



### Synagis Prior Authorization Form

Please fax the completed form to 1-888-399-0271.  
For questions or concerns, please call 1-800-488-0134.

**Synagis®**  
**(palivizumab)**

#### Patient information:

Patient's (child's) name: \_\_\_\_\_  M  F Date: \_\_\_\_\_  
 Gestational age at birth: Weeks \_\_\_\_ Days \_\_\_\_ Birth weight: \_\_\_\_ lb/kg Current weight: \_\_\_\_ lb/kg DOB: \_\_\_\_\_  
 Patient's address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Phone number: (\_\_\_\_) \_\_\_\_\_ Parent's name: \_\_\_\_\_  
 Primary insurance: \_\_\_\_\_ ID No. \_\_\_\_\_  
 Secondary insurance: \_\_\_\_\_ ID No. \_\_\_\_\_

#### Synagis criteria are based on 2014 American Academy of Pediatrics guidelines. Medical authorization clinical criteria (please check ALL that apply):

Infant/child's condition:

- < 29 0/7 weeks GA (≤12 months of age at start of RSV season)
- < 32 0/7 weeks GA with Chronic Lung Disease of Prematurity defined as a requirement > 21 percent oxygen for at least 28 days after birth.
- < 32 0/7 weeks GA who are ≤24 months with Chronic Lung Disease of Prematurity defined as a requirement > 21 percent oxygen for at least 28 days after birth and who continue to require medical intervention (supplemental oxygen, chronic corticosteroid or diuretic therapy)
- ≤ 12 months with hemodynamically significant congenital heart disease, those with cyanotic heart disease receiving medication for heart failure and will require cardiac medical procedures, and/or moderate to severe pulmonary hypertension
- ≤ 12 months with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the respiratory tract
- ≤ 24 months and considered profoundly immunocompromised\*

**Documented diagnosis must be confirmed by the individual's medical record and supplied with the authorization request. Medical record documentation may include, but is not limited to: test reports, chart notes from clinician's office or hospital admission.**

**Chronic lung disease:** Infants and children ≤ 24 months who require at least 28 days of supplemental oxygen after birth and who continue to require medical intervention.

Diagnosis: \_\_\_\_\_  
 Mechanical ventilation:  Yes  No Days/Duration \_\_\_\_\_  
 Supplemental oxygen:  Yes  No Days/Duration \_\_\_\_\_  
 Steroids and/or diuretics:  Yes  No Days/Duration \_\_\_\_\_  
 Other: \_\_\_\_\_ Days/Duration \_\_\_\_\_

**Cardiac (CHD):** Infants and children ≤ 12 months with hemodynamically significant congenital heart disease: those with cyanotic heart disease receiving medication for heart failure and will require cardiac medical procedures and/or moderate to severe pulmonary hypertension.

- With moderate to severe pulmonary hypertension – 747.83
- With cyanotic congenital heart disease – 746.9
- Receiving medication to control congestive heart failure – 779.89. List medications: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_

**\*Other conditions:**

Diagnosis: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Was a hospital/NICU dose given?  Yes  No Date administered: \_\_\_\_\_

Drug claim to be submitted by:

- Prescribing physician  Dispensing pharmacy (if other than CVS): \_\_\_\_\_
- CVS Caremark NPI: \_\_\_\_\_ Address: \_\_\_\_\_
- Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Drug claim submitted to:**

- Medical benefit
- Pharmacy benefit

Place of service:

- Physician's office  Member's home, administered by \_\_\_\_\_  Synagis clinic

Prescribing physician:

Physician name: \_\_\_\_\_ Prescriber specialty: \_\_\_\_\_  
 Office contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/ZIP Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_ DEA No.: \_\_\_\_\_ NPI No.: \_\_\_\_\_

Approved prior authorizations are contingent upon the eligibility of member at the time of service and the claim timely filing limits. Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits.