

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**SYNAGIS** (palivizumab)

Patient name: \_\_\_\_\_ Medicaid or SS# \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Physician NPI: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Ext. and options \_\_\_\_\_ Fax# \_\_\_\_\_  
Pharmacy \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_  
Child's gestational age \_\_\_\_\_ Birth date \_\_\_\_\_ Current Wt. \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

---

**FAX DOCUMENTATION FROM PROGRESS NOTES AND LETTER OF  
MEDICAL NECESSITY TO (801) 536-0477**

**CRITERIA FOR COVERAGE AT PHYSICIAN OFFICE:**

- ▶ Infants <= 28 wk gestation may receive Synagis series in the first yr. of life during RSV season.
- ▶ Infants 29 to 35 week gestation may receive Synagis series in season during the 1<sup>st</sup> to 6<sup>th</sup> month of life.
- ▶ Any child under 24 months may receive Synagis if they have either :
  1. Clinical diagnosis of Broncho Pulmonary Dysplasia (BPD) requiring ongoing medical treatment; **OR**
  2. Hemodynamically significant Congenital Heart Disease (CHD) requiring ongoing treatment.

**CRITERIA FOR COVERAGE THROUGH A PHARMACY:**

A prior approval will be issued to a pharmacy based on receipt of documentation that meets criteria as outlined above. In addition to the above criteria the patient must:

1. Be home bound; and,
2. The pharmacy must bill using correct NDC numbers.

**PLEASE NOTE:**

- ▶ The DUR Board, in conjunction with the American Academy of Pediatrics recommendations, the manufacturer, and the FDA approved indications, have adopted these criteria. Therefore, care givers seeking approvals outside the above criteria must provide the literature that demonstrates support for the requested use. Consideration of the request **will not** proceed without it. **NO EXCEPTIONS.**
- ▶ Synagis is not available to any child with active RSV.
- ▶ The Utah Medicaid Synagis season is for a total of a 6 month period beginning November 1st.
- ▶ A total of 5 immunization during this season will be approved except when the patient begins the immunizations late in the season.
- ▶ A child who begins the series and then turns two may continue to a total of 5 immunizations or to the end of the season, which ever comes first.
- ▶ No approval will be given to a child of 24 months or older
- ▶ Physicians who provide vaccine and immunizations in the office should use code 90378 and the appropriate administration code for reimbursement.