aetna® Synagis Medication Request

Aetna Specialty Pharmacy®
503 Sunport Lane
Orlando, FL 32809

Customer Service: 1-866-782-ASRX (1-866-782-2779) **Fax Order Submission: 1-866-FAX-ASRX (1-866-329-2779)**

For your convenience, this medication request may be submitted via E-PRESCRIBE to Aetna Specialty Pharmacy

Aetna Precertification Questions: 1-866-503-0857

Aetna Specialty Pharmacy will verify benefits and contact members to confirm delivery before medication is shipped.

Today's Date: **Date Needed:**

A. PATIENT INFORMATION

First Name:	Last Name:	DOB:	
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
Weight:	Height:	Allergies:	

B. INSURANCE INFORMATION

Carrier Name: _____ Does patient have other coverage? ☐ Yes ☐ No
Member ID #: _____ If yes, Carrier Name: _____
Group #: _____ ID#: _____
Insured: Insured:

Medicare: ☐ Yes ☐ No If yes, ID #: **Medicaid**: ☐ Yes ☐ No If yes, ID #:

C. PHYSICIAN INFORMATION

First Name:	Last Name: *(Check one)*: ☐ M.D. ☐ D.O. ☐ N.P. ☐ P.A.		
Address:	City:	State:	ZIP:
Phone: / Fax:	DEA #: / NPI #:	Office Contact:	

D. DIAGNOSIS

Primary ICD Code: Other ICD Code:

E. CLINICAL INFORMATION - Please complete in its entirety for all medication requests.

Gestational Age at Birth: _____ weeks and _____ days **Multiple births:** ☐ Yes ☐ No (separate request required for each candidate)

☐ Yes ☐ No Was a NICU dose administered?
If yes, date received: ____/____/____

☐ Yes ☐ No Was the infant born at ≤ 28 weeks, 6 days gestation and is < 12 months of age at the start of RSV season?

☐ Yes ☐ No Was the infant born at 29 weeks, 0 days through 31 weeks, 6 days gestation and is < 6 months of age at the start of RSV season?

☐ Yes ☐ No Was the infant born at 32 weeks, 0 days through 34 weeks, 6 days gestation and is < 3 months of age at the start of RSV season?
***If yes, check all that apply*:**
☐ Attends child care outside the home where care is provided for any number of infants or young toddlers at the facility
☐ Has a sibling < 5 years of age at the start of RSV season

☐ Yes ☐ No Was the infant born at ≤ 34 weeks, 6 days gestation and is < 12 months of age at the start of RSV season with either congenital abnormalities of the airway or a neuromuscular condition that compromises handling of respiratory secretions during the first year of life?

☐ Yes ☐ No Is the child < 24 months of age at the start of RSV season with chronic lung disease of prematurity (CLD) requiring medical therapy (supplemental oxygen, bronchodilator, and diuretic or corticosteroid therapy) for their CLD within 6 months before anticipated RSV season?
List the medical therapies: _____

☐ Yes ☐ No Is the child < 24 months of age at the start of RSV season with severe immunodeficiencies?

☐ Yes ☐ No Is the child ≤ 2 years of age at the start of RSV season with hemodynamically significant cyanotic or acyanotic congenital heart disease?
If yes, please answer the following questions:
☐ Yes ☐ No Is the child receiving medications to control congestive heart failure? ***List meds:*** _____
☐ Yes ☐ No Does the child have moderate to severe pulmonary arterial hypertension?
☐ Yes ☐ No Does the child have cyanotic congenital heart disease?

If requesting an additional dose, please complete the following:

☐ Yes ☐ No Is the child ≤ 2 years of age and still requires prophylaxis after surgical procedure that required cardiopulmonary bypass?

F. PRESCRIPTION

Please refer to the insurance carrier's participating provider precertification list to verify precertification requirements

Medication	Directions	Quantity	Refills
☐ SYNAGIS (palivizumab) 50 and/or 100mg Vials	Inject 15 mg/kg IM one time per month ***Current Weight* (include unit of measure):** _____ ***Date Recorded:*** ____/____/____	1 dose	
☐ EPINEPHRINE 1:1000 Amp.	Inject 0.01 mg/kg as directed	1 dose	0

Ship to: ☐ Physician's Office ☐ Patient ☐ Other address:

Interchange is mandated unless practitioner handwrites the words ***"MEDICALLY NECESSARY"*** for each medication.

Prescriber's Signature **(Required by Law):**