

SYNAGIS
PREAUTHORIZATION REQUEST
PHYSICIAN FAX FORM



**BlueCross BlueShield
of Texas**

ONLY the prescriber may complete and fax this form. This form is for prospective, concurrent, and retrospective reviews.

Incomplete forms will be returned for additional information. The following documentation is required for preauthorization consideration. For formulary information and to download additional forms, please visit www.bcbstx.com/medicaid

PATIENT INFORMATION

Today's Date: _____

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):
Patient Address:		City, State, Zip:	Patient Telephone:

INSURANCE INFORMATION

BCBS ID Number:	Group Number:
-----------------	---------------

PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:		Clinic Address:	
City, State, Zip:		Phone #:	Secure Fax #:

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis- ICD code plus description:		
Medication Requested:	Strength:	
Dosing Schedule:	Quantity per Month:	
Birth Weight: _____ kg or _____ lb	Current Weight: _____ kg or _____ lb	Date recorded: _____

Please indicate the patient's age at the start of Respiratory Syncytial Virus (RSV) season: _____

Please indicate the patient's gestational age: _____ weeks and _____ / 7th day

- Has patient received a Synagis prophylactic injection during hospitalization since the start current of the RSV season? Yes No
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? Yes No
If yes, please provide date of diagnosis: _____

*Patients who are **younger than 24 months** chronological age can qualify for up to 5 monthly doses of Synagis, based on the criteria listed below. *Diagnoses and conditions must be clearly documented in the patient's medical record:*

Active diagnosis of chronic lung disease (CLD) of prematurity (please refer to page 3 for definition), **AND** required any of the following therapies within the 6 months prior to the current RSV season (check all that apply):

ICD code: _____

- | | |
|---|---|
| <input type="checkbox"/> Chronic systemic corticosteroids | <input type="checkbox"/> Greater than 21% Supplemental oxygen |
| <input type="checkbox"/> Bronchodilator therapy | <input type="checkbox"/> Long-Term Mechanical Ventilator |
| <input type="checkbox"/> Diuretics | |

Profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised): Please provide ICD code: _____

Diagnosis of cystic fibrosis with sever lung disease*, or cystic fibrosis with weight for length less than the 10th percentile: Please provide ICD code: _____

Please continue on page 2.

Patient name (First):	Last:	M:	DOB (mm/dd/yy):
<p>*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 below (check all that apply):</p> <p><input type="checkbox"/> Patient was less than or equal to (\leq) 28 6/7 weeks gestational age at birth: Please provide ICD code: _____</p> <p><input type="checkbox"/> Chronic lung disease (CLD) of prematurity (please refer to page 3 for definition): Please provide ICD code: _____</p> <p><input type="checkbox"/> Severe congenital abnormality of airway OR severe neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough: Please provide ICD code: _____</p> <p><input type="checkbox"/> Active diagnosis of hemodynamically significant congenital heart disease (CHD) (note this excludes infants with hemodynamically insignificant heart disease – refer to page 3): Please provide ICD code: _____</p> <p>AND any of the below:</p> <p><input type="checkbox"/> Moderate to severe pulmonary hypertension</p> <p><input type="checkbox"/> Acyanotic heart disease, on medication to control congestive heart failure, and will require cardiac surgery</p> <p><input type="checkbox"/> Cyanotic heart disease (with consultation from a pediatric cardiologist)</p> <p><input type="checkbox"/> Diagnosis of cystic fibrosis with clinical evidence of CLD and/or nutritional compromise: Please provide ICD code: _____</p>			
Prescriber or Authorized Signature: _____		Date: _____	
<p><i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.</i></p> <p>Note: Payment is subject to member eligibility Authorization does not guarantee payment.</p>			
<p>Please fax or mail this form to: Blue Cross and Blue Shield of Texas c/o Prime Therapeutics LLC, Clinical Review Department 1305 Corporate Center Drive Eagan, Minnesota 55121</p>		<p>CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 800.858.0723, and return the original message to Blue Cross and Blue Shield of Texas c/o Prime Therapeutics via U.S. Mail. Thank you for your cooperation.</p>	
<p>TOLL FREE Fax: 877.243.6930 Phone: 855.457.0407</p>			



Category	Subcategories
#Chronic Lung Disease (CLD) of Prematurity	<ul style="list-style-type: none"> • Infants born < 32 weeks, 0 days' gestational age who require >21% oxygen for

	at least 28 days after birth.
Hemodynamically significant heart disease	<ul style="list-style-type: none"> • Congestive heart failure (CHF) requiring medication • Moderate to severe pulmonary hypertension • Unrepaired cyanotic congenital heart disease
*Severe lung disease	<ul style="list-style-type: none"> • Previous hospitalization for pulmonary exacerbation in the first year of life or • Abnormalities on chest radiography or chest computed tomography that persist when stable
The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:	
1. Hemodynamically <i>insignificant</i> heart disease	<ul style="list-style-type: none"> • Secundum atrial septal defect • Small ventriculoseptal defect • Pulmonic stenosis • Uncomplicated aortic stenosis • Mild coarctation of the aorta • Patent ductus arteriosus
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	
4. Children in the second year of life on the basis of a history of prematurity alone	
Note: 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. 1-877-YES-QUIT (1-877-937-7848, 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.