



Rational Drug Therapy Program
WV Bureau for Medical Services
P.O. Box 9511 HSCN
Morgantown, WV 26506-9511

FAX, Phone, or Mail Completed Form To:
FAX # 1-800-531-7787
Phone # 1-800-847-3859

Rev 10/08/09

Palivizumab Prior Authorization Request Form

Patient Name (Last) (First) (MI)		WV Medicaid ID #:		Date of Birth	
Physician NPI Number		Phone #		Pharmacy NPI Number	
		FAX #		Phone #	
				FAX #	
Physician Name (Last) (First) (MI)			Pharmacy Name:		
Physician Street Address:			Pharmacy Street Address:		
Physician City Address		State	Zip	Pharmacy City Address	
				State	
				Zip	

Medication Name: Palivizumab (Synagis^R)		Monthly Dose	Directions
1) Specify Chronic Pulmonary Diagnosis, Congenital Heart Disease Diagnosis:			
2) Actual Gestational Age _____ weeks ____ days 3) Current weight _____ 4) Current Age (<24 months) _____ mos.			
5) Risk Factor(s): None _____ Patient attends child care _____ Sibling < 5 years old permanently residing in the household _____			
6) Has the patient received any previously administered doses? ___ Yes ___ No If yes, the last injection date ____/____/____ Additional Comments:			

Palivizumab Prior Approval Criteria Guidelines ¹		
Gestational Age (GA)/Disease State	Max. Age to Start Therapy	Max. Approvable Doses
Chronic Lung Disease (CLD), any GA*	≤24 months*	5
Congenital Hemodynamically Significant Heart Disease(CHD), any GA**	≤24 months**	5
<28 weeks 0 days GA	12 months	5
28 weeks 1 day -31 weeks 6 days GA	6 months	5
32 weeks 0 day -34 weeks 6 days GA with a risk factor***	3 months	Until patient is 90 days of age****
>32 weeks 0 days GA with No CHD, CLD, or a risk factor****	Not Approvable	0

* Patient must have been receiving medical therapy for at least 6 months prior to RSV Season (~May 1st). Medical therapy includes supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy for the lung disease.
 ** Hemodynamically significant congenital heart disease, as documented by the treating cardiologist. (e.g. Cyanotic heart disease, congestive heart failure being treated with medications, severe pulmonary hypertension). Does not include secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta and patent ductus arteriosus.
 *** **Risk factors include:** child care attendance by the patient OR sibling < 5 years of age permanently residing in the household.
 **** 32 weeks 0 days-34 weeks 6 days GA with Risk Factors Palivizumab Dosing: (includes hospital administered doses)

Date of Birth Between:	Total Doses to be Administered	Date of Birth Between:	Total Doses to be Administered
August 2 nd - September 1 st	1	December 2 nd - January 1 st	3
September 2 nd - October 1 st	2	January 2 nd - January 30 th	3
October 2 nd - November 1 st	3	January 31 st - February 28 th	2
November 2 nd - December 1 st	3	March 1 st - March 31 st	1

¹American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, et al., Red Book: 2009, Report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, IL: Amer. Academy of Pediatrics; 2009 560-569

Maximum allowed dosing: Five (5) doses during the RSV Season of November 1st thru March 31st

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