

CHOC HEALTH ALLIANCE SYNAGIS AUTHORIZATION REQUEST FORM FOR THE 2014-2015 RSV SEASON

Due to established regional patterns of RSV prevalence and at the recommendation of CHOC Infectious Disease and Pulmonary specialists, Synagis administration will begin on **November 1, 2014** and end on **March 31, 2015**. A maximum of 5 doses will be given.

Only requests submitted on this updated form will be processed.

Please complete this new form and fax to Prior Authorization Department at 1-855-867-0868

Child's Name: _____ DOB: _____ ID#: _____

Diagnosis: _____ ICD-9 Code(s): _____

Gestational age (GA) of birth: Weeks: _____ Days: _____ # of doses: _____

Prescribing Physician: _____ Office Contact phone number: _____ Fax number: _____

Prescribing Physician Signature: _____

Synagis criteria are based on 2014 AAP guidelines. Please check any that apply and submit along with supporting documentation (discharge summary from birth, pulmonology report, cardiology report, chart notes etc):

___ Child was born prematurely at *less than 29 weeks*, 0 days gestation **AND** was, or will be less than 12 months of age on November 1, 2014.

___ Child was born prematurely at *less than 32 weeks*, 0 days gestation, required oxygen for the first 28 days after birth, has chronic lung disease, **AND** was, or will be less than 12 months of age on November 1, 2014.

___ Child was born prematurely at less than 32 weeks, 0 days gestation, *required oxygen* for the first 28 days after birth, has chronic lung disease **AND** continues to receive medical intervention (i.e. supplemental oxygen, chronic steroids, or diuretic therapy), **AND** was, or will be less than 24 months of age on November 1, 2014.

___ Child has *hemodynamically significant heart disease** **AND** was, or will be less than 12 months of age on November 1, 2014.

___ Child has *pulmonary abnormality* or *neuromuscular disease* that impairs the ability to clear secretions from the upper airway **AND** was, or will be less than 12 months of age on November 1, 2014.

___ Child will be profoundly *immunocompromised* during the RSV season (e.g. due to chemotherapy or transplant status) **AND** was, or will be less than 24 months of age on November 1, 2014.

___ Other medical condition that may require Synagis: _____

Was there a hospital/NICU dose given: Yes No Date administered: _____

***Hemodynamically significant congenital heart disease** – Patients with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension.

Updated CHOC Health Alliance Synagis Authorization Guidelines

For the 2014 -2015 RSV Season

CHA follows the 2014 AAP Redbook guidelines regarding Synagis utilization. The AAP guidelines were updated on 07/28/14 and there are major changes that may affect your patients in the upcoming season**. For details please review a full copy of the guidelines found at: <http://pediatrics.aappublications.org/content/134/2/415.full>

Here are the highlights for Synagis prophylaxis for the 2014-15 RSV season:

Start and end dates in the Orange County area: November 1, 2014 to March 31, 2015.

- No more than 5 injections in a season regardless of when the therapy was initiated.
- For infants born during the RSV season, fewer than 5 monthly doses will be needed.
- Patients that have surgical procedures that involve cardiopulmonary bypass will need an additional dose.
- Orders should be discontinued for patients who have breakthrough RSV disease.
- Recommended in the first year of life for:
 - Infants born before 29 weeks 0 days gestation.
 - Infants born before 32 weeks 0 days gestation **and** required > 21% oxygen for at least first 28 days after birth and have chronic lung disease (CLD).
 - Infants with hemodynamically significant acyanotic congenital heart disease (CHD).
 - Infants with neuromuscular disease or pulmonary anomalies who are at risk for prolonged hospitalization related to lower respiratory tract infection.
- Recommended in the second year of life for:
 - Children born before 32 weeks 0 days gestation **and** required > 21% oxygen for at least the first 28 days after birth **and** who continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy) during the 6 month period before the start of the second RSV season.
 - Children who have undergone cardiac transplantation during the season.
 - Children who will be profoundly immunocompromised during the RSV season.
- Not recommended for:
 - Otherwise healthy infants born on or after 29 weeks, 0 days gestation.
 - Prevention of health care-associated RSV disease
 - Infants or children who have RSV hospitalization during the RSV season.
 - Infants with hemodynamically insignificant heart disease (ASD, small VSD, mild Pulmonic/Aortic stenosis, PDA or mild Coarctation of Aorta).
- Insufficient Data to Recommend:
 - Children with Down syndrome unless meet criteria for qualifying CLD/CHD/airway clearance issues.
 - Children with Cystic Fibrosis unless meet criteria for CLD and/or nutritional compromise.

****Changes in the recommendations from the previous RSV season:**

- Synagis is no longer recommended for otherwise healthy infants born at or after 29 weeks, 0 days gestation.
- Synagis is no longer recommended for children in the 2nd year of life except for children who were born at less than 32 weeks 0 days of gestation and required oxygen for at least the first 28 days after birth, and who continue to required medical treatment (oxygen, steroids, or diuretic therapy).
- Synagis is not recommended routinely for children with Cystic Fibrosis or Down syndrome.
- Monthly Synagis injections should be discontinued in any child who requires hospitalization for breakthrough RSV.

For any questions, please contact CHA Prior authorization Department at 1-800-387-1103,option 2.