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CONTAINS CONFIDENTIAL PATIENT INFORMATION

Synagis

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:

Prior Authorization of Benefits Center at <(800) 601-4829>

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
Patient Email Address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician Email Address: _____

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

Synagis	_____	_____	Specify: _____
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7. DIAGNOSIS: _____

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Please indicate the patient's age at the start of the Respiratory Syncytial Virus (RSV) season: _____

Please indicate the patient's gestational age: _____ weeks and _____ / 7th day

Yes No Patient has received a Synagis prophylactic injection during hospitalization since the start of the current RSV season

If yes, number of shots: _____ Dose (mg): _____ Date: _____

Yes No Patient has been hospitalized due to RSV at any time since the start of the current RSV season

If yes, date of diagnosis: _____

*Patients who are **younger than 24 months** chronological age at the start of the RSV season can qualify for up to 5 monthly doses of Synagis, based on the criteria listed below. Diagnoses and conditions must be clearly documented in the patient's medical record:*

Yes No Patient has an active diagnosis of chronic lung disease (CLD) of prematurity (refer to page 3 for definition) **AND** required any of the following therapies within the 6 months prior to the current RSV season (check all that apply):

ICD-9-CM code: _____ ICD-10 code: _____

Chronic systemic corticosteroids

Diuretics

Greater than 21% Supplemental oxygen

Long-Term Mechanical Ventilator

Bronchodilator therapy

Yes No Patient is profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised)

ICD-9-CM code: _____ ICD-10 code: _____

Yes No Patient has a diagnosis of cystic fibrosis with severe lung disease*, or cystic fibrosis with weight for length less than the 10th percentile:

ICD-9-CM code: _____ ICD-10 code: _____

PAGE 1 OF 3, CONTINUED ON PAGE 2

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members whom you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.

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Patient ID#: _____

*Patients who are **younger than 12 months** chronological age at the start of the RSV season can qualify for up to 5 monthly doses of Synagis, based on criteria listed below:*

- Yes No Patient was less than or equal to (\leq) 28 6/7 weeks gestational age at birth
ICD-9-CM code: _____ ICD-10 code: _____
- Yes No Patient has Chronic Lung Disease (CLD) of prematurity*
ICD-9-CM code: _____ ICD-10 code: _____
- Yes No Patient has severe congenital abnormality of airway OR severe neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough
ICD-9-CM code: _____ ICD-10 code: _____
- Yes No Patient has active diagnosis of hemodynamically significant congenital heart disease (CHD) (note: this excludes infants with hemodynamically insignificant heart disease – refer to page 3)
If yes, please indicate:
ICD-9-CM code: _____ ICD-10 code: _____
 - Acyanotic heart disease, on medication to control congestive heart failure, and will require cardiac surgery
 - Moderate to severe Pulmonary Hypertension
 - Cyanotic heart disease (in consultation with a pediatric cardiologist)
- Yes No Patient has a diagnosis of cystic fibrosis with clinical evidence of CLD and/or nutritional compromise
ICD-9-CM code: _____ ICD-10 code: _____

9. PHYSICIAN SIGNATURE

Prescriber or Authorized Signature

Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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Category	Subcategory
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 †	<ul style="list-style-type: none"> • Neonatologist • Pediatric Intensivist • Pediatric Pulmonologist • Pediatric Cardiologist • Pediatric Infectious Disease Subspecialist
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
The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:	
1. Hemodynamically <i>insignificant</i> 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	
Note: Tobacco smoke exposure is not an indication for Synagis administration. Tobacco dependent parents should be offered tobacco dependence treatment or referral for tobacco dependence treatment. 1-877-YES-QUIT (1-877-937-7848, YesQuit.org) is the Quitline operated in Texas.	

Additional Information

- HHSC has not adopted the American Academy of Pediatrics' July 2014 Updated Guidance for Palivizumab Prophylaxis.
- Children of chronological age less than 24 months at the start of the RSV season or a gestational age up to 34 6/7 weeks at birth may be authorized to receive prophylaxis treatment with Synagis, whose RSV risks cannot be adequately communicated with the criteria on the approved Medicaid form. This is a change in process for infants born between the ages of 32 and 34 6/7 weeks gestational age. This includes infants 12 to 24 months chronological age with cardiac disease (hemodynamically significant heart disease)
- The treating practitioner may request prior authorization in consult with an appropriate pediatric sub-specialist or refer the child to a subspecialist.
- The sub-specialist consultation may be by telephone, telemedicine service, or upon discharge from the hospital with a recommendation reflected in the patient's chart.
- If the subspecialist, using her/his professional judgment, considers the child to be at an increased risk of hospitalization for RSV, a prior authorization request may be submitted. The consulting physician name, subspecialty, and date of the consult should be noted within Section IV of the prior authorization form.