



SYNAGIS PA REQUEST FORM

MUST BE COMPLETED BY PHYSICIAN AND FAXED TO OPTUMRX AT 1-888-491-9742

1. PATIENT INFORMATION

Form fields for patient information including Last Name, First Name, M.I., Street Address, City, State, ZIP, Day Telephone, Night Telephone, Mobile Telephone, Date of Birth, Age, Gender, Parent/Guardian Name, and Insurance/Medicaid information.

INSURANCE/MEDICAID INFORMATION

Form fields for insurance and Medicaid information including Primary/Medical Insurance/Medicaid, Secondary/Pharmacy Insurance, Catcher Name & ID, Group/Policy #, Insurance Telephone, and Employer.

ALTERNATE SHIPPING ADDRESS*

Form fields for alternate shipping address including Last Name, First Name, M.I., Street Address, City, State, ZIP.

2. PHYSICIAN INFORMATION

Form fields for physician information including Prescriber's Last Name, First Name, Hospital/Clinic, Office Contact, Street Address, City, State, ZIP, Telephone, Fax, DEA #, UPIIN#, and Primary Care Physician Name.

STATEMENT OF MEDICAL NECESSITY - COMPLETE FOR THE CURRENT RSV SEASON

Form fields for medical necessity including Gestational Age, Current Weight, Weeks, Days, Birth Weight, and Prematurity details.

3. Hemodynamically Significant Congenital Heart Disease (CHD) AND < 12 Months of Age at Start of RSV Season:

Form fields for congenital heart disease including Cyanotic CHD, Cyanotic CHD, and Medications for CHF.

4. Profoundly Immunocompromised AND < 24 Months of Age at Start of RSV Season:

Form fields for immunocompromised conditions including Bone Marrow Transplant, Severe Immunodeficiency, and Neoplasm Receiving Chemotherapy.

5. Pulmonary Abnormality or Neuromuscular Disorder that Impairs Ability to Clear Secretions from Upper Airways AND < 12 months of Age at Start of RSV Season:

Form fields for pulmonary and neuromuscular disorders including Congenital Pulmonary Abnormality, Neuromuscular Disorder, and Cystic Fibrosis.

OTHER RELEVANT MEDICAL HISTORY:

Form field for other relevant medical history.

NICU HISTORY:

Form fields for NICU history including NICU Name, Discharge Summary, and Neonatologist Recommendation.

PREVIOUS HEALTH PLAN/INSURANCE HISTORY:

Form fields for previous health plan/insurance history including Name of Previous Health Plan and Date of Previous Health Plan.

Form fields for Synagis (palivizumab) information including Dose, Frequency, and Dispense Quantity.

Form fields for product administration including Office, Home, and Agency Nurse to Visit Home for Injection.

Prescriber's Signature (Must be signed by the physician. Stamped signature not allowed.) Date

3. FAX COMPLETED FORM TOLL-FREE TO OPTUMRX AT 1-888-491-9742

*Not required and/or necessary for Medicaid Fee-For-Service