CREATING HEALTHCARE SOLUTIONS

Statement of Medical Necessity
Respiratory Syncytial Virus (RSV) Prophylaxis

PATIENT INFORMATION

Last Name:_____ First Name:_____ Middle Initial:_____

CCAH ID: _____ Gender:_____ Parent/Guardian:_____

DOB:_____ Gestational Age at Birth (weeks + days):_____ Chronologic Age:_____

Weight at Birth: _____ Current Weight:_____ Date Recorded:_____

Address (City, State, Zip, County):_____

PHYSICIAN INFORMATION

Prescriber's Name:_____ Hospital/Clinic:_____

Office Contact Person:_____ Office Contact Preferred Phone:_____ Fax:_____

DEA #:_____ NPI #:_____ Medicaid Provider #_____

City/State/Zip:_____

DIAGNOSIS

Age 0-12 months at RSV season onset

- ☐ Infant born < 29 weeks, 0 days gestation at birth
- ☐ Preterm infant with Chronic Lung Disease (CLD) of prematurity defined as gestational age <32 weeks, 0 days and a requirement for >21% oxygen for at least the first 28 days after birth
- ☐ Infant with hemodynamically significant Congenital Heart Disease (CHD) such as infants with a cyanotic heart disease who are receiving medication to control Congestive Heart Failure and will require cardiac surgical procedure and infants with moderate to severe pulmonary hypertension
- ☐ Infant with cyanotic heart defects if deemed warranted by the infant's pediatric cardiologist
- ☐ Infant who undergo cardiac transplantation during the RSV Season
- ☐ Infant with neuromuscular disease, significant respiratory disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to ineffective cough
- ☐ Profound immunocompromised during the RSV season
- ☐ Infant with Cystic Fibrosis and clinical evidence of Chronic Lung Disease of prematurity and/or nutritional compromise

Age 12 - <24 months at RSV season onset

- ☐ Preterm Infant with Chronic Lung Disease (CLD) of prematurity, who continued to require supplemental oxygen, chronic systemic corticosteroids or diuretic therapy during the 6-months period before to the start of second RSV season.
- ☐ Child who undergo cardiac transplantation during the RSV Season
- ☐ Profound immunocompromised during the RSV season.
- ☐ Infant with Cystic Fibrosis and manifestations of severe lung disease or weight for length <10th percentile

DOSING

Was a NICU/hospital dose administered to the patient? ☐ Yes ☐ No

Expected date of first/next injection: _____

Synagis 15mg/kg IM every month Nov through March (dose based on current weight): _____

Alliance Authorization:

Submit Alliance prior authorization forms by fax to (831) 430-5851. A single form is required for the series. Please indicate infant weight on the form. For providers that will administer Synagis in their office, also submit a completed "Statement of Medical Necessity" form.

Alliance Synagis Ordering and Billing Information

For providers that administer Synagis in their office, the Alliance specialty pharmacy US Bioservices must be used. CCAH staff will notify US Bioservices when Synagis has been authorized. US Bioservices Contact Information: Phone (888) 518-7246 and Fax (888) 418-7246.

Please fax this completed form to (831) 430-5851