

2016-2017 Synagis® Seasonal Respiratory Syncytial Virus Enrollment Form



Fax completed form to: (202) 243-5496

Six Simple Steps to Submitting a Referral

1 PATIENT INFORMATION (Complete or include demographic sheet) Patient Name: _____ Address: _____ City, State, ZIP: _____ Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <small>(to primary # provided below) (to cell # provided below) (to email provided below)</small> <small>Note: Center charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.</small> Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Alternate Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Email: _____ Last Four of SSN: _____ Primary Language: _____	2 PRESCRIBER INFORMATION Prescriber's Name: _____ State License #: _____ NPI #: _____ DEA #: _____ Group or Hospital: _____ Address: _____ City, State, ZIP: _____ Phone: _____ Fax: _____ Contact Person: _____ Contact's Phone: _____
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3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

Prescription Card:	Name of Insurer: _____	ID#: _____	BIN: _____	PCN: _____	Group: _____
Medical Insurance:	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____	Phone: _____
Secondary Insurance:	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____	Phone: _____

4 DIAGNOSIS AND CLINICAL INFORMATION Ship to: Patient Office Other: _____
 Needs by Date: _____ Expected date of first injection: _____
 Nursing: No nursing coordination Yes, CVS Specialty™ to coordinate home health nurse visit for injection
Diagnosis (ICD-10)
 Gestational < 23 wks (P07.21) 23 wks (P07.22) 24 wks (P07.23) 25 wks (P07.24) 26 wks (P07.25) 27 wks (P07.28) 28 wks (P07.31)
 Age: 29 wks (P07.32) 30 wks (P07.33) 31 wks (P07.34) 32 wks (P07.35) 33 wks (P07.38) 34 wks (P07.37) 35 wks (P07.38)
 Chronic Respiratory Disease Arising in the Perinatal Period: Wilson-Mikity Syndrome (P27.0) Bronchopulmonary Dysplasia originating in the perinatal period (P27.1) Other chronic respiratory disease originating in the perinatal period (P27.8)
 Congenital Abnormality of Respiratory System: Congenital Subglottic Stenosis (Q31.1) Other Congenital Malformations of Trachea (Q32.1) Laryngocele (Q31.3) Other Congenital Malformations of Bronchus (Q32.4) Other Congenital Malformations of Larynx (Q31.8) Congenital Cystic Lung (Q33.0)
 Patient's Gestational Age (required): _____ weeks _____ days Patient's Birth Weight: _____ g / kg / lbs (please circle)
 Current Weight: _____ g / kg / lbs (please circle) Date Recorded: / /
 Did patient receive Synagis last season? No Yes Dates of Synagis doses given this season: _____
 Multiple births: No Yes Enter names of Synagis candidates (submit separate enrollment forms): _____
 NICU history: No Yes If yes, NICU name and include NICU summary: _____
 Allergies: _____ Medical conditions not listed below: _____

Clinical Conditions	2014 AAP Committee on Infectious Disease and Bronchiolitis Guidelines
Chronic Lung Disease (CLD)	<input type="checkbox"/> < 12 months of age with CLD* <input type="checkbox"/> < 24 months of age with CLD* AND continues to require medical support during the 6-month period before second RSV season AND <input type="checkbox"/> Supplemental oxygen (dates) _____ <input type="checkbox"/> Chronic corticosteroids (drugs/dates) _____ <input type="checkbox"/> Diuretic therapy (drugs/dates) _____ <input type="checkbox"/> Bronchodilators (drugs/dates) _____ <small>*CLD of prematurity defined as gestational age < 31 weeks, 6 days AND requirement for 21% oxygen for at least the first 28 days after birth</small>
Congenital Heart Disease (CHD)	<input type="checkbox"/> < 12 months of age at start of season with hemodynamically significant CHD such as: <input type="checkbox"/> Acyanotic heart disease and receiving medication to control congestive heart failure and surgery to correct (meds/dates) _____ (surgery date) _____ <input type="checkbox"/> Moderate to severe pulmonary hypertension <input type="checkbox"/> Other: describe _____ <input type="checkbox"/> < 24 months of age undergoing cardiac transplantation during the RSV season (date) _____ <input type="checkbox"/> Cyanotic Heart Disease: diagnosis _____
Airway/Neuro-muscular Conditions	<input type="checkbox"/> < 12 months of age at start of season and compromised handling of secretions AND due to <input type="checkbox"/> Significant abnormality of the airway (attach clinical notes) <input type="checkbox"/> Neuromuscular condition (attach clinical notes)
Prematurity	<input type="checkbox"/> < GA 28 wks, 6 days AND < 12 months at start of season
Other conditions	<input type="checkbox"/> Other medical history (describe) _____

5 PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DOSE & DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Synagis (palivizumab)	<input type="checkbox"/> 50 mg and/or 100 mg vials	<input type="checkbox"/> Inject 15 mg/kg IM one time per month <input type="checkbox"/> Other: _____	QS to achieve 15 mg/kg dose	
<input type="checkbox"/> Epinephrine	1:1000 amp	Inject 0.01 mg/kg sub-Q as directed for anaphylaxis		

Patient is interested in patient support programs

STAMP SIGNATURE NOT ALLOWED

6 DISPENSE AS WRITTEN _____ (Date) PRODUCT SUBSTITUTION PERMITTED _____ (Date)

PHYSICIAN SIGNATURE REQUIRED

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