



Synagis Prescription and Prior Authorization Request Form/2014-2015 RSV Season
 Fax to 1-888-325-6544 (GHP c/o Walgreens)
 Phone inquiries 1-888-347-3416

Patient Name (Last, First) _____	Gateway Member ID _____
Phone _____	
Parent/Guardian Name _____	
Other Insurance (Name and ID#) _____	
Physician Name _____	Office Contact _____
Office Phone _____	Office Fax _____
Office Address: Number and Street _____ City, State, Zip Code _____	

RX: Synagis (palivizumab) 50 mg and/or 100 mg vials Quantity: QS Refill _____ Required by date: _____ Prescriber's signature _____ Date _____	Directions: Administer 15 mg/kg IM once monthly
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Patient's Date of Birth (MM/DD/YYYY)	
Gestational age at Birth (Weeks and Days)	
Birth Weight	Weight: _____
Current Weight	Weight: _____ Date: _____
Age as of 11/1/2014	<input type="checkbox"/> < 12 months <input type="checkbox"/> 12-24 months
Hemodynamically significant congenital heart disease <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify to the right.	Please check all that apply <input type="checkbox"/> CHF <input type="checkbox"/> Cyanotic Heart Disease Medications used, please specify below: _____ _____ _____
Chronic Lung Disease <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify _____	Therapies used within the last 6 months. Please check all that apply <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> Bronchodilator(s) <input type="checkbox"/> Diuretic(s) <input type="checkbox"/> Corticosteroid(s)
Risk Factors	Please check all that apply. <input type="checkbox"/> Severe neuromuscular disease <input type="checkbox"/> Profoundly immunocompromised: (receiving chemotherapy, s/p stem cell or organ transplant) <input type="checkbox"/> Congenital abnormalities of the airways <input type="checkbox"/> Born premature (< 29 weeks, 0 days gestation) <input type="checkbox"/> Received a heart transplant during the RSV season <input type="checkbox"/> Cystic Fibrosis with CLD or nutritional compromise
NICU History	NICU dose given, Date: _____