



Referral Line: 840-5600
Fax: 840-5678

SYNAGIS Referral Form

Neighbor Islands Toll Free Phone: (888) 840-8844

Neighbor Islands

Neighbor Islands Toll Free Fax: (888) 286-7184

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

Physician Name:
Address:
NPI #:
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)
Date current weight taken:

To be administered at MD Office
Has the pt received a course of Synagis before? Y N
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, 2006.
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, 2007.
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 3/15/07 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, 2005) with Chronic Lung Disease of the Newborn (770.7)\*, requiring ongoing, significant treatments after March 15, 2007.
O2 dependent
Recent O2 use (after 3/15/06)
Systemic steroids
Inhaled steroids
Inhaled bronchodilators
Recent hospitalization: (date) (reason)
< 2 yrs of age (born on or after September 15, 2005) with hemodynamically significant Congenital Heart Disease\* requiring medical management after March 15, 2007, 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:" hemodynamically insignificant heart disease (e.g. secundum ASD, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, PDA), heart lesions adequately corrected by surgery, or 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:
Address: Ph#:
Membership # Group:
Subscriber/Relationship:

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