

Telephone: (800) 514 - 0083 Fax: (866) 374 - 1579

## Respiratory Syncytial Virus Prior Authorization Form/ Prescription

Date:	Date Medication Required:
Ship to: O Physician	n O Patient's Home O Other

Last Name:   First Name:   City:   State:   Zip:   Daytime Phone:   Evening Phone:   Sex:   Male   Female   Insurance Information (Attach Copies of cards) Primary Insurance:   Secondary Insurance:   D##   Group #   D#   Group #   City:   State:   City:   State:   D##   Group #   City:   State:   D##   Group #   City:   State:   D##   Specialty:   NPI:   Address:   City:   State:   Zip:   Physician Information Name:   Specialty:   NPI:   Address:   City:   State:   Zip:   Phone # (	Patient Informati	on												
Daytime Phone:   Evening Phone:   Sex:   Male   Female	Last Name:		Middle: DO				B:/							
Insurance   Information   Attach Copies of cards	Address:						State: Zi		Zip:					
Primary Insurance:  ID # Group # ID # I	Daytime Phone:			<u> </u>										
City:   State:   City	Insurance Information (Attach Copies of cards)													
City: State:   City:   State:   Physician Information   Specialty:   NPI:   State:   Zip:   Phone # ( )   Secure Fax #: ( )   Office contact:   State:   Zip:   Phone # ( )   Secure Fax #: ( )   Office contact:   State:   Zip:   Phone # ( )   Secure Fax #: ( )   Office contact:   Primary Diagnosis   Compenial Annormality of Respiratory System   Cystic Fibrosis   Compenial Annormality of Respiratory System   Cystic Fibrosis   Cystic Fibrosis	Primary Insurance:		Secondary Insurance:											
Specialty:   State:   Zip:	ID#	0	Group #							Group #				
Name:    Specialty:   State:   Zip:	City:		State:	City: State:										
Address:    City:   State:   Zip:	•	ation												
Phone # ( ) Secure Fax #: ( ) Office contact:  Primary Diagnosis  (CO-9/ICD-10 Code:    CA weeks of gestation   24 weeks gestation   27-88 weeks of gestation   27-28 weeks of gestation   27-28 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   35-36 weeks of gestatio	Name:				Sp	ecialty:		NPI:						
CD-9/ICD-10 Code:   Chronic Respiratory disease arising in the perinatal period   Congenital Abnormality of Respiratory System   Cystic Fibrosis   Congenital Heart Disease   Chronic Respiratory disease arising in the perinatal period   25-26 weeks of gestation   27-28 weeks of gestation   27-28 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   35-36 weeks of gestation   37- weeks of gestation   37- weeks of gestation   37- weeks of gestation   38-36 weeks of gestation   37- weeks of gestation   38-36 weeks of gestation   37- weeks of gestation   38-36 wee	Address:					City:				State:	ip:			
CD-9/ICD-10 Code:	Phone # (		Secure F	ax #: (		)	) Office contact:							
Patient's gestational age (Required):	CD-9/ICD-10 Code:   Congenital Heart Disease   Chronic Respiratory disease arising in the perinatal period   Congenital Abnormality of Respiratory System   Cystic Fibrosis   Cystic Fibrosis   24 weeks of gestation   24 weeks of gestation   31-32 weeks of gestation   31-32 weeks of gestation   33-34 weeks of gestation   35-36 weeks of gestation   35-36 weeks of gestation   35-36 weeks of gestation   Cystic Fibrosis   27-28 weeks of gestation   35-36 weeks of gestation   35-36 weeks of gestation   35-36 weeks of gestation   Cystic Fibrosis   27-28 weeks of gestation   35-36 weeks o													
Did the patient spend time in the NICU?   Yes   No   f yes, provide MICU name and attach discharge summary:   Expected date of first/next injection:   Patient Evaluation (Check all that apply and submit clinical documentation):   Hospitalization for RSV infection this season?   Diagnosis of hemodynamically significant Congenital Heart Disease (CHD) and < 12 months of age at start of RSV Season and patient has the following conditions (Check all that apply):   Moderate-Severe Pulmonary Hypertension   Cyanotic Heart Disease (if consulted with a pediatric cardiologist)   Moderate-Severe Pulmonary Hypertension   Cyanotic Heart Disease (if consulted with a pediatric cardiologist)   Acyanotic heart disease medications to control CHF (list medications):   Last Date Received:   AND require cardiac surgical procedures   Diagnosis of Chronic Lung Disease' and less than 12 months at start of RSV Season   CLD is generally defined as: Infants <32 weeks. 0 days withoxygen requirement > 21% for at least the first 28 days of birth. CLD is NOT defined as asthma, croup, recurrent upper respiratory   Infections, chronic bronchilts, bronchiolitis, or a history of a previous RSV infection   Diagnosis of Chronic Lung Disease' and between 12 to less than 24 months at start of RSV Season and receiving treatment of (check all that apply and provide last date received):   Supplemental oxygen, Date:   Chronic corticosteroid therapy, Date:   Diagnosis of Cystic Fibrosis and less than 12 months of age at start of RSV season   Multifloral compromise: Explain:   Diagnosis of Cystic Fibrosis and between 12 to less than 24 months of age at start of RSV season   Multifloral compromise: Explain:   Diagnosis of Cystic Fibrosis and between 12 to less than 24 months of age at start of RSV season   Multifloral compromise: Explain:   Diagnosis of condition that impairs the ability to clear secretions from the upper airway because of ineffective cough   Multifloral compromise: Explain:   Diagnosis of condition that impairs the ability to clear secreti	Patient's gestational age (	Required): weeks	days	Birth Weight:		g/kg/lbs Curren	nt Weight:	g/k	g/lbs D	ate Recorded: _				
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☐ Specialty Pharmacy to coordinate injection to coordinate injection training/home health nurse visit as necessary. Please list Agency of choice:			e injection training	g/home health nur	se vi	sit as necessary. Pleas	se list Agency	of choice:						
MEDICATION STRENGTH DIRECTIONS QUANTITY REFILLS	•					DIRECTIONS				QUANTI	ГΥ	REFILLS		
	Synagis	□50mg □100ma	Inject 15	mg/kg IM	one	time per mont	th							
	Epinephrine	<u> </u>				-								
Prescriber has counseled parent/guardian on Synagis therapy and the specialty pharmacy may contact parent/guardian	rdian													
Physician's Signature Date: DAW	Physician's Signature Date:													