

Today's Date: \_\_\_\_\_

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

**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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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 <b>younger than 24 months</b> chronological age can qualify, for up to five monthly doses of Synagis, based on diagnosis listed to the right.	<input type="checkbox"/> <b>24-1:</b> 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"/> <b>24-2:</b> Active diagnosis of chronic lung disease (CLD) of prematurity*, <b>AND</b> 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"/> Long-Term Mechanical Ventilator <input type="checkbox"/> Diuretics  <input type="checkbox"/> <b>24-3:</b> Diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight or length less than the 10th percentile: _____ ICD-10-CM code: _____
<input type="checkbox"/> Patients who are <b>between 12 - 24 months</b> 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 2 for definition.</i>	<input type="checkbox"/> <b>12-1:</b> ≤ 28 6/7 weeks gestational age at birth: _____ ICD-10-CM code: _____
	<input type="checkbox"/> <b>12-2:</b> Chronic lung disease (CLD) of prematurity#: _____ ICD-10-CM code: _____
	<input type="checkbox"/> <b>12-3:</b> Severe congenital abnormality of airway <b>OR</b> severe neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough: _____ ICD-10-CM code: _____
<input type="checkbox"/> Patients who are <b>younger than 12 months</b> 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.	

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	<input type="checkbox"/> <b>12-4:</b> Active diagnosis of hemodynamically significant congenital heart disease (CHD):
	ICD-10-CM code: <b>AND any of the below</b> <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. (NOTE: This excludes infants with hemodynamically insignificant heart disease - refer to pages 2 and 3 for list.)
	<input type="checkbox"/> <b>12-5:</b> 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.

<b>Rx:</b> Synagis (palivizumab) Injection      Quantity: _____      Dose (mg): _____	
<b>Sig:</b> Inject 15mg/kg one time per month      Current Weight: _____ (kg) or _____ (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.      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	<ul style="list-style-type: none"> <li>• Infants born &lt; 32 weeks, 0 days' gestational age who require &gt;21% oxygen for at least 28 days after birth.</li> </ul>
Hemodynamically significant heart disease	<ul style="list-style-type: none"> <li>• Congestive heart failure (CHF) requiring medication</li> <li>• Moderate to severe pulmonary hypertension</li> <li>• Unrepaired cyanotic congenital heart disease</li> </ul>
*Severe lung disease	<ul style="list-style-type: none"> <li>• Previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable</li> </ul>
<b>The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:</b>	
1. Hemodynamically <i>insignificant</i> heart disease	<ul style="list-style-type: none"> <li>• Secundum atrial septal defect</li> <li>• Small ventriculoseptal defect</li> <li>• Pulmonic stenosis</li> <li>• Uncomplicated aortic stenosis</li> <li>• Mild coarctation of the aorta</li> <li>• Patent ductus arteriosus</li> </ul>
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.	
<b>Note:</b> Tobacco smoke exposure is <u>not</u> 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.