

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Synagis**

A. Prescriptions That Require Prior Authorization

All prescriptions for Synagis must be prior authorized.

B. Emergency Supplies

The Department does not consider a delay in the receipt of Synagis to present a life threatening emergency and, therefore, will NOT cover emergency supplies of Synagis pending approval of a request for prior authorization.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Synagis, the determination of whether the requested prescription is medically necessary will take into account all of the following:

1. The drug is being prescribed in a manner consistent with the current American Academy of Pediatrics (AAP) guidelines on Prevention of Respiratory Syncytial Virus (RSV) Infection regarding risk factors for RSV, dose, number of doses, dosing interval, and RSV season. . See the AAP website at:  
<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;124/6/1694>.

**OR**

2. The recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient

In addition, if a prescription for Synagis is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C above, to assess the medical necessity of the request for a prescription for Synagis. If the guidelines in Section C are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

REFERENCES

1. AAP Red Book Online at <http://aapredbook.aappublications.org/cgi/content/full/2006/1/3.107>, page 564. ,