

Synagis[®] Prior Authorization Request Form

Alaska Medicaid

FAX Requests to: **(888) 603 - 7696** (toll free)

MAIL Requests to:

PA Unit
14100 Magellan Plaza
Maryland Heights, MO 63043

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form

SUBMITTED BY: Prescriber Pharmacy

RECIPIENT NAME (Last / First)	MEDICAID ID # (10 digits)	DATE OF BIRTH (mm/dd/yyyy)

	PRESCRIBER Information	PHARMACY Information
Name		
Phone #		
NPI # (Not DEA #)		
Magellan is directed to FAX a response to the following fax number(s):	<input type="text"/> <i>Prescriber Fax #</i>	<input type="text"/> <i>Pharmacy Fax #</i>

Synagis approvals may begin October 15th with the last date of therapy not to exceed May 14th

	Drug Requested	Quantity	Directions for use	Start Date for this PA	National Drug Code
1	Synagis 50mg		1 dose per month		60574411401
2	Synagis 100mg		1 dose per month		60574411301

What is the age of the child (in months) at the onset of RSV season? _____

What is the child's weight (in Kilograms)? _____ Kg

What was the child's gestational age when he/she was born?

- ≤ 28 weeks
 ≥ 29 weeks but < 32 weeks
 ≥ 32 weeks but < 35 weeks
 ≥ 35 weeks

Does the patient a congenital abnormality of the airway or a neuromuscular condition that compromises handling of respiratory secretions? Yes No

•If yes, please list diagnosis: _____

Does the patient have chronic lung disease (CLD) ? Yes No

•If the child has CLD, has he/she received medical therapy for CLD after April 15th of this year? Yes No

Does the patient have hemodynamically significant congenital heart disease (CHD) ? Yes No

Please check any of the following risk factors the patient has:

- Child care or day care attendance
 Crowded living enviroment (≥ 3 children/bedroom or ≥ 7 people per household)
 Sibling present younger than 5 years of age
 Lack of running water in the home

Additional comments concerning RSV prophylaxis in this patient: _____

ALASKA MEDICAID

Authorization Criteria

Synagis® (Palivizumab)

Solution for Injection: 100mg/mL and 50mg/0.5mL

INDICATION:

“Synagis is indicated for the prevention of serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk of RSV disease.”¹

RSV SEASON:

The RSV season for all geographical regions in Alaska as recognized by Alaska Medicaid is October 15th through May 14th. Please note; only doses of Palivizumab delivered on October 15th through May 14th will be considered for coverage and parents are to receive instruction to not smoke around infants using Palivizumab.

CRITERIA FOR APPROVAL:

- ❖ Infants born at 32 weeks to less than 35 weeks (34 weeks, 6 days) gestation without Chronic Lung Disease (CLD) or significant Congenital Heart Disease (CHD)²:
 1. The infant is born less than 3 months before the onset or during the RSV season (born July 17th or later); **AND**
 2. At least one of the risk factors listed below is present; **THEN**
 3. The infant may be approved for no more than 3 monthly doses of Palivizumab or a monthly dose until the infant reaches 90 days of age, whichever occurs first.
 4. **IF** the infant experiences a breakthrough RSV infection and has not received 3 monthly doses before reaching 90 days of age, **THEN** prophylaxis with Palivizumab may continue monthly up to 3 doses total for the RSV season.

RISK FACTORS:

- Child care or day care attendance
 - Sibling present younger than 5 years of age
 - Crowded living environment (≥ 3 children per bedroom or ≥ 7 people per household)
 - Lack of running water in the home

- ❖ Infants born at 29 weeks to less than 32 weeks gestation (31 weeks, 6 days or less) with or without Chronic Lung Disease (CLD) or significant Congenital Heart Disease (CHD)²:
 1. The infant is born at 29 weeks to 31 weeks, 6 days gestation; **AND**
 2. The infant is younger than 6 months of age at the start of the RSV season (born after April 15th); **THEN**
 3. The infant may be approved for no more than 6 monthly doses of Palivizumab (*see below).

- ❖ Infants born at 28 weeks gestation or less²:
 1. The infant is born at 28 weeks gestation or earlier; **AND**
 2. The infant is less than 12 months old at the start of the RSV season (born after October 15th the previous year); **THEN**
 3. The infant may be approved for no more than 6 monthly doses of Palivizumab during the current RSV season (*see below).

- ❖ Infants born before 35 weeks gestation with congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions²:
 1. The infant is born before 35 weeks gestation (34 weeks, 6 days); **AND**
 2. The infant has a congenital abnormality of the airway or a neuromuscular condition that compromises handling of respiratory secretions; **AND**
 3. The infant is less than 12 months of age at the onset of the RSV season (born after October 15th the previous year); **THEN**
 4. The infant may be approved for no more than 6 monthly doses of Palivizumab during the current RSV season (*see below).

- ❖ Infants and children born with Congenital Heart Disease (CHD) ²:
 1. The child/infant is 24 months of age or less at the onset of the RSV season (born on or after October 15th two years prior); **AND**
 2. The child/infant has hemodynamically significant Congenital Heart Disease²; **THEN**
 3. The child/infant may be approved for no more than 6 monthly doses of Palivizumab during the current RSV season (*see below).
 4. **IF** the child/infant undergoes a surgery utilizing cardiopulmonary bypass during the RSV season, **THEN** an extra post-operative dose of Palivizumab may be authorized.

- ❖ Infants and children with Chronic Lung Disease of prematurity (CLD) ²:
 1. The child/infant is less than 24 months of age at the onset of the RSV season (born after October 15th two years prior); **AND**
 2. The child/infant has received medical therapy for CLD within the 6 months prior to the onset of the RSV season (after April 15th of the current year); **THEN**
 3. The child/infant may be approved no more than 6 monthly doses of Palivizumab during the current RSV season (*see below).

***Note:** The American Academy of Pediatrics recommends a maximum of 5 doses of Palivizumab be given for any indication for a single RSV season².

REFERENCES / FOOTNOTES:

¹ Synagis[®] package insert, available at:

<http://www.medimmune.com/pdf/products/synagis_pi.pdf> Accessed 07/22/2009

² American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. Available at:

<http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>. Accessed July 23, 2009.

Synagis[®] Criteria

Version 2

Last Updated 07/23/09