



STATEMENT OF MEDICAL NECESSITY

RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS
FAX COMPLETED FORM TO RSV CONNECTION™ AT: 866-252-1749
FOR QUESTIONS, CONTACT RSV CONNECTION™ AT: 877-RSV-9010

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CuraScript, Inc. Ph: 866.297.0933 Fax: 866.297.0934
Preferred Specialty Pharmacy

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PATIENT INFORMATION

Last Name First Name Middle Initial
Street Address City
County State ZIP code
M F
Date of Birth Social Security Number ex
Primary Guardian Secondary 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
Group Number Group Number
Policy Number Policy Number
Insurance Telephone Number (+Area Code) Social Security No. of Cardholder

3

PHYSICIAN INFORMATION

Employer IPA
Prescriber's Name Institution / MD Practice Office Contact
Address City/State/ZIP Telephone Number (+Area Code)
Prescriber's License Number DEA Number Fax Number (+ Area Code)
Medicaid Provider Number NPI Number
Supervising Physician's Name (If required for mid-level Practitioner) License Number

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CLINICAL INFORMATION

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

Congenital Heart Disease (745.0-747.9) 27-28 weeks' GA (765.24); < 12 mo. of age
 Chronic Respiratory Disease in Perinatal Period (CLD) (770.7) 29-30 weeks' GA (765.25); < 6 mo. of age
 Congenital anomalies of the airway (748); < 12 mo. of age 31-32 weeks' GA (765.26); < 6 mo. of age
 Severe Neuromuscular Disease (358); < 12 mo. of age 33-34 weeks' GA (765.27)
 Other respiratory conditions of fetus and newborn (770.0-770.9) 35-36 weeks' GA (765.28)
 ≤ 24 weeks' GA (765.21 – 765.22); <12 mo. of age 37 or more weeks' GA (765.29)
 25-26 weeks' GA (765.23); < 12 mo. of age
 Other _____ Secondary diagnosis (if applicable) _____

MEDICAL CRITERIA:
1. Diagnosis of chronic pulmonary disease (CLD/BPD) and less than 24 months of age?
Is patient receiving medical treatment of (check all that apply & provide last date received):
 Oxygen: _____ Bronchodilator: _____ Diuretics: _____ Corticosteroids: _____

2. Diagnosis of hemodynamically significant congenital heart disease (CHD) and less than 24 months of age?
Patient has the following condition:
 Medications for CHD: _____ Last date received: _____
 Diagnosis of moderate-severe pulmonary hypertension
 Cyanotic CHD

3. Clinically has the following risk factors (check all that apply):
 Living with an individual < 5 years of age Young chronologic age ≤ 12 weeks
 Child care / daycare attendance outside of the home School Age Siblings
 Exposure to environmental air pollutants Crowded living conditions
 Severe neuromuscular disease Multiple births
 Congenital abnormality of airway Family history of asthma
 Exposure to environmental tobacco smoke Distance to healthcare provider
 Birth weight < 2500 g
Other medical history: _____

NICU/HOSPITAL HISTORY:
Did the patient spend time in the NICU or Special Care Nursery? Yes No
If yes, please attach the Discharge Summary
Was RSV prophylaxis recommended by the NICU/HOSPITAL physicians for this patient? Yes No
Was there a NICU/HOSPITAL dose administered? Yes Date(s): _____ No

EXPECTED DATE OF FIRST/NEXT INJECTION: _____ Injection already given? Yes Date(s): _____ No

Deliver product to: MD Office Patient's Home Clinic: Clinic Location: _____
Home Health Nurse Requested?: Yes No Agency Name: _____

Rx

Synagis® (palivizumab) 50- and/or 100-mg vials Refills _____
Sig: Inject 15 mg/kg IM one time per month (every 28-30 days) Dispense Quantity: QS
 Synagis® Supply Kit (1cc 25g 5/8") Qty 2 Refills _____
 Epinephrine 1:1000 amp. Sig: Inject 0.01 mg/kg SC as directed
 Known Allergies: _____

Dr. _____ Dr. _____
Substitution Permitted Dispense as Written
Date: __/__/____