



**Supplier Questions? Contact:** 1-800-489-2609  
**IV Department** Fax: 270-843-7477  
**IVCoordinator@kingdrug.com Richard Hayden Pharm D.**



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

**REQUEST FOR SYNAGIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) - KENTUCKY**

**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
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**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 # \_\_\_\_\_

**Fax completed form to 270•843•7477**

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