



Prior Authorization
SYNAGIS® – All Florida Regions Combined

Coverage Period: Based upon the specific region per the FLDOH website:

http://www.floridahealth.gov/diseases-and-conditions/respiratory-syncytial-virus/

Maximum number of doses: 5

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Synagis Vial Qty:

SIG: Inject 15 mg/kg IM once monthly

100 mg 50 mg

Start Date:

Refill(s): mos

Birth Weight: lbs / kgs

Current Weight: lbs / kgs

Gestational Age (GA):

If < 24 months old

- Cardiac transplant during RSV season
Already on prophylaxis and eligible; give post-op dose after cardiac bypass or after ECMO
Profoundly Immunocompromised (Specify Diagnosis Code)

If > 12 months old and < 24 months old

- Cystic Fibrosis
AND: must meet at least one of the following criteria
Nutritional compromise (weight for length < 10th percentile)
Hospitalization for pulmonary exacerbation in first year of life
Chronic lung disease (GA < 32 weeks and required oxygen for at least first 28 days after birth)

- AND: has required any of the following therapies within the past 6 months:
Supplemental oxygen Steroids (systemic or inhaled)
Mechanical ventilation Diuretics

*CLD is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.



Aetna Better Health® of Florida (MEDICAID)

Prior Authorization

SYNAGIS® – All Florida Regions Combined

Coverage Period: Based upon the specific region per the FLDOH website:

<http://www.floridahealth.gov/diseases-and-conditions/respiratory-syncytial-virus/>

Maximum number of doses: 5

Note: Form must be completed in full. An incomplete form may be returned.

If ≤ 12 months old

Hemodynamically significant cyanotic or acyanotic congenital heart disease on medications to control CHF and will require surgery:
(Specify Diagnosis Code) _____

Moderate to severe pulmonary hypertension

If < 12 months old

< 29 completed weeks gestational age at birth (otherwise healthy)

Diagnosis Code: ICD 10: P07.21 – P07.26

Chronic lung disease* (GA < 32 weeks): (Specify Diagnosis Code) _____

AND: required supplemental oxygen (for at least first 28 days after birth)

*CLD is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection.

Severe neuromuscular disease
(Specify Diagnosis code) _____

Congenital anomalies of the airways
(Specify Diagnosis code) _____

Profoundly immunocompromised
(Specify Diagnosis code) _____

Cystic Fibrosis with CLD and/or nutritional compromise

Prescriber's Signature: _____ **Date:** _____

REQUIRED FOR REVIEW: Copies of medical records (e.g., diagnostic evaluations and recent chart notes), the most recent copies of related labs, and supporting documentation for clinically appropriate submissions.

The provider must retain copies of all documentation for five years.

NOTE: Pharmacies should not submit separate claims for different dosage strength vials to be administered on the same date. Only one compound claim submission will be necessary. For example, if the Synagis dosage is 150 mg, the pharmacy should submit a compound claim that lists the two different strength vials (100 mg and 50 mg).

Weight Criteria for Synagis® (palivizumab): (Refer to *Weight Change Form*)

All weights must be verified for dosing accuracy.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.