



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Synagis SWHP 2017-2018

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Questions Q1 through Q5 regarding administration location, gestational age, RSV season age, prophylactic injection, and number of injections.



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Patient Name: Prescriber Name: Supervising Physician:

Q6. Does the member have an active diagnosis of chronic lung disease (CLD) of prematurity AND required treatment with any of the following therapies within the 6 months prior to the current RSV season: Chronic systemic corticosteroids OR Diuretics OR > 21% supplemental oxygen OR Long-Term Mechanical Ventilation OR Bronchodilator therapy. [Note: CLD of prematurity = born < 32 weeks, 0 day gestational age and require >21% oxygen for at least 28 days after birth]
Q7. Has the member been profoundly immunocompromised during the RSV season (must have had solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised)?
Q8. Was the member <= 28 6/7 weeks gestational age at birth?
Q9. Does the member have a diagnosis of chronic lung disease (CLD) of prematurity (born < 32 weeks, 0 day gestational age and require >21% oxygen for at least 28 days after birth)?
Q10. Does the member have severe congenital abnormality of airway OR severe neuromuscular disease that impairs his/her ability to clear secretions from the upper airway because of ineffective cough?
Q11. Does the member have an active diagnosis of hemodynamically significant heart disease defined as: CHF requiring medication OR Moderate to severe Pulmonary Hypertension OR Unrepaired cyanotic congenital heart disease (in consultation with a pediatric cardiologist)?
Q12. Has the member experienced a breakthrough RSV hospitalization during the CURRENT RSV season?
Q13. Additional comments:



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Patient Name:	Prescriber Name: Supervising Physician:
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Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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