



Request for Prior Authorization PALIVIZUMAB (SYNAGIS®)

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Respiratory Syncytial Virus (RSV) surveillance is tracked by the national respiratory and enteric virus surveillance system (NREVSS) on the centers for disease control and prevention of the United States department of health and human services website.

- 1. Medicaid will use Iowa virology data reported to the NREVSS, as documented under RSV state trends.
2. Medicaid will provide coverage of prescription drugs that protect against RSV consistent with the current American Academy of Pediatrics (AAP) Guidelines for Infants and Children at Risk for Severe Illness due to RSV Infection.
3. The RSV Season in Iowa is predefined as November 1st through March 31st of each RSV season.

Prior authorization (PA) is required for therapy with palivizumab. PAs will be approved for administration during the RSV season for a maximum of 5 doses per patient. No allowances will be made for a sixth dose.

Preferred

☐ Synagis

Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis: Gestational Age at Birth (week,day) :

Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity:

- ☐ Patient is less than 12 months of age at start of therapy and has CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).
☐ Patient is 12 months to < 24 months meeting the CLD of prematurity definition above, and continues to require medical support during the 6-month period before the start of the second RSV season.

Premature Infants (without CLD of Prematurity or CHD):

- ☐ Patient is less than 12 months of age at start of therapy with a gestational age less than 29 weeks.

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Neuromuscular Disorders or Anatomic Pulmonary Abnormalities: Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.

- o Describe: _____

Hemodynamically Significant Congenital Heart Disease (CHD): Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following:

- Patient with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures.

- o Hemodynamically Significant CHD diagnosis: _____

- o Current Medication(s): Drug Name, Dose & Therapy Dates: _____

- o Cardiac Surgical Procedure: Procedure & Expected Completion Date: _____

- Patient with moderate to severe pulmonary hypertension

- Requests for patients with cyanotic heart defects will be considered with documentation of consultation with a pediatric cardiologist that recommends patient receive palivizumab prophylaxis. (Provide consultation notes)

Immunodeficiency: Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).

- o Describe: _____

Please indicate if the patient has received any previous Synagis® doses this RSV season. If yes, please provide the date(s) of administration: No Yes Administration Date(s): _____

Please indicate setting in which Synagis is to be administered: _____

Has mom received Abrysvo? Yes No

Has infant received Beyfortus? Yes No; provide rationale for infant not receiving Beyfortus: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.