WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

SYNAGIS® (Palivizumab)
STATEMENT OF MEDICAL NECESSITY

FAX COMPLETED FORM TO BCBSWY: 307.778.8582
ATTN: MEDICAL REVIEW DEPARTMENT

FOR QUESTIONS, CONTACT BCBSWY AT PHONE: 800.442.2376

PRIME THERAPEUTICS SPECIALTY PHARMACY

*Or other preferred Specialty Pharmacy, Fax Number (+ Area Code):

PATIENT INFORMATION

Last Name | First Name | Middle Initial

Street Address | City

County | State | Zip Code

Date of Birth | Social Security Number | ☐M ☐F Sex

Primary Guardian | Secondary Guardian

Day Telephone (+ Area Code) | Night Telephone (+ Area Code)

INSURANCE INFORMATION

Include copies of the patient's insurance cards and drug benefit cards (front and back) to expedite benefit clearance.

Primary Insurance | Secondary Insurance

Cardholder Name & Social Security Number (if not patient) | Cardholder Name & Social Security Number (if not patient)

Group Number | Group Number

Policy Number | Policy Number

Insurance Telephone Number (+Area Code) | Insurance Telephone Number (+Area Code)

Employer | IPA

PHYSICIAN INFORMATION

Prescriber's Name | Hospital/Clinic | Office Contact

Address | City/State/Zip | Telephone Number (+Area Code)

Prescriber's License Number | DEA Number | Fax Number (+Area Code)

Medicaid Provider Number | NPI Number

Supervising Physician's Name (If Required for Mid-Level Practitioner) | License Number

CLINICAL INFORMATION

PRIMARY DIAGNOSIS:

PATIENT'S GESTATIONAL AGE (GA)_____ BIRTH WEIGHT_____ kg or _____lb

CURRENT WEIGHT_____ kg or _____lb DATE RECORDED_____

☐ Congenital Heart Disease (745.0-747.9)
☐ Chronic Respiratory Disease Arising in the Perinatal Period (CLD) (770.7)
☐ ≤ 24 weeks' GA (765.21-765.22)
☐ 25-26 weeks' GA (765.23)
☐ 27-28 weeks' GA (765.24)
☐ Other Respiratory Conditions of Fetus and Newborn (770.0-770.9)
☐ Other _____
☐ 29-30 weeks' GA (765.25)
☐ 31-32 weeks' GA (765.26)
☐ 33-34 weeks' GA (765.27)
☐ 35-36 weeks' GA (765.28)
☐ 37 or more weeks' GA (765.29)
☐ Congenital Anomalies of Respiratory System (748)
Secondary diagnosis (if applicable)_____

MEDICAL CRITERIA:

1. Diagnosis of chronic pulmonary disease (CLD/BPD) and less than 24 months of Age? ☐
   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 (CHD) and less than 24 months of Age? ☐
   Patient has the following condition:
   ☐ Medications for CHD:_____ Last date received:_____
   ☐ Diagnosis of moderate-severe pulmonary hypertension
   ☐ Cyanotic CHD

3. Clinically has the following risk factors (Check all that apply)
   ☐ School-age siblings
   ☐ Daycare attendance
   ☐ Exposure to environmental air pollutants
   ☐ Severe neuromuscular disease
   ☐ Congenital abnormality of airway
   ☐ Exposure to environmental tobacco smoke
   ☐ None
   ☐ Birth weight <2500 g
   ☐ Crowded living conditions
   ☐ Multiple birth
   ☐ Family history of asthma
   ☐ Distance to health care provider
   ☐ Young chronologic age ≤ 12 weeks
   Other medical history:_____

NICU/HOSPITAL HISTORY:
Did the patient spend time in the NICU or Special Care Nursery? ☐ Yes ☐ No
If yes, please attach the Discharge Summary
Was RSV prophylaxis recommended by the NICU/HOSPITAL physician for this patient? ☐ Yes ☐ No
Was there a NICU/HOSPITAL dose administered? ☐ Yes Date(s):_____ ☐ No

EXPECTED DATE OF FIRST/NEXT INJECTION:_____ Injection already given? ☐ Yes Date(s):_____ ☐ No

Deliver product to: ☐ Office ☐ Patient's Home ☐ Clinic Clinic Location_____
Agency nurse to visit home for injection: ☐ Yes ☐ No Agency Name:_____

Rx

☐ **Synagis® (palivizumab)** 50- and/or 100-mg vials
Sig: Inject 15 mg/kg IM one time per month (every 28-30 days)
Dispense Quantity: QS Refill Monthly: _____ months
☐ **Epinephrine** 1:1000 amp. Sig: Inject 0.01 mg/kg SC as directed ☐ Known Allergies:_____

Prescriber's Signature_____

Date_____

This form should not be construed as coding advice. Each practitioner is solely responsible for ensuring the accuracy of the information submitted.