



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				

<b>Gestational Age (765.2)</b> <input type="checkbox"/> Less than or equal to 28 weeks <input type="checkbox"/> 29 to 32 weeks <input type="checkbox"/> 33 to 35 weeks	<b>Actual Gestational Age:</b> _____	<b>Current Weight:</b> _____ <b>Date Taken:</b> _____	<b>Age as of the first dose:</b> _____ <input type="checkbox"/> Less than 6 months <input type="checkbox"/> Between 6-11 months <input type="checkbox"/> Between 12-23 months
---	--------------------------------------	--	--

<b>Congenital Heart Disease</b> (Hemodynamically significant) (745.0-747.9) <input type="checkbox"/> <b>Yes, specify</b> <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"/> <b>No</b> Specify Rx: _____	<b>Chronic Lung Disease (770.7)</b> <input type="checkbox"/> <b>Yes</b> (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"/> <b>No</b>	<b>Risk Factors</b> <input type="checkbox"/> School-age siblings <input type="checkbox"/> Day care attendance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nonapplicable
---	---	--

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 #
<b>Delivery on or before this date:</b> ____/____/____ <b>Deliver to:</b> <input type="checkbox"/> Prescriber's office <input type="checkbox"/> Patient's home <b>Coordinate Nursing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, home health agency name: _____ Telephone: _____ Contact: _____ <b>Synagis (palivizumab)</b> <input type="checkbox"/> 50 mg vial <input type="checkbox"/> 100 mg vial <b>Directions:</b> Inject 15mg/kg IM one time per month. <b>Quantity: QS Refill:</b> _____ <b>Prescriber's Signature:</b> _____ <b>Unless otherwise directed, Synagis will be shipped to the prescriber's office.</b>	

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.

Synagis is the property of MedImmune, Inc.

Triessent® is a registered trademark of Prime Therapeutics LLC.

SP7014-PTI-OK-0510



BlueCross BlueShield  
of Oklahoma

With the Synagis® 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

**Call toll free 888-216-6710, option 2 option 3 or fax 866-203-6010**

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.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.