



Arkansas Medicaid Prescription Drug Program

Synagis® Prior Authorization (PA) Request Form (Year 2023-2024)

Fax this form to 1-866-930-0019 for Pharmacy benefit or 1-888-399-0271 for Medical benefit.

Dispensing Guide: Synagis dosage is based on 15 mg/kg. Non-Urgent [] Urgent []

Table with 3 columns: Weight, Dosage, Dispense Units. Rows include weight ranges from up to 3.3 kg to 16.7 kg to 20 kg and corresponding dosage and dispense unit instructions.

For Arkansas, the typical RSV season runs from November 1 to March 31. Based on AAP and CDC guidance, season duration and approval criteria may change. A maximum of five doses will be approved per beneficiary. The administration of only one dose of Synagis will be approved per calendar month. The last dose must be administered to the patient before March 31, 2024. A request for a second RSV season will only be considered for chronic lung disease (CLD) of prematurity and is based on the 2014 AAP Guidelines.

The form on this page is to be completed by and received from the prescribing provider ONLY.

BENEFICIARY INFORMATION

Beneficiary Last Name: _____

Beneficiary First Name: _____

Medicaid ID: _____ Date of Birth: _____

Birth Weight: _____ kg Current Weight: _____ kg Date Measured: _____

Gestational Age at Birth: Weeks _____ Days _____ Gender Assigned at Birth: Male ___ Female ___

PRESCRIBER INFORMATION

Prescriber Last Name: _____

Prescriber First Name: _____

Prescriber NPI: _____ Office Contact: _____

Prescriber Phone: _____ Prescriber Fax: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Pharmacy Fax: _____

DRUG INFORMATION

Drug Name: **Synagis** Drug Strength: 50 mg 100 mg

CRITERIA

- Diagnosis: _____ Diagnosis Code: _____
- Prescriber attestation that the beneficiary **has not** received Beyfortus™ (nirsevimab) or Abrysvo™ (maternal RSV vaccine) this RSV season and WebIZ has been checked.
- Prescriber attestation that Beyfortus™ availability has been checked at local VFC providers and product is not available.

Select **one** of the following criteria for RSV prophylaxis:

1. Chronic lung disease (CLD) of prematurity **and** < 2 years of age at start of RSV season. CLD of prematurity is defined as gestational of age < 32 weeks, 0 days, and a requirement for > 21% oxygen for at least the first 28 days after birth. A second season of palivizumab prophylaxis is recommended only for infants with CLD of prematurity as defined above and who continue to require supplemental oxygen, chronic systemic corticosteroid therapy, diuretic therapy, or bronchodilator therapy during the 6-month period before the start of the second RSV season.
2. Former premature (\leq 28 weeks, 6 days estimated gestational age [EGA]) **and** < 12 months of age at the start of RSV season. For infants born during the RSV season, fewer than 5 monthly doses will be needed.
3. Infants \leq 12 months of age at start of RSV season with hemodynamically significant congenital heart disease (CHD). Children who meet these criteria will be:
 - a) infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures, and
 - b) infants with moderate-to-severe pulmonary hypertension. Infants with cyanotic heart defects in the first year of life will be reviewed on a case-by-case basis.
4. Infants < 12 months of age at start of RSV season with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.
5. Severely immunocompromised **and** patient is < 2 years of age.
6. Other: _____
7. Is this a request for a second RSV season? Yes No
8. Is there a medical need for Synagis over Beyfortus™ (nirsevimab)? Yes No

Rationale (attach documentation):

Prescriber Signature: _____ **Date:** _____

Prescriber's original signature required; copied, stamped, or e-signature are not allowed.

By signature, the physician confirms the above information is accurate and verifiable by patient records.

Approved prior authorizations are contingent upon the eligibility of member at the time of service and the claim timely fill limits. Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at **1-833-230-2100**.

AR-PAS-P-2619003; Effective Date: 01/01/2024