

# ENFLONSIA (clesrovimab-cfor)

### **Pre - PA Allowance**

None

## **Prior-Approval Requirements**

#### **Diagnosis**

Patient must have the following:

Prevention of infection caused by Respiratory Syncytial Virus (RSV)

#### **AND** following:

1. Less than 12 months of age at the start of RSV season\*

\*RSV season generally lasts from November through April in most locations in the United States. Consult the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS) for RSV surveillance at https://www.cdc.gov/surveillance/nrevss/rsv/state.html.

## **Prior - Approval Limits**

**Duration** 6 months (PA may start 1 month prior to the RSV season)

## Prior – Approval Renewal Requirements

None

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None