Synagis®* Prior Authorization Process Overview

Synagis (palivizumab) requires prior authorization (PA) when billed through the medical or pharmacy benefit. Synagis may be considered for coverage during the respiratory syncytial virus (RSV) season from November 1-March 31 as designated in the state Synagis PA criteria. Please refer to the specific PA processes below. The PA process differs for medical PA and retail pharmacy PA. The forms and help desk information are unique to each process.

Amerigroup Iowa, Inc. follows the current American Academy of Pediatrics Guidelines for eligibility criteria for prophylaxis of high-risk infants and young children. PAs will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients who experience a breakthrough RSV hospitalization should have their monthly prophylaxis discontinued as there is an extremely low likelihood of a second RSV hospitalization in the same season.

1. Medical benefit PA process:
   A medical PA is required when the provider’s office uses the Synagis from their stock to administer to the child. Providers must use the Prior Authorization Form: Medical Injectables form to send in the clinical information for their member for a PA. This form is available on the Amerigroup provider website at https://providers.amerigroup.com/ProviderDocuments/IAIA_MedicalInjectablePAFormhealthlink.pdf.

   Once the form is complete, it may be faxed to Amerigroup.

   Amerigroup PA help desk: 1-800-454-3730
   Amerigroup PA fax: 1-800-359-5781

2. Retail pharmacy PA process:
   The Iowa Medicaid pharmacy PA criteria require Synagis to be administered in the member’s home. A pharmacy PA is required when the pharmacy supplies the Synagis to the member who brings a prescription to a retail pharmacy. A pharmacy PA is considered when the member is receiving the Synagis at home through a medical agency. An example would be a home health agency that is providing the administration of Synagis in the member’s home. The pharmacy Synagis PA criteria are located at http://www.iowamedicaidpdl.com/pa_criteria.

   Providers must use the Synagis (palivizumab) Prior Authorization of Benefits (PAB) Form to send in the clinical information for their member for a PA. This form is available on the Amerigroup provider website at https://providers.amerigroup.com/PriorAuthorization%20Forms/IAIA_PA_Synagis.pdf.

   Providers may contact Express Scripts PA help desk:
   PA help desk: 1-855-712-0104
   PA fax: 1-800-601-4829
   Contact Express Scripts at www.express-scripts.com.

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