

Synagis® (palivizumab) Authorization Form 2020-2021 Season

Please complete both of the following steps to obtain Synagis for your patient

1. Fax this completed prior authorization form to **HEALTH CHOICE UTAH** at 888-506-4764
2. Fax a Synagis prescription order to **CVS SPECIALTY PHARMACY** at 877-408-9743

RSV season is **November 1, 2020 - March 30, 2021**

Questions: Contact Health Choice at 1-877-358-8797

MEMBER NAME:		DOB:	ID #:
PARENT/GUARDIAN NAME:			PHONE:
ADDRESS:			
LANGUAGE SPOKEN IN HOME:			
GESTATIONAL AGE AT BIRTH: _____ WKS _____ DAYS		CURRENT WT AND DATE:	
REQUESTING PROVIDER:		PHONE:	FAX:
DATE OF REQUEST:		PROVIDER NPI #	
PROVIDER ADDRESS:			
<input type="checkbox"/> Injection to be given in the home by Home Health Care		<input type="checkbox"/> Injection to be given at the provider office	

Include all relevant documentation for review, including NICU discharge summary if applicable or other chart notes

- Age of 12 months or less at start of RSV season AND **born before 29 weeks 0 days'** gestation
- Age of 12 months or less at start of RSV season with **Chronic Lung Disease of prematurity (CLD)/bronchopulmonary dysplasia** plus the following:
 - o Born at less than 32 weeks, 0 days' gestation and required >21% oxygen for at least 28 days after birth
- Age of 12 months or less at the start of RSV season with **impaired clearance of respiratory secretions** from the upper airways and ONE of the following:
 - o Congenital pulmonary abnormality
 - o Neuromuscular disorder
- Age of 12 months or less at start of RSV season with hemodynamically significant **Congenital Heart Disease (CHD)** plus ONE of the following:
 - o Acyanotic heart disease and receiving medication to control congestive heart failure
 - o Moderate to severe pulmonary hypertension
 - o Cyanotic heart disease and prescribed in consultation with a pediatric cardiologist
- Age of 23 months or less with **cardiac transplantation** occurring during RSV season
- Age of 23 months or less at start of RSV season with severe **immunodeficiency**
- Age of 23 months or less at start of RSV season with **Cystic Fibrosis** and ONE of the following:
 - o CLD and/or nutritional compromise by the age of 12 months or less
 - o Manifestations of severe lung disease during second year of life
- Age of 23 months or less at start of RSV season with **Chronic Lung Disease (CLD)/bronchopulmonary dysplasia** and continues to require within the past 6 months at least ONE of the following:
 - o Oxygen
 - o Corticosteroids
 - o Diuretics

Synagis (Palivizumab) 50 or 100 mg vials, J3490/90378

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

Administer: _____ # of doses projected to be given

Date of first dose: _____

I certify that the clinical information provided on this form is complete and accurate.

Prescriber's Signature _____

Date _____

Palivizumab authorization criteria is based on American Academy of Pediatrics (AAP) guidance: Pediatrics (2014;134[2]:415-420).