



Mary Bridge Children's Home Infusion
311 South L. Street, Tacoma, WA 98405
PH: 253-876-8421 FAX: 253-864-3939

2023 - 2024

SYNAGIS® (PALIVIZUMAB) ENROLLMENT/PHYSICIAN ORDER
Administered @ Home Infusion in Pierce County

PATIENT INFORMATION

Last Name: First Name: D.O.B.:
Address: City/ State/ Zip:
Home Phone #: Alternate #: Gender:

INSURANCE INFORMATION

Insurance: ID #: Subscriber Name:
Secondary: ID #: Subscriber Name:

STATEMENT OF MEDICAL NECESSITY (please include required documentation)

Gestational Age at Birth (weeks) Birth Weight (kg/lb) Recent Weight (30 days or less) Date:

Please indicate criteria met (below 1 - 6) ICD-10 code and description:

- 1. Infants born before 29 weeks 0 days gestation, younger than 12 months of age prior to December 1, 2023. (Attach hospital discharge summary)
2. Infants less than 32 weeks 0 days gestation and less than 12 months of age as of December 1, 2023 with Chronic Lung Disease and a requirement for >21% oxygen for at least 28 days after birth. (Attach hospital discharge summary)
3. Infants less than 12 months as of December 1, 2023 with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from upper airway. Attach hospital discharge summary & current clinic documentation.
4. Infants less than 12 months of age as of December 1, 2023 with hemodynamically significant chronic heart disease to include a cyanotic heart disease who are receiving medication to control congestive heart failure & infants with pulmonary hypertension. Attach hospital discharge, most recent cardiologist note & list of current medications.
5. Children less than 24 months prior to December 1, 2023 who required at least 28 days of oxygen after birth and continue to require medical intervention such as corticosteroids, diuretic therapy or supplemental oxygen during the 6 month period prior to December 1, 2022. Attach hospital discharge summary & documentation regarding use of oxygen, diuretics, corticosteroids, bronchodilators or ventilator.
6. Children less than 24 months who are profoundly immunocompromised (i.e. receiving chemotherapy, solid organ or hematopoietic stem cell transplantation during the RSV season) Attach current clinical documentation.

PRESCRIPTION INFORMATION

**Was 1st dose given in hospital / NICU? YES Date: NO

PHYSICIAN INFORMATION

Prescriber Name: NPI #:
Prescriber Signature: Date:

ALL INFORMATION MUST BE COMPLETE TO ENSURE PROMPT PROCESSING