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

2024-2025
RSV Season

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
Patient Name:	Parent/Guardian Name:
Medicaid ID#:	Address:
DOB:	City/State/Zip:
Birth Weight: lbs. oz. ***OR*** kg.	Phone:
Current Weight: lbs. oz. ***OR*** kg.	Date Weight Recorded:
Previous Dose Given: ◯ Yes ◯ No Date:	Expected Date of First Injection:
First dose given in practitioner's office; subsequent doses to be administered: ☐ In Office/Clinic ☐ In Patient's Home	
Has the infant received BEYFORTUS® (nirsevimab-alip) during this RSV season? ◯ Yes ◯ No	
Authorization expires 4/30/2025 unless otherwise indicated; HUSKY Health program to coordinate home administration.	

Gestational Age and ICD-10-CM Code:

☐ < 23 weeks (P07.21) ☐ 23 weeks (P07.22) ☐ 24 weeks (P07.23) ☐ 25 weeks (P07.24) ☐ 26 weeks (P07.25) ☐ 27 weeks (P07.26)
☐ 28 weeks (P07.31) ☐ 29 weeks (P07.32) ☐ 30 weeks (P07.33) ☐ 31 weeks (P07.34) ☐ 32 weeks (P07.35) ☐ 33 weeks (P07.36)
☐ 34 weeks (P07.37) ☐ 35 weeks (P07.38) ☐ 36 weeks (P07.39)

Criteria — Check only <u>one</u> category and enter the diagnosis/ICD-10-CM code that is <u>most applicable</u> 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 11/01/2024 <u>(five doses max)</u>**
- ICD-10-CM code identifying patient's gestational age: _____

☐ **2. Preterm infant born before 32 weeks, 0 days gestational age, with chronic lung disease of prematurity defined as a requirement for greater than 21% oxygen for at least 28 days after birth AND who is up to 12 months of age as of 11/01/2024 <u>(five doses max)</u>**
- ICD-10-CM code identifying patient's gestational age: _____
- ICD-10-CM code that best describes the patient's lung disease of prematurity: _____
  (<u>Requires documentation of oxygen needs after birth</u>)

☐ **3. Infant with hemodynamically significant heart disease and who is up to 12 months of age as of 11/01/2024 <u>(five doses max)</u>**

Diagnosis: _____ ICD-10-CM Code: _____ (<u>Requires documentation of indicated diagnosis</u>)

☐ **4. Child between 12 and 24 months of age as of 11/01/2024, born before 32 weeks, 0 days gestation, who required at least 28 days of supplemental oxygen after birth and who continued to require medical intervention (supplemental oxygen, systemic corticosteroids, or diuretic therapy) during the six months prior to the start of the second RSV season <u>(five doses max)</u>**

Diagnosis: _____ ICD-10-CM Code: _____ (<u>Requires documentation of oxygen needs after birth and current medical intervention(s)</u>)

☐ **5. Other: Child who will be profoundly immunocompromised during the RSV season and who is up to 24 months of age as of 11/01/2024 <u>(five doses max)</u>**

Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of immunocompromised state)

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

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☐ **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 11/01/2024 (five doses max)**
Diagnosis: _____ ICD-10-CM Code: _____ (Requires documentation of indicated diagnosis)

Prescription		
Synagis® (palivizumab) ☐ Syringes_____ ☐ Other _____		
Sig ☐ Inject 15mg./kg. one time per month Refills* ◯1 ◯2 ◯3 ◯4 (choose one, based on AAP recommendations)		
Practitioner Signature:	Date:	
Practitioner Name:	Office Contact:	
Hospital/Practice:	Phone:	
Address:	Fax:	NPI #:
City/State/Zip:	License #:	DEA #:

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