



Synagis™ (palivizumab) Authorization Form 2016-2017 Season

Fax Prior Authorization Form to 855-720-5825

If approved for coverage, Synagis will be acquired from Envision Pharmacy Specialty please call 877-437-9012 or fax 877-309-0687 If you have any questions, please call Health Choice at 877-358-8797, follow the prompts to Provider and Pharmacy line, or please fax 855-720-5825

RSV season typically begins after November 1st and continues through the following year. The end of the RSV season will be determined by rates of positive viral cultures at regional reference labs and via communication with regional specialists

Form with fields: PATIENT NAME, DOB, ID #, PARENT/GUARDIAN NAME, PHONE, ADDRESS, LANGUAGE SPOKEN IN HOME, GESTATIONAL AGE AT BIRTH, CURRENT WEIGHT, DATE WEIGHT OBTAINED, REQUESTING PROVIDER, PHONE, FAX, DATE OF REQUEST, PROVIDER NPI #, PROVIDER ADDRESS

Less than 12 months of age at the start of the RSV season AND born before 29 weeks 0 days' gestation

Less than 12 months of age at the start of the RSV season with hemodynamically significant congenital heart disease (CHD)*:

Form with checkboxes: Acyanotic heart failure AND Receiving medications to treat Congestive heart failure or cardiomyopathy, Patient will require a cardiac surgical procedure AND Prescribed by or in consultation with a pediatric cardiologist

OR

Form with checkbox: Moderate to severe pulmonary hypertension

OR

Form with checkbox: Cyanotic heart disease/defect

OR

Less than 24 months of age with cardiac transplantation during the RSV season

* Hemodynamically significant CHD does NOT include: infants and children with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus); infants with lesions adequately corrected by surgery who do not continue to require medication for congestive heart failure; infants with mild cardiomyopathy who are not receiving medical therapy for the condition; children the second year of life not undergoing cardiac transplantation

For children with CHD, meeting the above criteria for Synagis (palivizumab), an additional postoperative dose of Synagis may be considered medically necessary after a surgical procedure requiring cardiopulmonary bypass

Less than 24 months of age who will be profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency or severe acquired immunodeficiency syndrome, acute myeloid leukemia/acute lymphoblastic leukemia, hematopoietic stem cell transplant recipients, or severe immunodeficiency resulting from chemotherapy AND patient lymphocyte count below normal for patient age)

Less than 12 months of age at the start of the RSV season with **chronic lung disease of prematurity (CLD)**, defined as preterm infants with chronic lung disease of prematurity defined as <32 weeks, 0 days gestation and a requirement for >21% oxygen for at least 28 days after birth. AND prescribed by or in consultation with a specialist (i.e. neonatologist, pediatric intensivist, pulmonologist or ID specialist). Note: CLD does NOT include children with a diagnosis of asthma

Less than 24 months of age at the start of the RSV season with **chronic lung disease (CLD)** who continue to require medical therapy for the CLD. Note: CLD does NOT include diagnosis of asthma

<input type="checkbox"/> Oxygen	Most recent date administered: _____
<input type="checkbox"/> Corticosteroids	Most recent date administered: _____
<input type="checkbox"/> Bronchodilators	Most recent date administered: _____
<input type="checkbox"/> Diuretics	Most recent date administered: _____

Less than 12 months of age at the start of RSV season with impaired clearance of respiratory secretions from the upper airways due to

<input type="checkbox"/> Congenital abnormalities of the airways/respiratory system OR Neuromuscular condition causing difficulty handling respiratory secretions AND
<input type="checkbox"/> Prescribed by or in consultation with a pediatric pulmonologist or neurologist

Administer: _____ # of doses projected to be given. Date of first dose: _____

Synagis® (Palivizumab) 50 or 100-mg vials

Sig: Inject 15mg/kg IM one time per month (every 28-30 days) through the end of RSV season (5 dose max)

Prescriber's Signature _____ **Date** _____

Additional Information and Clarifications

The AAP recommends a maximum of 5 doses during RSV season, and some children will receive less than 5 doses.

If criteria met Synagis (palivizumab) will be authorized for up to 5 doses (weight dependent) until May 1st as follows:

Child's weight		Quantity Limit (vials)	
Kg	Lb	Quantity	Strength
< 3.3 kg	≤ 7 lb. 4 oz.	1	50 mg
3.31 kg to 6.6 kg	7 lb. 5 oz. to 14 lb. 8 oz.	1	100 mg
6.61 kg to 10.0 kg	14 lb. 9 oz. to 22 lb.	3	50 mg
10.01 kg to 13.3 kg	22 lb. 1 oz. to 29 lb. 4 oz.	2	100 mg
13.31 kg to 16.6 kg	29 lb. 5 oz. to 36 lb. 8 oz.	5	50 mg
16.61 to 20.0 kg	36 lb. 9 oz. to 44 lb	3	100 mg

If any infant or young child receiving monthly Synagis prophylaxis experiences a breakthrough RSV hospitalization, monthly prophylaxis should be discontinued because of the extremely low likelihood of a second RSV hospitalization in the same season(<0.5%).

Insufficient data exists to support use of Synagis for RSV prophylaxis in children with cystic fibrosis (CF).

Synagis® does not completely prevent RSV disease but has been shown to reduce the risk of hospitalization attributed to RSV lower respiratory tract disease. **Please educate all families with young children on ways to reduce exposure with thorough hand washing, good hygiene, avoiding overcrowded places and obtaining all of the recommended immunizations,**

REFERENCES: American Academy of Pediatrics. Red Book: 2012 Report of the Committee on Infectious Diseases. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012

PEDIATRICS Volume 134, Number 2, August 2014. *Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection.* p 415-420.