



Synagis
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copy or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Inpatient Hospital Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Synagis SGM – 10/2018.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-866-814-5506 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the diagnosis?
 Prematurity
 Chronic lung disease of prematurity
 Congenital heart disease (CHD)
 Congenital abnormality of the airway
 Neuromuscular condition
 Other _____
2. What is the ICD-10 code? _____
If patient's diagnosis is anything other than chronic lung disease of prematurity, skip to #5.
3. Did the patient require greater than 21% oxygen for at least the first 28 days after birth? Yes No
4. Which of the following has the patient been treated with during the 6 month period prior to the start of the RSV season?
 Oxygen
 Diuretics
 Chronic corticosteroid
 Other _____
 None of the above
5. What is the gestational age? _____ weeks, _____ days
6. What is the chronological age (months) at the start of RSV season?
Note: If infant was born on or after the season start date, indicate zero. _____ months
7. Is Synagis being used to prevent serious lower respiratory tract disease caused by RSV? Yes No
8. Is this an off-season request for Synagis? Yes No
9. How many doses of Synagis has the patient received this RSV season? _____
10. *If this is off-season request for Synagis*, according to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS), is the RSV activity greater than or equal to 10% for the requested region within 2 weeks of the intended dose? Yes No

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Chronic Lung Disease of Prematurity

11. *If chronological age at the start of RSV season is less than 12 months*, has the patient received Synagis for the previous RSV season? Yes No

Section B: Congenital Heart Disease (CHD)

12. Is the CHD hemodynamically significant? Yes No
13. *If chronological age at the start of RSV season is greater than or equal to 12 months to less than 24 months*, is there a possibility that the patient will be undergoing cardiac transplantation during RSV season? Yes No

Section C: Congenital Abnormality of the Airway, Neuromuscular Condition

14. Does the patient's condition compromise handling of respiratory secretions? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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