

CHRISTUS HEALTH PLAN (MEDICAID)

CHRISTUS HEALTH PLAN STAR (MEDICAID)

Synagis (Medicaid)

This fax machine is located in a secure location required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-866-255-7569**.

Please contact CVS/Caremark at **1-855-656-0363** with questions regarding the CHRISTUS HEALTH PLAN (MEDICAID) process.

When conditions are met, we will authorize the coverage of Synagis (Medicaid).

Drug Name (select from list of drugs show)

Other, Please specify: _____ Palivizumab 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: _____

Comments: _____

Please select 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 6.]

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

[If no, skip to question number 19.]

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 19.]
[If no, no further questions.]
6. Does the member have a diagnosis of cystic fibrosis? Y N
[If no, skip to question number 10.]
7. Is the member's chronological age less than 12 months at the start of the RSV season? Y N
[If yes, skip to question number 9.]
8. Does the member meet either of these conditions? Y N
Diagnosis of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on the chest radiography or chest computed tomography that persist when stable)\Weight less than the 10th percentile
[If yes, skip to question number 19.]
[If no, no further questions.]
9. Does the patient meet either of these conditions? Clinical evidence of chronic lung disease\Nutritional compromise Y N
NOTE FOR REVIEWER: Chronic lung disease (CLD) defined as born less than 32 weeks, 0 day gestational age and required greater than 21% oxygen for at least 28 days after birth.
[If yes, skip to question number 19.]
[If no, no further questions.]
10. Was the member born at gestational age less than or equal to 28 6/7 weeks? Y N
[If yes, skip to question number 18.]
11. 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 number 18.]
12. Does the member have an active diagnosis of hemodynamcially significant congenital heart disease? Y N
[If yes, skip to question number 17.]
13. Does the member have moderate to severe pulmonary hypertension? Y N
[If yes, skip to question number 18.]
14. Does the member have unrepaired cyanotic congenital heart disease? Y N
[If no, skip to question number 16.]
15. Is Synagis being prescribed by or in consultation with a pediatric cardiologist? Y N
[If yes, skip to question number 18.]
[If no, no further questions.]

17. Does the member have ANY of the following conditions, which leaves the member profoundly immunocompromised? 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 required medical therapy\Secundum atrial septal defect\Small ventriculoseptal\Pulmonic stenosis \Uncomplicated aortic stenosis\Mild coarctation of the aorta\Patent ductus arteriosus\Any other hemodynamically insignificant heart disease\Tobacco smoke exposure]

Y N

NOTE FOR REVIEWER: Tobacco smoke exposure is not 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.

[If yes, skip to question number 19.]

18. Is the member less than 12 months of age at the start of RSV season?

Y N

[If no, no further questions.]

19. 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.]

20. Has the client been hospitalized for RSV since the start of the current RSV season?

Y N

NOTE FOR REVIEWER: Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.

[If yes, no further questions.]

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

Y N

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

Prescriber (or Authorized) signature and Date