

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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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

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.