

State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form

Synagis

Phone: 1-888-445-0497

www.mainearepdl.org

Fax: 1-888-879-6938

Member ID #: _____ <small>(NOT MEDICARE NUMBER)</small>	Patient Name: _____	DOB: _____
Patient Address: _____		
Provider DEA: _____	Provider NPI: _____	
Provider Name: _____	Phone: _____	
Provider Address: _____	Fax: _____	
Pharmacy Name: _____	Rx Address: _____	Rx phone: _____
Provider must fill all information above. It must be legible, correct and complete or form will be returned.		
(Pharmacy use only): NPI: NABP: NDC:		

- MaineCare will approve Synagis PA requests for infants who meet the following guidelines. PA requests will be approved starting at the onset of RSV season for a maximum of 5 doses and a dosing interval not less than 30 days between injections. For MaineCare members, PA requests will be accepted starting October 30,2023, for dates of service starting November 6 ,2023. Synagis® will not be authorized for administration prior to this date. Synagis® dosing authorizations will extend for the recommended number of doses or until the end of epidemic RSV season as defined by CDC - whichever occurs first. Monthly prophylaxis should be discontinued for any infant or young child who experiences a breakthrough RSV hospitalization.

Drug Name	Strength	Weight (kg)	Dosage Instructions	Quantity	Days Supply
Synagis®	<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg	_____	_____	_____	30

Medical Necessity Documentation (Please check one of the following):

Section A

- Infants who are 12 months of age or younger with **chronic lung disease (CLD)** of prematurity, defined as born at < 32 weeks, 0 days AND a requirement for > 21% oxygen for at least the first28 days after birth.
- Infants who are 12 months of age or younger, born prior to 35 weeks, 0 days AND who required intensive pulmonary services during the neonatal period AND continue to require chronic medication therapy for their neonatal based pulmonary issues.
- Infants who are 24 months or age or younger who meet the above criteria for CLD AND who **currently require or have required medical therapy** (oxygen, diuretics, corticosteroids) within 6 months of the start of the RSV season.
- Infants who are 24 months of age or younger who undergo cardiac transplantation during the RSV season.
- Infants who are 12 months of age or younger with **hemodynamically significant congenital heart disease** and have one or more of the following:

- a. Acyanotic heart disease with medication to control congestive heart failure AND will require surgery
- b. Moderate to severe pulmonary hypertension
- c. Cyanotic heart disease with palivizumab prophylaxis recommended by a pediatric cardiologist

- Infants who are 12 months of age or younger at the start of the RSV season **born at \leq 28 weeks, 6 days gestational age.**
- Infants who are 12 months of age or younger at the start of RSV season and have either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions.
- Infants who are less than 24 months at the start of RSV season who will be profoundly immunocompromised (e.g. receiving chemotherapy, recipients of solid organ transplants or hematopoietic stem cell transplants) during the RSV season.
- Infants less than 12 months of age or younger at the start of the RSV season with cystic fibrosis AND with clinical evidence of CLD and/or nutritional compromise
- Infants age 12-24 months of age at the start of the RSV season with cystic fibrosis and manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year or abnormalities on chest radiography or CT, that persist when stable) or weight for length less than the 10th percentile.
- Other: _____

Provider Signature: _____ **Date of Submission:** _____

***MUST MATCH PROVIDER LISTED ABOVE**

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records. American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. Red Book: 2009 Report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:560-569. Website: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>.