

Christus Health Plan (Medicaid)

Synagis (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.
 Complete/review information, sign and date. Fax signed forms to Christus Health Plan at **1-866-255-7534**.
 Please contact Christus Health Plan at **1-855-656-0363** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Synagis (Medicaid)

For your convenience and prior auth coordination, please fax to IV Solutions at (800) 791-7851

Drug Name (select from list of drugs shown)

Synagis (palivizumab)

Quantity _____

Frequency _____

Strength _____

Route of Administration _____

Expected Length of therapy _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____**Please circle the appropriate answer for each question.**

1. Is Synagis being prescribed for the prevention of serious lower respiratory tract disease caused by RSV in a child at high risk of RSV disease? Y N

[If no, no further questions.]

2. Is the member's chronological age less than 24 months at the start of the RSV season? Y N

[If no, no further questions.]

3. Does the member have an active diagnosis of chronic lung disease (CLD) of prematurity defined as birth at gestational age less than (<) 32 weeks, 0 day WITH greater than (>) 21% oxygen for at least 28 days after birth? Y N

[If no, skip to question 2.]

4. Is the member's chronological age less than 12 months at the start of the RSV season? Y N

[If yes, skip to question 22.]

5. Within the 6 months prior to the current RSV season, has the member required ANY of the following therapies? Y N

Chronic use of corticosteroids\ Diuretics\ 21%
Supplemental oxygen\ Long-term mechanical ventilator\
Bronchodilator therapy

[If yes, skip to question 22.]

[If no, no further questions.]

6. Is the member's chronological age less than 12 months at the start of the RSV season? Y N

[If no, skip to question 16.]

7. Was the member born at gestational age less than or equal to (<) 28 6/7 weeks? Y N

[If yes, skip to question 22.]

8. Does the member have severe congenital abnormality of airway or severe neuromuscular disease that impairs the ability to clear secretions from the upper airway due to ineffective cough? Y N

[If yes, skip to question 22.]

9. Does the member have an active diagnosis of hemodynamically significant heart disease? Y N

[If no, skip to question 14.]

10. Does the member have moderate to severe pulmonary hypertension? Y N

[If yes, skip to question 22.]

11. Does the member have unrepaired cyanotic congenital heart disease? Y N

[If no, skip to question 13.]

12. Is Synagis being prescribed by or in consultation with a pediatric cardiologist? Y N

[If no, skip to question 3.]

13. Does the member have congenital heart failure (CHF) requiring medication? Y N

[If yes, skip to question 22.]

[If no, skip to question 16.]

14. Is the member's chronological age less than 6 months at the start of the RSV season? Y N

[If no, skip to question 16.]

15. Was the member born at gestational age less than (<) 31 6/7 weeks? Y N

[If yes, skip to question 22.]

16. Is Synagis being prescribed by or in consultation with ANY of the following subspecialists? If yes, please write the name and subspecialty of the prescriber/consulting physician and the date of consultation: _____

Subspecialist: _____

Subspecialty: _____

Date of Consultation: _____

Neonatologist \ Pediatric Intensivist \ Pediatric Pulmonologist \ Pediatric Cardiologist \ Pediatric Infectious Disease Subspecialist

17. Does the member have ANY of the following conditions, which leaves the member profoundly immunocompromised? Y N

Solid organ transplant \ Hematopoietic stem cell transplant \ Chemotherapy \ Other condition that leaves the infant profoundly immunocompromised, which is NOT one of the following:

Congenital heart disease adequately-corrected by surgery not requiring medication \ Mild cardiomyopathy not requiring medical therapy \ Secundum atrial septal defect \ Small ventriculoseptal defect \ Pulmonic stenosis \ Uncomplicated aortic stenosis \ Mild coarctation of the aorta \ Patent ductus arteriosus \ Any other hemodynamically insignificant heart disease \ Tobacco smoke exposure

[If yes, skip to question 22.]

18. Is the member undergoing surgical procedures that involve cardiopulmonary bypass? Y N

[If no, skip to question 20.]

19. Is the request for a member who is receiving RSV prophylaxis with Synagis and who continues to require prophylaxis after a surgical procedure? Y N

[If yes, skip to question 22.]
[If no, no further questions.]

20. Does the member have Down syndrome AND a condition that may increase the risk of RSV infection? Y N

[If yes, skip to question 22.]

21. Does the member have a diagnosis of cystic fibrosis plus other conditions such as clinical evidence of ONE of the following? Y N

Chronic lung disease (CLD)* and nutritional compromise in the first year of life \ 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) or weight for length less than the tenth percentile in second year of life.

[If no, no further questions.]

22. Has the member received at least ONE dose of Synagis since the beginning of the current RSV season? Y N

[If no, no further questions.]

23. Has the client been hospitalized for RSV since the start of the current RSV season? Y N

[If yes, no further questions.]

24. Has the member received more than 4 doses of Synagis since the beginning of the current RSV season until today? Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date