

2016-2017  
RSV Season

**HUSKY Health Program  
Palivizumab (Synagis®) Prior Authorization Request Form  
Phone: 1.800.440.5071**

**THIS FORM IS TO BE COMPLETED BY THE ORDERING PROVIDER AND FAXED TO ONE OF THE PHARMACIES LISTED BELOW.**

€ CVS/Caremark Phone: 1.800.237.2767 Fax: 1.800.323.2445	€ Walgreens Phone: 1.866.230.8102 Fax: 1.888.325.6544
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Patient Name:	Parent/Guardian Name:
Medicaid ID#:	Address:
DOB: _____ Birth Weight lbs oz <b>OR</b> kg	City/State/Zip:
Gestational Age: _____ (weeks) / _____ (days)	Phone:
Current Weight: _____ lbs oz <b>OR</b> kg	Date Weight Recorded:
Previous Dose Given: Y / N Date:	Expected Date of First Injection:
First dose given in physician's office, subsequent doses to be administered: <input type="checkbox"/> In Office/Clinic <input type="checkbox"/> In Patient's Home	
Authorization expires 3/31/2017 unless otherwise indicated; HUSKY Health program to coordinate home administration.	

**Criteria - Check only one category and enter the diagnosis/ICD-10CM code that is most applicable to the clinical situation.**

- 1. Infant born before 29 weeks, 0 days gestational age, and who is up to 12 months of age as of 11/01/2016 (5 Doses Max)**
  - Enter one ICD-10CM code identifying patient's gestational age.  
ICD-10CM Code: \_\_\_\_\_
- 2. Preterm infant born before 32 weeks, 0 days gestational age with chronic lung disease of prematurity defined as greater than 21% oxygen for at least 28 days after birth, and who is up to 12 months of age as of 11/01/16 (5 Doses Max)**
  - Enter one ICD-10CM code identifying patient's gestational age.  
ICD-10CM Code: \_\_\_\_\_
  - Enter one ICD-10CM code that best describes the patient's lung disease of prematurity.  
ICD-10CM Code: \_\_\_\_\_ (Requires documentation of oxygen needs after birth)
- 3. Infant with hemodynamically significant heart disease and who is up to 12 months of age as of 11/01/16 (5 doses Max)**  
Diagnosis \_\_\_\_\_ ICD-10CM Code \_\_\_\_\_ (Requires documentation of indicated diagnosis)
- 4. Children between 12 and 24 months of age as of 11/01/16, born before 32 weeks, 0 days' gestation who required at least 28 days of supplemental oxygen after birth and who continues to require medical intervention (supplemental oxygen, chronic corticosteroid or diuretic therapy) (5 Doses Max)**  
Diagnosis \_\_\_\_\_ ICD-10CM Code \_\_\_\_\_ (Requires documentation of oxygen needs after birth and current medical intervention(s))
- 5. Other: Child who will be profoundly immunocompromised during the RSV season and who is up to 24 months of age as of 11/01/16 (5 Doses Max)**  
Diagnosis \_\_\_\_\_ ICD-10CM Code \_\_\_\_\_ (Requires documentation of immunocompromised state)
- 6. Other: Child with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways and who is up to 12 months of age as of 11/01/16 (5 Doses Max)**  
Diagnosis \_\_\_\_\_ ICD-10CM Code \_\_\_\_\_ (Requires documentation of indicated diagnosis)

**Prescription**

Synagis® (palivizumab)  Syringes \_\_\_\_\_  Other \_\_\_\_\_

Sig  Inject 15mg/kg one time per month Refills\* 1 2 3 4 (circle one, based on AAP recommendations)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
Hospital/Practice: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI # \_\_\_\_\_  
City/St/Zip \_\_\_\_\_ License # \_\_\_\_\_ DEA # \_\_\_\_\_

**\*PHARMACIES SHOULD FAX COMPLETED REQUESTS TO THE HUSKY HEALTH PROGRAM AT 203.774.0549\***