

# OPTIMA HEALTH COMMUNITY CARE

## (MEDICAID)

### PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.

**Drug Requested:**                SYNAGIS™ (palivizumab) (90378) (Medical)

**Season: October 1 through March 31**

**DRUG INFORMATION:** Complete information below or authorization process will be delayed.

**Drug Form/Strength:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

**Quantity Per Month/# of Doses Requested:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_ **Length of Therapy:** \_\_\_\_\_

**Patient's Weight:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_

**\*Supporting documentation MUST be submitted with this request.\***

{Supporting documentation may include: copies of hospital discharge notes, progress notes, pharmacy profiles, etc., and **MUST** include all medications, frequency of medication dosing and diagnosis(es) with indications of severity of illness.}

**CLINICAL CRITERIA:** Check applicable age, condition, and risk factors below. If incomplete or box **not** checked, authorization may be delayed.

**MAXIMUM 5 DOSES (dosed until March 31<sup>st</sup>)**

Gestational age < 28 wks, 6 days **and** patient's CA < 12 months†

Gestational age 29 wks, 0 days-31 wks, 6 days **and** patient's CA < 6 months†

Chronic lung disease of prematurity (gestational age 32 wks, 0 days) **and** patient's CA < 12 months old at start of RSV season **and** required > 21% oxygen for at least 28 days after birth

Patient's CA < 12 months† with congenital abnormalities of the airway or neuromuscular disease that compromises handling of respiratory secretions\*

Patient's CA < 24 months† old with Chronic Lung Disease\* of prematurity (gestational age < 32 wks)

Patient's CA < 12 months† old with hemodynamically Congenital Heart Disease\* (**without** surgical correction)

Patient's CA < 24 months† old **and** severely immunocompromised

† **Chronological age (CA) at start of RSV season**  
\* **Include ICD-9 codes for the indicated disease states. For CLD/CHD, attach supporting documentation (i.e., progress notes, discharge notes, and/or chart notes).**

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