



**BlueCross BlueShield
of Kansas City**

An Independent Licensee of the
Blue Cross and Blue Shield Association

**Prior Authorization
Synagis**

Please **fax** completed forms to **(816) 502-4915**

If you have any questions please call (816) 395-2176

A COPY OF THE NICU DISCHARGE SUMMARY MUST ACCOMPANY THIS COMPLETED FORM

Patient Name: _____ DOB: _____

BCBSKC Certificate Number (NOT SS#): _____

Current Weight: _____ kg. Gestational age: _____ wks _____ days

Physician Name: _____ Phone: _____

Address: _____ FAX: _____

If you are using a Specialty Pharmacy, please indicate which one will be providing the medication.

Curascript
Phone: 877-259-2295
Fax: 888-773-7386

Walgreens Specialty
Phone: 888-884-8714
Fax: 877-231-8302

Check applicable eligibility criteria:

- Gestational age \leq 28 weeks, 6 days and $<$ 12 months of age at start of season
- Gestational age 29 weeks, 0 days through 31 weeks, 6 days gestation and, $<$ 6 mos. of age at start of season
- Gestational age 32 weeks, 0 days through, 34 weeks 6 days and has one of the following risk factors:
 - infant attends child care
 - infant has siblings younger than 5 years of age
- Gestational age $<$ 35 weeks and \leq 12 months of age with congenital abnormalities of the airway or neuromuscular disease.
- Infant with CLD $<$ 24 months of age receiving medical therapy (supplemental oxygen, bronchodilator, diuretic or corticosteroids) within 6 months of start of season
- Infant is \leq 24 months of age with hemodynamically significant cyanotic or acyanotic congenital heart disease

Was a dose administered in an inpatient setting? If yes, indicate date: _____

All supporting documentation, including NICU Discharge Summary, must accompany this form!

All patient information is strictly confidential.
Incomplete forms will be returned.

Summary of policy on Synagis® (palivizumab)

RSV Season

The RSV season in the Kansas City metropolitan area is determined by the local academic centers of excellence. It is historically, December through April. Considerations for Synagis® treatment before the established November 1 start date due to geographical differences will be considered with documentation supporting evidence of RSV outbreak in the child's state of residence. The end of March is the established end date for the RSV season.

Policy Criteria

Blue Cross Blue Shield of Kansas City follows the American Academy of Pediatrics' guidelines for prevention of RSV. A maximum of 5 doses will be approved based on the infant's gestational age and chronological age. For infants with a gestational age between 32 weeks, 0 days and 34 weeks, 6 days, a maximum of 3 doses will be approved.

Maximum Number of Palivizumab Doses for RSV Prophylaxis of Preterm Infants without Chronic Lung Disease, on the Basis of Birth Date, Gestational Age, and Presence of Risk Factors (Shown for Geographic Areas Beginning Prophylaxis on November 1)

Month of Birth	≤28 Weeks, 6 Days of Gestation and <12 Months of Age at Start of Season	29 Weeks, 0 Days Through 31 Weeks, 6 Days of Gestation and <6 Months of Age at Start of Season	32 Weeks, 0 Days Through 34 Weeks, 6 Days of Gestation and With Risk Factor
Nov 1–March 31 of previous RSV season	5	0	0
April	5	0	0
May	5	5	0
June	5	5	0
July	5	5	0
August	5	5	1
September	5	5	2
October	5	5	3
November	5	5	3
December	4	4	3
January	3	3	3
February	2	2	2
March	1	1	1

Prior Authorization Process

Please allow 24 to 48 hours to process the prior authorization request.

- If the request is approved, we will fax the authorization approval numbers to the physician.
- The physician should then fax the approval numbers to the indicated BCBSKC Specialty Pharmacy.
- If the request is denied, we will call the provider with appeal and reconsideration rights.
- If you do not hear an answer in 48-72 hours, you may call the Clinical Pharmacy Department at 800-228-1436 or 816-395-2176.

***A copy of the NICU discharge summary must accompany the completed PA form for consideration.**

***PA requests are only accepted from the ordering physician.**

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