



**2009-2010  
Synagis™ (palivizumab) Authorization Form  
Please Fax completed form to Mercy Care Plan (602) 431-7234**

PATIENT NAME:		DOB:	ID #:
PARENT/GUARDIAN NAME:			PHONE:
ADDRESS:			
CITY:		STATE:	ZIP:
LANGUAGE SPOKEN IN HOME:			
GESTATIONAL AGE AT BIRTH: _____ WEEKS _____ DAYS		CURRENT WEIGHT:	DATE WEIGHT OBTAINED:
REQUESTING PROVIDER:			PHONE: FAX:
DATE OF REQUEST:		PROVIDER NPI #/DEA#:	
PROVIDER ADDRESS:			
CITY:		STATE:	ZIP:

Mercy Care Plan authorizes Synagis™ (palivizumab) based on **2009 American Academy of Pediatrics criteria.**

**If you have questions about the Synagis distribution, please call 602-263-3000.**

Synagis® (palivizumab) is administered once per month beginning just before the onset of the RSV season, which typically occurs November 1.<sup>st</sup> Our approval guidelines for Synagis® are based on the 2009 AAP Red Book. Please note that the AAP Red Book has changed the RSV criteria in 2009. The AAP recommends a maximum of 5 doses in the RSV season, and some children will receive less than 5 doses.

Please note that Synagis® does not completely prevent RSV disease but has been shown to reduce the risk of hospitalization attributed to RSV lower respiratory tract disease. Please continue to encourage all of your families with young children to practice good hygiene, avoid crowds during the winter season, and to obtain all of the recommended immunizations, including influenza.

**Please note how the patient meets AAP criteria below and include copies of clinic notes with supportive documentation for patients with CLD or CHD:**

<p>____ History of premature birth <math>\leq 28 \frac{6}{7}</math> weeks gestation <b>AND</b> child is less than 12 months old at start of RSV season (up to 5 doses)</p>
<p>____ History of premature birth <math>29 \frac{1}{7}</math> to <math>32 \frac{0}{7}</math> weeks gestation <b>AND</b> child is less than 6 months old at start of RSV season (up to 5 doses)</p>
<p>____ History of premature birth <math>32 \frac{1}{7}</math> to <math>34 \frac{6}{7}</math> weeks gestation <b>AND</b> child is less than 3 months old at start of RSV season (up to 3 doses) <b>AND</b> child has at least <b>ONE</b> of the following additional risk factors:</p> <p>____ Infant attends child care, defines as a home or facility where care is provided for any number of infants or young toddlers in the child care facility</p> <p>____ infant has a sibling younger than 5 years of age</p> <p>These infants will stop Synagis® when they reach 3 months of age- Administration of palivizumab is not recommended after 3 months of age, per the American Academy of Pediatrics.</p>

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\_\_\_\_\_ History of chronic lung disease (CLD) defined as a condition that necessitates ongoing or extended medical therapy in the form of oxygen, diuretics, corticosteroids, invasive or non-invasive ventilation or bronchodilators within 6 months of RSV season **AND** child is less than 2 years old at start of RSV season (11/01/09). (up to 5 doses)

\_\_\_\_\_ History of hemodynamically significant congenital heart disease (CHD) **AND** child is less than 2 years old at start of RSV season (11/1/09). (up to 5 doses)

Please list CHD ICD-9 codes:  
ICD-9: \_\_\_\_\_

EXPECTED DATE OF FIRST/NEXT INJECTION: \_\_\_\_\_

Injection already given?  Yes Date(s): \_\_\_\_\_  
 No

**Rx**

DATE \_\_/\_\_/\_\_ and most recent WEIGHT \_\_\_\_\_

**Synagis® (palivizumab)** 50 or 100-mg vials  
Sig: Inject 15mg/kg IM one time per month (every 28-30 days)  
Dispense Quantity: QS

Refill Monthly: \_\_\_\_\_ months

**Epinephrine** 1:1000 amp. Sig: Inject 0.01 mg/kg SC as directed  Known Allergies: \_\_\_\_\_

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**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

American Academy of Pediatrics. Respiratory Syncytial Virus. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American

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Academy of Pediatrics; 2009:560-569. Available at:  
<http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>. Accessed July 7, 2009.

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