



REQUEST FOR SYNAGIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) – NEW YORK

TELEPHONE 1-877-647-7473 FAX 1-866-388-1517

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

Form fields for patient information: Last Name, First Name, M.I., Street Address, City, State, ZIP, Day Telephone #, Mobile Telephone #, Date of Birth, Member ID Number, Sex, Parent/Guardian Name.

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

Form fields for physician information: Prescriber's Last Name, Prescriber's First Name, Office Contact, Street Address, City, State, ZIP, Telephone #, Fax #, Provider ID Number, NPI #, Primary Care Physician Name, Phone #.

PHC3499-0606

RX

Form fields for medication: Synagis (palivizumab) 50 and/or 100 mg Vials, NKDA, Sig: Inject 15 mg/kg IM Once Monthly, Dispense Quantity, Refill, Other, Expected Date of First/Next Injection, Deliver Product to, Will Agency Nurse Visit Home for Injection?

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.

Form fields for signature: Prescriber's Signature, Date.

Date of Request: _____

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 under 5 yrs of age [] Severe Neuromuscular Disease (Neurological Disorders) [] Congenital Abnormalities of the Airway

OTHER MEDICAL HISTORY:

Large empty box for 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 @ 1-866-388-1517

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