

# Palivizumab (Synagis®) Prior Authorization Form

## Member Information

1. Member Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Member ID #: \_\_\_\_\_ 4. Member Date of Birth: \_\_\_\_\_  
5. Member Gender: \_\_\_\_\_

## Prescriber Information

6. Prescribing provider NPI #: \_\_\_\_\_  
7. Prescriber contact information:  
Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
code: \_\_\_\_\_

## Drug Information

8. Drug Name: **Synagis®** 9. Dosage (50mg or 100mg): \_\_\_\_\_  
10. Quantity Per 30 Days: \_\_\_\_\_  
11. ICD Code: \_\_\_\_\_  
12. SIG (dose, frequency and duration): \_\_\_\_\_  
13. Length of Therapy (in days): ☐ up to 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days ☐ 180 Days ☐ 365 Days  
☐ Other \_\_\_\_\_  
14. Date of most recent administered dose: \_\_\_\_\_ ☐ N/A  
15. Most recent documented weight: \_\_\_\_\_  
16. How many total doses have been administered previously? \_\_\_\_\_

## Clinical Information

<https://provider.healthybluenc.com>

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NCHB-CDFC-088916-25-SRS87983 July 2025

This is the member's ☐ first RSV season ☐ second RSV season

**Criteria for Infants younger than 12 months AND in their first RSV season**

1. Was the member born premature before 29 weeks 0 days of gestation? ☐ YES ☐ NO

Birth EGA: \_\_\_\_\_ Weeks: \_\_\_\_\_ Days: \_\_\_\_\_

**Criteria for Infants less than 24 months of age AND in their FIRST RSV Season with one of the following diagnoses**

2. Does the member have one of the following Diagnosis?

- ☐ Hemodynamically significant acyanotic heart disease (CHD), receiving medication to control congestive heart failure, and will require cardiac surgical procedures.
- ☐ Moderate to severe pulmonary hypertension
- ☐ Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways because of ineffective cough.
- ☐ Cyanotic heart disease, with cardiologist recommendation.

**Submit documentation of cardiologist recommendation**

- ☐ Cystic Fibrosis with clinical evidence of CLD and /or nutritional compromise
- ☐ Profoundly immunocompromised during RSV season
- ☐ Undergoing cardiac transplantation during RSV season
- ☐ Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21% oxygen for at least the first 28 days after birth)

**Please submit documentation of CLD as defined to meet criteria approval, for example NICU discharge summary**

**Criteria for Infants less than 24 months of age AND in their SECOND RSV season with one of the following diagnoses:**

3. Does the member have one of the following Diagnosis?

- ☐ Profoundly immunocompromised during RSV season
- ☐ Cardiac transplantation during RSV season
- ☐ Cystic Fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in first year or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight-for-length less than 10th percentile
- ☐ CLD of prematurity (see above definition) and continue to require medical support (for example, supplemental oxygen, chronic corticosteroid, or diuretic therapy) during the six-month period before start of second RSV season

**Indicate Treatment(s) for CLD:**

☐ chronic corticosteroid therapy ☐ diuretic therapy ☐ supplemental oxygen ☐ no medical support required

**Please submit documentation of CLD as defined to meet criteria approval, for example, NICU discharge summary**

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**Note:** The provider should use the *Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age* to request Synagis outside of policy criteria, or for coverage outside the defined coverage period, if Beyfortus was administered during the current season, or if maternal vaccine Abrysvo was administered during pregnancy.

Signature of Prescriber:

Date:

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.