



SYNAGIS® (palivizumab)
Prior Authorization Worksheet/Prescription Order Form

AMERIGROUP
FAX: 800-359-5781
Phone: 800-454-3730

Buckeye Community Health Plan
FAX: 800-323-2445
Phone: 800-237-2767

CareSource Ohio
FAX: 866-930-0019
Phone: 800-488-0134

Molina Healthcare of Ohio
FAX: 800-449-6843
Phone: 800-642-4168

Paramount
FAX: 419-887-2028
Phone: 800-891-2520

Unitedhealthcare Community Plan
FAX: 866-940-7328
Phone: 800-310-6826

Wellcare
FAX: 877-277-6892
Phone: 800-678-3184

PATIENT INFORMATION (BOLD ITEMS ARE REQUIRED)

Patient's (Child's) Name: M F DOB:

Gestational Age (GA) Weeks Days | Birth Weight lb/kg | Current Weight lb/kg | Date:

Patient's Address: City/State/Zip: Patient's Name: Member I.D. Number: Day Time Phone: Evening Phone: Cell Phone: Best time to Call: Other Insurance:

Synagis® criteria are based on 2009 American Academy of Pediatrics Red Book Guidelines.
Medical Authorization Clinical Criteria (Please check ALL that apply.)

Infant/Child's Condition

- ≤28 6/7 weeks GA (≤12 months of age at start of RSV season) [5 dose max]
29 0/7 – 31 6/7 weeks GA (≤ 6 months of age at start of season) [5 dose max]
32 0/7 – 34 6/7 weeks GA (< 3 months of age at start of RSV season); check all risk factors that apply [3 dose max up to age 90 days]
Other – Explain:

Risk Factors Consideration

Diagnosis for Consideration (Please Check ALL that apply.)

- Siblings <5 years of age
On O2 /Airway Support
Child Care Attendance
Immunosuppressive/autoimmune disease
Severe Neuromuscular Disease
Congenital Abnormalities of Airways
Other:
Please Note: Risk Factors for Consideration are subject to clinical and medical review.

770.7
(Please document treatment and attach supporting documentation)
Chronic Lung Disease/BPD: Infants and children ≤ 24 months with Chronic Lung Disease (CLD) who have received treatment for the medical condition in the 6 months prior to RSV season.
Diagnosis:
Treatment:
Mechanical Ventilation: yes/no Days/Duration:
Supplemental Oxygen: yes/no Days/Duration:
Steroids and/or diuretics: yes/no Days/Duration:
Other yes/no Days/Duration:

(745-747)
Cardiac (CHD) – Hemodynamically Significant: Infants and children ≤ 24 months with hemodynamically significant cyanotic & acyanotic heart disease with moderate to severe pulmonary hypertension – 747.83 or with cyanotic congenital heart disease – 746.9 or who are receiving medication to control congestive heart failure – 779.89 List medications:
Other: Dx ICD-9
Comments:

Prescriber Information (Required)

Prescriber's Name: Medicaid TIN # DEA #
Practice Name: NPI:
Address: City State Zip
Phone: Fax: Synagis® Contact:

Synagis® (palivizumab) 50 mg and/or 100 mg vials Sig: Inject 15 mg/kg IM one time per month # Doses

Date for first Injection: Delivery to: Patient's Home MD Office

Prescriber's Signature: Date:

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.