

Synagis® (palivizumab) Authorization Form 2018-2019 Season

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

For all other locations utilize BriovaRx, please call 855-427-4682, option 1 or fax 877-342-4596.

For questions, please call Steward 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 15 mg/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 _____

Palivizumab authorization criteria is based on American Academy of Pediatrics (AAP) guidance: Pediatrics (2014;134[2]:415-420).