



**Texas Medicaid Vendor Drug Program  
Respiratory Syncytial Virus (RSV) Season  
2016-2017 | Synagis® Prior Authorization Request Form**

Providers please FAX completed form to **preferred pharmacy** for processing:

**Preferred Pharmacies:**  **Avella Pharmacy 877.480.1746**  **Maxor Pharmacy 866.217.8034**

<b>Patient Name:</b>		<b>Medicaid ID:</b>		<b>DOB:</b>	
<b>Patient Address:</b>			<b>Patient Phone:</b>		
<b>County of Residence/Zip:</b>			<b>Doses Requested (5 Max, or through season end):</b>		
<b>ICD-9-CM code:</b> _____ <b>OR ICD-10-CM code:</b> _____			<b>Gestational Age:</b> &      / 7 weeks		
Has patient received a Synagis® prophylaxis dose during hospitalization since the start of the current RSV season? <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes, number of injections: _____ Dose (mg): _____ Date(s) of Injection(s): _____					
Has the patient been hospitalized 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 _____					
<b>PATIENT DIAGNOSIS AT THE START OF RSV SEASON (Diagnoses/conditions must be clearly documented in the patient's medical record.)</b>					
<input type="checkbox"/> Patients who are <b>younger than 24 months</b> chronological age can qualify, for up to 5 monthly doses of Synagis®, based on diagnosis listed to the right		<input type="checkbox"/> <b>24-1:</b> Profoundly immunocompromised during the RSV season (e.g., solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised ):    ICD-9-CM code: _____    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 5 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"/> <b>24-2:</b> Active diagnosis of chronic lung disease (CLD) of prematurity <sup>†</sup> <b>AND</b> required any of the following therapies within the 6 months prior to the current RSV season (check all that apply): ICD-9-CM code: _____    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"/> <b>24-3:</b> Diagnosis of cystic fibrosis with severe lung disease* or cystic fibrosis with weight for length less than the 10 <sup>th</sup> percentile: ICD-9-CM code: _____    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 5 monthly doses of Synagis®, based on criteria listed to the right.		<input type="checkbox"/> <b>12-1:</b> ≤ 28 6/7 weeks gestational age at birth: ICD-9-CM code: _____    ICD-10-CM code: _____ <input type="checkbox"/> <b>12-2:</b> Chronic lung disease (CLD) of prematurity <sup>†</sup> : ICD-9-CM code: _____    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-9-CM code: _____    ICD-10-CM code: _____ <input type="checkbox"/> <b>12-4:</b> Active diagnosis of hemodynamically significant congenital heart disease (CHD): ICD-9-CM code: _____    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 (with consultation from a pediatric cardiologist) (NOTE: This excludes infants with hemodynamically insignificant heart disease - refer to page 3 for list) <input type="checkbox"/> <b>12-5:</b> Diagnosis of cystic fibrosis with clinical evidence of CLD and/or nutritional compromise ICD-9-CM code: _____    ICD-10-CM code: _____			
<b>Rx:</b> Synagis® (palivizumab) Liquid Solution 50mg and/or 100mg vials <b>Dose (mg):</b> _____ <b>Current Weight (kg):</b> _____ <b>Sig:</b> Inject 15mg/kg one time per month <b>Quantity:</b> QS for weight based dosing <b>Refills:</b> _____ <input type="checkbox"/> Syringes 1mL 25G 5/8" <input type="checkbox"/> Syringes 3mL 20G 1" <input type="checkbox"/> Epinephrine 1:1000 amp <b>Sig:</b> Inject 0.01mg/kg as directed.					
<b>Prescriber Name (PRINT):</b>				<b>Date:</b> /    /	
<b>ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>		<b>FAX:</b>		<b>NPI:</b>	
<b>Prescriber Signature:</b>				<b>License Number:</b>	

**Dispensing Pharmacy FAX completed form to NAVITUS for approval: 1.855.668.8553**