2019-2020 Synagis® Season – Prior Authorization Form

Today’s Date: ________________________________

Date Medication Required: ______________________

Phone: 1-800-218-7453 ext. 22080 | Fax: 1-866-683-5631

Section I — Dispens ing Pharmacy Information

<table>
<thead>
<tr>
<th>Name of Pharmacy</th>
<th>National Provider Identifier (NPI)</th>
<th>Area Code and Telephone No.</th>
<th>Area Code and Fax No.</th>
</tr>
</thead>
</table>

Section II — Patient Demographics

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Medicaid ID</th>
<th>Date of Birth (MMDDYY)</th>
<th>Gestational Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>weeks and / 7th day</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</table>

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.)

- **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: 

- **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):

  - Chronic systemic corticosteroids □
  - > 21% Supplemental oxygen □
  - Long-Term Mechanical Ventilator □
  - Diuretics □

- **24-3:** Diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight or length less than the 10th percentile:

  ICD-10-CM code: 

- **12-1:** ≤ 28 6/7 weeks gestational age at birth:

  ICD-10-CM code: 

- **12-2:** Chronic lung disease (CLD) of prematurity#:

  ICD-10-CM code: 

- **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:
12-4: Active diagnosis of hemodynamically significant congenital heart disease (CHD):

ICD-10-CM code: 
AND any of the below

□ Moderate to severe pulmonary hypertension. 
□ Acyanotic heart disease, on medication to control congestive heart failure, and will require cardiac surgery. 
□ Cyanotic heart disease (with consultation from a pediatric cardiologist). 

(NOTE: This excludes infants with hemodynamically insignificant heart disease - refer to pages 2 and 3 for list.)

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): __________________________

Sig: Inject 15mg/kg one time per month 

Current Weight: __________________________ (kg) or __________________________ (lbs.) 

□ Syringes 1ml 25G 5/8* □ Syringes 3ml 20G 1* □ Epinephrine T:1000 amp. Sig: Injected 0.01 mg/kg as directed.

Prescriber Name __________________________ License No. __________________________ NPI __________________________

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
---|---
# Chronic Lung Disease (CLD) of Prematurity | • Infants born < 32 weeks, 0 days’ gestational age who require >21% oxygen for at least 28 days after birth. 

Hemodynamically significant heart disease | • Congestive heart failure (CHF) requiring medication 
• Moderate to severe pulmonary hypertension 
• Unrepaired cyanotic congenital heart disease 

*Severe lung disease | • 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 **insignificant** heart disease | • 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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Children in the second year of life on the basis of a history of prematurity alone.</td>
<td></td>
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</table>

**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**
- Synagis® (palivizumab) [prescribing information]. Gaithersburg, MD: Medimmune, LLC. 2014.
- Epinephrine 1:1000 (1mg/ml) [prescribing information]. Lake Forest, IL: Hospira. 2008.