



# Synagis Palivizumab Fax Form

Telephone: 1-800-218-7453 x22080 | Fax: 866-683-5631

Specialty Pharmacy Choices: AcariaHealth or Other Pharmacy

Date: \_\_\_\_\_ Date Medication Required: \_\_\_\_\_

Ship to:  Physician  Patient's Home  Other \_\_\_\_\_

## Section I – Dispensing Pharmacy Information

<b>Pharmacy Name</b>	<b>Phone</b>	<b>Fax</b>
----------------------	--------------	------------

## Section II – Patient Demographics

<b>Name</b>	<b>Medicaid ID</b>	<b>Date of Birth</b>	<b>Gestational Age</b> _____ weeks and _____ / 7th day
<b>Address</b>			<b>County of residence</b>

Has patient received a Synagis prophylactic injection during hospitalization since the start current of the RSV season?

No  Yes If yes, number of shots: \_\_\_\_\_ Dose (mg): \_\_\_\_\_ Date: \_\_\_\_\_

## Section III – Patient Diagnosis

<input type="checkbox"/> Patients who are <b>younger than 24 months</b> chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of Synagis, based on the criteria listed to the right. Diagnoses and conditions must be clearly documented in the client's medical record.  *Refer to page 3 for definition.	<input type="checkbox"/> <b>24-1:</b> Active diagnosis of chronic lung disease (CLD) of prematurity* <b>AND</b> required any of the following therapies within the 6 months prior to the current RSV season (check all that apply): ICD-9-CM code:  <input type="checkbox"/> Chronic systemic corticosteroids <input type="checkbox"/> Diuretics <input type="checkbox"/> 21%Supplemental oxygen <input type="checkbox"/> Long-Term Mechanical Ventilator <input type="checkbox"/> Bronchodilator therapy
	<input type="checkbox"/> <b>24-2:</b> Profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy or other condition that leaves the infant profoundly immunocompromised):  ICD-9-CM code: _____
<input type="checkbox"/> Patients who are <b>younger than 12 months</b> chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of Synagis, based on criteria listed to the right.	<input type="checkbox"/> <b>12-1:</b> ≤ 28 6/7 weeks gestational age at birth: ICD-9-CM code: _____
	<input type="checkbox"/> <b>12-2:</b> Chronic lung disease (CLD) of prematurity: ICD-9-CM code: _____
	<input type="checkbox"/> <b>12-3:</b> Severe congenital abnormality of airway OR severe neuromuscular disease that impairs the ability to clear secretions from the upper airway because of ineffective cough:  ICD-9-CM code: _____
<input type="checkbox"/> Patients who are <b>younger than 6 months</b> chronological age at the start of the RSV season can qualify, for up to 5 monthly doses of Synagis, based on criteria to the right.	<input type="checkbox"/> <b>12-4:</b> Active diagnosis of hemodynamically significant heart disease:  ICD-9-CM code: _____  <b>AND</b> <input type="checkbox"/> CHF on medication <b>OR</b> <input type="checkbox"/> Moderate to severe Pulmonary Hypertension <b>OR</b> <input type="checkbox"/> Cyanotic heart disease (in consultation with a pediatric cardiologist) (NOTE: This excludes infants with hemodynamically insignificant heart disease - refer to page 3 for list)
	<input type="checkbox"/> <b>6-1:</b> < 31 6/7 weeks gestational age at birth: ICD-9-CM code: _____

## Section IV – Other Condition(s)

Synagis is prescribed by or in consultation with an appropriate Pediatric Subspecialist † for a patient younger than 24 months of age with conditions other than the criteria listed in Section III. († Refer to page 3 for a list of appropriate Pediatric Subspecialty.)

Subspecialist: \_\_\_\_\_ Subspecialty: \_\_\_\_\_ Date: \_\_\_\_\_

**Important note: Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.**

## Section V – Synagis Prescription (to be completed by prescriber)

<b>Rx:</b> Synagis (palivizumab) Liquid Solution vial	<b>Quantity:</b> _____	<b>Dose (mg):</b> _____	<b>Refills:</b> _____
<b>Sig:</b> Inject 15mg/kg one time per month	<b>Current Weight:</b> _____ (kg) or (lbs.)		
<input type="checkbox"/> Syringes 1ml 25G 5/8"	<input type="checkbox"/> Syringes 3ml 20G 1"	<input type="checkbox"/> Epinephrine 1:1000 amp.	<b>Sig:</b> Inject 0.01mg/kg as directed.
<b>Prescriber Name</b>	<b>Date</b>	<b>Phone</b>	<b>Fax</b>
<b>Address, City, State &amp; ZIP</b>			<b>NPI</b>
<b>Physician Signature:</b>			<b>License number:</b>

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the name addressee and may contain material that is confidential, privileged, 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 name addressee, except by express authority of sender to the name addressee.



Category	Subcategories
<b>Chronic Lung Disease (CLD) of Prematurity *</b>	Born < 32 week, 0 day gestational age who require >21% oxygen for at least 28 days after birth.
<b>Pediatric Subspecialist †</b>	<ul style="list-style-type: none"> <li>• Neonatologist</li> <li>• Pediatric Intensivist</li> <li>• Pediatric Pulmonologist</li> <li>• Pediatric Cardiologist</li> <li>• Pediatric Infectious Disease Subspecialist</li> </ul>
<b>Hemodynamically significant heart disease</b>	<ul style="list-style-type: none"> <li>• Congestive heart failure (CHF) requiring medication</li> <li>• Moderate to severe pulmonary hypertension</li> <li>• Unrepaired cyanotic congenital heart disease</li> </ul>
The following groups of infants are NOT AT INCREASED risk of RSV and generally should not receive immunoprophylaxis:	
1. Hemodynamically <i>insignificant</i> heart disease	<ul style="list-style-type: none"> <li>• Secundum atrial septal defect</li> <li>• Small ventriculoseptal defect</li> <li>• Pulmonic stenosis</li> <li>• Uncomplicated aortic stenosis</li> <li>• Mild coarctation of the aorta</li> <li>• Patent ductus arteriosus</li> </ul>
2. Congenital heart disease adequately corrected by surgery which does not continue to require medication for congestive heart failure	
3. Mild cardiomyopathy that does not require medical therapy for the condition	
<p><b>Note:</b> Tobacco smoke exposure is <u>not</u> an indication for Synagis administration. Tobacco dependent parents should be offered tobacco dependence treatment or referral for tobacco dependence treatment. 1-877-YES-QUIT (1-877-937-7848, <a href="http://YesQuit.org">YesQuit.org</a>) is the Quitline operated in Texas.</p>	

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the name addressee and may contain material that is confidential, privileged, 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 name addressee, except by express authority of sender to the name addressee.