

**2018-2019
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.

<input type="checkbox"/> CVS/Caremark Phone: 1.800.237.2767 Fax: 1.800.323.2445	<input type="checkbox"/> 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 OR _____ kg	City/State/Zip:
Gestational Age: _____ (weeks) / _____ (days)	Phone:
Current Weight: _____ lbs _____ oz OR _____ 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 3/31/2019 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 11/01/2018 (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 11/01/18 (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 11/01/18 (5 doses Max)**
Diagnosis _____ ICD-10CM Code _____ (Requires documentation of indicated diagnosis)
- 4. Children between 12 and 24 months of age as of 11/01/18, 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 11/01/18 (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 11/01/18 (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