



SYNAGIS® Referral

CLINIC HOMECARE
PH: 937-641-5346 Fax: 937-641-3229

One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: _____

PATIENT INFORMATION

Patient's Name: _____
 M F DOB: _____ MR# _____
 Parent/Guardian Name(s): _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Preferred Contact Phone: Work Cell Home
 Email Address: _____
 Patient is in custody of: Parents Guardian CSB
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 1st Insurance: _____ Phone: _____
 Cardholder: _____ ID#: _____
 2nd Insurance: _____ Phone: _____
 Cardholder: _____ ID#: _____

Insurance preauthorization is based on eligible criteria

We will initiate preauthorization and contact patient to schedule appointment

REFERRING PROVIDER INFORMATION

Primary Care Provider: _____
 Referring: _____
 Phone: _____ Fax: _____
Provider Signature: _____
(required)
 Date: _____

Prescription Orders

Synagis® (Palivizumab) is a registered trademark of "Aresix AB c/o Swedish Orphan Biovitrum AB".

This Practitioner signed referral is for administration of 15 mg/kg of SYNAGIS IM per Children's protocol during the identified RSV Season. Maximum number of doses is 8 per RSV season. Synagis injections are given monthly and patient will be discharged at the end of RSV season.

The Synagis clinic will begin on or after August 1. The RSV Season will be identified by the division of infectious disease at Dayton Children's. This season will last August through March.

Gestational age at birth _____ weeks _____ days Birth weight: _____ Current weight: _____ kg lbs

Allergies: _____

Did the patient spend time in NICU? No Yes, provide NICU discharge summary

Date of inpatient dose administered if any: _____ Hospital: _____

To be considered for Synagis® Injections, patients must meet at least one of the following recommended criteria:

ICD-10 Code: _____

1. Premature infants, ≤ 12 months of age on August 1, without chronic lung disease of prematurity or congenital heart disease with gestational age of less than 29 week, 0 days
2. Premature infants with chronic lung disease
 - Infant ≤ 12 months of age on August 1 born before 32 weeks, 0 days gestational age and has a requirement for > 21% oxygen for at least the first 28 days after birth
 - Year two of life: infants who met the first year definition of chronic lung disease and continue to require medical support: In the six months prior to August 1, has the patient received any of the following medical treatment (check all that apply)
 - Supplemental oxygen Diuretic Corticosteroid therapy
3. Infants who are ≤ 12 months of age with hemodynamically significant congenital heart disease.

Please include visit summary information from cardiac consult

 - Infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures
 - Infants with moderate to severe pulmonary hypertension
 - Infants with cyanotic heart defects
4. Children < 2 years of age who undergo cardiac transplantation during the RSV season
5. Infants who are ≤ 12 months of age with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough
6. Children < 24 months of age who are profoundly immunocompromised during RSV season
7. Children with cystic fibrosis
 - Infants who are ≤ 12 months of age with cystic fibrosis and clinical evidence of chronic lung disease and/or nutritional compromise
 - Infants who are in the second year of life and have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest x-ray or chest CT that persist when stable) or weight for length less than 10th percentile.

Please include any additional relevant clinical documentation to assist with Insurance authorization