



**TEXAS MEDICAID**  
**Clinical Edit Prior Authorization**  
**palivizumab (SYNAGIS) Subsequent Doses**

**TO BE COMPLETED BY DISPENSING PHARMACY**

Synagis approval is limited to ONE (1) monthly dose at a time per Texas Vendor Drug Program (VDP) rules. Up to FIVE (5) monthly doses may be authorized throughout the local Respiratory Syncytial Virus (RSV) season. Each dose beyond the initial dose must be requested separately using this "Synagis Subsequent Doses" prior authorization form. The dispensing pharmacy must consult with the prescriber to collect the information requested on this form prior to dispensing any subsequent doses. Renewals must be reviewed and approved by Navitus within one (1) week prior to dispensing subsequent doses.

**STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING**

Patient First & Last Name:	Prescriber First & Last Name:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber NPI:
Patient Date of Birth:	Prescriber Phone:
Dose Requested (#2-5):	Prescriber Fax:

**STEP 2: COMPLETE REQUIRED CRITERIA AFTER CONSULTING WITH PRESCRIBER OFFICE**

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

1. Has the patient been hospitalized for Respiratory Syncytial Virus (RSV) infection during this RSV season?

Yes (Deny)

No (Go to #2)

2. Has the previously dispensed dose(s) been administered to the patient?

Yes (Go to #3)

No (Deny)

3. Is the patient's current weight and date the weight was measured documented below? Failure to provide current weight will result in denial of request.

Weight: \_\_\_\_\_  kg. or  lbs. Date of Measurement: \_\_\_\_\_

Yes (Go to #4)

No (Deny)



4. Are all previous doses and dates of administration for the current RSV season documented in the table below?

Dose Number	Date of Administration	Dose (mg)
1		
2		
3		
4		
5		

- Yes (Approve - 1 dose within 10 days. Renewal needed for up to 5 total doses.)
- No (Deny)

**STEP 3: DISPENSING PHARMACY FAX THIS FORM TO:**  
NAVITUS PRIOR AUTHORIZATION AT: **855-668-8553**

Pharmacy Name: \_\_\_\_\_ Date: \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances.  
For questions, please call Navitus Customer Care at 1-877-908-6023.