



MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507

OR Mail request to: Pharmacy Services Prior Authorization Dept.

5 River Park Place East, Suite 210 | Fresno, CA 93720

SYNAGIS® – All Florida Regions Combined

Coverage Period: Based upon the specific region per the FLDOH website:

<http://www.floridahealth.gov/diseases-and-conditions/respiratory-syncytial-virus/>

Maximum number of doses: 5

Note: Form must be completed in full. An incomplete form may be returned.

If ≤ 12 months old

Hemodynamically significant cyanotic or acyanotic congenital heart disease on medications to control CHF and will require surgery:
(Specify Diagnosis Code) _____

Moderate to severe pulmonary hypertension

If < 12 months old

< 29 completed weeks gestational age at birth (otherwise healthy)

Diagnosis Code: ICD 10: P07.21 – P07.26

Chronic lung disease* (GA < 32 weeks): (Specify Diagnosis Code) _____

AND: required supplemental oxygen (for at least first 28 days after birth)

*CLD is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection.

Severe neuromuscular disease
(Specify Diagnosis code) _____

Congenital anomalies of the airways
(Specify Diagnosis code) _____

Profoundly immunocompromised
(Specify Diagnosis code) _____

Cystic Fibrosis with CLD and/or nutritional compromise

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (e.g., diagnostic evaluations and recent chart notes), the most recent copies of related labs, and supporting documentation for clinically appropriate submissions.

The provider must retain copies of all documentation for five years.

NOTE: Pharmacies should not submit separate claims for different dosage strength vials to be administered on the same date. Only one compound claim submission will be necessary. For example, if the Synagis dosage is 150 mg, the pharmacy should submit a compound claim that lists the two different strength vials (100 mg and 50 mg).

Weight Criteria for Synagis® (palivizumab): (Refer to Weight Change Form)

All weights must be verified for dosing accuracy.

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