



October 18, 2018

Synagis® (Palivizumab) 2018-2019 Authorization Guidelines

These guidelines follow American Academy of Pediatrics (AAP) recommendations.

DIAGNOSIS	
<p>Age 0-12 months at RSV season onset</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infant born < 29 weeks, 0 days gestation at birth. <input type="checkbox"/> Preterm infant with Chronic Lung Disease (CLD) of prematurity defined as gestational age <32 weeks, 0 days and a requirement for >21% oxygen for at least the first 28 days after birth. <input type="checkbox"/> Infant with hemodynamically significant Congenital Heart Disease (CHD) such as infants with acyanotic heart disease who are receiving medication to control Congestive Heart Disease and will require cardiac surgical procedure and infants with moderate to severe pulmonary hypertension. <input type="checkbox"/> Infant with cyanotic heart defects if deemed warranted by the infant's pediatric cardiologist. <input type="checkbox"/> Infant who undergo cardiac transplantation during the RSV Season. <input type="checkbox"/> Infant with neuromuscular disease, significant respiratory disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to ineffective cough. <input type="checkbox"/> Profound immunocompromised during the RSV season. <input type="checkbox"/> Infant with Cystic Fibrosis and clinical evidence of Chronic Lung Disease of prematurity and/or Nutritional compromise. 	<p>Age 12 - <24 months at RSV season onset</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preterm Infant with Chronic Lung Disease (CLD) of prematurity, who continued to require supplemental oxygen, chronic systemic corticosteroids or diuretic therapy during the 6-months period before to the start of second RSV season. <input type="checkbox"/> Child who undergo cardiac transplantation during the RSV Season <input type="checkbox"/> Profound immunocompromised during the RSV season. <input type="checkbox"/> Infant with Cystic Fibrosis and manifestations of severe lung disease or weight for length <10th percentile
DOSING	
<ul style="list-style-type: none"> <input type="checkbox"/> Was a NICU/Hospital Dose Administered to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expected Date of First/Next Injection _____ <input type="checkbox"/> Synagis 15mg/kg QS every month Nov through March: Dose based on current weight _____ 	

Alliance Authorization

Submit Alliance prior authorization forms by fax to (831) 430-5851. A single form is required for the series. Please indicate infant weight on the form. For providers that will administer Synagis in their office, also submit a completed "Statement of Medical Necessity" form.

Alliance Synagis Ordering and Billing Information

For providers that administer Synagis in their office, the Alliance specialty pharmacy Diplomat must be used. CCAH staff will notify Diplomat when Synagis has been authorized.

Diplomat can be reached by phone at (877) 977-9118 and by fax at (800) 550-6272.

Thank you for caring for young, at risk infants. If you have any questions about these Synagis recommendations, please call Michael Blatt, Pharm D., Alliance Pharmacy Director, at (831) 430-2528.