



Nevada Medicaid

Submit fax request to: 855-455-3303

Please note: All information below is required to process this request.

Synagis® Authorization Request Form

For a prescribing physician to request Synagis® for the Nevada Respiratory Syncytial Virus (RSV) season November 1, 2020, through March 31, 2021. Synagis® authorization will not be issued for therapy dates in the 2020 season after March 31, 2021.

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED.

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)

Demographics:

Gestational Age: _____ Weeks: _____ Days: _____ (Both weeks and days are required)

Current Weight: _____ Date on which current weight was recorded: _____

If Hospice, list Hospice Diagnosis: _____

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

- Child is <12 months of age at the onset of RSV season on November 1 (born after 11/1/19).
- Child is <24 months of age at the onset of RSV season on November 1 (born after 11/1/18).
- Child has a diagnosis of chronic lung disease of prematurity (formerly called bronchopulmonary dysplasia).
- Child has required medical treatment for chronic lung disease of prematurity in the preceding six months (only required if child is ≥ 12 months of age). *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/cardiomyopathy; Medications: _____
 - Moderate to severe pulmonary hypertension; Medications: _____
 - Cyanotic heart disease; Medications: _____
 - Cardiopulmonary bypass surgery and continues to require prophylaxis after surgery or at the conclusion of extracorporeal membrane oxygenation; Date: _____
 - Other diagnosis; Document: _____ Medications: _____
- The child has congenital abnormalities of the airways or neuromuscular disease. Document: _____
- The child has a neuromuscular disease that impairs the ability to clear secretions from the upper airway. Document diagnosis: _____
- Child has had a cardiac transplant; Date of transplant: _____
- Child is severely immunocompromised during the RSV season; Document: _____
- Child has cystic fibrosis: *(please check all that apply):*
 - Child has clinical evidence of chronic lung disease.
 - Child has clinical evidence of nutritional compromise.
 - For children with cystic fibrosis ≥ 12 months of age:
 - Weight-for-length less than 10th percentile; Length: _____
 - Child has had previous hospitalization for pulmonary exacerbation in the first year of life.
 - Child has abnormalities on chest radiography or chest computed tomography that persists when stable.

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**