

## Respiratory Syncytial Virus Prophylaxis Prior Authorization Form – 2022/2023

1. Complete this form in its entirety and submit to Banner University Health Plans via fax at: 866-349-0338. Include all relevant clinical documentation, including NICU discharge summary and other chart notes. Twins require separate authorization.
2. Synagis is covered via pharmacy or medical benefit. If using pharmacy, send prescription to Banner Family Pharmacy – Chandler or CVS Specialty Pharmacy.
3. If your patient will be receiving Synagis via in-home administration, complete a referral for home health nurse administration.

Member Information			
Member Name:		DOB:	Member ID:
Parent / Guardian Name:			Telephone:
Street Address:		City:	State: Zip Code:
Language Spoken in the Home:			
Gestational Age at Birth: _____ Weeks _____ Days			
Current Weight		Date Recorded:	
Provider Information			
Provider Name:		Telephone:	Fax:
Provider NPI:		Date of Request:	Date Next Dose Needed:
Provider Address:			
City:		State:	Zip Code:
Office Contact:			
<input type="checkbox"/> Injection to be given in provider office		<input type="checkbox"/> Injection to be given in home by Home Health Care provider	
Synagis given in NICU? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Synagis dose in NICU:	
Prescriber has counseled parent/guardian on Synagis therapy and parent/guardian is aware that specialty pharmacy or Home Health Care may make contact.			<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing, providers certify that the clinical information provided on this form is complete and accurate.

Criteria for Approval: Please indicate all that apply including ICD-10 code where applicable

- ☐ Age of 12 months or less at start of RSV season AND born before 29 weeks 0 days gestation
- ☐ Age of 12 months or less at start of RSV season with **Chronic Lung Disease of prematurity (CLD) / Bronchopulmonary Dysplasia** AND born at less than 32 weeks 0 days gestation and required >21% oxygen for at least 28 days after birth ☐ [ICD10 Code: \_\_\_\_\_]
- ☐ Age of 12 months or less at start of RSV season with impaired clearance of respiratory secretions from upper air AND one of the following:
  - ☐ Congenital pulmonary abnormality
    - ☐ [ICD10 Code: \_\_\_\_\_]
  - ☐ Neuromuscular disorder
    - ☐ [ICD10 Code: \_\_\_\_\_]
- ☐ Age of 12 months or less at start of RSV season with hemodynamically significant **Congenital Heart Disease** AND one of the following:
  - ☐ Acyanotic heart disease and receiving medication to control congestive heart failure
    - ☐ [ICD10 Code: \_\_\_\_\_]
  - ☐ Moderate to severe pulmonary hypertension
    - ☐ [ICD10 Code: \_\_\_\_\_]
  - ☐ Cyanotic heart disease and prescribed in consultation with pediatric cardiologist
    - ☐ [ICD10 Code: \_\_\_\_\_]
- ☐ Age of 23 months or less with **Cardiac Transplantation** occurring during RSV season
- ☐ Age of 23 months or less at start of RSV season with **Severe Immunodeficiency** ☐ [ICD10 Code: \_\_\_\_\_]
- ☐ Age of 23 months or less at start of RSV season with **Cystic Fibrosis** and one of the following:
  - ☐ CLD and/or nutritional compromise by the age of 12 months or less
    - ☐ [ICD10 Code: \_\_\_\_\_]
  - ☐ Manifestations of severe lung disease during second year of life
    - ☐ [ICD10 Code: \_\_\_\_\_]
- ☐ Age of 23 months or less at start of RSV season with **Chronic Lung Disease (CLD)/Bronchopulmonary Dysplasia** AND required oxygen, corticosteroids, or diuretics within the past 6 months ☐ [ICD10 Code: \_\_\_\_\_]

**If approved, Synagis will be covered for all clinically indicated doses administered during RSV season (9/22/2022 – 3/31/2023)**

Provider Signature:	Date
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