

CRITERIA/ADDITIONAL DOCUMENTATION

RSV-SYNAGIS



BENEFICIARY INFORMATION

Beneficiary ID: _____ - _____ - _____ DOB: _____ / _____ / _____

Beneficiary Full Name: _____

RSV-SYNAGIS® CRITERIA/ADDITIONAL DOCUMENTATION*

PA requests will be accepted starting **October 9, 2017** for dates of service starting **November 1, 2017**.
 Synagis® will not be authorized for administration prior to November 1, 2017. PA requests will be approved starting at the onset of RSV season for a maximum of up to 5 doses and a dosing interval not less than 30 days between injections.
 Synagis® dosing authorizations will extend for the recommended number of doses **OR** until the end of epidemic RSV season as defined by CDC - **whichever occurs first**. DOM will notify providers when the end of the RSV season is determined.
Monthly prophylaxis should be discontinued for any infant or young child who experiences a breakthrough RSV hospitalization.

PA REQUEST INFORMATION:

PHARMACY INFORMATION – Synagis® is available through a limited distribution network established by the manufacturer. The following list includes previously approved pharmacy providers. If the requesting pharmacy provider is not included in this list, select “Other” and provide pharmacy information including name, address, telephone number, Medicaid provider number, etc.

Acro Pharmaceutical Services
 AcariaHealth
 BriovaRx
 NMMC
 UMC
 Vital Care

Other NPI: _____ PH: _____ FAX: _____

Birth Date: _____ Gestational Age: _____ wks: _____ days: _____ Birth Weight: _____ lbs. _____ oz.

NDC#: _____ Current Weight: _____ lbs. _____ oz. Date last weighed: _____

Did the patient receive Synagis in the hospital? Yes _____ No _____ If “Yes”, list date(s) of administration: _____

Check the criteria used to qualify the patient for Synagis®. All information requested on PA form must be completed for approval consideration.

Age ≤ 1 year at start of RSV season and one of the following:

- Prematurity of ≤ 28 weeks 6 days gestation.
- Documentation of **chronic lung disease (CLD)** of prematurity*.
- Documentation of **hemodynamically significant CHD AND** one of the following:
 - (1) **Acyanotic heart disease** receiving medication for congestive heart failure **AND** will require cardiac surgery.
 - (2) **Moderate to severe pulmonary** hypertension.
 - (3) Documentation of **cyanotic heart disease** through consultation with pediatric cardiologist.
- Documentation of **congenital abnormalities of the airway OR neuromuscular disease** that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- Documentation of **cystic fibrosis AND** clinical evidence of CLD of prematurity* **OR** nutritional compromise.

Documentation of being **profoundly immunocompromised**** during the RSV season.

Age 12 – 24 months at start of RSV season and one of the following:

- Documentation of **chronic lung disease (CLD)** of prematurity* **AND** required continued medical support** during the 6-month period before the RSV season.
- Documentation of **cystic fibrosis AND** one of the following:
 - (1) Manifestations of **severe lung disease****.
 - (2) Weight for length < 10th percentile.

Documentation of being **profoundly immunocompromised**** during the RSV season.

* **Chronic lung disease of prematurity defined as gestational age ≤ 31 weeks 6 days AND requirement for oxygen >21% or chronic ventilator therapy for at least the first 28 days after birth.** ** **Refer to 2017-18 Division of Medicaid Synagis® PA Criteria Instructions for more detailed definitions. Reference: Pediatrics 2014;134; 415 originally published online July 28, 2014.**

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