

**FORWARDHEALTH
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS®**

Instructions: Type or print clearly. Refer to the Prior Authorization Drug Attachment for Synagis® Completion Instructions, F-00142A, for more information.

Providers may call the Drug Authorization and Policy Override Center at (800) 947-9627 with questions.

SECTION I — MEMBER AND PROVIDER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

4. Name — Prescriber

5. National Provider Identifier (NPI) — Prescriber

6. Address — Prescriber (Street, City, State, ZIP+4 Code)

7. Telephone Number — Prescriber

8. Name — Billing Provider

9. NPI — Billing Provider

Providers are required to complete *one* of either Section II A, II B, II C, or II D (depending on the member's medical condition) for a prior authorization (PA) request to be considered for approval.

SECTION II A — CLINICAL INFORMATION FOR CHRONIC LUNG DISEASE

10. The member is a child younger than 24 months of age at the start of the respiratory syncytial virus (RSV) season with chronic lung disease who required one of the therapies below within six months of the start of the RSV season. (Chronic lung disease is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of previous RSV infections.)

Yes No

Check all therapies below that the member has tried within the past six months.

Bronchodilator Corticosteroid Diuretic Supplemental Oxygen

SECTION II B — CLINICAL INFORMATION FOR CONGENITAL HEART DISEASE

11. The member is a child younger than 24 months of age at the start of the RSV season with hemodynamically significant cyanotic or acyanotic congenital heart disease and is receiving medication to control congestive heart failure, has moderate to severe pulmonary hypertension, or has cyanotic heart disease.

Yes No

SECTION II C — CLINICAL INFORMATION FOR IMMUNOCOMPROMISED CHILDREN

12. The member is a child younger than 24 months of age at the start of the RSV season with a severe immunodeficiency (i.e., severe combined immunodeficiency [SCID] or advanced acquired immunodeficiency syndrome [AIDS]).

Yes No

SECTION II D — CLINICAL INFORMATION FOR PRE-TERM INFANTS

13. Indicate the pre-term infant's gestational age at delivery (in weeks and days).

_____ Weeks _____ Days

Continued



DT-PA083-083

SECTION II D — CLINICAL INFORMATION FOR PRE-TERM INFANTS (Continued)

Check one:

- The member is an infant born before 29 weeks gestation (i.e., zero days through 28 weeks, six days) who is less than 12 months of age at the start of the RSV season.
- The member is an infant born at or greater than 29 weeks gestation to less than 32 weeks gestation (i.e., 29 weeks, zero days through 31 weeks, six days) who is less than 6 months of age at the start of the RSV season.
- The member is an infant born at or greater than 32 weeks gestation to less than 35 weeks gestation (i.e., 32 weeks, zero days through 34 weeks, six days) who is less than 3 months of age at the start of the RSV season or was born during the RSV season *and* has at least one of the following risk factors: (Check all that apply.)
 - The infant attends daycare.
 - The infant has siblings younger than 5 years of age.
- The member is an infant born before 35 weeks gestation (i.e., 34 weeks, six days) who is less than 12 months of age at the start of the RSV season with either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions.

SECTION III — ADMINISTRATION INFORMATION

14. Was the first dose of Synagis® administered when the child was hospitalized? Yes No

If yes, indicate the date of administration in the space provided. (No more than five doses will be authorized, inclusive of any hospital-administered doses.)

15. Current Weight — Member (In kilograms)

16. Date Member Weighed

17. Calculated Dosage of Synagis® (15 milligrams per kilogram of body weight)

SECTION IV — AUTHORIZED SIGNATURE

18. SIGNATURE — Prescriber

19. Date Signed — Prescriber

SECTION V — ADDITIONAL INFORMATION

20. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

SECTION VI — INTERNAL USE ONLY

Number of units (50 mg) per dose: _____

Number of doses approved: _____

Initial units (50 mg) approved: _____

Dates of approval: _____ to _____
