

PATIENT I

STATEMENT OF MEDICAL NECESSITY

RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS

SYNAGIS[®] PALIVIZUMAB

FAX COMPLETED FORM TO: AcariaHealth 877.252.2444

Are you re					
FORMATION	-	-			PATIENT INSURANCE
Mic	Idle Initial	ШM	ΠF	Primary Insurance Plan	

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Patient's Gastational Age (GA)week's Birth Weight / _ B bis Date Recorded / _ 2P-30 week's GA (P07 32; P07 33) Concentila Heart Disease (Al200 - C2E 9) 2P-32; P07 23; P07 23) Choncic Respiratory Disease Ansing in the Perindtal Period (LD) (#27.0; P27.1; P27.8) Casto are organized to 28 weeks (GA (P07 34; P07 35; P07 35) Casto are organized and weeks (GA (P07 34; P07 35;	Day Telephone (+Area Code)	Cell/Night Telephone (+Area Code)	Policy Holder Name / Date	e of Birth	Employer					
Current Weight /	PRIMARY DIAGNOSIS									
Congenital Heart Disease (2020 Q28 9) Q 93 00 weeks GA (P07 32; P07 33) Chronic Respiratory Disease Arising in the Perinstal Period (CLD) (P27.0; P27.1; P27.8) Q 131-32 weeks GA (P07 34; P07 35) Less than a requit to 24 weeks GA (P07 35; P07 37) Q 535 00 weeks GA (P07 35; P07 37) Q 72.80 weeks GA (P07 34; P07 35) Q 70 more weeks GA (P07 35; P07 37) Q 72.80 weeks GA (P07 34; P07 35) Q 70 more weeks GA (P07 35; P07 37) Q 72.80 weeks GA (P07 34; P07 35) Q 70 more weeks GA (P07 35; P07 37) Q 72.80 weeks GA (P07 34; P07 35) Q more mereks GA (P07 35; P07 37) Q 72.80 weeks GA (P07 35; P07 31) Q more mereks GA (P07 35; P07 36) Q 10 ther	Patient's Gestational Age (GA)weeks	Birth Weight	🗖 kg 🗖 lbs	i.						
Chronic Respiratory Disease Arising in the Perinatal Period (CLD) (P27 12, P27 2, P07 23) 33.34 weeks GA (P07 34; P07 35) 2.52 dweeks GA (P07 24, P07 25) 33.54 weeks GA (P07 24, P07 27) 2.52 dweeks GA (P07 24, P07 25; P07 31) 37 or more weeks GA 0 Other respiratory Conditions of Felus and Newborn (P27.0; P27.1; P27.8) 37 or more weeks GA 1 Diagonals of chronic pulmonary disease (CLDBPP) and less the 24 months of ager? Yess 1 Diagonals of chronic pulmonary disease (CLDBPP) and less the 24 months of ager? Yess 2 Diagonals of chronic pulmonary disease (CLDBPP) and less the 24 months of ager? Yess 2 Diagonals of chronic pulmonary disease (CLDBPP) and less the 24 months of ager? Yess 3 Demodynamically significant congenital heart disease and less then 24 months of ager? Yess 3 Demodynamically significant congenital heart disease and less then 24 months of ager? Yess Chronic Respiratory Name Chronic Patients Congenital abornation of the Station 32 good 23.55 weeks and less then 24 months of ager? Yess Congenital abornation ager 32.55 weeks and less then 24 months of ager 14 heat aft R3V season Congenital abornation of the station R3V exeson Condentiatage of 32.55 weeks and good the thar 3 months but less than or R3V exeson Congenital abornation of the station R3V exeson Condentiatage of 32.55 weeks and good the thar 3 months of up at the stati of R3V exeson Congenital abornation of the month of ager 14 heat appl(P2) Chronic Respiratory Demodel in the NUCU CHORTH PALANDY Yess Date Patient Allengie Congenital abornation of theat appl(P2) </td <td>Current Weight kg 🛛 lbs. Dat</td> <td>e Recorded</td> <td colspan="3"></td>	Current Weight kg 🛛 lbs. Dat	e Recorded								
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I as stem or equal fit 24 weeks GA (P07.2; P07.23) I as 34 weeks GA (P07.38; P07.38) I as 54 week	Chronic Respiratory Disease Arising in the Perinatal	Period (CLD) (P27.0; P27.1; P27.8)								
2 2-5.26 weeks GA (P07.24 : P07.25) 0.33 weeks GA (P07.24 : P07.25) 0.37 or more weeks GA			. ,							
□ 27-28 weeks GA (P07.26; P07.31) □ 37 or more weeks GA		,								
□ Other Respiratory Conditions of Fetus and Newborn (P27.0; P27.1; P27.8) □ Congenital Anomalies of Respiratory System (Q30.0) □ Other	. ,									
□ Other		(P27 0· P27 1· P27 8)								
MEDICAL GRITERIA 1. Diagnosis of chronic pulmonary disease (CLDIBPD) and less than 24 months of age?		(1 21.0, 1 21.1, 1 21.0)								
1. Diagnosis of chronic pulmonary disease (CLDIBPD) and less han 24 months of age? Yes No Clinically has the following risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the weight risk factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all that apply): Strong of the apply is factors (check all the apply is factors (chec										
2. Diag of hemodynamically significant congenital heart disease and less than 24 months of age? \end{red} Yes \end{red} No \end{red} School-age skillings \end{red} Brit weight less than 2300g 3. Prematurity: \end{red} castational age of 25-32 weeks and less than 0 rought 0 3 months of age at the start of RSV season \end{red} School-age skillings \end{red} Drev definition-ait polluants \end{red} castational age of 25-32 weeks and less than 0 rought 0 3 months of age at the start of RSV season \end{red} Drev ore \end{red} Drev ore<				Clinically has the following risk for	ators (shack all that apply):					
3. Persitulity: □ Gestational age of less than 28 weeks and less than 12 months of age at the start of RSV season □ Bxposure to environ. air polluants □ Day care □ Gestational age of 23.23 weeks and less than 6 months of age at the start of RSV season □ Day care □ Day care □ Gestational age of 23.23 weeks and less than 7 months of age at the start of RSV season □ Day care □ Day care □ Other medications patient is currently taking (including OTC medications) with desage and direction (fax medication pollit): □ Congential abnomality of airway □ Other Patient Allergies: □ Congential abnomality of airway □ Other □ Other □ Other medications patient is currently taking (including OTC medications) with desage and direction (fax medication pollit): □ No □ Other □ Other Was there a NLCUHOSDFTAL Lose administered? □ Yes Dete(s): □ No □ Detect the medication pollity: □ Detect the medication pollity: □ No First/Next Injection Due Date:		•								
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□ Other medications patient is currently taking (including OTC medications) with dosage and direction (or fax medication profile): NICU HISTORY Did the patient spend time in the NICU? □ Yes □ No If yes, please attaing summary. Was RSV prophylaxis recommended by the NICU/HOSPITAL physicians for this patient? □ Yes □ No □ No PRESCRIPTION INFORMATION First/Next Injection Due Date: Delivery and administration location: □ MD Office □ Patient Home □ Clinic □ Check if AcariaHealth is to coordinate home nursing, please provide: Agency Name Phone #: Phone #:				Congenital abnormality of airway	□ Other					
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Was there a NICU/HOSPITAL dose administered? Yes Date(s): PicsCRIPTION INFORMATION First/Next Injection Due Date: Check if AcariaHealth is to coordinate home nursing, please provide: Agency Name Phone #; Phon	Did the patient spend time in the NICU?	If yes, please attach NICU Discharg	je Summary.							
PRESCRIPTION INFORMATION First/Next Injection Due Date: Delivery and administration location: IMD Office Patient Home Clinic Check if AcariaHealth is to coordinate home nursing, please provide: Agency Name Phone #:										
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□ Check If home nursing is already established, please provide: Agency NamePhone #:		<u></u>	-							
Sig: Inject 15 mg/kg IM every 28 days. (Dose to be calculated at time of injection, based on patient's current weight) Quantity: QS Refills: To dispense the prescribed dose required at the time of injection, the patient's weight will be estimated as per standard operating procedure. Syringes 1 ml 25G 5/8" (to withdraw) I Needles (to inject) Gauge: 25 Length: 5/8" Quantity: QS (for both syringes & needles) Epinephrine 1:1000 amp (if required for home administration). Sig: Call 911 & MD then Inject 0.01 mg/kg mg SQ x1, may repeat as needed for anaphylaxis as directed # 3 amps Qty Refills Other Qty Refills	Check if AcariaHealth is to coordinate home nursing, pla Check If home nursing is already established, please pro	ase provide: Agency Name vide: Agency Name		Phone #: Phone #:						
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Quantity: QS Refills: To dispense the prescribed dose required at the time of injection, the patient's weight will be estimated as per standard operating procedure. Syringes 1 ml 25G 5/8" (to withdraw) Needles (to inject) Gauge: 25 Length: 5/8" Quantity: QS (for both syringes & needles) Epinephrine 1:1000 amp (if required for home administration). sig: Call 911 & MD then Inject 0.01 mg/kg mg SQ x1, may repeat as needed for anaphylaxis as directed # 3 amps QtyRefills QtyRefills Prescriber's State License # DEA# Phone # Prescriber's Signature City / State / ZIP Prescriber's Signature										
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Medicaid Provider # NPI# Address City / State / ZIP Prescriber's Signature Date	Practice Name Synagis Conta	ct Name	Prescriber's Name	Specialty						
Prescriber's Signature Date	Prescriber's State License # DEA#		Phone #	Fax #						
	Medicaid Provider # NPI#		Address City / State / ZIP							

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