

HEALTH CHOICE
UTAH

Synagis® (palivizumab) Authorization Form 2019-2020 Season

Synagis is distributed by **BriovaRx Specialty**, please call 855-427-4682 (855-4BRIOVA), option 1 or fax 877-342-4596.
For questions, please call Steward Health Choice at 877-358-8797 and follow the prompts to
Provider & Pharmacy or fax 855-720-5825.

Synagis injections may be authorized during the RSV season, which is defined as **December 1st through April 30th**, per the Utah Medicaid Provider Manual. ALL SYNAGIS (DRUG) MUST BE BILLED VIA PHARMACY POINT OF SALE.

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:		

Submit all relevant documentation supporting a selection below including the member's gestational age at birth

- 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)** and **ONE** of the following:
 - Acyanotic heart disease and receiving medication to control congestive heart failure and will require cardiac surgical procedures
 - Moderate to severe pulmonary hypertension
 - Cyanotic heart disease and prescribed in consultation with a pediatric cardiologist
 - Less than 24 months of age with **cardiac transplantation** during the RSV season.
 - Less than 24 months of age and will be **profoundly immunocompromised** during the RSV season. *(This may be due to, but is not limited to severe combined immunodeficiency or severe acquired immunodeficiency syndrome, acute myeloid leukemia/acute lymphoblastic leukemia, hematopoietic stem cell transplant recipients, etc.)*
 - Less than 12 months of age at the start of the RSV season with **chronic lung disease of prematurity (CLD)** that meets **ALL** of the following below. *Note: CLD of prematurity does NOT include a diagnosis of asthma.*
 - Preterm infant with chronic lung disease of prematurity defined as <32 weeks, 0 days gestation
 - A requirement of >21% oxygen for at least 28 days after birth
 - Prescribed by or in consultation with neonatology, pediatric critical care, pediatric pulmonology or infectious disease
 - Less than 24 months of age at the start of the RSV season with **chronic lung disease (CLD)** and continues to require **at least ONE** of the following medical therapies for CLD. *Note: CLD does NOT include a diagnosis of asthma.*
 - Oxygen *Most recent date administered:* _____
 - Chronic corticosteroid therapy *Most recent date of prescription claim:* _____
 - Diuretics *Most recent date of prescription claim:* _____
 - Less than 12 months of age at the start of RSV season with **impaired clearance of respiratory secretions** from the upper airways and meets **ONE** of the following:
 - Congenital abnormality of the airways/respiratory system
 - Neuromuscular condition causing difficulty handling respiratory secretions
- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.
 - If **one** of the above criteria is met then Synagis will be authorized for up to 5 doses between December 1st and April 30th.

Synagis (palivizumab) 50 or 100 mg vials

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

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

Prescriber's Signature _____ **Date** _____