

Synagis

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: **Synagis** 2. Strength: _____ 3. Quantity Per 30 Days: _____
4. Length of Therapy (in Days): up to 30 Days 60 Days 90 Days 120 Days 180 Days 365 Days Other: _____

Clinical Information

This is the member's first RSV season second RSV season

Criteria for Infants younger than 12 months AND in their First RSV season

1. Was the member born premature before 29 weeks 0 days of gestation? YES NO
Birth EGA: _____ Weeks: _____ Days: _____

Criteria for Infants less than 24 months of age AND in their FIRST RSV Season with one of the following diagnoses

2. Does the member have one of the following Diagnosis?
- Hemodynamically significant acyanotic heart disease (CHD), receiving medication to control congestive heart failure, and will require cardiac surgical procedures
 - Moderate to severe pulmonary hypertension
 - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways because of ineffective cough
 - Cyanotic heart disease, with cardiologist recommendation. **Submit documentation of cardiologist recommendation.**
 - Cystic Fibrosis with clinical evidence of CLD and /or nutritional compromise
 - Profound immunocompromise during RSV season
 - Undergoing cardiac transplantation during RSV season
 - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21% oxygen for at least first 28 days after birth)

****Please submit documentation of CLD as defined to meet criteria approval, e.g. NICU discharge summary**

Criteria for Infants less than 24 months of age AND in their SECOND RSV season with one of the following diagnoses:

3. Does the member have one of the following Diagnosis?
- Profound immunocompromise during RSV season
 - Cardiac transplantation during RSV season
 - Cystic Fibrosis with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in first year or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight-for-length less than 10th percentile
 - CLD of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21% oxygen for at least first 28 days after birth) and continue to require medical support supplemental oxygen, chronic corticosteroid or diuretic therapy during the six-month period before start of second RSV season Indicate Treatment(s) for CLD:
 - chronic corticosteroid therapy diuretic therapy supplemental oxygen no medical support required

****Please submit documentation of CLD as defined to meet criteria approval, e.g. NICU discharge summary**

NOTE: The provider should use the Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age to request Synagis outside of policy criteria or for coverage outside the defined coverage period.

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to PerformRx at (833) 726-7628 or call Pharmacy PA Call Center: (855) 662-0277