



**JOHNS HOPKINS**  
MEDICINE

JOHNS HOPKINS  
HEALTHCARE

**For Internal Use Only**

PA#:

Date Entered:

**SYNAGIS Referral Form**  
**FAX Completed Form & Prescription to:**  
**(410) 424-2801 (Priority Partners)**

*For Questions:* Contact the Pharmacy Dept at:  
410-424-4490, option 4 or  
1-888-819-1043, option 4

**Patient Information**

Member Name: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender:  Male  Female  
Parent/Guardian: \_\_\_\_\_

**Physician Information**

Physician Name : \_\_\_\_\_  
Office Contact: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Office Fax: \_\_\_\_\_  
DEA # \_\_\_\_\_

**Prescription Information (*Prescription for Synagis MUST be attached*)**

Synagis Vial Quantity: 100mg: _____ 50 mg: _____	Birth Weight: _____ lbs or kg (circle one)
SIG: Inject 15mg/kg IM one time per month	Current Weight: _____ lbs or kg (Required)
Desired Start Date: _____ Refill: _____ months	Actual Gestational Age: _____ weeks (Required)

**Approval Criteria (*If applicable, attach NICU discharge summary and/or supporting progress notes*)**

- Age of 12 months or less & born at 29 wks or less gestation at beginning of RSV season
- Age of 12 months or less with Chronic Lung Disease (CLD/bronchopulmonary dysplasia) plus the following:
  - born at less than 32 weeks gestation AND requires >21% oxygen for at least 28 days after birth
- Age of 12 months or less with hemodynamically significant Congenital Heart Disease plus one of the following:
  - acyanotic heart disease & receiving medication to control congestive heart failure & requires heart surgery OR
  - moderate to severe pulmonary hypertension
- Age of 12 months or less plus one of the following that compromises clearing secretions from upper airway:
  - anatomic pulmonary abnormalities OR  neuromuscular disorder
- Age of 23 months or less with severe immunodeficiency
- Age of 23 months or less with CLD/bronchopulmonary dysplasia requiring treatment within 6 months prior to RSV season (born at less than 32 weeks gestation AND required >21% oxygen for at least 28 days after birth) and requires one of the following medical support:  oxygen  diuretics  corticosteroid
- Age of 23 months or less at the start of RSV season plus one of the following:
  - undergoing heart transplant OR  Receiving prophylaxis & requires one additional post-operative dose
- Age of 23 months or less with Cystic Fibrosis and meets one of the following:
  - CLD and/or nutritional compromise at the age of 12 months or less OR
  - manifestations of severe lung disease during second year of life

- Office Reimbursement Requested. Provider will administer Synagis from office inventory and bill JHHC for reimbursement
- Arrange Specialty Pharmacy Delivery. JHHC will arrange office delivery from specialty pharmacy. The specialty pharmacy will contact provider office for confirmation prior to shipment.

**I certify that the clinical information provided on this form is complete and accurate.**

**Provider Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

<b>For Internal Use only</b>	<b>Per CDC, Synagis season in the state of MD is from Nov- March</b>	
<input type="checkbox"/> Approved	Number of doses _____	Duration of Approval:
<input type="checkbox"/> Denied		Reviewer:
Need more information:		Date: