



BlueCross BlueShield of Oklahoma

SYNAGIS®

STATEMENT OF MEDICAL NECESSITY RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS

Complete form in its entirety and fax toll free: 866.203.6010. For questions, call toll free: 888.216.6710 option 2, option 3.
The distribution of Synagis® is through Triessent®.

PATIENT INFORMATION			PATIENT INSURANCE	
Last Name	First Name	Middle Initial <input type="checkbox"/> M <input type="checkbox"/> F	Primary Insurance Plan	Telephone # (on back of card)
Street Address		City	Policy ID #	Group #
State	Zip Code	County	Policy Holder Name/DOB	Employer
DOB	Birth Weight	Social Security #	Secondary Insurance Plan	Telephone # (on back of card)
Parent/Guardian	<input type="checkbox"/> Last name different than patient		Policy ID #	Group #
Day Telephone w/Area Code	Cell/Night Telephone w/Area Code		Policy Holder Name/DOB	Employer
Prescription card copied <input type="checkbox"/> Yes <input type="checkbox"/> No				

Gestational Age (765.2) <input type="checkbox"/> Less than or equal to 28 weeks <input type="checkbox"/> 29 to 32 weeks <input type="checkbox"/> 33 to 35 weeks	Actual Gestational Age: _____	Current Weight: _____ Date Taken: _____	Age as of the first dose: _____ <input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 6-11 months <input type="checkbox"/> Between 12-23 months
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Congenital Heart Disease (Hemodynamically significant) (745.0-747.9) <input type="checkbox"/> Yes, specify <input type="checkbox"/> CHF <input type="checkbox"/> Taking medication for CHF <input type="checkbox"/> Moderate to severe pulmonary hypertension <input type="checkbox"/> Cyanotic heart disease <input type="checkbox"/> Acyanotic heart disease <input type="checkbox"/> No Specify Rx: _____	Chronic Lung Disease (770.7) <input type="checkbox"/> Yes (Check all that apply within last 6 months) <input type="checkbox"/> Supplemental oxygen <input type="checkbox"/> Bronchodilator <input type="checkbox"/> Diuretic <input type="checkbox"/> Corticosteroids <input type="checkbox"/> No	Risk Factors <input type="checkbox"/> School-age siblings <input type="checkbox"/> Day care attendance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nonapplicable	
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PRESCRIBER INFORMATION	PRESCRIPTION INFORMATION
Practice Name	Synagis Coordinator Name
Prescriber's Name	Telephone # Fax #
Address	City/State/ZIP
Prescriber's License #	NPI #
Medicaid Provider #	DEA #
	Delivery on or before this date: ____/____/____ Deliver to: <input type="checkbox"/> Prescriber's office <input type="checkbox"/> Patient's home Coordinate Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, home health agency name: _____ Telephone: _____ Contact: _____ Synagis (palivizumab) <input type="checkbox"/> 50 mg vial <input type="checkbox"/> 100 mg vial Directions: Inject 15mg/kg IM one time per month. Quantity: QS Refill: _____ Prescriber's Signature: _____ Unless otherwise directed, Synagis will be shipped to the prescriber's office.

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.



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With the Synagis® Simple Program, one call can do it all!

ICD-9 Code	Criteria
279.00 - 279.9	Disorder involving the immune mechanism
358.0 - 358.9	Myoneural disorders
416.0 - 416.9	Chronic pulmonary heart disease
428.0	Congestive heart failure
466.0	Acute bronchitis
491.0 - 491.9	Chronic bronchitis
493.20 - 493.22	Chronic obstructive asthma
496	Chronic airway obstruction, not elsewhere classified
745.0 - 747.5	Bulbus cordis anomalies and anomalies of cardiac septal closure, other congenital anomalies of heart, and other anomalies of circulatory system
748	Congenital anomalies of respiratory system
765.21 - 765.26	Less than 24 completed weeks of gestation to 35-36 completed weeks of gestation
765.27	33-34 completed weeks of gestation
765.28	35-36 completed weeks of gestation
765.29	37 or more completed weeks of gestation
770.7	Chronic respiratory disease arising in the perinatal period
770.8- 770.9	Other respiratory conditions of fetus and newborn
V04.82	Need for prophylactic vaccination and inoculation, RSV
Other ICD-9 Codes Related to Chronic Pulmonary Bronchitis	
079.6	RSV
425.0-425.9	Cardiomyopathy
466.11	Acute bronchiolitis due to RSV
480.1	Pneumonia due to RSV

As your Synagis pharmacy for many insurance and Medicaid plans nationwide you receive:

- A dedicated team with direct, toll-free phone and fax numbers
- Refill reminders
- The most current Synagis information, including weight charts

Toll-Free Phone: 888-347-3416 option 4, ext. 3377 Toll-Free Fax: 888-325-6544

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