



### Clinical Information for Synagis® (palivizumab)

PART A: Patient/Provider Information – Please Print		
Patient Name (Last, First, MI)	Sponsor SSN	Date of Birth (mm/dd/yyyy)
Requesting Provider	Provider Fax #	

PART B: Clinical Information - Please check appropriate boxes and make comments as indicated – Please Print
<input type="checkbox"/> Infant or child is less than 2 years old at the start of RSV season with chronic lung disease and has required medical therapy (supplemental oxygen, bronchodilators, diuretics, or corticosteroids within the last 6 months. Please explain: <input type="checkbox"/> Supplemental oxygen: _____ <input type="checkbox"/> Bronchodilator(s): _____ <input type="checkbox"/> Diuretic(s): _____ <input type="checkbox"/> Corticosteroid(s): _____ <input type="checkbox"/> Infant or child is less than 2 years old with hemodynamically significant cyanotic and acyanotic congenital heart disease as defined by any of the following: <input type="checkbox"/> Is currently on medication for congestive heart failure - Please list: _____ <input type="checkbox"/> Has moderate to severe pulmonary hypertension <input type="checkbox"/> Has cyanotic heart disease <input type="checkbox"/> Infant or child was born at 28 weeks gestation or earlier and is currently less than 12 months of age at the start of RSV season <input type="checkbox"/> Infant or child was born between 29-32 weeks gestation and is currently less than 6 months of age at the start of RSV season <input type="checkbox"/> Infant or child was born between 32-35 weeks gestation and is currently less than 6 months of age at the start of RSV season with at least two of the following risk factors: <input type="checkbox"/> School-aged siblings living in the home <input type="checkbox"/> Child-care attendance (2 or more unrelated children together for 4 or more hours a week) <input type="checkbox"/> Exposure to environmental pollutants (i.e., woodstove or kerosene heater as the sole source of home heating, tobacco smoke in the home) <input type="checkbox"/> Severe neuromuscular disease <input type="checkbox"/> Congenital abnormalities of the airways <input type="checkbox"/> Infant or child is less than 2 years old at the start of RSV season and has severe immunodeficiencies <input type="checkbox"/> Infant or child is less than 2 years old at the start of RSV season and has anticipated cardiac surgery <input type="checkbox"/> Infant or child is less than 2 years old at the start of RSV season with neurologic disease and birth weight less than 1500 grams

PART C: Medication Information Please check appropriate boxes and make comments as indicated – Please Print
<input type="checkbox"/> Synagis® 50 mg Quantity _____ <input type="checkbox"/> Synagis® 100 mg Quantity _____ Number of doses requested: _____ (1-7) Starting date requested: (mm/dd/yyyy) _____      Ending date requested: (mm/dd/yyyy) _____ Who is administering medication? <input type="checkbox"/> Provider <input type="checkbox"/> Other: Please specify: _____

PART D: Coding Information - Please check appropriate boxes and make comments as indicated – Please Print
<input type="checkbox"/> HCPCS Code: C9003 (to be used by hospitals <b>ONLY</b> ) <input type="checkbox"/> CPT Code: 90378 NDC Code(s) <b>REQUIRED</b> : _____

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services.  
Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as “for official use only.”  
Violations of this may be punishable by fines, imprisonment, or both.