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Synagis Mechanism of  
Action ~~How to Fill Out~~

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~~and Deliver the Notice of  
Medicare Non-Coverage~~

~~Enrollment~~

~~Form Accredited~~  

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Protect Premature  
Infants from RSV virus  
Expensive medicine puts  
preemies at risk

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RSV \u0026amp; Synagis

VaccineScan/Upload

~~Driver License, referrals,  
patient history forms, or  
consent forms into your~~

~~EHR Uploading~~

Supporting Documents

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RSV vaccines:  
developing an effective  
vaccine - Dr Peter  
Collins - World Vaccine  
Congress 2013 RSV  
disease (serious threat to  
children) EasyRx New  
One Page Prescription  
Form ~~How to Fill a~~  
~~Prescription~~ Respiratory  
syncytial virus (RSV)  
How To Recognize RSV  
Symptoms: Scarlett's  
Story

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Uploading of Electronic  
Signatures Affixing the  
Electronic Signatures  
RSV \u0026

PNEUMONIA! (2  
Month Old Baby) | Dr.  
Paul Livewell: Symptoms  
and treatment for RSV  
Bronchiolitis ~~USMLE  
Step 2 Review~~ The  
Benefits of e-Prescribing  
How to Write  
Prescriptions Respiratory  
Syncytial Virus (RSV) -

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Pathophysiology

Electronic Prescriptions

Respiratory Syncytial

Virus (RSV): Signs,

Symptoms and How to

Prevent It Writing,

Sending, \u0026 Refilling

Electronic Prescriptions

Prescription Updating

the School Billing

Signatory STUDENT

myClinicalExchange -

Uploading Documents

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Enrollment Form

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3 CLINICAL

INFORMATION. Please  
fax completed form to  
your drug therapy team  
at 877.369.3447. To reach  
your team, call toll-free  
877.482.5927. You can  
now track shipments for  
all your Accredo patients.  
Go to <https://prescribers>.

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accredo.com and click  
“ Help ” to register.

Enrollment

Form Accredo

Prescription &  
Enrollment Form Synagis

3 ... - Accredo

To begin the referral  
process, find the referral  
form by specialty  
condition and product  
name in the list below.

Then, fill in the required  
prescription and  
enrollment information

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and fax it to us at the number printed on the form. Referral form submissions must be sent from licensed prescribers. We are committed to providing the best care for your patients.

Referral forms | Accredo  
Universal Enrollment  
and Prescription Form  
Enroll online at [www.CoverMyMeds.com](http://www.CoverMyMeds.com). Fax to

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SYNAGIS

CONNECTION™ at  
1.800.201.4938 or to  
patient's preferred  
Specialty Pharmacy.

CLINICAL

INFORMATION Attach  
any required clinical  
notes.

Bronchopulmonary  
dysplasia/chronic lung  
disease Age <12 months  
Age 12 months to <24  
months

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Prescription

Universal Enrollment  
and Prescription Form

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

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Prescription &  
Enrollment Form

Enrollment

Form Accredo

Prescription &  
Enrollment Form -  
Accredo

RSV/Synagis

Enrollment/ Prescription  
Form . Specialty

Pharmacy Enrollment  
Form ; Please detach

before submitting to a  
pharmacy – tear here.

PATIENT

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Synagis

INFORMATION

(Section must be  
completed to process  
prescription) Patient

Name DOB Gender: M F

Parent /Guardian Last

Four of SS# Home

Phone

Synagis Team

RSV/Synagis

Enrollment/ Prescription

Form

NC Synagis® Statement

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of Medical Necessity and  
Assignment of Benefits  
Program Enrollment  
Form Referral Source ID

\_\_\_\_\_ (Accredo Health  
Group, Inc. use ONLY)

Prescriber ' s Name:

\_\_\_\_\_ Practice Name:

\_\_\_\_\_

Referral Source ID  
(Accredo Health Group,  
Inc. use ONLY)

2020-2021 Synagis®



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Synagis

Seasonal Respiratory

Syncytial Virus

Enrollment Form Six

Simple Steps to

Submitting a Referral 1

PATIENT

INFORMATION

(Complete or include  
demographic sheet)

Patient Name:

\_\_\_\_\_Address: \_\_\_\_\_

Synagis Seasonal RSV

Enrollment Form - CVS

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Pharmacy Prescription

Prescription Form.

Prescription Form. TO:

Accredo Health Group,  
Inc. 1620 Century Center  
Parkway Memphis, TN

38134 Phone:

866.759.1557. Fax: ©

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OPS-00074-081117.

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Prescription Form -

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Referral Forms; Patient

Services ... An advocate.

A partner. And our

focus. Jenica Nurse. Hi,

I ' m Jenica. As your

specialty pharmacy

partner, I ' m proud to

provide the service you

need, and the care your

patients deserve. ... email,

IVR or [accredo.com](http://accredo.com). 5.

Check the status of

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patient refills and prior  
authorization requests by  
calling Accredo ...

Form Accredo

Prescribers Homepage |  
Accredo

Active Accredo

prescription number;  
Our specialty pharmacy  
texting program allows  
you to receive  
prescription refill  
reminders, medication  
order updates and more

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all via text! For some eligible prescription medications you can even order prescription refills by text. It ' s never been this easy to keep up with your specialty medication orders.

Patient Homepage |

Accredo

SYNAGIS is

contraindicated in

children who have had a

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Synagis

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.

Synagis® (palivizumab)  
Pharmacy Resources and  
Patient Support  
Contact your account

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manager for pre-printed forms for your local pharmacy. This section is for prescribing practitioners only.

Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Avella. Faxed prescriptions will only be accepted from a prescribing practitioner.

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Prescription Referral  
Forms - Specialty  
Pharmacy Rx Forms  
Universal Enrollment  
and Prescription Form  
Provides the required  
patient information to a  
specialty pharmacy or  
SYNAGIS  
CONNECT™.

SYNAGIS (palivizumab)  
Access and Financial  
Assistance



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Prescription, and  
Enrollment  
Form Accredited

authorization form, and providing it based upon the patient-specific information provided on this form. The partially completed prior authorization form will be provided to your office for possible completion and submission to the health plan. I do not wish to receive Prior Authorization Form

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Assistance.  
Prescription

Enrollment

Prescription Information  
and Enrollment Form

Synagis® Referral Form

1. Prescriber Information

3. 4. Diagnosis & Clinical

Information Patient

Insurance Information 2.

(Please fax front and

back copy of all

insurance cards -

prescription & medical)

(Please fax recent clinical

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Synagis

notes, labs and tests, with  
the prescription to  
expedite the prior  
authorization)

Synagis Referral Form

Phone: (877) 872-4604

Universal Enrollment  
and Prescription Form. A  
form that contains  
patient, medical, and  
treatment information to  
refer patients to  
SYNAGIS CONNECT

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TM or a specialty  
pharmacy. Download.  
Authorization for  
Transition of Care and  
Patient Consent Form.

HCP Tools and  
Resources | SYNAGIS  
(palivizumab)  
Prescriber ' s office stock  
(billing on a medical  
claim form) Other  
(please specify): Retail  
pharmacy Home Health

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/Home Infusion vendor  
\*\* Cigna ' s nationally  
preferred specialty  
pharmacy \*\* Medication  
orders can be placed with  
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Center Pkwy, Memphis,  
TN 38134-8822 |

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HEALTHCARE NON-  
FORMULARY  
EXCEPTION FORM

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2019-2020 Synagis® Seas

onal Respiratory

Syncytial Virus

Enrollment Form. Six

Simple Steps to

Submitting a Referral.

PATIENT

INFORMATION.

(Complete or include  
demographic sheet)

PRESCRIBER

INFORMATION.

Patient Name: \_\_\_\_\_

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Prescription  
Enrollment  
Form Accredo

Prescriber ' s Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State License #:

\_\_\_\_\_ NPI #:

\_\_\_\_\_ City,

State, ZIP: \_\_\_\_\_

\_\_\_\_\_ DEA #: ...

2019-2020 Synagis

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Seasonal Respiratory

Syncytial Virus ...

New Hampshire general  
form Texas general form

For physicians requesting  
a Prior Authorization for  
patients with insurance  
through Blue Cross Blue  
Shield of Louisiana,  
please call 800.842.2015  
or submit your request  
via fax using this form .

Prior Authorization

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Resources | Express

Scripts

Prescription &

Enrollment Form

Multiple Sclerosis

(T – Z) The

document(s)

accompanying this

transmission may contain

confidential health

information that is legally

privileged. This

information is intended

only for the use of the

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