


  
**REQUEST FOR SYNAGIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) – FLORIDA**
  
**TELEPHONE 1-877-647-7473 FAX 1-866-825-2884**

**1. PATIENT INFORMATION** *To be completed by the Physician and Staff*

Last Name	First Name	M.I.
Street Address		
City	State	ZIP
Day Telephone # (+Area Code)	Mobile Telephone # (+Area Code)	
Date of Birth (MM/DD/YYYY)	Member ID Number	Sex (Check One) <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian Name		

**2. PHYSICIAN INFORMATION** *To be completed by the Physician and Staff*

Prescriber's Last Name	Prescriber's First Name
Office Contact	
Street Address	
City	State ZIP
Telephone # (+Area Code)	Fax # (+Area Code)
Provider ID Number	DEA #
Primary Care Physician Name	Phone #

PHC3499-0606

**RX**  
 Synagis® (palivizumab) 50 and/or 100 mg Vials  NKDA

Sig: Inject 15 mg/kg IM Once Monthly  
 Dispense Quantity: QS  Refill \_\_\_\_\_ Months  
 Other: \_\_\_\_\_

Expected Date of First/Next Injection \_\_\_\_\_  
 Deliver Product to:  Office  Home Please send Synagis to office location above:  Yes  No

Will Agency Nurse Visit Home for Injection?  Yes  No  
**Wellcare has criteria for Synagis Treatment in the member's home. Please contact Wellcare Injectable Department for this information. Wellcare does not cover Synagis given by non-participating pharmacies/nursing agencies.**

Prescriber's Signature	Date

**STATEMENT OF MEDICAL NECESSITY**

Patient's Gestational Age \_\_\_\_\_ Wks \_\_\_\_ Days \_\_\_\_ Birth Weight \_\_\_\_\_ g/kg/lbs  
 Current Weight \_\_\_\_\_ g/kg/lbs Date Recorded \_\_\_\_\_

**Please Document All Diagnoses and Document to the Highest Degree of ICD-9 Detail MEDICAL CRITERIA:**

**1. Diagnosis of Chronic Pulmonary Disease (CLD/BPD) & less than 24 months of age at Start of RSV Season?**  Yes  No ICD-9 \_\_\_\_\_

Is Patient Receiving Medical Treatment of:  
 (Check all that apply and provide last date received)  
 Oxygen Date \_\_\_\_\_  Corticosteroids Date \_\_\_\_\_  
 Bronchodilator Date \_\_\_\_\_  Diuretics Date \_\_\_\_\_

**2. Diagnosis of Hemodynamically Significant Congenital Heart Disease and less than 24 months of age at Start of RSV Season?**  Yes  No ICD-9 \_\_\_\_\_

Patient HAS the following conditions:  
 Diagnosis of Moderate-Severe Pulmonary Hypertension  
 Cyanotic Heart Disease  Acyanotic Heart Disease  
 Medications for CHF \_\_\_\_\_ Last Received: \_\_\_\_\_

**3. Prematurity**  
 Gestational Age of ≤ 28 Weeks & ≤ 12 Months at the Start of RSV Season  
 Gestational Age of 29 Weeks – 31 Weeks, 6 days & ≤ 6 Months at the Start of RSV Season  
 Gestational Age of 32 Weeks – 34 Weeks, 6 Days & ≤ 3 months at the Start of RSV Season **AND** Has **ONE** of the following Risk Factors:

**(Check All That Apply)**  
 Child Care/Day Care Attendance  Siblings younger than 5 yrs of age  
 Severe Neuromuscular Disease (Neurological Disorders)  
 Congenital Abnormalities of the Airway

**OTHER MEDICAL HISTORY:**

Additional Information:  
 Received Previous Injections this Season?  Yes  No Date \_\_\_\_\_  
 Was Synagis Authorized by Prior Insurance Plan this Season?  Yes  No  
 Insurance Company Name: \_\_\_\_\_ ID # \_\_\_\_\_

**3. FAX COMPLETED FORM TOLL-FREE TO WellCare Health Plans @ 1-866-825-2884**

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA. Rev. 08/2009  
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