



STATEMENT OF MEDICAL NECESSITY

RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS

FAX COMPLETED FORM TO

INTEGRAL QUALITY CARE AT: 1-877-757-7964

PATIENT INFORMATION

 Last Name First Name Middle Initial

 Member ID #

 Street Address City

 County State ZIP code

 Date of Birth Male Female

 Primary Guardian

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

PHYSICIAN INFORMATION

 Prescriber's Name Institution / MD Practice Office Contact

 Address City/State/ZIP Telephone Number (+Area Code)

 NPI /DEA Number Fax Number (+ Area Code)

CLINICAL INFORMATION

PRIMARY DIAGNOSIS:

Patient's Gestational Age (GA) _____ wks _____ days Birth Weight _____ kg or _____ lbs
 Current Weight _____ kg or _____ lb Date Recorded _____

- Congenital Heart Disease (745.0-747.9)
 - Chronic Respiratory Disease in Perinatal Period (CLD) (770.7)
 - Congenital anomalies of the airway (748); < 12 mo. of age
 - Severe Neuromuscular Disease (358); < 12 mo. of age
 - Other respiratory conditions of fetus and newborn (770.0-770.9)
 - ≤ 24 weeks' GA (765.21 – 765.22); <12 mo. of age
 - 25-26 weeks' GA (765.23); < 12 mo. of age
 - Other _____
 - 27-28 weeks' GA (765.24); < 12 mo. of age
 - 29-30 weeks' GA (765.25); < 6 mo. of age
 - 31-32 weeks' GA (765.26); < 6 mo. of age
 - 33-34 weeks' GA (765.27)
 - 35-36 weeks' GA (765.28)
 - 37 or more weeks' GA (765.29)
- 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 & provide last date received):

Oxygen: _____ Bronchodilator: _____ Diuretics: _____ Corticosteroids: _____

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):

- Living with an individual < 5 years of age
- Child care / daycare attendance outside of the home
- Exposure to environmental air pollutants
- Severe neuromuscular disease
- Congenital abnormality of airway
- Exposure to environmental tobacco smoke
- Birth weight < 2500 g
- Other medical history: _____
- Young chronologic age ≤ 12 weeks
- School Age Siblings
- Crowded living conditions
- Multiple births
- Family history of asthma
- Distance to healthcare provider

NICU/HOSPITAL HISTORY:

Did the patient spend time in the NICU or Special Care Nursery? Yes No
 If yes, please attach the Discharge Summary

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

Was RSV prophylaxis recommended by the NICU/HOSPITAL physicians for this patient? Yes No

Was there a NICU/HOSPITAL dose administered Yes Date(s): _____ No

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: _____



This form is intended to accompany a new Synagis prescription to Integral Quality Care and should not be interpreted as a clinical guideline or prior authorization.