PriorityHealth

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☐ **Commercial (Traditional)** ☐ **Commercial (Individual/Optimized)** ☒ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Synagis® (palivizumab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

☐ New RSV season Request ☐ Continuation of RSV season request

Drug product:
- ☐ Synagis Injection 100 mg
- ☐ Synagis Powder for Injection 50 mg
- ☐ Synagis Powder for Injection 100 mg

ICD-10 Diagnosis code(s): _____
Dose:_____ **Dose Frequency**:_____
Start date: _____
Date of last dose: _____
Date of next dose: _____
Height: _____ **Weight**: _____ **Body Surface Area**:_____

Place of administration:
- ☐ Physician's office
- ☐ Outpatient infusion
  Facility: _____ NPI:_____ Fax:_____
- ☐ Home infusion
  Agency: _____ NPI:_____ Fax:_____

Billing:
- ☐ Physician to buy and bill
- ☐ Facility to buy and bill
- ☐ Specialty Pharmacy
  Pharmacy:_____ NPI:_____ Fax:_____

Precertification Requirements

1. Documentation of the patient's chronological age at the start of RSV season[i] (November 1) and gestational age[ii]
2. **Patient must have one of the following medical risk factors:**
   - For patients less than 12 months of age, must also have one of the following:
     - Prematurity (born at 28 weeks, 6 days gestation or earlier during their first RSV season)
     - Chronic lung disease of prematurity and born before 32 weeks gestational age who required more than 21% oxygen for at least 28 days after birth; *NICU discharge summary must be included*
     - Congenital heart disease and have hemodynamically significant (cyanotic CHD *or* acyanotic CHD and receiving medication for CHF); *NICU discharge summary must be included*
     - Pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the lower airways

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 02/2018
Last reviewed 09/2019

- For patients age 12 months to less than 24 months, must also have one of the following:
    - Chronic lung disease of prematurity that required more 28 days of supplemental oxygen after birth that continues to require medical support (i.e. supplemental oxygen, chronic systemic corticosteroid therapy or diuretic therapy within 6 months of the start of the second RSV season); documentation of medical intervention must be included
    - Severely immunocompromised during the RSV season

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. The patient's chronological age at the start of the RSV season (November 1) is _____ years and _____ months.

B. What is the patient's gestational age? _____ weeks, _____ days

For patients less than 12 months of age (first year of life)

C. The patient is using Synagis for:

☐ Prematurity

☐ Chronic lung disease (CLD) of prematurity
- ☐ Gestational age is less than 32 weeks, 0 days
- ☐ Patient required more than 21% oxygen for at least 28 days after birth
- ☐ NICU discharge summary are included

☐ Hemodynamically significant congenital heart disease (CHD)
- ☐ Patient has hemodynamically significant cyanotic CHD
- ☐ Patient has acyanotic CHD and is receiving medication for CHF
- ☐ NICU discharge summary are included

☐ Pulmonary abnormality or neuromuscular disease
- ☐ Disease impairs patient's ability to clear secretions from the lower airways

(Routine use in cystic fibrosis and Down Syndrome is not recommended.)

For patients age 12 months to less than 24 months (second year of life)

D. The patient is using Synagis for:

☐ CLD of prematurity
- ☐ Patient required more than 21% oxygen for at least 28 days after birth
- ☐ Patient continues to require medical support (supplemental oxygen, chronic systemic corticosteroid therapy and diuretics) within 6 months of the start of the second RSV season
- ☐ Medical documentation of medical intervention are included

☐ Severely immunocompromised during RSV season

Additional Information

NOTE: The routine use of palivizumab (Synagis®) for respiratory syncytial virus (RSV) prophylaxis is not a covered benefit. The number of doses approved will be determined based on the patient's age when prophylaxis is initiated and the month in which it is started. Patients who enter their second year of life during RSV season, and meet criteria for patients less than 12 months of age, will be authorized to receive monthly dosing until they are 12 months of age.

[i] 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.

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