

**Policy: MBP 296.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection)**

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### **I. Policy:**

Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection)

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection)

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DESCRIPTION:**

Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection) promotes active immunization against respiratory syncytial virus prefusion F (RSVPre) glycoprotein to protect against RSV-A and/or B-associated lower respiratory tract disease. When administered to pregnant patients, antibodies to RSV antigens are transferred to the fetus to protect infants up to 6 months of age from RSV-associated lower respiratory tract disease.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

For the Medicaid line of business, Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection) will not require prior authorization for patients greater than or equal to 60 years of age. Abrysvo is provided by Vaccines for Children (VFC) Program and is not eligible for reimbursement for patients less than 19 years of age. Abrysvo will be considered medically necessary for patients greater than or equal to 19 years of age to less than 60 years of age when ALL of the following criteria are met:

- Medical record documentation that Abrysvo will be used for active immunization of pregnant individuals at 32 through 36 weeks gestational age.

**AUTHORIZATION LIMITATIONS:** Approval is for a one-time injection

**QUANTITY LIMIT:** 0.5mL per 999 days

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

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For the commercial, exchange, CHIP, and Medicare lines of business, Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection) will not require prior authorization for patients greater than or equal to 60 years of age. Abrysvo will be considered medically necessary for patients less than 60 years of age when ALL of the following criteria are met:

- Medical record documentation that Abrysvo will be used for active immunization of pregnant individuals at 32 through 36 weeks gestational age.

**AUTHORIZATION LIMITATIONS:** Approval is for a one-time injection

**QUANTITY LIMIT:** 0.5mL per 999 days

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 9/19/23

**Revised:** 10/31/23 (Medicaid VFC language per PARP)

**Reviewed:**