

Texas Standard (Medicaid) Prior Authorization Request Addendum Synagis



In addition to the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits, please complete the below information. The information below is essential to processing the prior authorization for the selected drug. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. Please fax the completed prior authorization form and addendum to 1-866-683-5631 for Superior HealthPlan members.

Section I — Dispensing Pharmacy Information

Name of Pharmacy	National Provider Identifier (NPI)	Area Code and Telephone No.	Area Code and Fax No.
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Section II — Patient Demographics

Name of Patient	Medicaid ID	Date of Birth (MMDDYY)	Gestational Age	
			weeks and	/ 7th day
Address of Patient (Street, City, State, ZIP Code)		Patient Phone Number		County of Residence

Has patient received a Synagis prophylactic injection during hospitalization since the start current of the RSV season?

No Yes If yes, number of shots: _____ Dose (mg): _____ Date(s): _____

Has the patient been hospitalization due to RSV at any time since the start of the current RSV season?

No Yes If yes, date of diagnosis: _____

Section III — Patient Diagnosis at the start of the RSV season

(Diagnosis/conditions must be clearly documented in the client's medical record.)

<input type="checkbox"/> Patients who are younger than 24 months chronological age can qualify, for up to five monthly doses of Synagis, based on diagnosis listed to the right	<input type="checkbox"/> 24-1: Profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised): _____ ICD-10-CM code: _____
	<input type="checkbox"/> 24-2: Active diagnosis of chronic lung disease (CLD) of prematurity#, AND required any of the following therapies within the 6 months prior to the current RSV season (check all that apply): <input type="checkbox"/> Chronic systemic corticosteroids <input type="checkbox"/> > 21% Supplemental oxygen <input type="checkbox"/> Bronchodilator therapy <input type="checkbox"/> Long-Term Mechanical Ventilator <input type="checkbox"/> Diuretics
<input type="checkbox"/> Patients who are between 12 - 24 months chronological age at the start of the RSV season can qualify, for up to five monthly doses of Synagis, based on the diagnosis or conditions listed to the right <i>Please refer to page 3 for definition</i>	<input type="checkbox"/> 24-3: Diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight for length less than the 10th percentile: _____ ICD-10-CM code: _____
	<input type="checkbox"/> 12-1: ≤ 28 6/7 weeks gestational age at birth: _____ ICD-10-CM code: _____
<input type="checkbox"/> Patients who are younger than 12 months chronological age at the start of the RSV season can qualify, for up to five monthly doses of Synagis, based on criteria listed to the right.	<input type="checkbox"/> 12-2: Chronic lung disease (CLD) of prematurity#: _____ ICD-10-CM code: _____
	<input type="checkbox"/> 12-3: Severe congenital abnormality of airway OR severe neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough: _____ ICD-10-CM code: _____

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	<input type="checkbox"/> 12-4: Active diagnosis of hemodynamically significant congenital heart disease (CHD): ICD-10-CM code: AND any of the below <input type="checkbox"/> Moderate to severe pulmonary hypertension. <input type="checkbox"/> Acyanotic heart disease, on medication to control congestive heart failure, and will require cardiac surgery <input type="checkbox"/> Cyanotic heart disease (with consultation from a pediatric cardiologist) (NOTE: This excludes infants with hemodynamically insignificant heart disease - refer to pages 3 and 4 for list)
	<input type="checkbox"/> 12-5: Diagnosis of cystic fibrosis with clinical evidence of CLD and/or nutritional compromise _____ ICD-10-CM code:

Section IV — Synagis Prescription detail (to be completed by prescriber) Prescriber should send a prescription to the specialty pharmacy.

Rx: Synagis (palivizumab) Injection		Quantity: _____	Dose (mg): _____	Refills: _____
Sig: Inject 15mg/kg one time per month		Current Weight: _____	<input type="checkbox"/> (kg) or <input type="checkbox"/> (lbs.)	
<input type="checkbox"/> Syringes 1ml 25G 5/8*	<input type="checkbox"/> Syringes 3ml 20G 1*	<input type="checkbox"/> Epinephrine 1:1000 amp. Sig: Injected 0.01 mg/kg as directed.		
Prescriber Name		License No.		
Address of Prescriber (Street, City, State and ZIP Code)			Area Code and Telephone No.	Area Code and Fax No.
Physician Signature				Date

Fax the completed prior authorization form to Superior HealthPlan at 1-866--683-5631

Category	Subcategories
Number Chronic Lung Disease (CLD) of Prematurity	<ul style="list-style-type: none"> Infants born < 32 weeks, 0 days' gestational age who require >21% oxygen for at least 28 days after birth.
Hemodynamically significant heart disease	<ul style="list-style-type: none"> Congestive heart failure (CHF) requiring medication Moderate to severe pulmonary hypertension Unrepaired cyanotic congenital heart disease
*Severe lung disease	<ul style="list-style-type: none"> Previous hospitalization for pulmonary exacerbation in the first year of life or Abnormalities on chest radiography or chest computed tomography that persist when stable
The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:	
1. Hemodynamically <i>insignificant</i> heart disease	<ul style="list-style-type: none"> Secundum atrial septal defect Small ventriculoseptal defect Pulmonic stenosis Uncomplicated aortic stenosis Mild coarctation of the aorta Patent ductus arteriosus
2. Congenital heart disease adequately corrected by surgery which does not continue to require medication for congestive heart failure.	
3. Mild cardiomyopathy that does not require medical therapy for the condition.	

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Category	Subcategories
4. Children in the second year of life on the basis of a history of prematurity alone.	

Note: Tobacco smoke exposure is not an indication for Synagis administration. Tobacco dependent parents should be offered tobacco dependence treatment or referral for tobacco dependence treatment. 877-YES-QUIT (877-937-7848, YesQuit.org) is the Quitline operated in Texas.

Additional Information

- Texas Medicaid has adopted the updated guidance published in 2014 by the American Academy of Pediatrics.
- Infants born at 29 weeks, 0 days' gestation or later are no longer universally recommended to receive prophylaxis with Synagis. Infants born at 29 weeks, 0 days' gestation or later, on the basis of chronic lung disease, congenital heart disease, or another condition, may qualify to receive prophylaxis.
- Synagis is not recommended in the second year of life on the basis of prematurity alone.
- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.

References

"Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection." *Pediatrics* 134.2 (2014): 415-420. Web. 11 Aug. 2015.

Synagis® (palivizumab) [prescribing information]. Gaithersburg, MD: Medimmune, LLC. 2014.

Epinephrine 1:1000 (1mg/ml) [prescribing information]. Lake Forest, IL: Hospira. 2008.