



REQUEST FOR SYNAGIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) – GEORGIA MEDICAID

TELEPHONE 1-866-269-5251 FAX 1-866-455-6558

Date of Request: \_\_\_\_\_

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, 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.

Form fields for signature and date: 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, 0 Days & <= 12 Months at the Start of RSV Season Gestational Age of 28 Weeks, 1 Day – 32 Weeks, 0 days & Less than 6 Months at the Start of RSV Season Gestational Age of 32 Weeks, 1 Day – 35 Weeks, 0 Days & Less than 6 months at the Start of RSV Season AND Has Two or More of the following Risk Factors:

(Check All That Apply)

- Child Care/Day Care Attendance School-Aged Siblings Severe Neuromuscular Disease (Neurological Disorders) Congenital Abnormalities of the Airway Exposure to Environmental Air Pollutants (Please Specify) \_\_\_\_\_ Includes Smoking Excludes Smoking

\*\* Exposure to Tobacco Smoke is a risk factor that can be controlled by counseling the family to avoid exposing the infant to second hand smoke. Therefore exposure to second hand smoke is not considered criterion in some states for RSV prophylaxis.

OTHER MEDICAL HISTORY:

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 @ 1-866-455-6558

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