

**SYNAGIS AUTHORIZATION/ORDER FORM**  
**2018-2019 SEASON**  
**CPT code 96372**

*Please read Recommendations for Synagis 2018-2019 to see if Synagis is indicated for the child at this time  
(the child must fall within the criteria noted).*

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1. Gestation Age at Birth:** weeks \_\_\_\_\_ days \_\_\_\_\_ (specify **both** weeks and days for gestational age)

Age at the start of RSV season (November 1, 2018): \_\_\_\_\_

**2. If the gestational age at birth was between 29 weeks and 0 days, and 32 weeks and 0 days, does the infant have Chronic Lung Disease (CLD) requiring at least 21% oxygen for at least 28 days after birth?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- For infants less than 29 weeks estimated gestational age (EGA), prophylaxis should continue throughout the season to a maximum of 5 doses.
- The administration of Synagis is not recommended after 12 months of age.

**3. If the infant is <12 months of age, does the child have the following risk factors?**

- A. \_\_\_\_\_ Infants <12 months born with hemodynamically significant heart disease (i.e. acyanotic heart disease requiring cardiac surgery and receiving medication(s) to control congestive heart failure or moderate-severe pulmonary hypertension)
- B. \_\_\_\_\_ Infants <12 months with pulmonary disorders or neuromuscular disease leading to impaired clearing of the upper respiratory secretions

**4. If the child is <24 months of age, does the child have the following risk factors?**

- A. \_\_\_\_\_ Children <24 months requiring oxygen for at least 28 days after birth and continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretics)
- B. \_\_\_\_\_ Children <24 months who are profoundly immunocompromised during RSV season
- C. \_\_\_\_\_ Children <24 months who undergone cardiac transplant during RSV season
- D. \_\_\_\_\_ Children <24 months who were receiving RSV prophylaxis and will continue to require RSV prophylaxis after cardiopulmonary bypass surgery

**3. Infant's current weight:** \_\_\_\_\_ kilograms, as of (date): \_\_\_\_\_  
or \_\_\_\_\_ pounds

**4. Date(s) of Previous Synagis doses:** \_\_\_\_\_

**5. Has member already received one dose (inpatient)?** \_\_\_\_\_

If yes, was first dose billed through member's medical benefit? \_\_\_\_\_

**If approved, this authorization will be for a maximum of 5 monthly injections between November 1, 2018 and March 31, 2019** for infants less than 29 weeks EGA or for infants less than 32 weeks EGA requiring 21% oxygen supplementation for at least 28 days after birth.

**Please fax this completed form with your Authorization to (209) 762-4704 or (209) 942-6302**

For questions concerning Synagis, contact (209) 942-6350

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**Rx** Synagis (Palivizumab) 50mg or 100mg vials Refills: 4 or \_\_\_\_\_  
Sig: 15mg/kg IM every 28-30 days  
Dispense Quantity QS for weight based dosing.

Prescriber Name \_\_\_\_\_ Prescriber's Signature: \_\_\_\_\_

DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_ License#: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Synagis TARs for infants with the following conditions should be submitted directly to CCS:

1. Infants meeting HPSJ criteria (above) with any CCS qualifying condition.
2. Chronic Lung Disease\*
3. Severe Immunodeficiency\*
4. Congenital Heart Disease\*
5. Congenital Airway Abnormalities/Neuromuscular Disorder\*
6. Cystic Fibrosis with clinical heart disease and/or nutritional deficits\*

\* Document collaboration with Special Care Center

**See 2014 Synagis Recommendations Sheet for detailed CCS criteria.**

For CCS questions, contact (209) 468-3900 (San Joaquin)

Or (209) 558-7515 (Stanislaus)