

## Synagis® (palivizumab) Prior Authorization Form

Fax: 1-866-423-0945 Pharmacy Dept. Phone: 1-401-427-8200

Please complete the form by providing all of the following information. Failure to fill out this form in its entirety may delay the review process. Prior authorization criteria can be found at <a href="https://www.nhpri.org/provider-resources/Pharmacy/pharmacy/criteria/">https://www.nhpri.org/provider-resources/Pharmacy/pharmacy/criteria/</a>

MEMBER INFORMATION		
Member's Name:	Member's ID Number:	Member's DOB:
PRESCRIBER INFORMATION		
Provider's Name:	Provider's Phone #:	Provider's Fax #:
Provider's NPI #:	Provider's Contact Name and Phone #:	
PRESCRIPTION INFORMATION		
Neighborhood's Synagis supplier for this season is AllianceRx Walgreens Prime Phone: 888-282-5166 Fax: 855-569-2511  The completed prescription below will be faxed to AllianceRx Walgreens Prime. AllianceRx Walgreens Prime will work with you to coordinate nursing services for this child to receive Synagis during the season.  Agency nurse to visit home for injection monthly throughout Synagis Season   No   Yes If no, please indicate how patient will be receiving monthly injection.  Rx Synagis 50 mg and/or Synagis 100 mg vials. Inject 15 mg/kg IM one time per month. QS to achieve 15 mg/kg dose. Refills:  Epinephrine 1: 1000 amp. Sig: Inject 0.01 mg/kg IM/SC as directed  Known allergies:		
☐ Ancillary supplies and kits as needed for administration:		
CLINICAL INFORMATION		
Diagnosis/ICD-10 code(s):	Date(s) of Service Requested:       From:	
Gestational Age at birth:	Birth weight:kg	
Current weight:kglbs-oz Date current weight recorded:		
Please check all that apply and submit any pertinent medical records for clinical review:		
☐ Patient was born before 29 weeks 0 days gestation and will be less than 12 months old at beginning of RSV season		
Patient is less than 12 months old and has chronic lung disease of prematurity. Chronic lung disease of prematurity is defined as gestational age less than 32 weeks 0 days and received greater than 21% supplemental oxygen for at least the first 28 days following birth		
☐ Patient is 12 months or younger with hemodynamically significant heart disease defined as: acynanotic heart disease requiring medication to control CHF and will require cardiac surgical procedure or infants with moderate to severe pulmonary HTN		
☐ Patient is 12 months or younger with cyanotic heart disease (particularly those with congestive heart failure) and pediatric cardiologist has been consulted and recommended treatment with Synagis		
☐ Patient is 12-24 months old at the start of the RSV season, has chronic lung disease of prematurity (see definition above) and requires medical treatment including supplemental oxygen, corticosteroids, or diuretic therapy during 6 months preceding the second RSV season ☐ Patient is less than 24 months old and will be undergoing a cardiac transplant during RSV season		
☐ Patient is less than 12 months with neuromuscular disease (i.e. cerebral palsy) or anatomic pulmonary abnormalities that impair ability to clear secretions from upper airways due to ineffective cough		
☐ Patient is less than 24 months and profoundly immunocompromised (such as children who undergo solid organ transplantation or hematopoietic stem cell transplantation, children receiving chemotherapy or who are immunocompromised because of other conditions) during RSV season		
THIS FORM MUST BE SIGNED BY A PHYSICIAN		
Signature of Prescriber:		Date:

This authorization is not a guarantee of reimbursement. Claim payments are subject to the following, which include but are not limited to, Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations.