

Prior Authorization Process for Synagis[®]

Background

Synagis is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in children at high risk of RSV disease. Its safety and efficacy were established in children with bronchopulmonary dysplasia, infants with a history of premature birth (less than or equal to 35 weeks gestational age), and children with hemodynamically significant congenital heart disease.¹

RSV Season and Synagis Availability

RSV surveillance data suggests that there is a distinct seasonal peak for RSV activity. For most of the country, peak RSV activity typically occurs between November and March, but it may vary by region. Synagis doses will be available from September 15, 2014 through March 2015.

Prior Authorization Requirements for Synagis

Prior authorization is *required* for outpatient treatment with Synagis. Here's how to request authorization:

- Please complete and fax the Synagis worksheet to our pharmacy prior authorization department at 866-940-7328.
- We will review your prior authorization requests according to recommendations from the American Academy of Pediatrics and its Committee on Infectious Diseases.^{2,3}
- We will notify you by fax of the decision regarding your request for authorization.
- If the request is approved, we will coordinate delivery of Synagis through our contracted specialty pharmacy provider, Bioscrip. Please contact Bioscrip at 866-788-7710 if you have any questions about the delivery of Synagis.

To avoid delays, please fax all prior authorization requests to our pharmacy prior authorization department at 866-940-7328.

¹ Product information. Synagis[™] (palivizumab). MedImmune, Inc.

² AAP updates guidance on use of palivizumab for RSV prophylaxis (Policy Statement). AAP News 2014; 35:8 1.

³ AAP updates guidance on use of palivizumab for RSV prophylaxis (Technical Report). AAP News 2014; 35:8 1.