

Palivizumab (Synagis) Request Form

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_

**Please check the qualifying criteria and attach an explanation or supporting documentation.**

\_\_\_\_ 2 years of age or less with CLD (BPD), and have required treatment for CLD within 6 months prior to RSV season. (treatment defined as supplemental O2, bronchodilators, diuretics or corticosteroid therapy)

\_\_\_\_ Cardiology patient, age 2 years or less and receiving medication to control congestive heart failure, have moderate to severe pulmonary hypertension **or** have cyanotic heart disease.

\_\_\_\_ 28 weeks gestation or less, and under the age of 1 year at the beginning of RSV season.

\_\_\_\_ 29 to 32 weeks gestation or less, who are 6 months of age at the onset of RSV season.

\_\_\_\_ 32 to 35 weeks gestation or less, who are less than 6 months of age at the onset of RSV season and who **meet 2 of the following risk factors.**

**(Check the qualifying factors and explain)**

\_\_\_\_ 1. school aged siblings

\_\_\_\_ 2. child care attendance

\_\_\_\_ 3. exposure to tobacco smoke in the home / air pollutants beyond living in service area.

\_\_\_\_ 4. severe neuromuscular disease

\_\_\_\_ 5. congenital airway anomalies

**Note: Start date is 10/06/03 and end date is 03/01/04. These dates will most likely change.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_ Approved

\_\_\_\_ Denied

**Authorization Number:** \_\_\_\_\_

**TCHP Nurse Signature:** \_\_\_\_\_

10/8/03