HEALTH | CHOICE
UTAH

PRIOR AUTHORIZATION REQUEST FORM
SYNAGIS®

For authorization, please answer each question and fax this form PLUS chart notes back to the Health Choice Utah Prior Authorization Department at 888-509-8142.

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

If you have prior authorization questions, please call for Pharmacy Customer Service for assistance at 855-864-1404

Disclaimer: Prior authorization request forms are subject to change in accordance with Federal and State notice requirements.

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Gestational Age at Birth (give weeks & days):		Member Weight:

Product being requested: ☐ Synagis® (palivizumab)
Dosing/Frequency:_____
Please note:
Requests may be approved for up to a maximum of 4 to 5 doses at a dosing interval of not less than 28 days between injections.
Requests will only be authorized for treatment during the State Health Department's declared official Synagis® season.
Approved requests will be authorized to start on the first date of the official Synagis® season.
If the member has tested positive for RSV, further requests for Synagis® will not be approved.

Questions	Yes	No	Comments/Notes
1. Was the member's age ≤ 12 months at the start of the RSV season?	☐	☐	
2. Was the member's age between 12 months and 24 months at the start of the RSV season?	☐	☐	
3. Was the member born before 29 weeks, 0 days gestation? • *Note: Synagis prophylaxis is not recommended for otherwise well infants ≥ 29 weeks gestational age.*	☐	☐	
4. Was the member diagnosed with chronic lung disease of prematurity, defined as gestational age < 32 weeks AND required supplemental oxygen for at least the first 28 days after birth?	☐	☐	
5. For members aged 12 to 24 months old at the start of RSV season and with chronic lung disease of prematurity, did the member continue to require medical intervention with supplemental oxygen, chronic corticosteroids, or diuretic therapy in the 6 months prior to the start of the current RSV season? • *Note: Synagis prophylaxis is not recommended for otherwise well infants with chronic lung disease of prematurity who are 12 to 24 months old.*	☐	☐	
PATIENT'S MEDICAL HISTORY			
1. Is the member diagnosed with hemodynamically significant congenital heart disease, including: • Cyanotic heart disease, being treated with medication to control congestive heart failure? OR • Member will require cardiac surgical procedures? OR • Member has moderate to severe pulmonary hypertension?	☐	☐	

• *Note: Synagis® prophylaxis is not recommended for infants with hemodynamically insignificant heart disease, such as secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, or patent ductus arteriosus.*			
2. Is the member expected to receive a heart transplant during the current RSV season?	☐	☐	
3. Is the member expected to be profoundly immunocompromised during the current RSV season?	☐	☐	
4. Does the member have a neuromuscular disease or anatomic pulmonary abnormality that impairs the ability to clear respiratory secretions from the upper airway? • If Yes, please list ICD-10 codes: _____	☐	☐	
5. Was Synagis® given while the member was in the hospital (e.g., NBICU, NICU)? • If yes, please list dates given: _____	☐	☐	
Physician's Signature:			

Failure to submit clinical documentation to support this request will result in delay and/or denial of the request

1. **Synagis® (palivizumab) therapy is authorized according to current guidelines for treatment of RSV as published by the American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. The current guidelines may be found online at** http://pediatrics.aappublications.org/content/pediatrics/134/2/415.full.pdf.
2. **Synagis® injections may be authorized during the RSV season, as defined by the local State Department of Health.**
3. **Up to 4-5 monthly doses may be authorized. Infants born during the RSV season, and who are approved for Synagis® therapy, may receive monthly doses until end date determined by the local State Health Department.**
4. **Synagis® therapy will not be approved with active RSV infection.**
5. **Synagis® prophylaxis will be discontinued if the member is hospitalized for RSV infection while being treated with monthly prophylaxis.**
6. **Synagis® therapy will be provided by the preferred pharmacy vendor.**
7. **Synagis® season information is available on the CDC website:** https://www.cdc.gov/surveillance/nrevss/rsv/state.html

Policy PHARM-HCU-073
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Reviewed/Revised Date: 01/27/2022
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