



Fax completed form to: (855) 840-1678  
 If this is an URGENT request, please call (800) 882-4462

# Synagis (palivizumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone Number:		

## PRESCRIPTION INFORMATION

**Urgency:**  
 Standard  Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

<b>SYNAGIS® (Palivizumab 90378):</b> <input type="checkbox"/> Inject 15 mg/kg IM once monthly  <input type="checkbox"/> Other:	Refills (months): <input type="checkbox"/> Through March of current RSV season <input type="checkbox"/> Other:	EXPECTED DATE OF INJECTION (MM/DD/YY) <i>Required to ensure accurate dispensing:</i>
	Qty: <u>1</u> Refill: <input type="checkbox"/> Other:	

**Please note type of Auth Request**

Pre-Season: *If you are requesting pre-season dosing for your locale, please provide justification necessitating early administration and include supporting data from the CDC or local health department supporting an early start date to Synagis season.*

Current Season: *RSV season begins in November and ends in March for most of the US. If you are requesting in-season dosing outside of these months, please provide justification.*

Post Season: *Please include virology data from the CDC if additional doses are needed.*

**Where will this medication be obtained?**

Accredo Specialty Pharmacy\*\*  
 Prescriber's office stock (billing on a medical claim form)  
 Other (please specify):

Retail pharmacy  
 Home Health / Home Infusion vendor  
 \*\*Cigna's nationally preferred specialty pharmacy

*\*\*Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

**Facility and/or doctor dispensing and administering medication:**

Facility Name: \_\_\_\_\_ State: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Address (City, State, Zip Code): \_\_\_\_\_

Is this infusion occurring in a facility affiliated with hospital outpatient setting? Yes  No

If yes- Is this patient a candidate for re-direction to an alternate setting after 1-2 infusions (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? Yes  No

NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting.

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient?  Yes  No

**Which of the following uses applies to your patient?**

ICD10:

What is the patient's diagnosis or reason for use?

- Prevention of RSV
- Treatment of RSV
- other

(if other) What is the diagnosis related to use?

**\*\*This drug requires supportive documentation (i.e. chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request\*\***

**Clinical Data:**

Infant / child's Weight: \_\_\_\_\_ Date recorded: \_\_\_\_\_

Gestational age at birth: \_\_\_\_\_ weeks \_\_\_\_\_ days

Please provide anticipated month of start of RSV season in patient's residence area:

Please specify the number of injections you are requesting:

What is the start date of therapy?

What is the end date of therapy?

**Please note:** If you are requesting pre-season dosing for your locale, please provide justification necessitating early administration and include supporting data from the CDC or local health department supporting an early start date to Synagis season.

**\*\*Typically, RSV season begins in November and ends in March. However, the duration of the Synagis season remains 5 consecutive months for all geographic areas in the United States.**

Is your patient's race or origin one of the following?

- American Indian
- Alaska Native
- neither

**if Alaska Native or American Indian infant (Navajo, White Mountain Apache)**

Is the patient an Alaska Native or American Indian infant (Navajo, White Mountain Apache) who was less than 12 months of age at the start of RSV season?  Yes  No

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.  Yes  No

Does your patient have one of the following conditions?

- anatomic pulmonary abnormalities or a neuromuscular disorder
- cardiac transplant
- chronic lung disease
- congenital heart disease
- cystic fibrosis
- Down Syndrome
- immunocompromised
- premature birth
- None of the above

**if chronic lung disease**

How old was the patient at the start of RSV season?

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.

- 11 months of age or younger
- 12 months to 24 months of age
- 25 months of age or older

Was the patient born before 32 weeks, 0 days gestation?

Yes  No

(if yes) Was the patient on supplemental oxygen for at least the first 28 days after birth?

Yes  No

(if yes, if 12 months+) Has the patient continued to require Medical support (chronic corticosteroid therapy, diuretic therapy, or

supplemental oxygen) during the 6 month period prior to the start of the RSV season?

Yes  No

### if congenital heart disease

Is the requested medication being prescribed by, or in consultation with, a pediatric cardiologist, neonatologist or pulmonologist?

Yes  No

Was the patient 11 months of age or younger at the start of the RSV season?

Yes  No

Does the patient have hemodynamically significant cyanotic congenital heart disease?

Yes  No

(if no) Does the patient have moderate to severe pulmonary hypertension?

Yes  No

(if no) Does the patient have hemodynamically significant congenital heart defects that have been adequately corrected by surgery?

Yes  No

(if yes) Does the patient continue to require medication for congestive heart failure?

Yes  No

(if no) Does the patient have acyanotic heart disease?

Yes  No

(if yes) Is the patient receiving medication to control heart failure?

Yes  No

(if yes) Will the patient require cardiac surgical procedures?

Yes  No

### if premature birth

Was the patient 11 months of age or younger at the start of the RSV season?

Yes  No

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.

Was the patient born before 29 weeks, 0 days gestation?

Yes  No

### if anatomic pulmonary abnormalities or a neuromuscular disorder

Was the patient 11 months of age or younger at the start of the RSV season?

Yes  No

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.

Does the patient have a congenital abnormality of the airway or a neuromuscular disease [for example, cerebral palsy, muscular dystrophy, neurological diseases of the brain and spinal cord (Tay Sachs, spinal muscular dystrophy)] that compromises the handling of respiratory secretions?

Yes  No

### if immunocompromised

Was the patient 23 months of age or younger at the start of the RSV season?

Yes  No

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.

Is/will the patient be profoundly immunocompromised (for example, severe combined immunodeficiency or severe acquired immunodeficiency syndrome) during the RSV season?

Yes  No

Is the requested medication being prescribed by, or in consultation with, an immunologist or an infectious diseases specialist?

Yes  No

### if cardiac transplant

Was the patient 23 months of age or younger at the start of the RSV season?

Yes  No

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier

or persist later in certain communities.

Has/Will the patient undergone/undergo cardiac transplantation during the current RSV season?  Yes  No

Is the requested medication being prescribed by, or in consultation with, a cardiologist, neonatologist, pulmonologist, or transplant physician?  Yes  No

**if cystic fibrosis**

How old was the patient at the start of RSV season?

Note: In the northern hemisphere, the RSV season typically commences in November and lasts through March, but it may begin earlier or persist later in certain communities.

- 11 months of age or younger
- 12 months to 24 months of age
- 25 months of age or older

(if 0-11mo) Was the patient born before 32 weeks, 0 days gestation?  Yes  No

(if yes) Was the patient on supplemental oxygen for at least the first 28 days after birth?  Yes  No

(if 12-24mo) Does the patient have manifestations of severe lung disease (history of hospitalization for pulmonary exacerbation, abnormal chest x-ray or chest computed tomography [CT] SCAN)?  Yes  No

Does the patient have nutritional compromise as evidenced by weight for length less than the 10th percentile on a pediatric growth chart?  Yes  No

Is the requested medication being prescribed by, or in consultation with, a pulmonologist?  Yes  No

Has the patient received Beyfortus (nirsevimab-alip intramuscular injection) in the same RSV season?  Yes  No

**Additional pertinent information:**

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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