

Important Information Regarding Synagis®

Synagis (palivizumab) is a prescription monoclonal antibody injection that provides passive immunoprophylaxis for infants at high risk for contracting severe respiratory syncytial virus (RSV) disease.

- * Alliance approval for coverage of Synagis requires submission of an Authorization Request (AR) form. For providers administering Synagis in their office, a completed Statement of Medical Necessity form must accompany the AR (available in the Health Services section of the Form Library on the Alliance provider website at www.ccah-alliance.org/FormLibrary.html).
- * Synagis is a benefit also covered by California Children's Services (CCS) for children meeting their specified criteria. If an Alliance member has a CCS-eligible condition, authorization for Synagis should be directed to CCS.
 - o Please refer to Numbered Letter 13-0914 for CCS criteria:
www.dhcs.ca.gov/services/ccs/Documents/ccsn130914.pdf
- * In order to ensure that coverage is obtained in a timely manner, providers may also opt to simultaneously submit an AR to the Alliance - or in the event that CCS denies the authorization, they may subsequently submit the AR to the Alliance. In either case, the AR should be submitted regardless of whether Alliance criteria for Synagis are met, and requests will be reviewed on a case-by-case basis.

The Alliance follows utilization criteria for Synagis as recommended by the American Academy of Pediatrics (AAP), available at pediatrics.aappublications.org/content/134/2/415. Please contact Alliance Pharmacy staff with any questions or concerns at (831) 430-5507.