



Office of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, Vermont 05495

Agency of Human Services

~ **SYNAGIS® (PALIVIZUMAB)** ~
Prior Authorization Request Form

Effective February 10, 2004, Vermont Medicaid established coverage limits and criteria for prior authorization of Synagis®. These limits and criteria are based on concerns about safety and appropriate use. In order for beneficiaries to receive coverage for this drug, it will be necessary for the prescriber to telephone or complete and fax this form to MedMetrics Health Partners. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549

Prescribing physician:

Name: _____
Phone #: _____
Fax #: _____
Address: _____
Contact Person at Office: _____

Beneficiary:

Name: _____
Medicaid ID #: _____
Date of Birth: _____ Sex: _____
Diagnosis: _____

Pharmacy (if known): _____ Phone: _____ &/or FAX: _____

Gestational age: _____ weeks _____ days **Current Weight:** _____ kg **Dose:** 15mg/kg=_____mg

(Note: Dose is given once monthly between November 1st and April 30th (up to 6 doses) Billed as vials, **no J codes**.)

Clinical Criteria: Please check which condition(s) apply

☐ Infants born at 28 weeks of gestation or earlier (i.e., ≤ 28 weeks, 6 days) and under twelve months of age at the start of the RSV season.

☐ Infants born at 29-32 weeks (i.e., between 29 weeks, 0 days and 32 weeks, 0 days) of gestation and under 6 months of age at the start of the RSV season.

☐ Infants born at 32-35 weeks (i.e., between 32 weeks, 1 day and 35 weeks, 0 days) of gestation and under 6 months of age at the start of RSV season (November 1) who have **two** of the following risk factors:

- ☐ Child Care Attendance
- ☐ School-aged Siblings
- ☐ Exposure to environmental air pollutants (e.g. exposure to wood burning heaters which are the primary source of heat for the family or passive household exposure to tobacco smoke)
- ☐ Congenital abnormalities of the airways
- ☐ Severe neuromuscular disease

☐ Children under 24 months of age with chronic lung disease of prematurity (bronchopulmonary dysplasia) who have received medical therapy (supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) within 6 months prior to the start of the RSV season.

☐ Treatment: _____ ☐ Dates of use: _____

☐ Children under 24 months of age with hemodynamically significant cyanotic or acyanotic heart disease.

- ☐ Currently receiving medication to control heart failure
- ☐ Having moderate to severe pulmonary hypertension
- ☐ Having cyanotic heart disease

☐ Other: _____

Comments:

Prescriber Signature: _____ Date of this request: _____