who is up to 3 months of age\*, with **either** risk factors: [Max 3 doses]
  - Attends child care, either in a home or a facility setting where care provided for infants or young toddlers
  - Sibling younger than 5 years of age in the home
- 5. Infant/child 24 months of age or younger with hemodynamically significant cyanotic or acyanotic heart disease.
- 6. Other, e.g., congenital anomalies of the airway, severe neuromuscular disease, etc. (ICD-9-CM diagnosis code) \_\_\_\_\_

Note: you will be contacted directly.

\*as of 11/1/09

**B. ICD-9-CM Code (Please check One (1) only, as applicable to the principal Criteria Category above)**

- |   |   |
|---|---|
| <input type="checkbox"/> 770.0-770.9 Respiratory conditions<br>(ICD-9-CM diagnosis code _____)      | <input type="checkbox"/> 765.21 < 24 completed weeks of gestation     |
| <input type="checkbox"/> 745.0-747.9 Congenital heart conditions<br>(ICD-9-CM diagnosis code _____) | <input type="checkbox"/> 765.22 24 completed weeks of gestation       |
|   | <input type="checkbox"/> 765.23 25-26 completed wks of gestation      |
|   | <input type="checkbox"/> 765.24 27-28 completed wks of gestation      |
|   | <input type="checkbox"/> 765.25 29-30 completed wks of gestation      |
|   | <input type="checkbox"/> 765.26 31-32 completed wks of gestation      |
|   | <input type="checkbox"/> 765.27 33-34 completed wks of gestation      |
|   | <input type="checkbox"/> 765.28 35-36 completed wks of gestation      |
|   | <input type="checkbox"/> 765.29 37 or more completed wks of gestation |

**Prescription**

Synagis® (palivizumab), Humanized RSV Monoclonal antibody product

Sterile water for Injection

Syringes \_\_\_\_\_  Other \_\_\_\_\_

Sig  Inject 15mg/kg one time per month Weight for dose calculation \_\_\_ lbs \_\_\_ oz **OR** \_\_\_ kg Date \_\_\_\_\_

Refills 1 2 3 4 (circle one, based on 2009-10 AAP recommend.) **EXPECTED DATE OF FIRST INJECTION** \_\_\_\_\_

Allergies \_\_\_\_\_; Please list any medications patient is currently taking: \_\_\_\_\_

First dose to be administered in physician's office, subsequent doses to be administered  in office or clinic  patient home

**NOTE: Authorization expires 3/31/10; CHNCT/Professional Home Care to coordinate home administration**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: _____	Office Contact: _____
Hospital/Clinic: _____	Phone: _____
Address: _____	Fax: _____ NPI # _____
City/ST/Zip _____	License # _____ DEA # _____

**CHNCT/RJ Use Only**

Total # of Doses ordered \_\_\_\_\_; Doses **APPROVED** \_\_\_\_\_; Doses **DENIED** \_\_\_\_\_; Dose (mg.) \_\_\_\_\_

Eligibility verified \_\_\_\_\_

Auth # \_\_\_\_\_ (Expires \_\_\_\_\_ or 3/31/10, whichever earlier)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## COMMUNITY HEALTH NETWORK OF CONNECTICUT, INC.

### Palivizumab (Synagis®) Guidelines (2009-2010 RSV Season)

Certain pediatric patients should be strongly considered as candidates for palivizumab (Synagis®) for respiratory syncytial virus (RSV) infection prophylaxis. Recently modified American Academy of Pediatrics recommendations<sup>1</sup> for the use of palivizumab lists the following as those who may particularly benefit from monthly doses of palivizumab throughout the duration of the RSV season, which in Connecticut is typically November 1 through March 31.

1. Infants or children with **chronic lung disease of prematurity (CLD)**, who are **less than two years of age** and who have received medical therapy, e.g., supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy, etc., for CLD within 6 months before the start of the RSV season (a maximum of five monthly doses).
2. Infants born at **28 weeks gestational age or earlier** and who do not have CLD, whenever the RSV season occurs during the first 12 months of life (a maximum of five monthly doses).
3. Infants born at **29 up to 32 weeks gestational age (i.e., between 29, weeks, 0 days and 31 weeks, 6 days)** and who do not have CLD, who are up to age 6 months of age at the start of the RSV season (a maximum of five monthly doses).
4. Infants born between **32 and 35 weeks gestational age (i.e., between 32 weeks, 0 days and 34 weeks, 6 days)** who are younger than 3 months of age at the onset or who are born during the RSV season and for whom either of two risk factors is present, these being: (a) Attends child care, either at home or at a facility where care is provided for any number of infants or young toddlers; and (b) Infant has a sibling younger than 5 years of age in the home. Note: infants in this gestational age category should receive prophylaxis only until reaching 3 months of age. (a maximum of three monthly doses). See table below.
5. Children who are 24 months of age or younger with **hemodynamically significant** cyanotic or acyanotic congenital heart disease. Note: Infants younger than 24 months with congenital heart disease most likely to benefit include: (a) those receiving medication to control congestive heart failure; (b) those with moderate to severe pulmonary hypertension; (c) those with cyanotic heart disease.
6. Palivizumab prophylaxis has not been evaluated in randomized trials in immunocompromised children. The AAP states that “Although specific recommendations for immunocompromised patients cannot be made, infants and young children with severe immunodeficiencies, e.g., severe combined immunodeficiency or advance acquired immunodeficiency syndrome, etc., may benefit from prophylaxis.”

As noted in the current AAP recommendations,<sup>1</sup> “In the temperate climates of North America, peak RSV activity typically occurs between November-March. . . . For infants who qualify for 5 doses, initiation of immunoprophylaxis in November and continuation for a total of 5 monthly doses will provide protection into April and is recommended for most areas of the United States. If prophylaxis is initiated in October, the fifth and final dose should be administered in February.”

Note: See complete AAP recommendations (reference noted below) for detailed information and discussion of indications for palivizumab and other recommendations.

OVER

**Maximum Number of Palivizumab Doses for RSV Prophylaxis of Preterm Infants Without Chronic Lung Disease, on the Basis of Birth Date, Gestational Age, and Presence of Risk Factors**

<u>Maximum No. of Doses for Season Beginning November 1</u>			
Month of Birth	≤28 Weeks, 6 Days of Gestation and <12 Months of Age at Start of Season	29 Weeks, 0 Days Through 31 Weeks, 6 Days of Gestation and <6 Months of Age at Start of Season	32 Weeks, 0 Days Through 34 Weeks, 6 Days of Gestation and With Risk Factor <sup>b</sup>
November 1– March 31 of previous RSV season	5	0	0
April	5	0	0
May	5	5	0
June	5	5	0
July	5	5	0
August	5	5	1
September	5	5	2
October	5	5	3
November	5	5	3
December	4	4	3
January	3	3	3
February	2	2	2
March	1	1	1

**Additionally, it is the present recommendation of the CDC Advisory Committee on Immunization Practices that all children aged 6 months through 18 years of age, household contacts and out-of-home caregivers of persons at high risk for influenza-related complications be vaccinated against seasonal influenza.**

**REFERENCE:**

<sup>1</sup>American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, Baker CJ, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569.