

Cook Children's Health Plan - Palivizumab (Synagis) Prior Authorization Request Form

Prescribing practitioner should FAX completed form NAVITUS for approval: 1.855.668.8553

Preferred Pharmacy: Cook Children's Home Health Pharmacy

Patient's Name		Client ID:		
Date of Birth: / /	County of residence:		Telephone Number:	
Address:		City:	State:	ZIP:
Parent/Legal Guardian (if applicable):		Estimated gestational age at birth: ____ and ____/7 weeks		
Requested dates of service—From:		To:	Quantity Requested (doses):	
<input type="checkbox"/> 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> <u>Refer to the 2nd page for additional information.</u>		Choose one of the following: <input type="checkbox"/> Active diagnosis of hemodynamically significant ^y heart disease (ICD-9-CM code: _____) <input type="checkbox"/> CHF on medication <input type="checkbox"/> moderate to severe Pulmonary Hypertension <input type="checkbox"/> cyanotic heart disease <i>(NOTE: This excludes infants with hemodynamically insignificant^y heart disease – Refer to 2nd page for list)</i> <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 <small>* 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.</small> NOTE: As there is limited data on effectiveness of palivizumab in the second year of life, decision about initiating palivizumab on children greater than 1 year of age 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"/> 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"/> Clients who are younger than 6 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		<input type="checkbox"/> < 31 6/7 weeks gestational age at birth (ICD-9-CM code: _____)		
<input type="checkbox"/> Clients who are younger than 3 months chronological age at the start of the RSV season can qualify, for up to <u>3</u> monthly doses of palivizumab 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:	

PH-0812-016

Dispensing Pharmacy FAX completed form to NAVITUS for approval: 1.855.668.8553

Effective date 09/2013

Reference: Pickering LK, ed. American Academy of Pediatrics. Red Book: 2012 Report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

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Category [✖]	Subcategories
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
Pediatric subspecialist:	<ul style="list-style-type: none"> • Neonatologist • Pediatric intensivist • Pediatric pulmonologist • Pediatric cardiologist • Pediatric infectious disease subspecialist
The following groups of infants are <u>NOT AT INCREASED</u> risk of RSV and generally should not receive immunoprophylaxis:	
(1) 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
(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	
<p>NOTE: 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>	