

# Pharmacy

## PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax to: (877) 974-4411 toll free, or (616) 942-8206

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

# Synagis<sup>®</sup> (palivizumab)

**URGENT** (life threatening)

**Non-Urgent** (Standard Review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

### Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

### PROVIDER NAME:

Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

### PRODUCT INFORMATION

- Synagis<sup>®</sup> Injection 100 mg  
 Synagis<sup>®</sup> Powder for Injection 50 mg  
 Synagis<sup>®</sup> Powder for Injection 100 mg

**Dose:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

### BILLING INFORMATION

#### Place of administration:

- Self-administered  
 Provider's Office  
 Outpatient Infusion Center  
 Center Name: \_\_\_\_\_  
 Home Infusion  
 Agency Name: \_\_\_\_\_

#### Billing Options:

- Physician buy and bill (**J1565**)  
 Preferred Specialty Vendor  
 Other: \_\_\_\_\_

#### Request:

- New RSV Season Request**  
 **Continuation of RSV Season Request**

NOTE: The routine use of palivizumab (Synagis<sup>®</sup>) for respiratory syncytial virus (RSV) prophylaxis is not a covered benefit.

## PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

**Authorization for Synagis<sup>®</sup> (palivizumab) requires the following information to certify:**

- A. Chronological age of child at the start of RSV season<sup>1</sup> (November 1) is \_\_\_\_\_ years and \_\_\_\_\_ months.
- B. Gestational age<sup>2</sup>:
- ≤ 28 weeks, 6 days
  - 29 weeks, 0 days through 31 weeks, 6 days
  - 32 weeks, 0 days through 34 weeks, 6 days
- C. Patient is younger than 24 months and has one of the following medical risk factors:
- Chronic lung disease (CLD), including:
    - Diagnosis of chronic lung disease of prematurity, **and**
    - Within 6 months of the start of RSV season, patient will have required medical therapy with a diuretic, bronchodilator, oxygen, or hospitalization for CLD, **or**
    - Other: \_\_\_\_\_
  - Congenital heart disease
    - Hemodynamically significant cyanotic or acyanotic congenital heart disease
- D. One of the following risk factors:
- Infant attends childcare
  - One or more siblings or other children in the household are less than 5 years at start of RSV season
  - Infant has congenital abnormalities of the airway or neuromuscular disease during the first year of life

<sup>1</sup> RSV season is determined by geographic location. Southeast Florida is July 1; North central and southwest Florida is September 15; Most other areas of the United States is November 1.

<sup>2</sup> Table 1. Maximum number of palivizumab doses for RSV prophylaxis of preterm infants without CLD, based on birth date, gestational age and presence of risk factors (shown for areas beginning prophylaxis on November 1)<sup>a</sup>

Month of birth	Maximum number of doses for Season Beginning November 1		
	≤ 28 weeks, 6 days gestation and < 12 months at start of season	29 weeks, 0 days through 31 weeks, 6 days gestation and < 6 months old at start of season	32 weeks, 0 days through 34 weeks, 6 days and with risk factor <sup>b</sup>
November 1 – March 31 of previous RSV season	5 <sup>c</sup>	0 <sup>d</sup>	0 <sup>e</sup>
April	5	0 <sup>d</sup>	0 <sup>e</sup>
May	5	5	0 <sup>e</sup>
June	5	5	0 <sup>e</sup>
July	5	5	0 <sup>e</sup>
August	5	5	1
September	5	5	2
October	5	5	3
November	5	5	3
December	4	4	3
January	3	3	3
February	2	2	2
March	1	1	1

<sup>a</sup> If infant is discharged from the hospital during RSV season, fewer doses may be required

<sup>b</sup> Risk factors: infant attends childcare or has a sibling less than 5 years old at start of RSV season

<sup>c</sup> Some of these infants may have received 1 or more doses of palivizumab in the previous RSV season if discharged from the hospital during that season; if so, they will qualify for up to 5 doses during their second RSV season

<sup>d</sup> Zero doses because infant will be older than 6 months of age at start of RSV season

<sup>e</sup> Zero doses because infant will be older than 90 days of age at start of RSV season

<sup>f</sup> On the basis of the age of patients at the time of discharge from the hospital, fewer doses may be required, because these infants will receive 1 dose every 30 days until the infant is 90 days of age

Reference: American Academy of Pediatrics Committee on Infectious Diseases. Policy Statement – Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All children: Modified Recommendations for Use of Palivizumab for Prevention of Respiratory Syncytial virus Infections August 2009, available at: <http://aapredbook.aappublications.org/news/RSVPolicy-02409.pdf>.

## **PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS**

### **Patient must have one of the following medical risk factors:**

- Chronic lung disease
  - Chronological age of younger than 24 months at start of RSV season
  - Diagnosis of chronic lung disease of prematurity
  - Patient must have required medical therapy (e.g. diuretic, bronchodilator, oxygen, or corticosteroids) within 6 months prior to start of the RSV season
- Congenital heart disease
  - Chronological age of younger than 24 months at start of RSV season
  - Hemodynamically significant cyanotic and acyanotic congenital heart disease
- Prematurity
  - Infants born at 28 weeks, 6 days gestation or earlier during their first RSV season
  - Infants born 29 weeks, 0 days through 31 weeks, 6 days and chronological age of less than 6 months at start of RSV season
  - Infants born 32 weeks, 0 days through 34 week, 6 days with a chronological age of less than 3 months with one of the following risk factors:
    - Infant attends childcare
    - One or more siblings or other children less than 5 years old at start of RSV season living permanently in the same household
- Infant has congenital abnormalities of the airway or neuromuscular disease the first year of life

### **Palivizumab (Synagis®) is not indicated for:**

- Treatment of RSV infection (no beneficial effects demonstrated).
- Infants and children with hemodynamically insignificant heart disease (eg, secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus)
- Healthy infants or children regardless of age
- Use in premature infants (>28 weeks 1 day and <32 weeks, 0 days) with a chronological age >12 months without congenital heart disease
- Use in premature infants (>=32 weeks 1 day and <=35 weeks, 0 days) with a chronological age >=3 months without congenital heart disease

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**\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\***

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**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**