







Phone: 1-800-424-5725

Fax: 1-800-424-5881

Request Date:

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\*Pharmacy Benefit is defined as being administered in client's home  
For doses not administered in the patient's home (ex. physician's office), please visit <https://hcpf.colorado.gov/par> for information on how to submit a PAR to the Colorado PAR Program

**For children in the second year of life:** (Check *at least* one of the following **AND** indicate diagnosis code)

For children born before 32 weeks 0 days gestation **AND** Chronic Lung Disease (CLD) of prematurity **AND** Requirement of >21% oxygen for at least 28 days after birth **AND** continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy)

ICD 10-CM Code: \_\_\_\_\_

A child who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy)

ICD 10-CM Code: \_\_\_\_\_

Children with manifestation of severe lung disease: (Choose one of the following **AND** add Diagnosis code)

Previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities of chest radiography or chest computed tomography that persist when stable **OR**

ICD 10-CM Code: \_\_\_\_\_

Weight for length less than the 10th percentile.

ICD 10-CM Code: \_\_\_\_\_

A child who undergoes cardiac transplantation during the RSV season.

Has the member received prior doses of Synagis®?

Yes  No

If yes, what date was the last dose received? \_\_\_\_

Has the member received Beyfortus (nirsevimab)?

Yes  No

If no, provider attests that Beyfortus is not available at the initiation of Synagis® treatment and upon Beyfortus availability Synagis® will be discontinued.  Yes  No

Provider attests that Synagis® will be administered in the patient's home or long-term care facility.  Yes  No

If no, doses administered in a physician's office or clinic must be billed through the medical benefit unless a patient cannot access home health services.

Provider attests home health services are not available to the patient.  Yes  No

If no, please visit <https://hcpf.colorado.gov/par> for information on how to submit a medical PAR for Synagis®.

**Prescriber Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

*By signature, the Prescriber confirms the criteria information above is accurate and verifiable in-patient records*

**Fax This Form to:**  
**HEALTH FIRST COLORADO PRIOR AUTHORIZATIONS**  
**FAX NUMBER: 1-800-424-5881 (FORMS NEED TO BE FAXED FOR APPROVAL)**  
**PA HELP DESK: 1-800-424-5725**

