

## RightCare from Scott & White Health Plan STAR Medicaid Synagis® Request Form 2014-15 Season



The one Texans trust.

Section I – Dispensing Pharmacy Information	n					
Pharmacy Name		Phone		Fax		
Section II – Patient Demographics		ł				
Name Medicaid ID		Date of Birth		Gestational Age		
				weeks and/ 7th day		
Address				County of residence		
Address				County of residence		
Has patient received a Synagis prophylactic injection during hospitalization since the start of the current RSV season?						
No         Yes         If yes, number of shots:         Dose (mg):         Date:						
Section III – Patient Diagnosis						
Patients who are younger than 24						
months chronological age at the start of the			bies within the 6 mont	hs prior to the current RSV season		
RSV season can qualify, for up to 5 monthly	(check all that apply): ICD-9-CM code:					
doses of Synagis, based on the criteria listed						
to the right. Diagnoses and conditions must	Chronic systemic corticosteroids Diuretics					
be clearly documented in the client's medical	21% Supplemental oxygen     Long-Term Mechanical Ventilator					
record.	Bronchodilator therapy					
	<b>24-2:</b> Profoundly i	mmunocompromise	ed during the RSV se	eason (solid organ or hematopoietic		
*Refer to page 2 for definition.				hat leaves the infant profoundly		
	immunocompromised):					
	1 /		ICD	-9-CM code:		
Patients who are younger than 12	<b>12-1</b> : $\leq 28.6/7$ wee	ke gestational age a	t hirth: ICD	-9-CM code:		
months chronological age at the start of the		0 0		-9-CIVI code.		
RSV season can qualify, for up to 5 monthly	<b>12-2</b> : Chronic lung disease (CLD) of prematurity: ICD-9-CM code:					
doses of Synagis, based on criteria listed to	<b>12-3</b> : Severe congenital abnormality of airway OR severe neuromuscular disease that impairs the					
the right.	ability to clear secretions from the upper airway because of ineffective cough:					
		11	-	-		
				-9-CM code:		
	<b>12-4</b> : Active diagno	osis of hemodynami				
	AND		ICD	-9-CM code:		
	Currentia baset diagona (in computation with a mediatric control point)					
	Cyanotic heart disease (in consultation with a pediatric cardiologist)					
				disease - refer to page 2 for list)		
	Patients who are younger than 6 months 6-1: < 31 6/7 weeks gestational age at birth: ICD-9-CM code:					
	chronological age at the start of the RSV					
season can qualify, for up to 5 monthly doses						
of Synagis, based on criteria to the right.						
Section IV – Other Condition(s)						
Synagis is prescribed by or in consultation with an appropriate Pediatric Subspecialist ‡ for a patient younger than 24 months of age with any of the conditions in Section VII. (‡ Refer to page 2 for a list of appropriate Pediatric Subspecialities and conditions.)						
Subspecialist:		•		Date:		
Important note: Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.						
Section V – Synagis Prescription (to be completed by prescriber)						
Rx:       Synagis (palivizumab) Liquid Solution vial       Quantity:       Dose (mg):       Refills:						
Sig: Inject 15mg/kg one time per month	C	urrent 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						
		ate	Phone	Fax		
Address, City, State & ZIP NPI						
Physician Signature	Physician Signature: License number:					
rnysician Signature: License number:						

**RCSWPS 20146** 



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Section VI.

Category	Subcategories
Chronic Lung Disease (CLD) of Prematurity *	Born < 32 week, 0 day gestational age who require >21% oxygen for at least 28 days after birth.
Pediatric Subspecialist <sup>‡</sup>	<ul> <li>Neonatologist</li> <li>Pediatric Intensivist</li> <li>Pediatric Pulmonologist</li> <li>Pediatric Cardiologist</li> <li>Pediatric Infectious Disease Subspecialist</li> </ul>
Hemodynamically significant heart disease	<ul> <li>Congestive heart failure (CHF) requiring medication</li> <li>Moderate to severe pulmonary hypertension</li> <li>Unrepaired cyanotic congenital heart disease</li> </ul>
The following groups of infants are NOT AT I	NCREASED risk of RSV and generally should not receive immunoprophylaxis:
1. Hemodynamically <i>insignificant</i> heart disease	<ul> <li>Secundum atrial septal defect</li> <li>Small ventriculoseptal defect</li> <li>Pulmonic stenosis</li> <li>Uncomplicated aortic stenosis</li> <li>Mild coarctation of the aorta</li> <li>Patent ductus arteriosus</li> </ul>
2. Congenital heart disease adequately corrected by failure	by surgery which does not continue to require medication for congestive heart
3. Mild cardiomyopathy that does not require med	lical therapy for the condition
	for Synagis administration. Tobacco dependent parents should be offered tobacco dence treatment. 1-877-YES-QUIT (1-877-937-7848, <u>YesQuit.org</u> ) is the Quitline

Section VII.

Clinical prior authorization staff will give additional consideration for approval of prior authorization requests for infants and children younger than 24 months that do not meet criteria in Section III of the request form if the patient meets one or more of the following conditions and the prescription was written by or in consultation with a pediatric sub-specialist:

- \* Children in the second year of life because a mean decrease in palivizumab serum concentration of 58% was observed after surgical procedures that involve cardiopulmonary bypass, for children who are receiving prophylaxis and who continue to require prophylaxis after a surgical procedure, a post-operative dose of palivizumab (15mg/kg) should be considered after cardiac bypass or at the conclusion of extra-corporeal membrane oxygenation for infants and children younger than 24 months.
- \* Infants and children that have undergone chemotherapy, hematopoetic stem cell transplantation, or solid organ transplant.
- \* In some cases in children with Down syndrom plus a condition that may increase the risk of respiratory syncytial virus (RSV) infection.
- \* Cystic Fibrosis plus other conditions such as clinical evidence of chronic lung disease (CLD) and nutritional compromise in the first year of life, as defined of page 1 of the request form.
- \* Cystic Fibrosis plus severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable) or weight for length less than the tenth percentile in second year of life.