

NAVITUS TEXAS MEDICAID Palivizumab (*Synagis*) Prior Authorization Request Form

Prescribing practitioner should FAX completed form to the dispensing PHARMACY

Patient's Name		Client ID:	
Date of Birth: / /	County of residence:		Telephone Number:
Address:		City:	State: ZIP:
Parent/Legal Guardian (if applicable):			
Age in months as of October 1:		Estimated gestational age at birth: ___ and ___/7 weeks	
Requested dates of service—From:		To: Quantity Requested (doses):	
<input type="checkbox"/> Date of birth on or after 09/30/2010 Clients who are younger than 24 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of palivizumab, based on the criteria to the right. Diagnoses and conditions must be clearly documented in the client's medical record. <i>(Refer to the Texas Medicaid Provider Procedures Manual for more details about congenital heart and chronic lung disease diagnoses.)</i> ^y Refer to the 2 nd page for additional information.	Choose one of the following: <input type="checkbox"/> Active diagnosis of hemodynamically significant ^x heart disease (ICD-9-CM code: _____) (NOTE: This excludes infants with hemodynamically insignificant ^y heart disease – Refer to 2 nd page for list) <input type="checkbox"/> Active diagnosis of chronic lung disease of infancy (CLDI)* (ICD-9-CM code: _____) and required any of the following therapies within the past 6 months: <input type="checkbox"/> Supplemental oxygen <input type="checkbox"/> Diuretics <input type="checkbox"/> Chronic corticosteroids <input type="checkbox"/> Long-term mechanical ventilation * CLDI was formerly called "bronchopulmonary dysplasia." It can develop in pre-term neonates who are treated with oxygen and positive pressure ventilation. Many cases are seen in infants who previously had respiratory distress syndrome (RDS). CLDI is not asthma, croup, a recurrent upper respiratory infection, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection. <input type="checkbox"/> Solid organ or stem cell transplant recipient (ICD-9-CM code: _____) NOTE: As there is limited data on effectiveness of palivizumab in the second year of life, decision about initiating palivizumab on children born before 9/30/2011 should be made in consultation with an appropriate pediatric subspecialist. Date of subspecialist ^y consultation w/recommendation for palivizumab for current RSV season _____ Name of subspecialist: _____ Specialty of Subspecialist ^y : _____		
<input type="checkbox"/> Date of birth on or after 09/30/2011 Clients who are younger than 12 months chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of palivizumab, based on criteria to the right.	Choose one of the following: <input type="checkbox"/> ≤ 28 6/7 weeks gestational age at birth (ICD-9-CM code: _____) <input type="checkbox"/> Severe congenital abnormality of airway OR severe neuromuscular disease that compromises handling of respiratory tract secretions (ICD-9-CM code: _____) <input type="checkbox"/> Cystic Fibrosis with BMI<25%ile and/or chronic lung disease (ICD-9-CM code: _____)		
<input type="checkbox"/> Date of birth on or after 03/31/2012	<input type="checkbox"/> < 31 6/7 weeks gestational age at birth (ICD-9-CM code: _____)		
<input type="checkbox"/> Date of birth on or after 7/30/2012 can qualify for up to 3 monthly doses of palivizumab up until they reach 90 days of age based on criteria to the right.	<input type="checkbox"/> >32 0/7 and <34 6/7 weeks gestational age AND one of the follow two risk factors <input type="checkbox"/> Attends child care facility with other infants and toddlers <input type="checkbox"/> Has older sibling < 5 y.o. living in same household		
Current clinical information and diagnoses that pertain to medical necessity (if necessary, and additional pages):			
Rx: Synagis® (palivizumab) Liquid Solution 50mg and/or 100mg vials			
Sig: Inject 15mg/kg one time per month		Quantity: QS for weight based dosing _____ (kg) Refills: _____	
<input type="checkbox"/> Syringes 1ml 25G 5/8"	<input type="checkbox"/> Syringes 3ml 20G 1"	<input type="checkbox"/> Epinephrine 1:1000 amp.	Sig: Inject 0.01mg/kg as directed
<input type="checkbox"/> Other:		<input type="checkbox"/> Known Allergies:	
Physician Name (printed):			Date: / /
Address:		City:	State: ZIP:
Telephone Number:		Fax Number:	
TPI:	NPI:	Taxonomy	Benefit Code:
Physician Signature:			License number:

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Category*	Subcategories
Hemodynamically significant heart disease	<ul style="list-style-type: none"> Medication for congestive heart failure (CHF) Moderate to severe pulmonary hypertension Unrepaired cyanotic congenital heart disease
Hemodynamically insignificant 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 Congenital heart disease adequately corrected by surgery which does not continue to require medication for congestive heart failure Mild cardiomyopathy that does not require medications
Pediatric subspecialist:	<ul style="list-style-type: none"> Neonatologist Pediatric intensivist Pediatric pulmonologist Pediatric cardiologist Pediatric infectious disease subspecialist
<p>NOTE: According to the American Academy of Pediatrics 2009 Committee on Infections Diseases statement, tobacco smoke exposure is NOT an indication for palivizumab administration. Tobacco dependent parents should be offered tobacco dependence treatment or referral for tobacco dependence treatment. The national smoker's quitline, 1 800 QUIT NOW is one such resource. This quitline is operated in Texas by the American Cancer Society.</p>	