

September 27, 2024

## 2024–25 RSV SEASON AND SYNAGIS PRIOR AUTHORIZATION FOR ALL STATE HEALTH SERVICE REGIONS

### SUMMARY OF NOTIFICATION

The Texas Pediatric Society (TPS) respiratory syncytial virus (RSV) task force tracked the most recent trends of positive tests for RSV in all regions.

### KEY DETAILS

The task force recommended opening the RSV season and Synagis prior authorization as follows:

Start Date	End Date	Region
Oct. 1, 2024	Feb. 28, 2025	5, 6
Oct. 15, 2024	March 14, 2025	7, 11
Nov. 1, 2024	March 31, 2025	3, 4, 8
Nov. 15, 2024	April 14, 2025	1, 2, 9, 10

HHSC based this [season's staggered schedule](#) on the patient's county of residence at the start of the season. MCOs must follow the same schedule for their regions. Prescribing providers must provide Synagis to infants meeting criteria as described on the [American Academy of Pediatrics website](#). MCOs are required to adopt the same criteria as fee-for-service.

HHSC will accept fee-for-service prior authorization requests by fax beginning on the dates below. We based effective dates for prior authorization on the patient's county of residence at the start of the season.

Prior authorization Fax Date	Region
Sept. 23, 2024	5, 6
Oct. 1, 2024	7, 11
Oct. 15, 2024	3, 4, 8
Oct. 29, 2024	1, 2, 9, 10

MCOs may allow prescribers to use the Texas Department of Insurance (TDI) Texas Standard Prior Authorization Form for Prescription Drug Benefits for Synagis prior authorization requests. MCOs should not refuse the submission of the TDI form but may request additional details with an addendum form or phone call. VDP created [HHS Form 1321](#) for prescribers to use with the TDI

form. A copy of the form is enclosed. MCOs basing your form on ours should revise it to reflect appropriate MCO contact information or prior authorization reconsideration processes.

HHSC updated the prior authorization criteria on the form to reflect recommendations from the HHSC Office of Medical Director and the **AAP Red Book**.

The Synagis NDCs on the Medicaid formulary include the following:

Drug name/strength	NDC
Synagis 100 MG/1 ml Vial	66658023101
Synagis 50 MG/0.5 ml Vial	66658023001

## ADDITIONAL INFORMATION

- MCO medical directors can end the RSV season for their MCO by service area if they demonstrate the local antigen positivity testing has dropped below 10% for two consecutive weeks or the local PCR positivity has fallen below 3% for two successive weeks.
- In accordance with Texas Government Code [533.005](#) (a)(23)(D)(i) an MCO may not negotiate or collect rebates associated with pharmacy products on the VDP formulary.
- HHSC will continue to work with the Texas Pediatric Society's RSV Task Force to determine if a change to the RSV prophylaxis schedule is needed for any regions and will provide subsequent communication.

## RESOURCES

HHS Form 1321 (Palivizumab (Synagis) Standard Prior Authorization Request)

[▶ PDF version](#)

[▶ Word version](#)