Dear Provider,

The Department of Vermont Health Access (DVHA), in coordination with their Pharmacy Benefits Manager Change Healthcare, review data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) to track the epidemic season for Respiratory Syncytial Virus (RSV). Synagis® is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients. While peak RSV activity typically occurs between November and March, RSV activity through the traditional 2020-2021 fall/winter season remained very low, presumably due to masking, social distancing, and other measures put in place for the prevention of COVID-19. As these measures have been relaxed, RSV activity is on the rise. In response to this atypical inter-seasonal change in RSV activity, the American Academy of Pediatrics (AAP) issued “Interim Guidance” [Link](https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/) supporting the use of Synagis® in patients who qualify for coverage per current clinical guidelines during periods when RSV incidence is epidemic in the area. 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 ≤ 10% for 2 weeks or the percent positives on PCR tests is ≤ 3% for 2 consecutive weeks.

**Prior authorization/order forms should be sent directly to Change Healthcare at 844-679-5366.** 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:

**SYNAGIS PA FORM:** [Link](https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/synagis-2018.10.pdf)  
**CLINICAL CRITERIA:** (Search for the word “Synagis”) [Link](https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria)

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. Thank you for your continued support of Vermont’s pharmacy benefits programs.

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