



Synagis (palivizumab) 2018-2019 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

Physician Signature: _____

Date: _____