

**NC Medicaid and NC Health Choice  
Pharmacy Prior Approval Request for  
Palivizumab (Synagis<sup>®</sup>)**

**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<sup>®</sup>** 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 at start of 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 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. **(Note: 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 28 days after birth). **(Note: 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 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 10<sup>th</sup> 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

**(Note: 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 **(800) 678-3189**

Pharmacy PA Call Center: **(866) 799-5318**