



**State of Vermont**  
**Department of Vermont Health Access**  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671-1010

*Agency of Human Services*  
[Phone] 802-879-5900  
[Fax] 802-241-0268

October 13, 2022

Dear Provider,

The Department of Vermont Health Access (DVHA), in coordination with their Pharmacy Benefits Manager Change Healthcare, routinely review data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) to track the epidemic season for Synagis® (palivizumab). Synagis® is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients. Peak RSV activity typically occurs between November and March, usually beginning in November or December, peaking in January or February, and ending by the end of March or sometime in April. Due to the shift in seasonality noted in 2021 and the current regional variability in RSV cases, The American Academy of Pediatrics (AAP) supports the use of Synagis® in eligible patients in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. Therefore, **effective 10/10/22**, DVHA will start allowing Synagis® shipments. The AAP recommends initiating the standard administration of palivizumab, which consists of 5 consecutive monthly doses. This regimen provides serum levels associated with protection for 6 months, the length of a typical RSV season. The AAP will continue to monitor the interseasonal trends and update this guidance as needed if the RSV season extends longer than 6 months

The clinical benefit of Synagis® therapy is best realized by timing the administration to coincide with the peak of RSV activity. DVHA will continue to monitor RSV activity and may end the atypical Synagis® “season” when the percent positives on antigen tests is  $\leq 10\%$  for 2 weeks or the percent positives on PCR tests is  $\leq 3\%$  for 2 consecutive weeks.

**Prior authorization/order forms should be sent directly to Change Healthcare at 844-679-5366 or submitted via the provider portal :**

<https://providerportal.vt.gov.emdeon.com/vtpp/application/login.joi>. A notice of determination (or request for additional information, if applicable) will be returned to your office within 24 hours of receipt of the PA. Approvals will be forwarded by Change Healthcare to the specialty pharmacy, and

they will reach out to you and/or the family to coordinate medication delivery. **Referrals for nursing services must be requested directly through the home health agency.**

Additional information and DVHA forms may be found at the following sites:

PA FORM: <https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/Synagis%20.pdf>

CLINICAL CRITERIA: (Search for the word "Synagis")

[https://dvha.vermont.gov/sites/dvha/files/doc\\_library/VERMONT%20PDL\\_2.pdf](https://dvha.vermont.gov/sites/dvha/files/doc_library/VERMONT%20PDL_2.pdf)

AAP GUIDANCE: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [PBA\\_VTHelpdesk@changehealthcare.com](mailto:PBA_VTHelpdesk@changehealthcare.com). Thank you for your continued support of Vermont's pharmacy benefits programs.