



# 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 acyanotic 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.
- ☐ Profoundly 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-month period before the start of the second RSV season.
- ☐ Child who undergoes cardiac transplantation during the RSV season.
- ☐ Profoundly 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 November through March (dose based on current weight): \_\_\_\_\_

#### Alliance authorization for Synagis billed as a medical claim:

For providers who wish to bill the Alliance as a medical claim using a HCPCS code or "buy and bill," please submit a prior authorization request via the Alliance Provider Portal or by fax to 831-430-5851. A Statement of Medical Necessity Form is required to be submitted along with the prior authorization request.

#### Medi-Cal Rx authorization for Synagis billed as a pharmacy claim:

As of January 1, 2022, prescriptions that are filled at a pharmacy are covered by Medi-Cal Rx instead of the Alliance. For more information on billing and prior authorization requests, please refer to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov>.

**Please fax this completed form to 831-430-5851.**

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[www.thealliance.health](http://www.thealliance.health)