OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

October 5, 2021

Dear SoonerCare Provider,

Synagis® (palivizumab) continues to require prior authorization. Approval criteria is based on the 2014 American Academy of Pediatrics (AAP) Guidelines.

- Synagis® prior authorization approval criteria can be found on the Oklahoma Health Care Authority (OHCA) website under the *Respiratory* therapeutic category: https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/prior-authorization-2021.html.
- Synagis® is approved for use only during respiratory syncytial virus (RSV) season in Oklahoma as determined by the Oklahoma State Department of Health (OSDH) Viral Respiratory Illness Sentinel Surveillance System or other credible statewide monitoring system. The threshold for determining RSV seasonality is 10% of positive tests. RSV is determined to be in season once the percentage of positive tests is consistently >10%; however, due to a potential lag in reporting data, palivizumab coverage may begin when the percentage of positive tests is consistently increasing and approaching the 10% threshold. RSV season is determined to be at an end when the percentage of positive tests is consistently <10%.
- Initial approvals will be for the duration of 3 months from the determined RSV season start date in Oklahoma. Subsequent approvals will be for the duration of 1 month until RSV season end.
- A separate prior authorization request will be required for consideration of initial approval and for each subsequent approval. Requests for initial approvals for the current RSV season need to be submitted on the Synagis® (Palivizumab) Initiation Prior Authorization Form (Pharm-7A) and must be signed and initialed by the prescriber. Requests for each subsequent approval need to be submitted on the Synagis® (Palivizumab) Continuation Form (Pharm-7B). Both prior authorization forms are available on the OHCA website at https://oklahoma.gov/ohca/providers/forms/rxforms.html and were last updated in September 2021.
- Doses are to be administered no more often than every 30 days. Members given doses more frequently than every 30 days will not be authorized for additional doses.

- Doses administered prior to the member's discharge from a hospital will be counted as 1 of the approved total.
- Because Synagis® is a weight-based drug, the member's current weight (taken within the last 3 weeks) must be provided on the initial and each subsequent continuation prior authorization request in order to authorize the appropriate amount of drug required according to package labeling. Older weights will not be accepted.
- Only doses that require greater than a vial's dose +10% will be authorized for the next vial size or an additional vial (*refer to the following table*).
- Quantity limits will be set to ensure that excessive vials are not being used.
- To avoid unnecessary risks to the patient, multiple patients are not to be treated from a single vial. Failure to follow this recommendation will result in referral of the provider to the Quality Assurance Committee at OHCA.

Weight Range	Dose (mg)	50mg Vial	100mg Vial
0 – 3.67 kg	0-55	1	
3.7 – 7.3 kg	56-110		1
7.4 – 11.0 kg	111-165	1	1
11.1 – 14.67 kg	166-220		2

Thank you for the services you provide to Oklahomans insured by SoonerCare!