



Referral Line: 840-5600
 Fax: 840-5678

SYNAGIS Referral Form Neighbor Islands Toll Free Phone: (888) 840-8844
 Oahu Neighbor Islands Toll Free Fax: (888) 286-7184

Patient Name: _____	Physician Name: _____
Parents' Names: _____	Address: _____
Address: _____	NPI #: _____
Home Phone: _____	Phone: _____ Fax: _____
Work Phone: _____ Cell: _____	After Hours Phone No.: _____

SSN: _____ DOB: _____ SEX: M F Best way to contact family: Home ph. Work ph. Cell ph.
Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Treatment

Gestational Age at Birth (weeks) _____ (765.2) **To be administered at:** Pharmicare MD Office
Birth Weight (kg) _____ **Current Weight (kg)** _____ **Has the pt received a course of Synagis before?** Y N
Date current weight taken: _____ **Allergies:** _____

RX: SYNAGIS 15 mg/kg IM per month during the RSV season.
EPINEPHRINE 1:10,000 (0.1mg/ml) #10ml, Inject 0.01mg/kg (0.1ml/kg) SQ prn anaphylactic reaction.

Medical Necessity Criteria (Check all that apply.)

- Born prematurely at **≤ 28 weeks gestation**** who are born on or after September 15, 2010.
 - Less than 24 weeks (765.21)
 - 24 completed weeks (765.22)
 - 25-26 completed weeks (765.23)
 - 27-28 completed weeks (765.24)
 - Born between **29-32 weeks gestation**** who are born on or after March 15, 2011.
 - 29-30 completed weeks (765.25)
 - 31-32 completed weeks (765.26)
 - Born between **33 and 35 weeks gestation**** who are born on or after 6/15/11 requiring significant respiratory support in the neonatal period (positive pressure support).
 - 33-34 completed weeks (765.27)
 - 35-36 completed weeks (765.28)
- and have one or more additional risk factors:**
- Child care attendance
 - School-aged siblings
 - Congenital abnormalities of the airways
 - Severe neuromuscular disease

- < 2 yrs of age (born on or after September 15, 2009) with **Chronic Lung Disease of the Newborn (770.7)***, requiring ongoing, significant treatments after March 15, 2011.
 - O₂ dependent Recent O₂ use (after 3/15/10)
 - Systemic steroids Inhaled steroids
 - Inhaled bronchodilators
 - Recent hospitalization: _____ (date) _____ (reason)
- < 2 yrs of age (born on or after September 15, 2000) with hemodynamically significant **Congenital Heart Disease*** requiring medical management after March 15, 2011, such as
 - Congestive Heart Failure on medication (428.9)
 - Moderate to Severe Pulmonary Hypertension (747.83)
 - Cyanotic Heart Disease (770.83)
 - Other: _____ (ICD-9: _____)

(For HMSA patients only, "the following groups of infants are NOT at increased risk from RSV and generally should not receive immunoprophylaxis:" ¹**hemodynamically insignificant heart disease** (e.g. secundum ASD, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, PDA), ²**heart lesions adequately corrected by surgery, or** ³**mild cardiomyopathy not receiving medical therapy.)**

**CLD & CHD: Documentation of medical management is required. (e.g. hospital discharge summary, H&P if recent, and most recent specialist consult notes, and complete list of medications)*

****Premature infants: Documentation of gestational age criteria is required. (e.g. hospital discharge summary, findings to support gestational age)**

Other: _____ (ICD-9: _____)

I certify this patient meets Guidelines for Prophylaxis for RSV Infections in High Risk Infants in Hawaii as developed by the Consensus Committee.

Physician's Signature: _____ **Date:** _____

Insurance

Primary Insurance: _____	Secondary Insurance: _____
Address: _____ Ph#: _____	Address: _____ Ph#: _____
Membership # _____ Group: _____	Membership #: _____ Group: _____

Subscriber/Relationship: _____

Subscriber/Relationship: _____

Patient Name: _____

DOB: _____

Pharmacare Office Use Only

Primary Insurance: _____

Secondary Insurance: _____

Effective Date: _____ Verified by: _____

Effective Date: _____ Verified by: _____

Ded: _____ %Cov: _____ SL: _____

Ded: _____ %Cov: _____ SL: _____

Ded Met: _____ Co-pay: _____ SL Met: _____

Ded Met: _____ Co-pay: _____ SL Met: _____

TPL: _____ Life Max: _____

TPL: _____ Life Max: _____

Pat. Notified: _____ Auth Req?: Y N

Pat. Notified: _____ Auth Req?: Y N

Accepted OOP? Y N NA

Accepted OOP? Y N NA