

Synagis Clinical Criteria



Clinical Criteria is followed directly from the Texas Vendor Drug Program guidance. A Superior HealthPlan member may be approved for up to five doses per single authorization. Any documented RSV hospitalization will negate the need for future refills as obtained via the specialty pharmacy and Provider discussion or through claims records.

1. Is the client's chronological age less than (<) 12 months at the beginning of the RSV season for the client's county of residence?
 - Yes (Go to #2)
 - No (Go to #13)
2. Is the client's gestational age less than or equal to (\leq) 28 6/7 weeks?
 - Yes (Go to #21)
 - No (Go to #3)
3. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
 - Yes (Go to #4)
 - No (Go to #5)
4. Is the client's gestational age less than or equal to (\leq) 31 6/7 weeks?
 - Yes (Go to #21)
 - No (Go to #5)
5. Does the client have a severe congenital abnormality of the airway?
 - Yes (Go to #21)
 - No (Go to #6)
6. Does the client have a diagnosis of severe neuromuscular disease that compromises the handling of respiratory tract secretions?
 - Yes (Go to #21)
 - No (Go to #7)
7. Does the client have a diagnosis of acyanotic heart disease?
 - Yes (Go to #8)
 - No (Go to #9)
8. Does the client have one (1) claim for a medication for heart disease in the last 60 days?
 - Yes (Go to #21)
 - No (Go to #9)
9. Does the client have a diagnosis of moderate to severe pulmonary hypertension?
 - Yes (Go to #21)
 - No (Go to #10)
10. Does the client have a diagnosis of cyanotic heart disease?
 - Yes (Go to #11)
 - No (Go to #12)
11. Is prescribing provider a pediatric cardiologist or has the prescribing provider indicated that a pediatric cardiologist has been consulted?
 - Yes (Go to #21)
 - No (Go to #12)

12. Does the client have a diagnosis of cystic fibrosis (CF) with clinical evidence of CLD and/or nutritional compromise?
- Yes (Go to #21)
 - No (Go to #13)
13. Is the client less than (<) 24 months of age at the beginning of the RSV season for the client's county of residence?
- Yes (Go to #14)
 - No (Deny)
14. Does the client have a diagnosis of an identified disease state that will leave them profoundly immunocompromised during the RSV season?
- Yes (Go to #21)
 - No (Go to #15)
15. Has the patient had a solid organ or hematopoietic stem cell transplant during the RSV season?
- Yes (Go to #21)
 - No (Go to #16)
16. Is the client less than (<) 24 months chronological age and greater than or equal to (\geq) 12 months chronological age at the beginning of the RSV season for the client's county of residence?
- Yes (Go to #17)
 - No (Deny)
17. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
- Yes (Go to #18)
 - No (Go to #20)
18. Is the client's gestational age less than or equal to (\leq) 31 6/7 weeks?
- Yes (Go to #19)
 - No (Go to #20)
19. Does the client have a history of any of the following in the last 180 days: chronic use of corticosteroids, diuretics, long-term mechanical ventilator, bronchodilator therapy, and/or supplemental oxygen?
- Yes (Go to #21)
 - No (Go to #20)
20. Does the client have a diagnosis of cystic fibrosis (CF) with severe lung disease OR weight less than the 10th percentile?
- Yes (Go to #21)
 - No (Deny)
21. Is the claim for one (1) vial of either the 50mg or 100mg vials?
- Yes (Go to #22)
 - No (Deny)
22. Are there greater than (>) four (4) dates of service for palivizumab since the beginning of the current RSV season (determined by client's county of residence) until today?
- Yes (Deny)
 - No (Approve – up to five (5) total doses based on Member's county and season schedule)