SYNAGIS® PALIVIZUMAB

VERMONT RSV Season 2014-2015

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
250 Stratton Road
Rutland, Vermont 05701
A subsidiary of bioscrip

Form Last Updated 09/2014

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 1 year of age at the start of the RSV season who develop chronic lung disease of prematurity defined as a requirement for >21% oxygen for at least the first 28 days after birth (maximum 5 doses)

☐ Children under 24 months of age with chronic lung disease of prematurity defined as born at 31 weeks, 6 days or less who required >21% oxygen for at least the first 28 days after birth and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season (maximum 5 doses).
☐ Treatment: ☐ Dates of Use:

☐ Children under 12 months of age with hemodynamically significant congenital heart disease (CHD) (dosing continues in the RSV season through the end of the month the infant reaches 12 months old -maximum 5 doses)
- ☐ Acyanotic heart disease and receiving medication to control congestive heart failure and will require cardiac surgical procedure
- ☐ Moderate to severe pulmonary hypertension
- ☐ Cyanotic heart disease and recommended for Synagis therapy by Pediatric Cardiologist

☐ 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 that impairs the ability to clear secretions from the upper airway because of ineffective cough
- ☐ Neuromuscular condition that impairs the ability to clear secretions from the upper airway because of ineffective cough

☐ 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 03/2015

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.