

SYNAGIS (pavilizumab) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for Synagis are available on the DHS Pharmacy Services website at
<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

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

CLINICAL INFORMATION

Chronological age: _____	Gestational age: _____ weeks _____ days
Current weight: _____ lbs _____ oz. OR _____ kg	Date weighed: _____
Total number of doses requested (<i>maximum of 5 monthly doses</i>): _____ doses / months	
Synagis dose: 15 mg/kg/dose x (weight in kg) _____ kg = _____ mg per dose	
SPECIALTY PHARMACY DRUG PROGRAM: Synagis is included in the DHS Specialty Pharmacy Drug Program and is available from DHS's specialty pharmacy, Chartwell PA.	Chartwell Pennsylvania, LP, Oakdale, PA Phone: 833-710-0211 Fax: 412-920-1869

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 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 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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