



Patient Information

Patient location: ___ home ___ hospital ___ Clinic Request is for 1st RSV season 2nd season
 Patient Name: _____ MA ID#: _____
 Tel#: (____) _____ - _____ Weight at birth: _____ Kg Date of Birth: ____/____/____
 Gestational age: _____ weeks _____ days Most Current Weight: _____ Kg Date measured: ____/____/____

Prescriber Information

Prescriber's Name: _____ Specialty: _____ Telephone: _____
 Contact Person Name: _____ Fax #: _____ NPI#: _____

A copy of Patient's NICU discharge summary must accompany this PA request.

List all **previously** administered Synagis injections (if any) with dates given: _____ (max 5 doses)

Current Request for Synagis (palivizumab) _____ mg. IM every 28 days.
For refills - the office is to fax Patient's most current body weight with a history of 3 prior dated weight measurements to the State using the attached Synagis Service PA form.

Patient must meet ONE of the following criteria (The Program adheres to the 2014 American Academy of Pediatrics (AAP) guidelines):

- Infant < 12 months of age born < 29 weeks gestation without chronic lung disease (CLD) or congenital heart disease (CHD).
- Infant < 12 months of age born < 32 weeks gestation with CLD of prematurity who received
 - > 21 percent oxygen for at least the first 28 days after birth
- Infant < 12 months of age born with **hemodynamically significant** congenital heart disease (CHD) characterized by (check all that apply):
 - Acyanotic heart disease
 - Requires a cardiac surgical procedure
 - Currently receiving medication to control heart failure. List medications _____
 - Cyanotic heart disease
 - Pediatric cardiologist has been consulted. List the pediatric cardiologist _____
 - Moderate to severe pulmonary hypertension.
 - Other _____
- Infant < 12 months of age born with neuromuscular disease or a congenital heart anomaly that impairs the ability to clear secretions from the upper airway.
- Infant < 12 months with Cystic Fibrosis and clinical evidence of CLD or nutritional compromise.
- Infant < 2 yrs. of age with CLD of prematurity and for the previous 6 months continues to require medical support with:
 - chronic corticosteroid therapy diuretic therapy supplemental oxygen
- Infant < 2 yrs. of age with Cystic Fibrosis that previously received Synagis therapy for an RSV season and one of the following:
 - previous hospitalization for pulmonary exacerbation in the first year of life
 - chest computed tomography that persists when stable or abnormalities on chest radiography
 - weight for length is less than the 10th percentile based on WHO growth chart
- Infants < 2y/o who are profoundly immunocompromised
- Infants < 2y/o who had a cardiac transplant during RSV season
- Infants < 2y/o who continue to require prophylaxis after cardio-pulmonary by-pass or following the conclusion of extracorporeal membrane oxygenation requiring a post-op dose as soon as the infant is medically stable- -Specify date: ____/____/____
- Other _____

If patient has certain health conditions, for which prophylaxis may not be medically necessary, will be reviewed on a case-by-case basis. Consultation with the child's cardiologist or pulmonologist is required.

Original Prescriber's signature: _____ **Date:** _____

Pharmacy selected: _____ **Contact Person at Pharmacy:** _____
Pharmacy Phone #: _____/_____/_____ **Fax#:** _____/_____/_____