



SYNAGIS Referral Form 2005-2006
(Oahu)

Referral Line: 840-5600

Referral Fax: 840-5678

Email: info@PharmaceuticalHawaii.com

Patient Name: _____
Parents' Names: _____
Address: _____
Home Phone: _____
Work Phone: _____ Cell : _____

Physician Name: _____
Address: _____
Phone : _____ Fax: _____
After Hours Phone No.: _____

SSN: _____ DOB: _____ SEX: M F
Emergency Contact: _____

Best way to contact family: Home ph. Work ph. Cell ph.
Relationship: _____ Phone: _____

Treatment

Gestational Age at Birth (weeks) _____ (765.2) _____
Birth Weight (kg) _____ Current Weight (kg) _____

To be administered at: Pharmicare Home MD Office
Has the pt received a course of Synagis before? Y N
Allergies: _____

RX: SYNAGIS 15 mg/kg IM per month from 10/1/05 thru 2/28/06 during the RSV season.

MEDICAL NECESSITY CRITERIA (Check all that apply.)

Born prematurely at **≤ 28 weeks gestation** and is less than 1 year chronological age at the beginning of the season.

- 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 (32+0)** and is less than 6 months chronological age at the beginning of the season.

- 29-30 completed weeks (765.25)
- 31-32 completed weeks (765.26)

Premature infants: Documentation of gestational age criteria is required to show 32 weeks + 0 or less. (e.g. hospital discharge summary)

< 2 yrs of age w/Chronic Lung Disease (770.7) requiring ongoing, significant treatment.

- O₂ dependent
- Recent O₂ use (within 6 months) of 10/01/05
- Systemic steroids
- Inhaled steroids
- Recent Hospitalization: _____ (date)
- Inhaled bronchodilators

< 2 yrs of age w/ hemodynamically significant Congenital Heart Disease requiring medical management, e.g.

- Congestive Heart Failure on medication (428.9)
- Moderate to severe pulmonary hypertension (747.83)
- Cyanotic Heart Disease (770.83)
- Cardiopulmonary bypass (requiring prophylaxis) (338X1)

Other: _____ (ICD-9: _____)

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

I certify that this patient meets the Guidelines for Prophylaxis for RSV Infections in High Risk Infants in Hawaii (July 29, 2005) as developed by the Consensus Committee .

Physician's Signature: _____

Date: _____

Insurance

Primary Insurance: _____
Address: _____
Ph#: _____
Membership # _____ Group: _____
Subscriber/Relationship: _____

Secondary Insurance: _____
Address: _____
Ph#: _____
Membership #: _____ Group: _____
Subscriber/Relationship: _____



SYNAGIS Referral Form 2005-2006
(Neighbor Islands)

Referral Toll Free Phone: (1-888) 840-8844

Referral Toll Free Fax: (1-888) 286-7184

Email: info@PharmacareHawaii.com

Patient Name: _____
Parents' Names: _____
Address: _____
Home Phone: _____
Work Phone: _____ Cell : _____

Physician Name: _____
Address: _____
Phone : _____ Fax: _____
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) _____
Birth Weight (kg) _____ Current Weight (kg) _____

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I certify that this patient meets Guidelines for Prophylaxis for RSV Infections in High Risk Infants in Hawaii (July 29, 2005) as developed by the Consensus Committee.

Physician's Signature: _____

Date: _____

Insurance

Primary Insurance: _____
Address: _____
Ph#: _____
Membership # _____ Group: _____
Subscriber/Relationship: _____

Secondary Insurance: _____
Address: _____
Ph#: _____
Membership #: _____ Group: _____
Subscriber/Relationship: _____

**Guidelines For Prophylaxis For RSV Infections
In High-Risk Infants In Hawaii
(Developed by Consensus Committee – July 29, 2005)**

Patient Population

1. All children younger than 2 years old at the beginning of the season (see below for definition) with Chronic Lung Disease requiring treatment within 6 months of the anticipated season.
2. All children born prematurely at 28 weeks gestation or earlier, who are less than 1 year chronological age at the beginning of the season.
3. All children born prematurely between 29 and 32 weeks gestation, who are less than 6 months chronological age at the beginning of the season; 32 weeks is clarified to be 32+0.
4. All children younger than 2 years old at the beginning of the season with Congenital Heart Disease requiring medical management.
5. There are several children with other chronic illnesses who may be considered for prophylaxis, although this is not an FDA-approved indication for the use of these drugs (Respigam® and Synagis ®). The Committee recommends that Pediatricians evaluate these children on a case-by-case basis and, if necessary, in consultation with an appropriate Subspecialist.

Season

RSV infections occur in the community all year round. To identify eligible infants for immunoprophylaxis, the beginning of the season will be considered **October 1, 2005**. Based on the available epidemiological data, peak of RSV infections occur between November and February. During 2002, 2003 and 2004, the number of RSV cases seen in the State was significantly lower than in previous years. The Committee feels that passive immunoprophylaxis should be continued to provide immunity through the end of February 2006.

Prophylaxis

1. Prophylaxis for infants identified by criteria reflected under Patient Population should be started no earlier than October 1, 2005, and no later than October 15, 2005. Prophylaxis for children who qualify based on age at the beginning of the season should be continued for the duration of that season.
2. Prophylaxis should be continued to provide immunity at least until the end of February 2006.
3. Should a child develop RSV during the course of the season, prophylaxis should be continued after recovery until the end of the season.
4. Infants with cardiac disease who have been on cardiac bypass during surgery should receive an additional dose soon after surgery and the subsequent doses for the season should be continued on a monthly basis from that date.
5. The maximum number of doses should be limited to five unless the season is extended by the Consensus Committee.
6. The interval between the first and second dose should be as close as possible to 28 days. All subsequent dose intervals should be as close to 30 days as possible (range 28 – 35 days).

These recommendations are meant to be guidelines.

Additional factors that need to be considered are:

1. Education of the family that although Prophylaxis is not 100% effective, it may lead to a decrease in severity of subsequent illness. To this effect, consideration should be given to obtaining an informed consent prior to drug administration.
2. Family education with respect to:
 - a. Use of good hand-washing practices during the wet and cooler months
 - b. Avoiding exposure to smoke and dust especially passive smoke exposure in the presence of smokers in the family
 - c. Avoiding contact with ill persons especially those with respiratory symptoms

d. Avoiding unnecessary exposure to crowds

The Consensus Committee has made a commitment to the community by pledging to be available to meet at least annually, or more often if necessary, to review these guidelines and make modifications as appropriate, based on variations in the RSV infection pattern in the community. This year, the Committee has decided to have a second meeting in January 2006 to evaluate the season and make recommendations about additional immunoprophylaxis, based on the epidemiologic variation during the current year.

The Committee welcomes comments from community pediatricians and other health care providers regarding RSV infections in their practices and the impact of these guidelines on the same. Communication with the Committee may be directed to any of the Committee members listed below, or by contacting:

Venkataraman Balaraman, MB, BS.
Department of Pediatrics
Kapi'olani Medical Center for Women and Children
1319 Punahou Street, Room 750
Honolulu, Hawaii 96826
Email: vbaraman@kapiolani.org

Committee Members

Raul Rudoy, M.D., Chair
Vernon Azuma, M.D.
Venkataraman Balaraman, MB, BS.
Marta Derieg, M.D.
James Griffith, M.D.
Matthew Ho, M.D.
Kent Kumashiro, M.D.
Douglas Kwock, M.D.
Sarah Lentz-Kapua, M.D.
Wallace Matthews, M.D.
Frank Smith, M.D.
William Moore, M.D.
Charles Neal, M.D.
James Sim, M.D.
Rupert Chang, M.D.
Adeline Winkes, M.D.
Robert Wotring II, M.D.