



Mary Bridge Ambulatory Infusion Clinic
 311 South L Street
 Tacoma, WA 98405
 Phone (253) 876-8421 Fax (253) 864-2808

Please select location preferred for Synagis administration

- Outpatient clinic
- Mary Bridge Home Infusion

2020-2021

SYNAGIS® (PALIVIZUMAB) ENROLLMENT/PHYSICIAN ORDER

Section 1—PATIENT INFORMATION
 Patient Name _____
 Address _____
 City/State/ZIP _____
 Primary Phone: _____ DOB _____
 Alternate Phone: _____ Gender Male Female
 Parent/Guardian _____

Section 2—PHYSICIAN INFORMATION
 Prescriber's Name _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Contact person _____ Phone _____

Section 3—INSURANCE INFORMATION Please include copy of insurance cards with this form, if available.

Insurance: _____ ID#: _____ Subscriber Name: _____ Subscriber DOB: _____
 Insurance: _____ ID#: _____ Subscriber Name: _____ Subscriber DOB: _____

Section 4—STATEMENT OF MEDICAL NECESSITY (Please include required documentation.)

Gestational Age at Birth (weeks) _____ Birth Weight (kg/lb) _____ Recent Weight (30 days or less) _____ Date _____
 Please indicate criteria met (below, 1 – 6): ICD-10 code and description: _____

- ____ 1. Infants born before 29 weeks 0 days gestation, younger than 12 months of age prior to December 1, 2020. Attach hospital discharge summary.
- ____ 2. Infants less than 32 weeks 0 days gestation and less than 12 months of age as of December 1, 2020 with Chronic Lung Disease and a requirement for >21% oxygen for at least 28 days after birth. Attach hospital discharge summary.
- ____ 3. Infants less than 12 months as of December 1, 2020 with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from upper airway. Attach hospital discharge summary and current clinical documentation.
- ____ 4. Infants less than 12 months of age as of December 1, 2020 with hemodynamically significant chronic heart disease to include a cyanotic heart disease who are receiving medication to control congestive heart failure and infants with pulmonary hypertension. Attach hospital discharge summary, most recent cardiologist visits note and list of current cardiac medications.
- ____ 5. Children less than 24 months prior to December 1, 2020 who required at least 28 days of oxygen after birth and continue to require medical intervention such as corticosteroids, diuretic therapy or supplemental oxygen during the 6-month period prior to December 1, 2019. Attach hospital discharge summary and documentation regarding use of oxygen, diuretics, corticosteroids, bronchodilators or ventilator.
- ____ 6. Children less than 24 months who are profoundly immunocompromised (i.e.: receiving chemotherapy, solid organ or hematopoietic stem cell transplantation during the RSV season). Attach current clinical documentation.

Section 5—PRESCRIPTION INFORMATION

Synagis® (palivizumab), 100 mg vials Sig: Reconstitute as directed and inject 15 mg/kg IM one time per month every 28-30 days. Was 1st dose given in hospital/NICU? Yes—Date: _____ No

Physician Signature: _____ Date: _____

ALL INFORMATION MUST BE COMPLETE TO ENSURE PROMPT PROCESSING