SYNAGIS (PAVILIZUMAB) PRIOR AUTHORIZATION FORM

(form effective 1/5/21)

Keystone First Community HealthChoices | PerformRx℠ Next Generation Pharmacy Benefits

Fax to PerformRx℠ at **1-855-851-4058**, or to speak to a representative call **1-866-907-7088**.

PRIOR AUTHORIZATION REQUEST INFORMATION

☐ New request ☐ Renewal request	# of pages:	Name of office contact:
Contact's phone number:		LTC facility contact/phone:

PATIENT INFORMATION

Patient name:		Patient ID #:	DOB:
Street address:	Apt. #:	City/state/zip:	

PRESCRIBER INFORMATION

Prescriber name:		Specialty:	
State license #:	NPI:	MA Provider ID #	
Street address:	Suite #:	City/state/zip:	
Phone:	Fax:		

CLINICAL INFORMATION

Chronological age:	Gestational age: _____ weeks _____ days
Current weight: _____ lbs _____ oz. **OR** _____ kg	Total number of doses requested (maximum of 5 monthly doses): _____ months
Synagis dose: 15 mg/kg/dose X (weight in kg) _____ kg = _____ mg per dose	

PHARMACY INFORMATION (Prescriber to identify the pharmacy that is to dispense the medication):

Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Patient's Preferred Pharmacy Name:	
Pharmacy Phone #:	Pharmacy Fax #:
☐ I acknowledge that the patient agrees with the pharmacy chosen for delivery of this medication.	

Check which criteria apply and submit supporting chart documentation for each item. (Pennsylvania RSV season begins November 1):

☐ Infant born before 29 weeks gestation [28 weeks 6 days or less] AND is less than 12 months of age at the start of RSV season
- ☐ Infant less than 12 months of age at the start of RSV season with cystic fibrosis with clinical evidence of chronic lung disease (CLD) and/or nutritional compromise in the first year of life
- ☐ Infant less than less than 24 months of age at the start of RSV season with cystic fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight for length less than the 10th percentile
- ☐ Infant less than 24 months of age at the start of RSV season receiving a cardiac transplant

☐ Infant less than 12 months of age at the start of RSV season with chronic lung disease (CLD) of prematurity, defined as meeting ALL of the following: (Check all that apply.)
- ☐ born before 32 weeks gestation [31 weeks 6 days or less]
- ☐ required more than 21% oxygen for at least the first 28 days after birth

☐ Infant 12–24 months of age at the start of RSV season with chronic lung disease (CLD) of prematurity, defined as meeting ALL of the following: (Check all that apply.)
- ☐ born before 32 weeks gestation [31 weeks 6 days or less]
- ☐ required more than 21% oxygen for at least the first 28 days after birth
- ☐ continues to require medical support with at least ONE of the following treatments during the 6 month period before the start of RSV season: (Check all that apply and provide documentation of medications, dosages, and last dates of administration.)
  - ☐ chronic corticosteroid ☐ diuretic ☐ supplemental oxygen

☐ Infant less than 12 months of age at the start of RSV season with a neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough
Document condition: _____

☐ Infant less than 24 months of age at the start of RSV season and is profoundly immunocompromised (e.g., HIV, cancer, receiving chemotherapy)
Document condition: _____

☐ Infant 12 months of age or younger at the start of RSV season with hemodynamically significant congenital heart disease
- ☐ Cyanotic heart disease in consultation with a pediatric cardiologist
- ☐ Acyanotic heart disease with one of the following:
  - ☐ On heart failure medication and expected to require cardiac surgical procedure
  - ☐ Moderate to severe pulmonary hypertension

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION

Prescriber signature:	Date: