

2024-2025 Synagis® Season - Prior Authorization Form



Today's Date: _____

Phone: 1-866-768-7147 | Fax: 1-833-423-2523

Section I — Dispensing Pharmacy Information

Name of Pharmacy	National Provider Identifier (NPI)	Area Code and Phone No.	Area Code and Fax No.
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Section II — Patient Demographics

Name of Patient	Medicaid ID	Date of Birth (MMDDYY)	Gestational Age	
			weeks and	/ 7th day
Address of Patient (Street, City, State, ZIP Code)		Patient Phone No. with Area Code	County of Residence	

Has patient received a Beyfortus (nirsevimab) injection during the current RSV season?

No Yes If yes, Date _____

If no, please provide a reason why the nirsevimab cannot be administered to the patient as shown on the Synagis prior authorization form (Form 1321)

- Birth hospital did provide nirsevimab administration
- Primary care physician is not enrolled in Vaccines for Children program.
- Parent or legally authorized representative refused nirsevimab administration.
- Patient too ill to receive immunization.
- Patient did not schedule follow-up appointment.
- Other, explain below: _____

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(s) _____

Has the patient been hospitalized due to RSV at any time since the start of the current RSV season?

No Yes If yes, date of diagnosis _____

Has Abrysvo been given to the patient's mother during pregnancy through 36 weeks of gestational age?

No Yes If yes, Date _____

Section III — Patient Diagnosis at the start of the RSV season

(Clearly document diagnosis or conditions in the patient's medical record.)

<input type="checkbox"/> Patients younger than 20 months chronological age entering their first or second RSV season can qualify for up to five monthly doses of Synagis based on diagnosis listed to the right.	<input type="checkbox"/> 20-1: Profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised): ICD-10-CM code: _____
<input type="checkbox"/> Patients between 8 - 19 months chronological age entering their second RSV season can qualify for up to five monthly doses of Synagis based on the diagnosis or conditions listed to the right. Note: Diagnosis of profoundly immunocompromised during RSV season, as described in 20-1 , is acceptable for this age group (Please refer to Page 3 for definition.)	<input type="checkbox"/> 19-2: Active diagnosis of chronic lung disease (CLD) of prematurity AND required any of the following therapies within the six months prior to the current RSV season (check all that apply): <input type="checkbox"/> Chronic systemic corticosteroids <input type="checkbox"/> > 21% Supplemental oxygen <input type="checkbox"/> Diuretics <input type="checkbox"/> Long-Term Mechanical Ventilator <input type="checkbox"/> 19-3: Diagnosis of cystic fibrosis with severe lung disease* OR cystic fibrosis with weight for length less than the 10th percentile: ICD-10-CM code: _____ <input type="checkbox"/> 19-4: American Indian and Alaska Native children.
<input type="checkbox"/> Patients who are younger than 12 months chronological age at the start of the RSV season can qualify for up to five monthly doses of Synagis based on criteria listed to the right. Note: Diagnosis of profoundly immunocompromised during RSV season, as described in 20-1 , is acceptable for this age group	<input type="checkbox"/> 12-5: Active diagnosis of hemodynamically significant congenital heart disease (CHD): ICD-10-CM code: _____ AND any of the below: <input type="checkbox"/> Moderate to severe pulmonary hypertension <input type="checkbox"/> Acyanotic heart disease, on medication to control congestive heart failure, and will require cardiac surgery <input type="checkbox"/> Cyanotic heart disease (Note: This excludes infants with hemodynamically insignificant heart disease - refer to pages 3 and 4 for list.) <input type="checkbox"/> 12-6: Diagnosis of Cystic fibrosis with clinical evidence of CLD, nutritional compromise or both ICD-10-CM code: _____ <input type="checkbox"/> 12-7: Chronic lung disease (CLD) of prematurity ICD-10-CM code: _____ <input type="checkbox"/> 12-8: 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-10-CM code: _____ <input type="checkbox"/> 12-9: Patient was born before 29 weeks, 0 days ($\leq 28 \frac{6}{7}$ weeks) of gestational age ICD-10-CM code: _____

Section IV — Synagis Prescription (to be completed by prescriber)

Prescriber should send a prescription to the specialty pharmacy.

Rx: Synagis (palivizumab) Injection

Quantity: _____ Dose (mg): _____ Refills: _____

Sig: Inject 15mg/kg one time per month

Current Weight: _____ kg lbs.

Syringes 1ml 25G 5/8 **Syringes** 3ml 20G 1 **Epinephrine** 1:1000 amp. Sig: Injected 0.01 mg/kg as directed.

Prescriber Name	License No.	Area Code and Fax No.
Address of Prescriber (Street, City, State and ZIP Code)	Area Code and Phone No.	Area Code and Fax No.
Physician Signature	Date	

Fax the completed prior authorization form to Pharmacy Services at 1-833-423-2523

Category	Subcategories
Chronic Lung Disease (CLD) of Prematurity	<ul style="list-style-type: none"> • Infants born less than 32 weeks; 0 days' gestational age who require greater than 21% oxygen for at least 28 days after birth.
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
Severe lung disease	<ul style="list-style-type: none"> • Previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable

The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:

1. Hemodynamically *insignificant* heart disease.
 - 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.
4. Children in the second year of life-based on a history of prematurity alone.

Note: Tobacco smoke exposure is not an indication for Synagis administration. Offer tobacco-dependent parents tobacco dependence treatment or referral for tobacco dependence treatment. 877-YES-QUIT (877-937-7848, YesQuit.org) is the Quitline operated in Texas.

Additional Information

- Texas Medicaid has adopted the updated guidance published in 2014 by the American Academy of Pediatrics.
- Infants born at 29 weeks, 0 days' gestation or later are no longer universally recommended to receive prophylaxis with Synagis. Infants born at 29 weeks, 0 days' gestation or later, based on chronic lung disease, congenital heart disease, or another condition, may qualify to receive prophylaxis.
- Synagis is not recommended in the second year of life based on prematurity alone.
- Discontinue monthly prophylaxis in any child who experiences a breakthrough RSV hospitalization.
- Patients who receive Beyfortus during the RSV season no longer need Synagis prophylaxis therapy.
- Synagis prophylaxis therapy is not needed for newborns whose mothers are vaccinated with Abrysvo during 32 to 36 weeks of pregnancy. Most infants younger than 8 months do not need nirsevimab or palivizumab for that if they were born 14 or more days after their mother was properly vaccinated with Abrysvo.

References

- "Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection." *Pediatrics* 134.2 (2014): 415-420. Web. 11 Aug. 2015.
- Synagis (palivizumab) [prescribing information]. Gaithersburg, MD: Medimmune, LLC. 2014.
- Epinephrine 1:1000 (1mg/ml) [prescribing information]. Lake Forest, IL: Hospira. 2008
- Beyfortus (nirsevimab-nlfp) Highlights of Prescribing Information
- Product package insert, ABRYSVO- respiratory syncytial virus vaccine, Pfizer Laboratories Div Pfizer Inc
- Frequently Asked Questions About RSVpreF (Abrysvo) Vaccine for Pregnant People, [National Center for Immunization and Respiratory Diseases](http://NationalCenterforImmunizationandRespiratoryDiseases.gov); Web. Last update, Nov. 13, 2023
- Red Book Online, February 21, 2024 – [American Academy of Pediatrics publications Respiratory Syncytial Virus Red Book: 2024–2027 Report of the Committee on Infectious Diseases \(33rd Edition\)](http://AmericanAcademyofPediatrics.org)