TEXAS VENDOR DRUG PROGRAM

CSHCN Services Program Synagis Prior Authorization Request Form

2016-17

Section I – Dispensing Pharmacy Information

Pharmacy Name	NPI	Phone	Fax
Maxor Specialty	1871693119	866-629-6779	866-217-8034

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.)*

☐ 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	☐ **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:
☐ 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*	☐ **24-2:** Active diagnosis of chronic lung disease (CLD) of prematurity#, **AND r**equired any of the following therapies within the 6 months prior to the current RSV season (check all that apply): ICD-10-CM code: ☐ Chronic systemic corticosteroids ☐ > 21% Supplemental oxygen ☐ Bronchodilator therapy ☐ Long-Term Mechanical Ventilator ☐ Diuretics
	☐ **24-3:** Diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight for length less than the 10th percentile: ICD-10-CM code
☐ 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.	☐ **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 page 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 (to be completed by prescriber)

Rx: Synagis (palivizumab) Injection **Quantity:**_____ **Dose** (mg): _____ **Refills:** _____

Sig: Inject 15mg/kg one time per month **Current Weight:**_____ ☐ (kg) or ☐ (lbs.)

☐ Syringes 1ml 25G 5/8" ☐ Syringes 3ml 20G 1" ☐ 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.

Clear Form