Louisiana Medicaid Palivizumab (Synagis®) for Respiratory Syncytial Virus (RSV) Season

Clinical Authorization Criteria

Infants <8 months of age born during or entering their first RSV season should not receive palivizumab, as nirsevimab or clesrovimab are considered the first-line recommended products to protect against medically attended RSV disease. Palivizumab is no longer routinely recommended for use.

In August of 2025, the American Academy of Pediatrics (AAP) published updated recommendations for the prevention of respiratory syncytial virus (RSV) disease in infants and children [see the posted recommendations online at https://publications.aap.org/pediatrics/article-pdf/doi/10.1542/peds.2025-073923/1843892/peds_2025073923.pdf]. According to the updated AAP recommendations, nirsevimab or clesrovimab are considered the first-line recommended products for administration to infants and children to protect against medically attended RSV disease. Palivizumab is no longer routinely recommended for use.

All prescriptions for palivizumab require clinical authorization. **Prescribing providers**, not the pharmacy, manufacturer or any other third-party entity, must complete the *Palivizumab Clinical Authorization Form* and fax it **directly** to the recipient's plan at the fax number found on the attached fax cover sheet. Any FFS requests submitted early will not be processed prior to the start of RSV season. Prescribing providers will be notified by fax or mail of the outcomes of clinical authorization requests.

<u>Clinical authorization to use palivizumab for an infant's second RSV season will be considered for approval when</u> requests meet the following criteria:

The child must meet gestational age AND chronological age requirements for the ICD-10-CM diagnosis code(s) and/or other qualifying risk factor(s) submitted with the request. Supporting documentation (i.e. progress notes, hospital discharge notes, pediatric cardiologist consult notes, chart notes, pharmacy profiles, etc.) is required and must be submitted with each request.

Requests for palivizumab will be considered for approval when ALL of the following criteria are met:

- The child has a documented contraindication to nirsevimab <u>that is not also</u> a contraindication to palivizumab (supporting documentation is provided with the palivizumab request); **AND**
- The child is at least 8 months of age but is less than 20 months of age on November 1; AND
- The child meets **ONE** of the following 'high-risk' criteria:
 - 1. Children with chronic lung disease (CLD) [born at < 32 weeks, 0 days' gestation AND the infant required > 21% oxygen for at least 28 days after birth]:
 - The child diagnosed with CLD, **AND** the infant has required medical therapy (i.e., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the six-month period before November 1, the start of the infant's second (RSV) season.

2. Children with severe immunocompromise:

The child is/will be profoundly immunocompromised (for example, receiving chemotherapy or immunosuppressive therapy) from November 1 through March 31.

3. Children with cystic fibrosis who have ONE of the following:

- Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable); **OR**
- ➤ Weight-for-length that is less than the 10th percentile.

4. American Indian or Alaska Native Children

Point-of-Sale (POS) Requirements

Age Restriction

• Palivizumab claims for recipients who are twenty-four (24) months of age or younger as of November 1 meet the POS age requirement.

Early Refill

• Palivizumab claims will only process for payment every twenty-eight (28) days.

<u>During Louisiana's RSV season, the earliest date of authorization approval is November 1. Approvals are authorized through March 31, the end of Louisiana's RSV season.</u>

Reference

American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement. Pediatrics. 2025; doi: 10.1542/peds.2025-073923 https://publications.aap.org/pediatrics/article-pdf/doi/10.1542/peds.2025-073923/1843892/peds 2025073923.pdf. Date accessed August 29, 2025.

Revision / Date	Implementation Date
Removed FFS-specific reconsideration wording and reference to	November 2019
specific years / October 2019	
Formatting Changes / November 2020	January 2021
Modified wording for special dosing allowance period / June 2021	July 2021
Modified wording for special dosing allowance period / June 2022	July 2022
Updated reference / October 2022	October 2022
Modified wording for November 1 through March 31 RSV season, added nirsevimab wording / August 2023	October 2023
Added Abrysvo TM wording / October 2023	October 2023
Updated criteria to reflect AAP recommendations dated August 19, 2025, updated reference / August 2025	October 2025