SYNAGIS® PALIVIZUMAB

VERMONT RSV Season 2013-2014

Complete form in its entirety and fax to number listed below

1 PATIENT INFORMATION

Last Name	First Name	Middle Initial

Date of Birth	Sex M ☐ F ☐	Medicaid ID #

Allergies: ☐ NKA or _____

Street Address	City

State	County	Zip Code

Parent/Guardian	Day Telephone	Night Telephone

Emergency Contact	Relationship	Telephone

2 PRESCRIBER INFORMATION

Prescriber's Name	NPI Number	DEA Number

Telephone Number	Fax Number	Hospital/Clinic Name

Street Address	City

State	County	Zip Code

Contact Person at Office	Prescriber Specialty

Supervising Physician's Name (If Required for Mid-Level Practitioner)	NPI Number

WILCOX MEDICAL

Wilcox Home Infusion
219 Woodstock Ave, Suite A
Rutland, VT 05701

A subsidiary of bioscrip

Form Last Updated 09/2013

Fax Completed Form to:

Fax Number: 855-775-7824

Phone Number: 800-639-1210

3 Department of Vermont Health Access PRIOR AUTHORIZATION REQUEST SYNAGIS® (PALIVIZUMAB)

Gestational Age: weeks: days:	Current Weight: (kg)	Dose: 15mg / kg (weight verified monthly)

Diagnosis:

☐ Infants born at 28 weeks of gestation or earlier (i.e., ≤ 28 weeks, 6 days) and under 12 months of age at the start of the RSV season (maximum 5 doses)

☐ Infants born at 29 - 32 weeks (i.e., between 29 weeks, 0 days and 31 weeks, 6 days) of gestation and under 6 months of age at the start of the RSV season (maximum 5 doses)

☐ Infants born at 32 - 35 weeks (i.e., between 32 weeks, 0 days and 34 weeks, 6 days) of gestation who have at least one of the following risk factors and who have not reached 3 months of age: (dosing continues in the RSV season through the end of the month the infant reaches 3 months old – maximum 3 doses)

☐ Infant attends child care ☐ One or more older siblings (or other child permanently in house) < 5 years of age (multiple births younger than 1 year of age do not qualify)

☐ Children under 24 months of age with chronic lung disease of prematurity (bronchopulmonary dysplasia) who have received medical therapy (supplemental oxygen, bronchodilator, diuretic or chronic corticosteroid therapy) within 6 months prior to the start of the RSV season (maximum 5 doses)

☐ Treatment: ☐ Dates of Use:

☐ Children under 24 months of age with hemodynamically significant cyanotic or acyanotic heart disease(CHD)

☐ Receiving medication to control congestive heart failure

☐ Moderate to severe pulmonary hypertension (maximum 5 doses)

☐ Have cyanotic heart disease

☐ Infants under 12 months of age with either: (dosing continues in the RSV season through the end of the month the infant reaches 12 months old – maximum 5 doses)

☐ Congenital abnormalities of the airways

☐ Neuromuscular condition compromising handling of respiratory tract secretions

☐ Other:

NICU HISTORY

Did the patient spend time in the NICU?

☐ Yes ☐ No (If yes, please attach the NICU summary)

Was RSV prophylaxis recommended by the NICU/Hospital physician for this patient?

☐ Yes ☐ No

Was a NICU/Hospital /Clinic dose administered?

☐ Yes, Date(s): ☐ No

4 PRESCRIPTION

Synagis (palivizumab) 50 and/or 100 mg vials and supplies for administration.

Sig: Inject 15 mg/kg IM once every 4 weeks; expected date of first home injection:_____

Dispense Quantity: Quantity sufficient for prophylaxis thru 03/2014

Deliver product to: ☐ MD office ☐ Patient's home ☐ Clinic

☐ Home health nurse to administer injection Home Health Agency:_____

If delivery is to clinic, please give location:_____

Pediatric Anaphylaxis: Administer 0.01 ml/kg (max 0.3ml) of 1:1000 epinephrine solution subcutaneously or intramuscularly, and contact EMS or physician, as appropriate.

Other:_____

Sig: _____

Physician will monitor patient's response to therapy. Any complications in therapy will be reported to the physician either by the patient's caregiver, or the skilled nursing service (If other than physician's office or Wilcox Home Infusion)

Prescriber's Signature: _____ **Date:** _____

Supervising Physician's Signature: _____

This order is valid for the entire upcoming season if signed prior to the November dose, or for the remainder of the present season if signed after November.