2017-2018 Synagis® Season – Prior Authorization Form

Specialty Pharmacy Name:_____
Specialty Pharmacy Phone: _____
Today's Date: _____
Date Medication Required: _____
Phone: 1-800-218-7453 ext. 22080 | Fax: 1-866-683-5631

Patient Name:	Physician Name:
Address:	State Lic Number: DEA Number:
City: State: Zip:	NPI Number:
Home Phone: ( ) -	Practice Name/Hospital:
Alt Phone: ( ) -	Address:
Cell Phone: ( ) -	
Date of Birth: / /	City: State: Zip:
Allergies:	Physician's Phone: ( ) -
	Physician's Fax: ( ) -
County:	Nurse/Key Office Contact: Direct
ID Number:	Specialization:

History of Pregnancy and Previous Doses:

What was the gestational age at birth? _____ weeks

Did the patient have previous doses of Synagis in the NICU or other location? ❑ Yes ❑ No

If yes, provide location of dose(s): _____

Date(s) of dose(s): _____

Patient Evaluation (Please provide applicable ICD-10 code in question 9)**:**

1. Has the patient had a diagnosis of RSV infection during the current 2017-2018 season? ❑ Yes ❑ No
2. Does the patient have a diagnosis of Chronic Lung Disease of Prematurity/Infancy? ❑ Yes ❑ No
3. If the answer to question 2 is yes, then in the last 180 days has the patient had a history of chronic systemic corticosteroid use, diuretic use, long-term mechanical ventilation, bronchodilator therapy, and or supplemental oxygen >21%? ❑ Yes ❑ No

   If yes, please provide details about what was used and date(s) prescribed or used:

   _____
   _____
4. Does the patient have a severe congenital abnormality of the airway which compromises handling of lower airway secretions? ❑ Yes ❑ No
5. Does the patient have a severe neuromuscular disease which compromises handling of lower respiratory secretions? ❑ Yes ❑ No
6. Does the patient have hemodynamically significant heart disease? ❑ Yes ❑ No

   6a. Does the patient have a diagnosis of heart failure? ❑ Yes ❑ No

   If the answer to question 6a is yes, in the last 60 days were any medications prescribed for heart failure? ❑ Yes ❑ No

   If yes, indicate which medications and date prescribed:

   _____
   _____

   6b Does the patient have a diagnosis of moderate to severe pulmonary hypertension? ❑ Yes ❑ No

   6c Does the patient have a diagnosis of cyanotic heart disease? ❑ Yes ❑ No

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7. Will patient be profoundly immunocompromised during this RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy, or other condition that leaves the infant profoundly immunocompromised)? ❑ Yes ❑ No

   If yes, please explain:
   _____
   _____

8. Does the patient have a diagnosis of cystic fibrosis with severe lung disease or cystic fibrosis with weight and length less than the 10th percentile? ❑ Yes ❑ No

   If yes, please explain:
   _____
   _____

9. For any diagnosis questions with a response of yes from above please include the applicable ICD-10 code(s):
   _____

Please include any additional clinical information you wish to have considered for possible approval of Synagis that are not discussed above as well as supporting clinical information as marked on this form.

Medication	Strength	Directions	Quantity	Refills

As a reminder, a prescription should be sent to the specialty pharmacy directly.

Physician's Signature:_____ **Date**____/_____/____

The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:	
Hemodynamically *insignificant* heart disease.	• Secundum atrial septal defect • Small ventriculoseptal defect • Pulmonic stenosis • Uncomplicated aortic stenosis • Mild coarctation of the aorta • Patent ductus arteriosus
Congenital heart disease adequately corrected by surgery which does not continue to require medication for congestive heart failure.	
Mild cardiomyopathy that does not require medical therapy for the condition.	
Children in the second year of life on the basis of a history of prematurity alone.	
Note: Tobacco smoke exposure is not an indication for Synagis administration. Tobacco-dependent parents should be offered tobacco dependence treatment or referral for tobacco dependence treatment. 1-877-YES-QUIT (1-877-937-7848, YesQuit.org) is the quit line operated in Texas.	