HEALTH PLANS
UNIVERSITY OF UTAH

PRIOR AUTHORIZATION REQUEST FORM
SYNAGIS®

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department at 888-509-8142. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans : 855-869-4769, Commercial Groups: 855-859-4892, MHC 855-885-7695

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Gestational Age at Birth (give weeks & days):		Member Weight:

Product being requested: ☐ Synagis® (palivizumab)

Dosing/Frequency:_____

Please note: requests will be approved for up to a maximum of 4 to 5 doses at a dosing interval of not less than 28 days between injections. Requests will only be authorized for services during your state health department official Synagis® season. Approved requests will be authorized starting on the first date of the official Synagis® season for the state in which you reside. If the client has tested positive for RSV, further requests for Synagis® will not be approved.

Questions	Yes	No	Comments/Notes
1. Was the patient's age ≤ 12 months at the start of the RSV season?	☐	☐	
2. Was the patient's age between 12 months and 24 months at the start of the RSV season?	☐	☐	
3. Was the patient's age ≥ 24 months at the start of the RSV season?	☐	☐	
4. Was patient born before 29 weeks, 0 days gestation? *Note: Synagis prophylaxis is not recommended for otherwise well infants ≥ 29 weeks, 0 days gestational age.*	☐	☐	
5. Is patient diagnosed with chronic lung disease of prematurity, defined as gestational age < 32 weeks, 0 days; AND patient needed > 21% oxygen for at least the first 28 days after birth?	☐	☐	
6. For patients aged 12 to 24 months old at the start of RSV season and with chronic lung disease of prematurity: Did the patient continue to require medical intervention with supplemental oxygen, chronic corticosteroids, or diuretic therapy in the 6 months prior to the start of the current RSV season? *Note: Synagis prophylaxis is not recommended for otherwise well infants with chronic lung disease of prematurity who are 12 to 24 months old.*	☐	☐	
PATIENT'S MEDICAL HISTORY			
1. Is patient diagnosed with hemodynamically significant congenital heart disease, including • Acyanotic heart disease, being treated with medication to control congestive heart failure, and which will require cardiac surgical procedures?, or	☐	☐	

• Moderate to severe pulmonary hypertension? *Note: Synagis® prophylaxis is not recommended for infants with hemodynamically insignificant heart disease, such as secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, or patent ductus arteriosus.*			
2. Is the patient expected to receive a heart transplant during the current RSV season?	☐	☐	
3. Is the patient expected to be profoundly immunocompromised during the current RSV season?	☐	☐	
4. Is the patient diagnosed with a neuromuscular disease or anatomic pulmonary abnormalities, either of which impairs the ability to clear respiratory secretions from the upper airway? If Yes, Please list ICD-10 codes: _____	☐	☐	
5. Was Synagis® given while the patient was an inpatient (e.g., NBICU, NICU)? If yes, please list dates given: _____	☐	☐	
Physician's Signature:			

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1. **Synagis® (palivizumab) therapy is authorized according to current guidelines for treatment of RSV as published by the American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. The current guidelines may be found online at** http://pediatrics.aappublications.org/content/pediatrics/134/2/415.full.pdf.
2. **Synagis® injections may be authorized during the RSV season, as defined by the local State Department of Health.**
3. **Up to 4-5 monthly doses may be authorized. Infants born during the RSV season, and who are approved for Synagis® therapy, may receive monthly doses until end date determined by the local State Health Department.**
4. **Synagis® therapy will not be available for any child with active RSV infection.**
5. **Synagis® prophylaxis will be discontinued for any infant or child who is hospitalized for RSV infection while being treated with monthly prophylaxis.**
6. **Synagis® therapy will be provided by the University of Utah Health Plans preferred pharmacy vendor.**

Synagis® season information is available on the CDC website: https://www.cdc.gov/surveillance/nrevss/rsv/state.html

Policy PHARM- 073
Origination Date: 10/19/2014
Reviewed/Revised Date: 01/27/2021
Next Review Date: 01/27/2022
Current Effective Date: 02/01/2021