SYNAGIS AUTHORIZATION REQUEST

(Palivizumab)

2007-2008 Nov – Mar SEASON

A Division of Contra Costa Health Services

Name:
Member ID #:
Phone #:
DOB:
PCP:

Contra Costa Regional Medical Center

Date of Request _________________

Instructions:

1) *Complete information on form.*
2) ***Providers: FAX*** *form to CCHP PA Group (925) 313-6058 Customer Service Help Desk: (925) 957-7260*
3) ***Approved or Denied authorization will be communicated to the requesting physician& clinic contact person. Approval or Denial will also be available on Meditech.***
4) *CCS denials should be included with this completed form (if applicable).*

Patient Name ___________________________ MRN ______________ Clinic _____________

Date of Birth __________ **Birth Weight** ________ (state Kg or lb, oz) **Requesting Physician** __________________ (print)

1. Gestational Age at Birth in weeks______
2. Age at the start of RSV season (November 1) ________
3. If the gestational age at birth was between 32 weeks and 35 weeks, and the infant is <6 months on Nov.1, does the infant have the following risk factors? (Two risk factors are required to meet criteria for Synagis administration)

   ______ Child care attendance
   ______ Pre-school or School-aged siblings
   ______ Congenital abnormalities of the airways (must require care by pediatric subspecialist)
   ______ Severe neuromuscular disease

4. Is this patient is less than 2 years old, do they continue to require medical therapy for:

   ______ Chronic lung disease (does not include asthma)
   ______ Congenital heart disease
   ______ Severe immunodeficiency
   (Please send documentation re: above conditions)

5. Infants current weight in kg ____________ as of (date) ____________________
6. Date of most recent Synagis dose if received prior to hospital discharge _______________
7. **Provider's Signature** ______________________________ **Date** __________________
7. Clinic contact person ______________________ (print) TP#_______________ FAX#_________________

Authorization approval / denial or deferment with comments will be found in MediTech #2 MOX, Library under #71 Authorizations