



# Drug Prior Authorization palivizumab (SYNAGIS)

## STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Member First & Last Name:	Prescriber NPI:
Member Address:	Prescriber Address:
Member ID:	Prescriber Phone:
Member Date of Birth:	Prescriber Fax:

## STEP 2: COMPLETE REQUIRED CRITERIA

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

### REQUIRED FOR ALL REQUESTS:

Prescribed by a Neonatal Intensive Care Unit (NICU) Physician, Neonatologist, or Pediatric Specialist (including Family Practice, General Pediatrics, Pediatric Pulmonology, Pediatric Cardiology)

**DIAGNOSIS A:** Member is less than (<) 29 weeks, 0 days gestational age at birth **AND** is less than (<) 12 months old at the start of respiratory syncytial virus (RSV) season

**DIAGNOSIS B:** Member is less than (<) 32 weeks, 0 days gestational age **AND** has chronic lung disease of prematurity (defined as greater than (>) 21% oxygen required for at least the first 28 days after birth) **AND** is less than (<) 12 months old at the start of respiratory syncytial virus (RSV) season

**DIAGNOSIS C:** Member is greater than (>) 12 months and less than (<) 24 months of age, 0 days at the start of respiratory syncytial virus (RSV) season **AND** is less than (<) 32 weeks, 0 days gestational age **AND** has chronic lung disease of prematurity (defined as greater than (>) 21% oxygen required for at least the first 28 days after birth) **AND** continues to require medical support during the 6-month period prior to the start of the second RSV season (at least **ONE** of the following):

- Chronic corticosteroid therapy  
Describe therapy: \_\_\_\_\_
- Diuretic therapy  
Describe therapy: \_\_\_\_\_
- Supplemental oxygen  
Describe therapy: \_\_\_\_\_



**DIAGNOSIS D:** Member has severe congenital abnormality of airway **OR** severe neuromuscular disease that compromises handling of respiratory tract secretions **AND** is less than (<) 12 months old at the start of respiratory syncytial virus (RSV) season

**DIAGNOSIS E:** Member has an active diagnosis of hemodynamically significant heart disease (check ONE (1) of the following conditions) **AND** is less than (<) 12 months old at start of respiratory syncytial virus (RSV) season

Congestive heart failure (CHF) on medication

Cyanotic heart disease

Moderate to severe Pulmonary Hypertension

**Note: Maximum of 5 monthly doses or through end of RSV season. \*\*Exception: One (1) extra dose may be administered after surgery requiring cardiopulmonary bypass or extracorporeal membrane oxygenation.**

*The following groups of infants with congenital heart disease (CHD) are not at increased risk of respiratory syncytial virus (RSV) and generally should not receive prophylaxis:*

- *Infants and children with hemodynamically insignificant heart disease to include secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus*
- *Infants with lesions adequately corrected by surgery, unless they continue to require medication for congestive heart failure (CHF)*
- *Infants with mild cardiomyopathy who are not receiving medical therapy for this condition*
- *Children in the second year of life*

**DIAGNOSIS F:** Profoundly immunocompromised member (e.g., solid organ transplant, bone marrow transplant, or cancer chemotherapy) **AND** age is less than (<) 24 months at the start of respiratory syncytial virus (RSV) season

**STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8551**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If member meets criteria, allow 2 business days for processing.

If criteria not met, submit chart documentation with form citing complex medical circumstances.

If approved, coverage allowed for a maximum of 5 monthly doses or through end of RSV season (subject to formulary changes).

For questions, please call Navitus Customer Care at 1-866-333-2757.