Synagis® Prior Authorization

Submit fax request to: 855-455-3303
Purpose: For a prescribing physician to request Synagis® for the Nevada Respiratory Syncytial Virus (RSV) season November 1, 2012, through April 1, 2013. Synagis® authorization will not be issued for therapy dates in the 2012 season after April 1, 2013.
Questions: If you have any questions, please call the SXC Clinical Pharmacy Services Call Center at 855-455-3311.

DATE OF REQUEST:

RECIPIENT INFORMATION

Last name, First name, Middle initial:		Date of birth:
Recipient ID:	Gender: ☐ Male ☐ Female	Phone:
Dx:_____	Gestational age: _____ Weeks _____ Days ***Both weeks and days are required.**	
Current weight:_____	Date on which current weight was recorded:	

PROVIDER INFORMATION *(This request must be submitted by the prescribing physician.)*

Name:		NPI:
Specialty:	Phone:	Fax (required):
Person to contact regarding this request:		

COVERAGE CRITERIA

Please check the applicable boxes to indicate each item as true for the recipient:

☐ Child is < 24 months of age at the onset of RSV season on November 1 (born after 11/1/10).
☐ Child has a diagnosis of chronic lung disease of prematurity (formerly called bronchopulmonary dysplasia).
☐ Child has required medical treatment in the preceding six months.
Please check all that apply and document administration dates:
- ☐ Oxygen Most recent date administered: _____
- ☐ Corticosteroids Most recent date administered: _____
- ☐ Bronchodilators Most recent date administered: _____
- ☐ Diuretics Most recent date administered: _____

☐ Child has hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD)
Please check all that apply and document medications received or date of surgeries:
- ☐ Congestive heart failure or cardiomyopathy; Medications: _____
- ☐ Moderate to severe pulmonary hypertension; Medications:_____
- ☐ Cyanotic heart disease; Medications: _____
- ☐ Cardiopulmonary bypass surgery; Date: _____

☐ Child is ≤ 12 months of age at the onset of RSV season on November 1 (born after 11/1/11)
Please check all that apply:
- ☐ Born at gestational age ≤ 28 weeks
- ☐ Born at gestational age ≤ 34 weeks, 6 days
- ☐ The child has congenital abnormalities of the airway.
- ☐ The child has a neuromuscular condition requiring handling of respiratory secretions.

☐ Child is ≤ 6 months of age at the onset of RSV season on November 1 (born after 5/1/12)
- ☐ Born at gestational age 29 weeks, 0 days through 31 weeks, 6 days.

☐ Child is ≤ 3 months of age at the onset of RSV season on November 1 (born after 8/1/12)
Please check all that apply (children in this category qualify for monthly doses only up until three months of age):
- ☐ Born at gestational age 32 weeks, 0 days through 34 weeks, 6 days
- ☐ The child attends daycare (a home or facility where care is provided for any number of infants or young toddlers).
- ☐ The child resides in a home with another child < 5 years of age.

PROVIDER CERTIFICATION – *Prescriber's signature and date is required.*

I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Nevada Medicaid.

Prescriber's Signature: _____ **Date:** _____