



**Prior Authorization Form**

Please fax to: (952) 853-8712 For questions, call: (952) 883-6333

**Synagis® (palivizumab)**

Only follow this process if your clinic pharmacy can supply Synagis. Please call Member Services at 952-883-5000 for further directions.

<b>Member information</b>	
Member name:	Member ID #:
DOB:	Multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ordering Provider information</b>	
Form completed by:	Phone #:
Physician:	Clinic name:
Tax ID #:	
Fax #:	Phone #:
<b>Billing clinic information</b>	
Tax ID #:	Clinic name:
Fax #:	Phone #:
<b>Diagnosis and clinical information</b>	
Proposed date of injection:        /        /        or <input type="checkbox"/> TBD	
Gestational age:	ICD-9:
<b>Injection dosing:</b> Synagis® season is from November 1 <sup>st</sup> - March 31 <sup>st</sup>	
<input type="checkbox"/> Injection(s) already given    Date(s)	
<b>Preterm infant:</b> <input type="checkbox"/> ≤ 28.6 weeks GA (< 12 months of age at the start of RSV season)	
<b>Preterm infant with chronic lung disease (CLD):</b>	
<input type="checkbox"/> ≤ 31.6 weeks GA 12 months or younger. Infant received >21% oxygen for at least the first 28 days after birth	
<input type="checkbox"/> ≤ 31.6 weeks GA second year of life. Must meet all criteria listed below	
<ul style="list-style-type: none"> <li>• Infant received &gt;21% oxygen for at least the first 28 days after birth</li> <li>• Medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.</li> </ul>	
<b>Infants with hemodynamically significant congenital heart disease (CHD):</b>	
<input type="checkbox"/> Infant that is ≤ 12 months with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures	
<input type="checkbox"/> Infant that is ≤ 12 months with severe pulmonary hypertension	
<input type="checkbox"/> Infant that is ≤ 24 months receiving prophylaxis OR	
<input type="checkbox"/> Infant that is ≤ 24 months who will undergo cardiac transplant during the RSV season	
<b>Other conditions that may be considered for Synagis® - Please include supportive clinical documentation</b>	
<input type="checkbox"/> Cystic fibrosis ICD-9 _____ <input type="checkbox"/> Immunocompromised ICD-9 _____	