



REQUEST FOR SYNAGIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) - OHIO  
TELEPHONE 1-800-678-3184 FAX 1-877-277-6892

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

**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 a non-participating pharmacies/nursing agencies.**

Prescriber's Signature	Date
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Wellcare is committed to protecting the privacy of your health information. We will hold your health information in confidence and will only use and disclose it in accordance with applicable law.

**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:**

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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 @ 1-877-277-6892**