

SYNAGIS (pavilizumab) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Synagis** are available on the DHS Pharmacy Services website at
<http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION REQUEST INFORMATION		PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
LTC facility contact/phone:		NPI:	MA Provider ID#:
BENEFICIARY INFORMATION		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Chronological age: _____	Gestational age: _____ weeks _____ days
Current weight: _____ lbs _____ oz. OR _____ kg	Total number of doses requested: _____ months <i>(maximum of 5 monthly doses)</i>
Synagis dose: 15 mg/kg/dose <input checked="" type="checkbox"/> (weight in kg) _____ kg = _____ mg per dose	
Specialty Pharmacy Drug Program: Which Specialty Pharmacy will be used? <input type="checkbox"/> Diplomat Specialty <input type="checkbox"/> Walgreen's Specialty	
Check which criteria apply and submit supporting chart documentation for each item. (Pennsylvania RSV season begins November 1st.)	
<input type="checkbox"/> Infant born before 29 weeks gestation [28 weeks 6 days or less] AND is less than 12 months of age at the start of RSV season	
<input type="checkbox"/> Infant less than 12 months of age at the start of RSV season with chronic lung disease (CLD) of prematurity, defined as meeting ALL of the following: <i>(Check all that apply.)</i> <input type="checkbox"/> born before 32 weeks gestation [31 weeks 6 days or less] <input type="checkbox"/> required more than 21% oxygen for at least the first 28 days after birth	
<input type="checkbox"/> Infant 12-24 months of age at the start of RSV season with chronic lung disease (CLD) of prematurity, defined as meeting ALL of the following: <i>(Check all that apply.)</i> <input type="checkbox"/> born before 32 weeks gestation [31 weeks 6 days or less] <input type="checkbox"/> required more than 21% oxygen for at least the first 28 days after birth <input type="checkbox"/> continues to require medical support with at least ONE of the following treatments during the 6 month period before the start of RSV season: <i>(Check all that apply and provide documentation of medications, dosages, and last dates of administration.)</i> <input type="checkbox"/> chronic corticosteroid <input type="checkbox"/> diuretic <input type="checkbox"/> supplemental oxygen	
<input type="checkbox"/> Infant less than 12 months of age at the start of RSV season with a neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough Document condition: _____	
<input type="checkbox"/> Infant less than 24 months of age at the start of RSV season and is profoundly immunocompromised (e.g., HIV, cancer, receiving chemotherapy) Document condition: _____	
<input type="checkbox"/> Infant 12 months of age or younger at the start of RSV season with hemodynamically significant congenital heart disease	

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature: _____	Date: _____
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