



Telephone: 1-800-222-9831

Fax: 1-866-700-0481

Respiratory Syncytial Virus 2017-2018 Enrollment Form

Date: \_\_\_\_\_ Date Medication Required: \_\_\_\_\_
Ship to: Physician Patient's Home Other

Patient Information

Last Name: First Name: Middle: DOB: / /
Address: City: State: Zip:
Daytime Phone: Evening Phone: Sex: Male Female

Insurance Information (Attach copies of cards)

Primary Insurance: Secondary Insurance:
ID # Group # ID # Group #
City: State: City: State:

Physician Information

Name: Specialty: NPI:
Address: City: State: Zip:
Phone #: ( ) Secure Fax #: ( ) Office contact:

Primary Diagnosis

ICD-9/ICD-10 Code:
Congenital Heart Disease Chronic Respiratory disease arising in the perinatal period Congenital Abnormality of Respiratory System Cystic Fibrosis
< 24 weeks of gestation 24 weeks gestation 25-26 weeks of gestation 27-28 weeks of gestation
29-30 weeks of gestation 31-32 weeks of gestation 33-34 weeks of gestation 35-36 weeks of gestation
37+ weeks of gestation Other

Clinical Information

\*\*\*\*\* Please submit supporting clinical documentation \*\*\*\*\*

Patient's gestational age (Required): weeks days Birth Weight: g/kg/lbs Current Weight: g/kg/lbs Date Recorded:
Did the patient spend time in the NICU? Yes No If yes, provide NICU name and attach discharge summary:
Was this season's first Synagis dose given in the NICU? Yes No If yes, provide date(s): 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)
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 with oxygen requirement > 21% for at least the first 28 days of birth. CLD is NOT defined as asthma, croup, recurrent upper respiratory infections, chronic bronchitis, 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:
Diuretic therapy, Date:
Diagnosis of Cystic Fibrosis and less than 12 months of age at start of RSV season?
Clinical evidence of CLD
Nutritional compromise: Explain:
Diagnosis of Cystic Fibrosis and between 12 to less than 24 months of age at start of RSV season
Manifestations of severe lung disease (hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or CT that persists when stable)
Weight for length less than 10th percentile
Diagnosis of condition that impairs the ability to clear secretions from the upper airway because of ineffective cough AND less than 12 months at the start of RSV season
Congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough
Neuromuscular condition

Please list other medical history and/or risk factors:

Home Health Coordination

Please note, separate authorization is required for injection training/home health visit. Call (866) 296-8731 for prior authorization
Specialty Pharmacy to coordinate injection to coordinate injection training/home health nurse visit as necessary. Please list Agency of choice:

Prescription Information

Table with 5 columns: Medication, Strength, Directions, Quantity, Refills. Rows include Synagis and Epinephrine.

Prescriber has counseled parent/guardian on Synagis therapy and the specialty pharmacy may contact parent/guardian

Physician's Signature Date: DAW