

NC Medicaid and NC Health Choice  
Pharmacy Prior Approval Request for  
Palivizumab (Synagis®)



Beneficiary Information

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

Prescriber Information

6. Prescribing Provider NPI #: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

Drug Information

8. Drug Name: **Synagis®** 9. Dosage: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. Length of Therapy (in days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days  Other \_\_\_\_\_  
12. Date of most recent administered dose: \_\_\_\_\_  N/A 13. Most recent documented weight: \_\_\_\_\_

Clinical Information

This is the beneficiary's  first RSV season  second RSV season  
**Criteria for Infants younger than 12 months AND in their First RSV season**

1. Was the beneficiary 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 beneficiary 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
- 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 beneficiary 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 (see above definition) 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 CSRA at (855) 710-1969  
DHB Pharmacy 94

Pharmacy PA Call Center: (866) 246-8505