

Synagis Request Form

- Drug will be dispensed from a pharmacy (pharmacy benefit) → **FAX 866-399-0929** Phone: 866-399-0928
- Drug will be dispensed from provider office, hospital, outpatient stock (Buy and bill/medical benefit) → **FAX 888-453-4756** Phone: 877-644-4623

I. MEMBER INFORMATION	II. PRESCRIBER INFORMATION
Patient Name:	Prescriber Name:
ID Number:	Specialty:
Date of Birth:	NPI or DEA Number:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Group or Hospital:
Address:	Address:
City, State, Zip:	City, State, Zip:
Primary Phone:	Phone:
Alternative Phone:	Fax:
Medication Allergies:	Office Contact Name:

III. INSURANCE INFORMATION (Complete or Attach Copies of cards)	
Primary Insurance:	Secondary Insurance:
ID Number:	ID Number:
Phone:	Phone:

IV. CLINICAL INFORMATION ***** Please submit supporting clinical information *****

Patient Demographics:
 Gestational Age at Birth: _____ weeks _____ days Primary Diagnosis: _____ (Please provide ICD-10: _____)
 Was this season's first Synagis dose given in the NICU? yes no If yes, provide date(s): _____ Expected date of first/next injection: _____

Patient Evaluation (Check all that apply & submit clinical documentation):

Diagnosis of **Chronic Lung Pulmonary Disease* (CLD)** and **less than 12 months** of age at start of RSV Season Please provide ICD-10: _____
* CLD is generally defined as: gestational age <32 weeks, 0 days and a requirement for >21% oxygen for at least the first 28 days after birth.
 CLD is NOT defined as asthma, croup, recurrent upper respiratory infections, chronic bronchitis, bronchiolitis, or a history of a previous RSV infection

Diagnosis of **Chronic Lung Pulmonary Disease* (CLD)** and **less than 24 months** of age at start of RSV Season Please provide ICD-10: _____
 Is patient currently receiving treatment of the following? (check all that apply and provide last date received):
 Oxygen, Date: _____ Corticosteroids, Date: _____ Diuretics, Date: _____ Bronchodilator, Date: _____

Diagnosis of hemodynamically significant **Congenital Heart Disease (CHD)** and **less than 12 months** of age at start of RSV Season ICD-10: _____
 Patient has the following conditions (Check all that apply): Moderate-Severe Pulmonary Hypertension Cyanotic Heart Disease
 Acyanotic Heart Disease and receiving medications to control CHF (list): _____ Last Date Received: _____

Cystic Fibrosis (CF) and **less than 12 months** of age at start of RSV Season Please provide ICD-10: _____
 Patient has the following conditions (Check all that apply): CLD
 Nutritionally Compromised; Receiving nutritional supplementation? (list): _____

Cystic Fibrosis (CF) and **less than 24 months** of age at start of RSV Season Please provide ICD-10: _____
 Patient has the following (Check all that apply): Hospitalization for pulmonary exacerbation in the first year of life
 Chest radiography abnormalities (persist when stable)
 Weight for length less than 10th percentile Weight: _____ Height: _____ Date: _____

Severe Immunodeficiency: _____ ICD-10: _____ **Cardiac Transplantation** Date: _____

Condition(s) affecting handling of respiratory secretions and **less than 12 months** of age at the start of RSV season
 Patient has the following (Check all that apply): Congenital abnormality of the airway: _____ ICD-10: _____
 Neuromuscular condition: _____ ICD-10: _____

V. REQUESTED DRUG AND STRENGTH	
Synagis® (palivizumab) <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg Patient Weight: _____	Dose: _____ (15mg/kg)

Physician's Signature: _____ **Date** ____/____/____

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.