

Synagis® Coverage Determination Request Form (Page 1 of 2)

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

Medication Information <small>(required)</small>		
Medication Name: Select one of the following:		Strength:
<input type="checkbox"/> Request is for GENERIC <input type="checkbox"/> Request is for BRAND (unable to take the generic)		Dosage Form:
<input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:

Clinical Information <small>(required)</small>	
Select the Type of Coverage Determination Requested:	
<input type="checkbox"/> Prior Authorization- Request is for a drug that requires prior authorization under the plan.	
Select the diagnosis below:	
<input type="checkbox"/> Prophylaxis of respiratory syncytial virus (RSV)	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<p>Clinical Information:</p> <p>Select the clinical situation that applies to the patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prematurity in infants born before 29 weeks, 0 day's gestation who are less than 12 months of age at the start of the RSV season <input type="checkbox"/> Chronic lung disease (CLD) of prematurity defined as gestational age < 32 weeks, 0 days <ul style="list-style-type: none"> For age 0 to < 12 months, has the patient required > 21% oxygen for at least the first 28 days after birth? <input type="checkbox"/> Yes <input type="checkbox"/> No For age 12 to < 24 months, answer the following: <ul style="list-style-type: none"> Has the patient required > 21% oxygen for at least the first 28 days after birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient required medical therapy for CLD within 6 months of the start of the RSV season? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Congenital heart disease (CHD) <ul style="list-style-type: none"> For age 0 to < 12 months with congenital heart disease (CHD) at the start of the RSV season, select if the following applies to the patient: <ul style="list-style-type: none"> <input type="checkbox"/> Patient has hemodynamically significant acyanotic CHD and is receiving medication for congestive heart failure and will require a cardiac surgery procedure <input type="checkbox"/> Confirmed diagnosis of hemodynamically significant cyanotic CHD after consultation with a pediatric cardiologist <input type="checkbox"/> Patient has moderate-to-severe pulmonary hypertension <input type="checkbox"/> Congenital abnormalities of the airway or neuromuscular disease that compromises mobilization of respiratory secretions for infants and children age 0 to < 12 months at the start of RSV season <input type="checkbox"/> Profoundly immunocompromised children < 24 months of age (e.g., due to transplantation or chemotherapy) during the RSV season <input type="checkbox"/> Cystic fibrosis <ul style="list-style-type: none"> For infants and children < 24 months, select if the patient has one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Nutritional compromise <input type="checkbox"/> Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life) <input type="checkbox"/> Abnormalities on chest radiography or chest computed tomography that persists when stable
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Reauthorization for Post-Op dose, also answer the following:

Select if there is documentation of the following:

- Age less than 24 months
- Patient is currently receiving palivizumab
- Patient is medically stable
- Profoundly immunocompromised children younger than 24 months of age (e.g., due to transplantation or chemotherapy) during the RSV season
- Patient has undergone surgical procedures that use cardiopulmonary bypass or cardiac transplantation during the current RSV season

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.