



**BlueCross BlueShield  
of Illinois**

**PRIOR AUTHORIZATION: Synagis® (palivizumab)**

**PATIENT NEEDS SYNAGIS ON/OR BEFORE THIS DATE:** \_\_\_\_\_

Delivery location:  MD office  Patient home  Clinic

Coordinate nursing:  Yes  No

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

| Patient Information   |                     |                         | Physician Information         |                    |        |
|---|---------------------|-------------------------|-------------------------------|--------------------|--------|
| Patient last name:  | Patient first name: | Middle init:            | Practice name:                | Prescriber's name: |        |
| Street address:   |                     |                         | Prescriber's State License #: | DEA #:             | NPI #: |
| City:   | State:              | Zip:                    | Synagis Contact Name:         | Phone #:           | Fax #: |
| DOB:  | Phone Number:       | GA:                     | Address:                      |                    | City:  |
| Birth weight (kg/lb):   |                     | Current weight (kg/lb): | State:                        |                    | Zip:   |
| Blue Cross Identification #:  |                     | Blue Cross Group #:     |                               |                    |        |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |                     | Code for Synagis: 90378 |                               |                    |        |

**FIRST Season RSV Prophylaxis Prior Authorization Synagis® (palivizumab)**

|  |  |
|--|--|
| <input type="checkbox"/> 28 weeks 6 Days Max of 5 doses DOB 10-1-2008 or later   | <input type="checkbox"/> 29 Wks 0 Days to 31 wks 6 Days Max of 5 doses DOB 4-1-2009 or later   |
| <input type="checkbox"/> 32 wks, 0 days to 34 wks, 6 days Max. of 3 doses and DOB 7/1/2009 or later  | <p>The following risk factors are for data collection only, are not part of the American Academy of Pediatrics Guidelines for RSV prophylaxis, and are not used for coverage.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low birth weight (&lt;2500 g)</li> <li><input type="checkbox"/> Crowded living conditions</li> <li><input type="checkbox"/> Multiple birth</li> <li><input type="checkbox"/> Family history of asthma</li> <li><input type="checkbox"/> Other</li> </ul>   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> At least one sibling 5 years of age or less</li> <li><input type="checkbox"/> Daycare attendance</li> </ul> <p><b>Only 1 of the above 2 factors must be met.</b></p>   |  |
| <input type="checkbox"/> <b>Chronic lung disease (CLD) Maximum of 5 doses</b><br>DOB 10/1/2008 or later and medical therapy for CLD <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental O2 therapy,</li> <li><input type="checkbox"/> Bronchodilators,</li> <li><input type="checkbox"/> Diuretics, and/or</li> <li><input type="checkbox"/> Corticosteroids, after 4/1/2008</li> </ul> | <input type="checkbox"/> <b>Congenital heart disease (CHD) Maximum of 5 doses</b><br>DOB 10/1/2008 or later <u>and</u> hemodynamically significant heart disease including but not limited to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate to severe pulmonary hypertension, or</li> <li><input type="checkbox"/> Congestive heart failure, or</li> <li><input type="checkbox"/> Cyanotic heart disease/hypoxia, or</li> <li><input type="checkbox"/> Anticipated surgery during the RSV season requiring cardiopulmonary bypass</li> </ul> |

**SECOND Season RSV Prophylaxis Prior Authorization Synagis® (palivizumab)**

|   |  |
|---|--|
| <input type="checkbox"/> <b>Chronic lung disease (CLD) Maximum of 5 doses</b><br>DOB 10/1/2007 or later and medical therapy for CLD <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental O2 therapy,</li> <li><input type="checkbox"/> Bronchodilators,</li> <li><input type="checkbox"/> Diuretics, and/or</li> <li><input type="checkbox"/> Corticosteroids, after 4/1/2008.</li> </ul> | <input type="checkbox"/> <b>Congenital heart disease (CHD) Maximum of 5 doses</b><br>DOB 10/1/2007 or later <u>and</u> hemodynamically significant heart disease including but not limited to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate to severe pulmonary hypertension, or</li> <li><input type="checkbox"/> Congestive heart failure, or</li> <li><input type="checkbox"/> Cyanotic heart disease/hypoxia, or</li> <li><input type="checkbox"/> Anticipated surgery during the RSV season requiring cardiopulmonary bypass</li> </ul> |
|---|--|

**Prescription Information**

Synagis® (palivizumab) kit 50mg and/or 100mg vials, needles & syringes. Sig: Inj 15 mg/kg IM every 28 days

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax this completed form to RSV Connection™ at 1-866-252-1749**

**Triessent Team:**

**Phone: 1-888-216-6710**

**Fax 1-866-203-6010**

**TTY : 1-866-230-7268**

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Revised 9/29/2009