

TEXAS VENDOR DRUG PROGRAM	Page 2 OF 3
CSHCN Services Program Synagis Prior Authorization Request Form	2016-17

Section I – Dispensing Pharmacy Information

Pharmacy Name IV Solutions of Lubbock	NPI 1144320482	Phone 800-658-6046	Fax 800-791-7851
---	--------------------------	------------------------------	----------------------------

Section II – Patient Demographics

Name	CSHCN ID	Date of Birth	Gestational Age ____ weeks and ____ / 7th day
Address			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 hospitalized 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 (Diagnoses/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 5 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"/> Patients who are between 12 - 24 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of Synagis, based on the diagnosis or conditions listed to the right * Please refer to page 3 for definition	<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): ICD-10-CM code: <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"/> 24-3: Diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight for length less than the 10 th percentile: 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 5 monthly doses of Synagis, based on criteria listed to the right.	<input type="checkbox"/> 12-1: ≤ 28 6/7 weeks gestational age at birth: ICD-10-CM code: <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: <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 page 3 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 (to be completed by prescriber)

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: Inject 0.01mg/kg as directed.			
Prescriber Name	License number	NPI	
Address, City, State & ZIP	Phone	Fax	
Physician Signature	Date		

Fax the completed prior authorization form to 512-776-7238.