



Synagis (palivizumab) 2020-2021 Prior Authorization Form

Fax to: IEHP

Fax #: (909) 890-2058

Patient Information

1st Scheduled Injection Date: _____ IEHP ID #: _____
 Patient Name: _____ DOB: _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____ Best time to call: _____
 Alternate Contact Name: _____ Telephone: _____

Prescribing Physician Information

Requesting Physician: _____ Specialty: _____
 Administering Physician: _____ NPI #: _____
 Administering Physician Office Address: _____
 Phone #: _____ Fax #: _____
 Shipping address (if different): _____
 Responsible recipient for acceptance and storage of medication: _____

Statement of Medical Necessity

- Gestational Age less than 29 weeks (28 weeks, 6 days or less), less than 1 year of age (maximum of 5 doses)
- Chronic Respiratory Disease Prematurity of perinatal period, Bronchopulmonary Dysplasia, Interstitial Pulmonary fibrosis or Wilson-Mikity Syndrome (maximum of 5 doses)
- Other Respiratory Conditions arising in the newborn period
- Other (please indicate ICD10 code accurate diagnosis) _____

Additional Risk Factors:

- Treatment for Chronic Lung Disease during the second year of life within 6 months of the start of the RSV season who continue to require medical support (chronic corticosteroid therapy, diuretics or supplemental oxygen)
- Hemodynamically significant cyanotic or acyanotic Congenital Heart Disease, 12 months of age or younger (exclude ASD, VSD, pulmonic stenosis, PDA) (maximum of 5 doses)

Gestational Age at Birth (weeks): _____ Birth Weight (kg): _____

Current Age (months): _____ Current Weight (kg): _____

CCS Eligibility Status: _____

First Synagis Injection given: ____/____/____ Last Synagis Injection given: ____/____/____

Was there a hospital/NICU dose given? No Yes Date Given: ____/____/____

Prescription Information

Rx: Synagis (palivizumab) Sig: Injection 15 mg/kg IM one time / month Monthly Qty: ____ 100 mg vial(s) ____ 50 mg vial(s) Refills: _____ months

<i>Physician Signature:</i> _____	<i>Date:</i> _____
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