



Synagis (palivizumab) Prior Authorization Form

MHC Fax (844) 316-6544

Synagis requests require Medical Necessity Review. Please answer the following questions and fax the completed form **AND** supporting clinical documentation to the number above.

Please note: requests will be approved for up to a maximum of 4 to 5 doses at a dosing interval of not less than 28 days between injections. Requests will only be authorized for services during your state health department official Synagis season. Approved requests will be authorized starting on the first date of the official Syangis season for the state in which you reside. If the client has tested positive for RSV, further requests for Synagis will not be approved.

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
Patient's Date of Birth:		NPI:	
Patient's Gestational Age At Birth: (give weeks & days)		Tax ID:	
Member Health Plan ID Number:		Address:	
Group Number:		City, State, Zip:	
Address:		Phone:	Fax:
City, State, Zip:		Office Contact Name:	
Phone #1:		Phone:	Fax:
Phone #2:		Facility Name:	

Please answer all of the following questions and provide any additional documentation that is requested.

Patient Medical History	Yes	No
Was the patient's age \leq 12 months at the start of the RSV season?		
Was the patient's age between 12 months and 24 months at the start of the RSV season?		
Was the patient's age \geq 24 months at the start of the RSV season?		
Was patient born before 29 weeks, 0 days gestation? <i>Note: Synagis prophylaxis is not recommended for otherwise well infants \geq 29 weeks, 0 days gestational age.</i>		
Is patient diagnosed with chronic lung disease of prematurity, defined as gestational age < 32 weeks, 0 days; AND patient needed > 21% oxygen for at least the first 28 days after birth?		
For patients aged 12 to 24 months old at the start of RSV season and with chronic lung disease of prematurity: Did the patient continue to require medical intervention with supplemental oxygen, chronic corticosteroids, or diuretic therapy in the 6 months prior to the start of the current RSV season? <i>Note: Synagis prophylaxis is not recommended for otherwise well infants with chronic lung disease of prematurity who are 12 to 24 months old.</i>		

Patient Medical History	Yes	No
Is patient diagnosed with hemodynamically significant congenital heart disease, including <ul style="list-style-type: none"> • Acyanotic heart disease, being treated with medication to control congestive heart failure, and which will require cardiac surgical procedures?, or • Moderate to severe pulmonary hypertension? <p><i>Note: Synagis prophylaxis is not recommended for infants with hemodynamically insignificant heart disease, such as secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, or patent ductus arteriosus.</i></p>		
Is the patient expected to receive a heart transplant during the current RSV season?		
Is the patient expected to be profoundly immunocompromised during the current RSV season?		
Is the patient diagnosed with a neuromuscular disease or anatomic pulmonary abnormalities, either of which impairs the ability to clear respiratory secretions from the upper airway? If Yes, Please list ICD-10 codes: _____		
Was Synagis given while the patient was an inpatient (eg, NBICU, NICU)? If Yes, Please list dates given: _____		

Supportive medical documentation is required for all criteria noted above. Illegible or incomplete forms will not be processed.

1. Synagis (palivizumab) therapy is authorized according to current guidelines for treatment of RSV as published by the American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. The current guidelines may be found online at <http://pediatrics.aappublications.org/content/pediatrics/134/2/415.full.pdf>.
2. Synagis injections may be authorized during the RSV season, as defined by the local State Department of Health.
3. Up to 4-5 monthly doses may be authorized. Infants born during the RSV season, and who are approved for Synagis therapy, may receive monthly doses until end date determined by the local State Health Department.
4. Synagis therapy will not be available for any child with active RSV infection.
5. Synagis prophylaxis will be discontinued for any infant or child who is hospitalized for RSV infection while being treated with monthly prophylaxis.
6. Synagis therapy will be provided by the MHC preferred pharmacy vendor.

Synagis season information is available on the CDC website: <https://www.cdc.gov/surveillance/nrevss/rsv/state.html>

Provider signature: _____

Date: _____