

# **Respiratory Syncytial Virus (RSV)**

#### What is RSV?

- Respiratory syncytial\* virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms.
- The typical season for RSV is from fall through late winter (i.e., October/November to March/April).
- RSV is transmitted via respiratory droplets (inhaled and from contact with contaminated surfaces).

### Who is at risk at for severe RSV disease?

- Older adults and those with chronic lung disease, heart disease, or immunosuppressive disorders.
- Infants and children less than two years of age.
- Children with lung disease (e.g., congenital airway anomalies, chronic lung disease of prematurity, cystic fibrosis), congenital heart disease, neuromuscular disorders, Down syndrome, immunosuppressive disorders, some infants in remote communities (e.g., northern Inuit), and American Indian and Alaska Native children.

	Approved Use
Abrysvo®	<ul> <li>For the prevention of RSV in:</li> <li>patients 60 years and older.</li> <li>pregnant women (≥ 10 years of age), 32 to 36 weeks gestation (to prevent RSV in newborns via placental transfer of antibodies)</li> </ul>
Arexvy®	For the prevention of RSV in patients 60 years and older.
<ul> <li>For MediSource mer-or-</li> <li>Administered at medica</li> <li>Zero member cost sl</li> <li>Billed through member</li> </ul>	hare ber's medical benefit at the pharmacy mbers, pharmacy submits claim to NYRx I providers' practice site
<ul> <li>CPT codes         <ul> <li>Abrysvo: 90678</li> <li>Arexvy: 90679</li> </ul> </li> </ul>	

### Two vaccines are available to protect older adults and pregnant women from severe RSV

\*Pronounced "sin-SISH-uhl"

	Approved Use
<i>Beyfortus™</i> (nirsevimab)	<ul> <li>Administer 1 dose for infants &lt;8 months born during or entering their first RSV season. (PA required if &gt; 8mos)</li> <li>Administer 1 dose for children aged 8 to 19 months who are at increased risk of severe RSV disease entering their second RSV season – (PA required)</li> </ul>
Administration and billing	
	al providers' practice site, billed through members' medical benefit.
Zero Member Cost Shar	re
• CPT Codes: 90380, 903	81
	Approved Use
<i>Synagis®</i> (palivizumab)	<ul> <li>Recommended (per the approved uses above). Requires prior authorization and step therapy through Beyfortus<sup>®</sup></li> <li>If Beyfortus is not available or not feasible to administer (Requires prior authorization)</li> </ul>
<i>Synagis®</i> (palivizumab)	<ul> <li>Recommended (per the approved uses above). Requires prior authorization and step therapy through Beyfortus<sup>®</sup></li> <li>If Beyfortus is not available or not feasible to administer (Requires</li> </ul>
Synagis® (palivizumab) Administration and billing	<ul> <li>Recommended (per the approved uses above). Requires prior authorization and step therapy through Beyfortus<sup>®</sup></li> <li>If Beyfortus is not available or not feasible to administer (Requires prior authorization)</li> </ul>

# Monoclonal antibody products are available to protect infants and young children from severe RSV

• Medical Drug Cost Share