



Clinical Information for Synagis® (palivizumab)

Part A: Patient/Provider Information:

Patient Name (Last, First, MI) _____

Sponsor SSN _____ Date of Birth (mm/dd/yyyy) _____

Requesting Provider _____ Provider Fax # (_____) _____

Part B: Clinical Information:

Infant is less than 2 years old AND (Please select ANY of the following):

- Was born at 28 weeks gestation or earlier
- Was born between 29-32 weeks gestation
- Was born between 32-35 weeks gestation, with risk factor(s):
 - Has a sibling younger than 5 years of age
 - Attends child-care (defined as a home or facility where care is provided for any number of infants or young toddlers)
- Has one of the following (please note: supporting documentation is required for this category):
 - Chronic lung disease and has required medical therapy (supplemental oxygen, bronchodilators, diuretics, or corticosteroids) within the last 6 months. Diagnosis and treatment: _____

 - Hemodynamically significant cyanotic or acyanotic congenital heart disease as defined by any of the following:
 - Moderate to severe pulmonary hypertension
 - Cyanotic heart disease
 - Currently on medication for congestive heart failure, please list: _____

 - Severe immunodeficiency. Diagnosis: _____
 - Was born before 35 weeks of gestation, and has a congenital abnormality of the airway. Diagnosis: _____

 - Was born before 35 weeks of gestation, and has a neuromuscular condition that compromises handling of respiratory secretions. Diagnosis: _____

Per the American Academy of Pediatrics Red Book guidelines, found online at: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>

Please fax this completed form with supporting clinical documentation and/or other relevant data to:

TriWest Healthcare Alliance – Fax 866-269-5892

TRICARE Prime Remote, TRICARE Reserve Select – Fax 866-312-5831

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