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.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

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.

Q1. Member gestational age (weeks and days) at birth:

Q2. Member age at START of RSV season: *

- ☐ Younger than 6 months
- ☐ 6 to 11 months
- ☐ 12 to 23 months
- ☐ 24 months or older

Q3. Has member received a Synagis prophylactic injection during hospitalization since the start of the CURRENT RSV season?

☐ Yes ☐ No

Q4. If answered 'yes' to question #4, please specify number of injections (doses) received:

Q5. 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

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for at least 28 days after birth]

☐ Yes ☐ No

Q6. 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)?

☐ Yes ☐ No

Q7. Was the member ≤ 28 6/7 weeks gestational age at birth?

☐ Yes ☐ No

Q8. 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)?

☐ Yes ☐ No

Q9. 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?

☐ Yes ☐ No

Q10. 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)?

☐ Yes ☐ No

Q11. Has the member experienced a breakthrough RSV hospitalization during the CURRENT RSV season?

☐ Yes ☐ No

Q12. How will drug be billed?

☐ Pharmacy claim (drug to be billed as a PHARMACY benefit claim and dispensed by pharmacy directly to member)

☐ Pharmacy claim (drug to be billed as a PHARMACY benefit claim, but shipped direct to provider to be administered to this specific member)

☐ MEDICAL claim (drug to be billed by PROVIDER as a MEDICAL benefit claim as an expense to the provider, and provider to supply drug to member)

Q13. If billing as a MEDICAL claim, what provider will be linked to the claim (i.e. who is the billing entity seeking reimbursement)? Provide Name and NPI

☐ Individual prescriber

☐ Provider or specialty group

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☐ Facility

Q14. Additional comments:

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 a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.