

Synagis® (palivizumab) Authorization Form

CVS: Fax this prior authorization form to HEALTH CHOICE at 855-432-2494 and also fax a Synagis prescription to CVS SPECIALTY at 800-323-2445 or customer.servicefax@cvshealth.com

PROVIDER BUY and BILL: Fax this prior authorization form to HEALTH CHOICE at 855-432-2494, if any questions call Health Choice at 1-800-322-8670

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

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** _____