



2009-2010 RSV Season
Synagis Prior Authorization Form
Phone: 800-897-9469
Fax: 866-855-2678

Date	Provider Name
Member's Name	Provider DEA
Medicaid ID#	Provider Address
Date of Birth	City State Zip
Gestational age at birth Weeks days	Provider Phone
	Provider Fax

Health Plan of Michigan authorizes Synagis™ (palivizumab) based on America Academy of Pediatrics Criteria (published 12/2009). *Please indicate below how the patient meets AAP criteria and include copies of clinical notes with supportive documentation.*

- _____ History of premature birth \leq 28 weeks gestation **AND** child is less than 12 months old at start of RSV season
- _____ History of premature birth 29 to 32 (\leq 31 weeks 6 days) gestation **AND** child is less than 6 months old at start of RSV season
- _____ History of premature birth 32 weeks 0 days to 34 weeks 6 days gestation **AND** child is less than 3 months old at start of RSV season **AND** child has at least one of the following additional risk factors:
 - ___ Child Care Attendance
 - ___ One or more siblings younger than 5 years of age living permanently in the Child's household
 - ___ Severe neuromuscular disease
 - ___ Congenital airway abnormalities
- _____ History of chronic lung disease defined as a condition that necessitates ongoing or extended medical therapy in the form of oxygen, diuretics, corticosteroids, invasive or non-invasive ventilation or bronchodilators within 6 months of RSV season **AND** child is less than 2 years old at start of RSV season
- _____ History of hemodynamically significant congenital heart disease (CHD) **AND** child is less than 2 years old at the start of RSV season.

Maximum Number of Doses Authorized:

Month of Birth	Maximum number of doses for season beginning Nov 1		
	≤28 wk 6 d Gestation and < 12 mo age at Start of Season	29 wk 0 d through 31 wk 6 d gestation and < 6 mo of age at start of season	32 wk 0 d through 34 we 6 d and WITH RISK FACTOR
Nov 1 – Mar 31 of previous RSV season	5	0	0
Apr	5	0	0
May	5	5	0
Jun	5	5	0
Jul	5	5	0
Aug	5	5	1
Sep	5	5	2
Oct	5	5	3
Nov	5	5	3
Dec	4	4	3
Jan	3	3	3
Feb	2	2	2
Mar	1	1	1

Medical policy for approval is available upon request

 This section is for HPM use only:

Approved

Denied Reason: _____