



SYNAGIS Referral Form
(Oahu)

Referral Line: **840-5600**
Referral Fax: **840-5678**

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) To be administered at: Pharmacare Home 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, 2005.
 - 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, 2006.
 - 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 3/15/06 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

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

Other: _____ (ICD-9: _____)

- < 2 yrs of age (born on or after September 15, 2004) with **Chronic Lung Disease of the Newborn (770.7)***, requiring ongoing, significant treatments after March 15, 2006.
 - 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, 2004) with hemodynamically significant **Congenital Heart Disease*** requiring medical management after March 15, 2006, 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:" ¹hemodynamically insignificant heart disease (e.g. secundum ASD, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, PDA), ²heart lesions adequately corrected by surgery, or ³mild 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)*

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: _____

Instructions for filling out the Pharmacare Synagis Referral Form

1. Fill out the form as completely as possible.
2. **All referral forms should be accompanied by appropriate documentation.** This may include KMCWC “ Neonatology Summary Notes,” “NICU Notes” for premature infants or consultation notes by a specialist (cardiologist, pulmonologist) for CHD or CLD patients. The gestational age is indicated in the “Neonatology Summary Notes.” The more information given, the better chance of obtaining insurance authorization.
3. The RSV season starts earlier this year. Eligible patients will begin prophylaxis on September 15, 2006. Since authorizations sometimes take 4-6 weeks, referral forms should be submitted as soon as possible.
4. If your patient does not fit the Guidelines for Prophylaxis but you feel strongly that your patient will benefit from the prophylaxis, let Pharmacare help by providing technical assistance to you.
5. Our Pharmacare staff has had over 25 years experience in dealing with health insurance companies. We can often predict when a referral will require more information. We submit all referrals for authorization approval.

Gestational Age at birth – Enter the ultrasound gestational age here. If the patient has a gestational age given by clinical means such as a Dubowitz exam, it is sometimes helpful to submit that assessment of gestational age as well. This is sometimes used as a tiebreaker!

Born between 33 and 35 weeks gestation – This is a new category created by the RSV Consensus Committee for 2006. This category is reserved for patients requiring a ventilator or nasal CPAP or other types of positive pressure breathing during their stay in the Nursery **AND** are born on or after March 15, 2006, **AND** have at least one additional risk factor as listed. There are no other risk factors being considered at this time.

Chronic Lung Disease of the Newborn is a diagnostic entity. It refers to the old category of Bronchopulmonary Displasia and includes diagnoses such as severe meconium aspiration resulting in damage to the newborn lung, respiratory distress syndrome of prematurity resulting in oxygen dependency, etc. **It does not include asthma.**

Frequently Asked Questions

1. **My patient is older than 32 weeks by just a few days. Is Insurance going to cover Synagis?** We have asked some major insurance companies how they are going to define 32 weeks gestation, and their reply has been that gestational age determination is not an exact science. Last year, there were patients that were approved and were 32 + 2 weeks gestation by ultrasound. These patients had been submitted with additional documentation that described clinical gestation age as well as the ultrasound gestational age. Dubowitz scores are helpful. Documentation of prolonged hospital treatment with oxygen or nasal CPAP would also be helpful. Submit as much information as possible to back up your case!
2. **My patient does not fit in any criteria of the RSV Guidelines, but I feel strongly that my patient should get the prophylaxis. Can you help?** YES!! We will always provide assistance in submission of authorization requests for ANY patient. Although we have had denials, some of these patients have been approved on a case basis by insurance. These have had clear, concise documentation, often with written assessments by the primary care physician explaining their reasons for the request.
3. **Can you provide an example of such a situation?** There was a patient who had a transposition of the great vessels that was corrected by surgery. Such a patient clearly would not qualify for prophylaxis under the Guidelines. However, further documentation described a lung anomaly in this patient for which prophylaxis was ultimately approved.