BlueCross BlueShield of Illinois

PRIOR AUTHORIZATION: Synagis® (palivizumab)

PATIENT NEEDS SYNAGIS ON/OR BEFORE THIS DATE: _____

Delivery location: ❑ **MD office** ❑ **Patient home** ❑ **Clinic**

Coordinate nursing: ❑ **Yes** ❑ **No**

Agency: _____ **Phone:** _____

Patient Information

Patient last name:	Patient first name:	Middle init:	
Street address:			
City:	State:	Zip:	
DOB:	Phone Number:	GA:	
Birth weight (kg/lb):	Current weight (kg/lb):		
Blue Cross Identification #:	Blue Cross Group #:		
Gender: ❑ Male ❑ Female			

Physician Information

Practice name:	Prescriber's name:	
Prescriber's State License #:	DEA #:	NPI #:
Synagis Contact Name:	Phone #:	Fax #:
Address:	City:	
State:	Zip:	
Code for Synagis: 90378		

FIRST Season RSV Prophylaxis Prior Authorization Synagis® (palivizumab)

❑ **28 weeks 6 Days Max of 5 doses DOB 10-1-2008 or later**

❑ **29 Wks 0 Days to 31 wks 6 Days Max of 5 doses DOB 4-1-2009 or later**

❑ **32 wks, 0 days to 34 wks, 6 days Max. of 3 doses and DOB 7/1/2009 or later**

- ❑ At least one sibling 5 years of age or less
- ❑ Daycare attendance

Only 1 of the above 2 factors must be met.

The following risk factors are for data collection only, are not part of the American Academy of Pediatrics Guidelines for RSV prophylaxis, and are not used for coverage.

- ❑ Low birth weight (<2500 g)
- ❑ Crowded living conditions
- ❑ Multiple birth
- ❑ Family history of asthma
- ❑ Other

❑ **Chronic lung disease (CLD) Maximum of 5 doses**

DOB 10/1/2008 or later and medical therapy for CLD

- ❑ Supplemental O2 therapy,
- ❑ Bronchodilators,
- ❑ Diuretics, and/or
- ❑ Corticosteroids, after 4/1/2008

❑ **Congenital heart disease (CHD) Maximum of 5 doses**

DOB 10/1/2008 or later and hemodynamically significant heart disease including but not limited to:

- ❑ Moderate to severe pulmonary hypertension, or
- ❑ Congestive heart failure, or
- ❑ Cyanotic heart disease/hypoxia, or
- ❑ Anticipated surgery during the RSV season requiring cardiopulmonary bypass

SECOND Season RSV Prophylaxis Prior Authorization Synagis® (palivizumab)

❑ **Chronic lung disease (CLD) Maximum of 5 doses**

DOB 10/1/2007 or later and medical therapy for CLD

- ❑ Supplemental O2 therapy,
- ❑ Bronchodilators,
- ❑ Diuretics, and/or
- ❑ Corticosteroids, after 4/1/2008.

❑ **Congenital heart disease (CHD) Maximum of 5 doses**

DOB 10/1/2007 or later and hemodynamically significant heart disease including but not limited to:

- ❑ Moderate to severe pulmonary hypertension, or
- ❑ Congestive heart failure, or
- ❑ Cyanotic heart disease/hypoxia, or
- ❑ Anticipated surgery during the RSV season requiring cardiopulmonary bypass

Prescription Information

❑ **Synagis® (palivizumab) kit 50mg and/or 100mg vials, needles & syringes. Sig: Inj 15 mg/kg IM every 28 days**

Physician Signature: _____ **Date:** _____

Fax this completed form to RSV Connection™ at 1-866-252-1749

Triessent Team:

Phone: 1-888-216-6710
Fax 1-866-203-6010
TTY : 1-866-230-7268

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Revised 9/29/2009