

**Synagis® (palivizumab) Authorization Form 2018-2019 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 1<sup>st</sup> and April 30<sup>th</sup>.

**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** \_\_\_\_\_