



## MODULE 3

# COMPLETE REFERRAL

Coordinator Corner has developed this summary to assist your learning and help you fully understand the information featured in this video

## Video breakdown by topic

### 1 Topic: Understanding the process to completing a referral | Time: 0:12

- Completing a patient referral helps connect high-risk babies and young children with the SYNAGIS® (palivizumab) therapy they need
- This module explains the process, so you can feel confident that you've covered everything and prevent unnecessary delays and potential referral denials

### 2 Referral completion process step 1: Identify insurance coverage | Time: 0:35

- Identifying the patient's insurance coverage will help determine the correct forms and process for getting SYNAGIS approved
  - Confirm both medical and pharmacy benefits
  - Identify the primary payer and the secondary payer, if applicable
  - Make copies of the front and back of all insurance cards
- Using the payer grid provided by your MedImmune representative, find out which Specialty Pharmacy Provider (SPP) will be supplying SYNAGIS under the patient's insurance
- Explore if home healthcare options are covered and available in the patient's area
  - Some parents prefer at-home administration of SYNAGIS when:
    - Their child is sick
    - Their child has cumbersome medical equipment
    - The parent has transportation issues
  - If bringing a child to a doctor's office or clinic is a burden, this option can often increase dosing compliance
  - The SPP, as well as your MedImmune representative, can assist in determining available home healthcare options and patient eligibility

## INDICATION

SYNAGIS is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth ( $\leq 35$  weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season
- with bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season
- with hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or younger at the beginning of RSV season

**Please see additional Important Safety Information on page 4, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.**



## 2 Referral completion process step 1: Identify insurance coverage *(continued)*

- Access 360™ can help with Benefits Investigation (BI) if a home healthcare agency is being used
  - Request that Access 360 conduct a BI to help determine:
    - If the patient’s medical and pharmacy benefits cover at home dosing
    - What the parent’s potential out-of-pocket costs will be
  - To request Access 360 support, complete an Access 360 Fax Cover Sheet, which you can download from the Resources section of this module

## 3 Topic: Referral completion process step 2: Locate the necessary referral forms | Time: 2:10

- The second step for completing a referral is locating the referral forms required by the payer and SPP
  - These forms are outlined for you in the payer grid
  - *Note: SPPs can change their requirements from year to year, so make sure you’re looking at the most up-to-date information and filling out the most current required forms*
  - Contact your MedImmune representative, the payer, or the SPP to obtain these forms

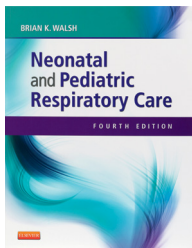
## 4 Topic: Referral completion process step 3: Fill out forms and capture signatures | Time: 2:35

- The third step in the process is completing all relevant clinical and demographic information on each of the required forms, including the Statement of Medical Necessity
- The Statement of Medical Necessity captures the prescription and information typically required by the insurance company and SPP to service the referral
  - Download a Statement of Medical Necessity form from the Resources section of this module
  - Consult the NICU discharge summary, as well as any other hospital notes you may have, for information that may be needed for completion of the forms. These documents can provide background information about the patient and the care already provided in the hospital
- Coordinator Quick Tips:
  - Fill out referrals as you identify patients
  - Keep the process moving by completing referrals early to avoid paperwork pileups and potential delays
  - To help ensure the completeness and accuracy of each form and help you avoid potential delays or denials, have someone else at your office take a look at each form to catch:
    - Missed information
    - Illegible handwriting
    - General oversights



**5 Topic: Referral completion process step 4: Attach supporting documentation | Time: 3:50**

- The fourth and final step is attaching all supporting documentation needed to complete the referral. This may include:
  - Patient Authorization Form
  - NICU discharge summary
  - Letter of medical necessity from a specialist
- Make sure to keep a record of when and to whom the referral will be sent
- Coordinator quick tip: Keep separate binders for your Medicaid patients and your private insurance patients
  - This can make important information easier to find once you are notified that the referral has been approved or denied
- Once you complete a referral, you're ready to submit
  - Submitting through a patient's SPP: Include an SPP Fax Cover Sheet
  - Submitting through Access 360: Include an Access 360 Fax Cover Sheet to alert the SPP that Access 360 has faxed the patient's referral application



If you want to become an official certified SYNAGIS® (palivizumab) coordinator, Coordinator Corner will help you every step of the way. All you have to do is view all the modules and take all the checkpoints to become certified and eligible to receive an educational textbook, or you can make a charitable donation.

You must be registered to be eligible for certification—**so register today.**

**IMPORTANT SAFETY INFORMATION**

Adverse reactions occurring greater than or equal to 10% and at least 1% more frequently than placebo are fever and rash. In post-marketing reports, cases of severe thrombocytopenia (platelet count <50,000/microliter) and injection site reactions have been reported.

**Please see Important Safety Information on page 4, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.**

## IMPORTANT SAFETY INFORMATION

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS
- Cases of anaphylaxis and anaphylactic shock, including fatal cases, have been reported following initial exposure or re-exposure to SYNAGIS. Other acute hypersensitivity reactions, which may be severe, have also been reported on initial exposure or re-exposure to SYNAGIS. The relationship between these reactions and the development of antibodies to SYNAGIS is unknown. If a significant hypersensitivity reaction occurs with SYNAGIS, its use should be permanently discontinued. If a mild hypersensitivity reaction occurs, clinical judgment should be used regarding cautious readministration of SYNAGIS
- As with any intramuscular injection, SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder
- Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays
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## LIMITATIONS OF USE

The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease.

## DOSING

The recommended dose of SYNAGIS is 15 mg/kg of body weight given monthly by intramuscular injection. The first dose of SYNAGIS should be administered prior to commencement of the RSV season and the remaining doses should be administered monthly throughout the RSV season. Children who develop an RSV infection should continue to receive monthly doses throughout the RSV season.

The efficacy of SYNAGIS at doses less than 15 mg/kg, or of dosing less frequently than monthly throughout the RSV season, has not been established.

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