



- Request is for five (5) doses of palivizumab (Synagis®) within the RSV season during the first year of life
  - Born at 28, or less, weeks of gestation (up to and including 28 weeks, 6 days) and less than 12 months of age at the start of the RSV season
  - Born at 29 to 32 weeks gestation (beginning 29 weeks, 0 days through 31 weeks, 6 days) and less than 6 months of age at the start of the RSV season
  - Individual has chronic lung disease (CLD) [formerly designated Bronchopulmonary Dysplasia (BPD)]
    - The lung disease is **NOT** asthma, reactive airway disease or cystic fibrosis
    - Individual has required medical treatment within six months before the start of the RSV season with oxygen, steroids, bronchodilators or diuretics
    - Other: \_\_\_\_\_
  - Individual has hemodynamically significant (for example, but not limited to, receiving medication for congestive heart failure or moderate to severe pulmonary hypertension) cyanotic or acyanotic congenital heart disease (CHD)
  - Individual has congenital abnormalities of the airway or a neuromuscular condition that compromises the handling of respiratory secretions
  - Other: \_\_\_\_\_

- Request is for five (5) doses of palivizumab (Synagis®) within the RSV season during the second year of life
  - Individual has chronic lung disease (CLD) [formerly designated Bronchopulmonary Dysplasia (BPD)]
    - The lung disease is **NOT** asthma, reactive airway disease or cystic fibrosis
    - Individual has required medical treatment within six months before the start of the RSV season with oxygen, steroids, bronchodilators or diuretics
    - Other: \_\_\_\_\_
  - Individual has hemodynamically significant (for example, but not limited to, receiving medication for congestive heart failure or moderate to severe pulmonary hypertension) cyanotic or acyanotic congenital heart disease (CHD)
  - Individual has congenital abnormalities of the airway or a neuromuscular condition that compromises the handling of respiratory secretions
  - Other: \_\_\_\_\_

Request is for an additional dose of palivizumab (Synagis®) for a child in an approved course of treatment who undergo cardiopulmonary bypass for surgical procedures due to documented reduction in serum levels post-bypass

**(2) Other Use(s)** (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designees may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_  
 Name and Title of Provider or Provider Representative Completing Form and Attestation (Please Print)\*

\_\_\_\_\_  
 Date

**\*The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted.**

Anthem UM Services, Inc., a separate company, is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.

