



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 #:	UPIN #:
City:	State:	Zip:		Synagis Contact Name:	Phone #:	Fax #:
DOB:		GA:		Address:	City:	
Birth weight (kg/lb):	Current birth weight (kg/lb):			State:	Zip:	
Blue Cross Identification #:	Blue Cross Group #:					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						

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

<input type="checkbox"/> <b>&lt;28 Weeks' GA</b> and DOB 10/1/2006 or later	<input type="checkbox"/> <b>29 - 32 Weeks' GA</b> and DOB 4/1/2007 or later
<input type="checkbox"/> <b>32-35 Weeks GA</b> and DOB 4/1/2007 or later and <b>two additional AAP</b> risk factors <input type="checkbox"/> School-age siblings <input type="checkbox"/> Daycare attendance <input type="checkbox"/> Exposure to environmental air pollutants <input type="checkbox"/> Severe neuromuscular disease <input type="checkbox"/> Congenital abnormalities of the airways	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. <input type="checkbox"/> Low birth weight (<2500 g) <input type="checkbox"/> Crowded living conditions <input type="checkbox"/> Multiple birth <input type="checkbox"/> Family history of asthma <input type="checkbox"/> Other
<input type="checkbox"/> <b>Chronic lung disease (CLD)</b> DOB 10/1/2006 or later and medical therapy for CLD <input type="checkbox"/> Supplemental O2 therapy, <input type="checkbox"/> Bronchodilators, <input type="checkbox"/> Diuretics, and/or <input type="checkbox"/> Corticosteroids, after 4/1/2007	<input type="checkbox"/> <b>Congenital heart disease (CHD)</b> DOB 10/1/2006 or later and hemodynamically significant heart disease including but not limited to: <input type="checkbox"/> Moderate to severe pulmonary hypertension, or <input type="checkbox"/> Congestive heart failure, or <input type="checkbox"/> Cyanotic heart disease/hypoxia, or <input type="checkbox"/> Anticipated surgery during the RSV season requiring cardiopulmonary bypass

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

<input type="checkbox"/> <b>Chronic lung disease (CLD)</b> DOB 10/1/2005 or later and medical therapy for CLD <input type="checkbox"/> Supplemental O2 therapy, <input type="checkbox"/> Bronchodilators, <input type="checkbox"/> Diuretics, and/or <input type="checkbox"/> Corticosteroids) after 4/1/2007.	<input type="checkbox"/> <b>Congenital heart disease (CHD)</b> DOB 10/1/2005 or later and hemodynamically significant heart disease including but not limited to: <input type="checkbox"/> Moderate to severe pulmonary hypertension, or <input type="checkbox"/> Congestive heart failure, or <input type="checkbox"/> Cyanotic heart disease/hypoxia, or <input type="checkbox"/> Anticipated surgery during the RSV season requiring cardiopulmonary bypass
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**Prescription Information**

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

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



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For orders through McKesson Specialty, fax to: 1-877-222-4139

For orders through MedMark Inc., fax to: 1-888-325-6544

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Revised 9/18/2007