HealthPartners

Prior Authorization Form Please fax to: (952) 853-8712 For questions, call: (952) 883-6333

Synagis® (palivizumab)

Only follow this process if your clinic pharmacy can supply Synagis. Please call Member Services at 952-883-5000 for further directions.

Member information	
Member name:	Member ID #:
DOB:	Multiple births? ☐ Yes ☐ No
Ordering Provider information	
Form completed by:	Phone #:
Physician:	Clinic name:
Tax ID #:	
Fax #:	Phone #:
Billing clinic information	
Tax ID #:	Clinic name:
Fax #:	Phone #:
Diagnosis and clinical information	
Proposed date of injection: / / or ☐ TBD	
Gestational age:	ICD-10:

If requesting skilled nursing visits: Is Member Homebound? _____ Yes _____ No

If Yes, please send in clinical documentation supporting reason why member is homebound.

Injection dosing: Synagis® season is from November 1st - March 31st

☐ Injection(s) already given Date(s)

Preterm infant: ☐ ≤ 28.6 weeks GA (< 12 months of age at the start of RSV season)

Preterm infant with chronic lung disease (CLD):

☐ ≤ 31.6 weeks GA 12 months or younger. Infant received >21% oxygen for at least the first 28 days after birth

☐ ≤ 31.6 weeks GA second year of life. Must meet all criteria listed below

- Infant received >21% oxygen for at least the first 28 days after birth
- Medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.

Infants with hemodynamically significant congenital heart disease (CHD):

☐ Infant that is ≤ 12 months with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures

☐ Infant that is ≤ 12 months with severe pulmonary hypertension

☐ Infant that is ≤ 24 months receiving prophylaxis OR

☐ Infant that is ≤ 24 months who will undergo cardiac transplant during the RSV season

Other conditions that may be considered for Synagis® - Please include supportive clinical documentation

☐ Cystic fibrosis ICD-10_____ ☐ Immunocompromised ICD-10_____