



Synagis® (palivizumab) Authorization Form 2017-2018 Season

For Maricopa County, Flagstaff and Tucson: Use Hacienda Childrens' Synagis Program Clinics, please call 602-424-2146 or fax 602-424-2149.

For all other locations utilize BriovaRx, please call 855-427-4682 or fax 866-618-6692.

For questions, please call Health Choice at 480-968-6866 or 800-322-8670 and follow the prompts to Provider and Pharmacy line or fax 855-432-2494.

RSV season typically begins on **November 1st** and continues to the end of **March** of the following year. The end of the RSV season will be determined by rates of positive viral cultures at regional labs and by communication with regional specialists.

MEMBER NAME:		DOB:	ID #:
PARENT/GUARDIAN NAME:		PHONE:	
ADDRESS:			
LANGUAGE SPOKEN IN HOME:			
GESTATIONAL AGE AT BIRTH:	WKS	DAYS	CURRENT WT AND DATE:
REQUESTING PROVIDER:		PHONE:	FAX:
DATE OF REQUEST:	PROVIDER NPI #		
PROVIDER ADDRESS:			

Submit all relevant documentation supporting a selection below including the member's gestational age at birth.

- Less than 12 months of age at the start of the RSV season AND **born before 29 weeks 0 days'** gestation
- Less than 12 months of age at the start of the RSV season **with hemodynamically significant congenital heart disease (CHD)** and **ONE** of the following:
 - Acyanotic heart disease and receiving medication to control congestive heart failure and will require cardiac surgical procedures
 - Moderate to severe pulmonary hypertension
 - Cyanotic heart disease and prescribed in consultation with a pediatric cardiologist
- Less than 24 months of age with **cardiac transplantation** during the RSV season
- Less than 24 months of age and will be **profoundly immunocompromised** during the RSV season. *(This may be due to, but is not limited to severe combined immunodeficiency or severe acquired immunodeficiency syndrome, acute myeloid leukemia/acute lymphoblastic leukemia, hematopoietic stem cell transplant recipients, etc.)*
 - Severe combined immunodeficiency or severe acquired immunodeficiency syndrome
 - Acute myeloid leukemia/acute lymphoblastic leukemia
 - Hematopoietic stem cell transplant recipient
- Less than 12 months of age at the start of the RSV season with **chronic lung disease of prematurity (CLD)** that meets **ALL** of the following below. *Note: CLD of prematurity does NOT include a diagnosis of asthma.*
 - Preterm infant with chronic lung disease of prematurity defined as <32 weeks, 0 days gestation
 - A requirement for >21% oxygen for at least 28 days after birth
 - Prescribed by or in consultation with neonatology, pediatric critical care, pediatric pulmonology or infectious disease
- Less than 24 months of age at the start of the RSV season with **chronic lung disease (CLD)** and continues to require **at least ONE** of the following medical therapies for CLD. *Note: CLD does NOT include a diagnosis of asthma.*
 - Oxygen Most recent date administered: _____
 - Chronic corticosteroid therapy Most recent date of prescription claim: _____
 - Diuretics Most recent date of prescription claim: _____
- Less than 12 months of age at the start of RSV season with **impaired clearance of respiratory secretions** from the upper airways and meets **ONE** of the following:
 - Congenital abnormality of the airways/respiratory system
 - Neuromuscular condition causing difficulty handling respiratory secretions

- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.
- If **one** of the above criteria is met then Synagis will be authorized for up to **5 doses** during the defined RSV season.

Synagis (Palivizumab) 50 or 100 mg vials

Sig: Inject 15mg/kg IM one time per month (every 28-30 days) through the end of RSV season (5 dose max)

Administer: _____ # of doses projected to be given Date of first dose: _____

Prescriber's Signature _____ **Date** _____