



MEDICAL ASSOCIATES
HEALTH PLANS\*

Synagis Referral/ Authorization Form

Doctor Nurse Ext. #
Patient Name Gestational age at birth DOB
Parent Name (s) Phone#
Insurance ID#

RSV season for the Midwest Region is considered to be November 1 through March 31.

Eligibility For RSV Prophylaxis ( Please check all that apply)

- Premature infants <=28 wks if born <= 12 months before start of RSV season (5 doses)
Premature infants 29- 32 wks if born <= 6 months before start of RSV season (5 doses)
Premature infants 32-35 wks if born <=3 months before start of RSV season or who are born during RSV season and has 1 of these 2 risk factors: Siblings younger than 5 years and/or daycare attendance.

\*Administration of Polivizumab is not recommended after 3 months of age for this group. Max # of doses is 3.\*

Infants and Children with chronic lung disease less than 24 months of age who receive medical therapy (supplemental oxygen, bronchodilator, diuretic or chronic corticosteroid therapy). for CLD within 6 months before the start of RSV season, maximum of 5 does. Patient with severe CLD who continue to require medical therapy may benefit from a second season prophylaxis during the second year of life.

Infants with congenital abnormalities of the airway or neuromuscular disease born before 35 wks of gestation when these conditions result in compromised handling of respiratory secretions. (maximum of 5 doses in first year of life)

Infants and Children with congenital heart disease who are 24 months of age or younger with hemodynamically significant cyanotic or acyanotic congenital heart disease. Children in this age group who will most likely benefit from immunoprophylaxis are: (maximum of 5 doses )

- Infants who are receiving medication to control congestive heart failure
Infants with moderate to severe pulmonary hypertension
Infants with cyanotic heart disease

Diagnosis ICD-9

Medical Therapy

Medications

Length of Therapy/ # of doses

\*\*\*\*\* Synagis dose is based upon patient's weight each month. 15mg/kg\*\*\*\*\*

Synagis Approval

Number of doses approved for coverage by MAHP is from (start date) to (last dose date). These doses are based on the current American Academy of Pediatric Red Book Guidelines. Approval is dependent upon continued member coverage by MAHP.

Signature of Authorizing Insurance Representative

Pharmacy Benefit Nurse