



November 22, 2022

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www.aap.org

Re: Use of Palivizumab Prophylaxis for the 2022-2023 Respiratory Syncytial Virus Season

Dear Payer:

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I write today on behalf of the American Academy of Pediatrics (AAP) to urge you to ensure your policy on palivizumab prophylaxis supports recommended care during the 2022-2023 respiratory syncytial virus (RSV) season. The AAP is a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. These physicians have been caring for an increasing number of infants and children with RSV this season.

As has been highlighted in the news recently, RSV has been surging throughout the country. Data on RSV activity is available from the [National Respiratory and Enteric Virus Surveillance System](#), and data as of November 2022 shows a high level of activity in all regions. This surge is seriously impacting infants and children. This level of RSV circulation has resulted in a significant number of hospitalizations and illnesses, contributing to a shortage of pediatric beds at hospitals.

Generally, RSV activity lasts for six months from late fall through spring, with the highest level of activity occurring in early February. However, the past two years saw a shift in seasonality for RSV activity. In some regions, practices began administering palivizumab in summer and fall of 2022. Due to the widespread RSV activity this season, RSV disease activity may persist longer than the typical 6 months in these regions.

The AAP has recently released [interim guidance on use of palivizumab prophylaxis to prevent hospitalization from severe RSV infection during the 2022-2023 RSV season](#). If RSV disease activity persists at high levels in given regions, the AAP recommends programmatic consideration of providing more than 5 doses of palivizumab to eligible infants and children.

Palivizumab prophylaxis can prevent severe RSV disease and related pediatric hospitalizations. As such, payers must remove all barriers and support recommended care for children at risk of severe RSV disease.

To support pediatricians in providing palivizumab doses to eligible children, ***the AAP strongly urges payers to do the following:***

- **Update payer policies to allow for more than 5 doses of palivizumab during the 2022-2023 season**
- **Pay adequately for all doses, including when more than 5 are administered**

Thank you for your partnership to support recommended prophylactic care for children during this widespread and intense RSV season. We urge you to quickly update your systems and payment policies to support children, as well as the pediatricians, pediatric medical subspecialists, and pediatric surgical specialists that care for them.

If you have questions, need additional information, or would like to arrange a follow-up discussion on the AAP guidance on palivizumab prophylaxis, please contact Teresa Salaway, senior health policy analyst, at tsalaway@aap.org or 630/626-6529.

Sincerely,

A handwritten signature in cursive script that reads "Moira Szilagyi MD".

Moira A. Szilagyi, MD, PhD, FAAP
President

MAS/tjs