

1. PHARMACY INFORMATION

Elixir Specialty Pharmacy

Phone: 877.437.9013

Fax: 877.309.0687

2. CUSTOMER INFORMATION (Please print or type clearly)

Name _____ Today's Date _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Include Area Code): Day _____

Night _____ Cell Phone _____

Date of Birth _____ Male Female

Allergies _____

Primary Caregiver _____ Phone _____

Emergency Contact _____ Phone _____

INSURANCE INFORMATION (Include copies of insurance card - front and back):

Primary Insurance _____ Phone _____

Name of Cardholder _____

ID # _____ Group # _____

DELIVERY INSTRUCTIONS:

Physician Other _____

Address _____

City _____ State _____ Zip Code _____

3. PRESCRIBER INFORMATION *Indicates Required Field

Prescriber (First & Last)* _____

NPI #* _____ DEA # _____

Facility Name _____

Street Address* _____

City* _____ State* _____ Zip Code* _____

Phone #* _____ Fax # _____

Form Submitted By _____

CONTACT:

Healthcare Professional _____ Phone # _____

4. CLINICAL INFORMATION & MEDICAL ASSESSMENT

Patient's Gestational Age: weeks _____ days _____ Birth Weight _____ g/kg/lbs

Current Weight _____ g/kg/lbs Date Recorded: _____

Please document all diagnoses and provide the specific ICD-10 code for each.

1. Prematurity:

Born at < 28 0/7wGA and less than 12 months old at start of RSV season

Born at < 28 0/7 - 32 0/7wGA and less than 6 months old at start of RSV season

Born at < 32 1/7 to 35 6/7wGA and less than 6 months old at start of RSV season AND

Prescriber has performed a RSV-Relative Risk Scale Assessment and found the patient to be at high-risk for RSV disease complicated by hospitalization

2. Diagnosis of chronic lung disease (CLD) or bronchopulmonary dysplasia (BPD) of prematurity, and less than 24 months of age?

Yes* No ICD-10: _____

Yes* No Developed an oxygen requirement or other pulmonary condition requiring treatment

Prescriber's Signature _____ Date _____

I authorize Elixir Specialty Pharmacy and its representatives to act as my agent to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone or fax to the appropriate PBM. **IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

CLINICAL INFORMATION & MEDICAL ASSESSMENT (CONT'D)

Yes* No Patient is less than 24 months of age and required intervention or maintenance therapy for their condition within 6 months of the start of RSV season

Yes* No Patient is 12 - 24 months of age, meets all CLD or BPD requirements above and continues to require medical support for CLD within 6 months of the start of RSV season (check all that apply and provide last date received):

Oxygen (Date): _____ Corticosteroids (Date): _____

Diuretics (Date): _____ Bronchodilators (Date): _____

3. Diagnosis of hemodynamically significant congenital heart disease and less than 24 months of age? Yes* No

Patient has the following condition(s):

Diagnosis of moderate-severe pulmonary hypertension ICD-10: _____

Cyanotic heart disease (in consultation with a pediatric cardiologist) ICD-10: _____

Acyanotic heart disease (receiving medication to control CHF & will require cardiac surgical procedures) ICD-10: _____

Medications to control CHF: _____

Last date received: _____

4. Patient is younger than 24 months of age and has undergone cardiac transplantation during the RSV season. Yes* No

Date of Transplant: _____

5. Neuromuscular Disease/Congenital Airway Abnormality: Yes* No

Severe neuromuscular disease that compromises handling of respiratory secretions during the first year of life ICD-10: _____

Congenital or other pulmonary abnormality ICD-10: _____

6. Profoundly Immunocompromised or receiving chemotherapy during RSV season and less than 24 months of age Yes* No

ICD-10: _____ Drug Regimen: _____

7. Patient has a diagnosis of:

Cystic Fibrosis

Alpha-1 anti-trypsin deficiency with pulmonary involvement associated with another qualifier such as prematurity

Ciliary Dyskinesia

8. Infants who are less than 12 months of age at the start of RSV season clinically diagnosed with Down's syndrome? Yes No

9. Other risk factors: _____

5. NICU HISTORY:

Did the patient spend time in the NICU? Yes No

If yes, please attach the NICU Discharge Summary

Was there a NICU/HOSPITAL RSV dose administered?

Yes - Date(s): _____ No

Agency nurse to visit home for injection? Yes No

Agency Name: _____

*PLEASE PROVIDE CLINICAL DOCUMENTATION WHERE REQUESTED

RX

Synagis® (palivizumab): Combination of 50- and/or 100-mg vials

Sig: Inject 15 mg/kg IM one time per month

Dispense Quantity: QS Refill x _____ months

Other / Epinephrine: _____

EXPECTED DATE OF FIRST/NEXT INJECTION: _____

Previous injection(s) given? Yes No

Please list all previous injection dates: _____

Date _____