PRIOR AUTHORIZATION REQUEST FORM

Well Sense 9.124 Synagis_1
Synagis
Version 16.0
Effective Date 2020-2021 RSV Season

Phone: 877-957-1300 Fax back to: 866-305-5739

ENVISION RX OPTIONS 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:**	
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):	

☐ Expedited/Urgent

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. If coverage of this medication is approved, then how will it be supplied?

☐ Plan Preferred Specialty Pharmacy ☐ Provider/Hospital Buy & Bill

Q2. If BUY & BILL, then please provide the J-code(s):

Q3. If BUY & BILL, then please provide the Procedure Codes:

Q4. If BUY & BILL, then please provide the Number of Units and Visits:

Q5. If BUY & BILL, then please provide the Date of Planned Administration:

Q6. At the onset of the current RSV season, is the patient's age LESS than 12 months?

☐ Yes ☐ No

WELL SENSE HEALTH PLAN

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Patient Name:	**Prescriber Name:**

Q7. LESS THAN 12 MONTHS: Was the patient's gestational age less than 29 weeks 0 days?

☐ Yes ☐ No ☐ NA

Q8. LESS THAN 12 MONTHS: Was the patient's gestational age less than 32 weeks 0 days?

☐ Yes ☐ No ☐ NA

Q9. IF YES, then did the patient require more than 21% oxygen for at least 28 days after birth?

☐ Yes ☐ No

Q10. LESS THAN 12 MONTHS: Does the patient have bronchopulmonary dysplasia?

☐ Yes ☐ No ☐ NA

Q11. LESS THAN 12 MONTHS: Does the patient have acyanotic heart disease?

☐ Yes ☐ No ☐ NA

Q12. IF YES, then is the patient taking medication to control congestive heart failure?

☐ Yes ☐ No

Q13. IF YES, then will the patient require cardiac surgical procedures?

☐ Yes ☐ No

Q14. LESS THAN 12 MONTHS: Does the patient have moderate to severe pulmonary hypertension?

☐ Yes ☐ No ☐ NA

Q15. LESS THAN 12 MONTHS: Does the patient have cyanotic heart defects?

☐ Yes ☐ No ☐ NA

Q16. IF YES, then is the requested medication prescribed by or in consultation with a pediatric cardiologist?

☐ Yes ☐ No

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Q17. LESS THAN 12 MONTHS: Does the patient have a neuromuscular disease that impairs the ability to clear secretions from the upper airways?

☐ Yes ☐ No ☐ NA

Q18. LESS THAN 12 MONTHS: Does the patient have anatomic pulmonary abnormalities that impair the ability to clear secretions from the upper airways?

☐ Yes ☐ No ☐ NA

Q19. LESS THAN 12 MONTHS: Did/does the patient have lesions associated with congenital heart disease?

☐ Yes ☐ No ☐ NA

Q20. IF YES, then have the lesions been adequately corrected by surgery?

☐ Yes ☐ No

Q21. IF YES, then does the patient continue to require medication for congestive heart failure?

☐ Yes ☐ No

Q22. LESS THAN 12 MONTHS: Does the patient require medical therapy for a mild cardiomyopathy?

☐ Yes ☐ No ☐ NA

Q23. LESS THAN 12 MONTHS: Does the patient have a diagnosis of cystic fibrosis with clinical evidence of chronic lung disease and, or nutritional compromise?

☐ Yes ☐ No

Q24. At the onset of the current RSV season, is the patient's age LESS than 24 months and EQUAL to or GREATER than 12 months?

☐ Yes ☐ No

Q25. 12 MONTHS TO LESS THAN 24 MONTHS: Does the patient have a planned cardiac transplantation during the current RSV season?

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☐ Yes ☐ No ☐ NA

Q26. 12 MONTHS TO LESS THAN 24 MONTHS: Is the patient profoundly immunocompromised during the current RSV season?

☐ Yes ☐ No ☐ NA

Q27. 12 MONTHS TO LESS THAN 24 MONTHS: Was the patient's gestational age less than 32 weeks 0 days?

☐ Yes ☐ No ☐ NA

Q28. IF YES, then did the patient require more than 21% oxygen for at least 28 days after birth?

☐ Yes ☐ No

Q29. IF YES, then does the patient continue to require medical support (such as chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the current RSV season?

☐ Yes ☐ No

Q30. 12 MONTHS TO LESS THAN 24 MONTHS: Does the patient have bronchopulmonary dysplasia?

☐ Yes ☐ No ☐ NA

Q31. IF YES, then does the patient continue to require medical support (such as chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the current RSV season?

☐ Yes ☐ No

Q32. 12 MONTHS TO LESS THAN 24 MONTHS: Does the patient have a diagnosis of cystic fibrosis with severe lung disease (previous hospitalization in the first year of life)?

☐ Yes ☐ No

Q33. 12 MONTHS TO LESS THAN 24 MONTHS: Does the patient have a diagnosis of cystic fibrosis with a weight for length less than the 10th percentile?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q34. At the onset of the current RSV season, is the patient's age EQUAL to or GREATER than 24 months?

☐ Yes ☐ No

Q35. Please provide any additional information for the request below:

Prescriber Signature

Date