



STATEMENT OF MEDICAL NECESSITY
RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS
Complete form in its entirety and fax to number listed below

1 PATIENT INFORMATION

| | | |
|----------------------------|------------------------|---|
| Last Name | First Name | Middle Initial |
| Street Address | | City |
| County | State | ZIP Code <input type="checkbox"/> M <input type="checkbox"/> F |
| Date of Birth | Social Security Number | Sex |
| Parent/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 | |

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

3 *Upper Peninsula Health Plan* Fax to 4D Pharmacy Management for authorization: 248.540.9811

Drug provided by:
McKesson Specialty Pharmacy Services
Fax: 1.888.591.8482, Phone: 1.888.456.7274

McKESSON
Empowering Healthcare

4 CLINICAL INFORMATION

PRIMARY DIAGNOSIS:
Patient's Gestational Age (GA) _____ Birth Weight _____ kg (lb)
Current Weight _____ kg (lb) Date Recorded _____

Must meet the following criteria: Respiratory Syncytial Virus (RSV) Season: **November through April**

Must meet **ONE** of the following criteria below:

- Born at 28 weeks gestation or earlier and is currently 12 months of age or younger
- Born between 29–32 weeks gestation and is currently 6 months of age or younger
- Born between 32–35 weeks gestation and is currently 6 months of age or younger at the start of RSV season **and** meets **TWO** of the following criteria below.
 - Severe neurologic disease
 - School-aged siblings
 - Attending childcare centers
 - Exposure to environmental pollutants (including cigarette smoke)
 - Congenital abnormalities of the airways
- Infant or child younger than 24 months of age with Chronic Lung Disease (CLD) who has required medical therapy (O2, bronchodilators, diuretics, etc.) within 6 months of RSV season (May through October), for up to two seasons.
 - 1st Season Type of treatment: _____
 - 2nd Season Type of treatment: _____
- Child less than 24 months of age who:
 - Has hemodynamically significant congenital heart disease
 - Is on medication for Congestive Heart Failure
 - Has moderate to severe pulmonary hypertension
 - Has cyanotic congenital heart disease
- Child with severe immunodeficiency and is receiving standard immune globulin intravenous monthly, substitute RSV-IGIV for monthly treatment during the RSV season
- Member does not meet any of the above criteria. Medical benefit exception review requested. Supporting medical documentation is attached.

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-mg _____ and/or 100-mg _____ vials and Sterile Water for injection 10 mL (for lyophilized formulation only)*
Sig: Reconstitute as directed and inject 15 mg/kg IM one time per month (for lyophilized formulation only) OR
Sig: Inject 15 mg/kg IM one time per month (for liquid formulation only)
Dispense Quantity: OS Refill _____ months

Epinephrine 1:1000 amp. Sig: Inject 0.01 mg/kg as directed Known Allergies: _____

Other _____

Sig: _____

Prescriber's Signature _____

*Synagis® liquid formulation will be automatically substituted upon manufacturers' market release.