



**NORTH CAROLINA MEDICAID
SYNAGIS FOR RSV PROPHYLAXIS**
(Please submit to your pharmacy distributor of choice)

Patient Name _____	MID Number _____
DOB _____	Estimated Gestational Age at Birth (in weeks & days) _____ weeks _____ days
Prescriber's Name _____ NPI# _____	
Practice Name _____ Medicaid Provider# _____	
Address _____ City _____ State _____ Zip _____	
Phone _____ Fax _____ Office Contact _____	
Clinical Information	
Maximum of Five Doses	
For the following two diagnoses, DOB must be on or after 11/03/07:	
Chronic Lung Disease (Bronchopulmonary Dysplasia) Must meet medication and/or oxygen requirement	
<input type="checkbox"/> The infant or child has Chronic Lung Disease of Prematurity (bronchopulmonary dysplasia) AND	
<input type="checkbox"/> The infant has necessitated treatment for CLD (supplemental oxygen, bronchodilator, diuretic, or chronic corticosteroid therapy in the six months before the start of the season.	
<input type="checkbox"/> Hemodynamically Significant Congenital Heart Disease	
Infants less than 24 months of age who are most likely to benefit include those receiving medication to control CHF, moderate to severe pulmonary hypertension, and/or cyanotic heart disease.	
Infants NOT at increased risk from RSV who generally should NOT receive immunoprophylaxis include:	
• hemodynamically insignificant heart disease such as secundum atrial/septal defect, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, PDA	
• lesions adequately corrected by surgery unless the infant continues on medication for CHF	
• mild cardiomyopathy where the infant is not receiving medical therapy	
Infant is born at an EGA of:	
<input type="checkbox"/> ≤ 28 weeks 6 days and DOB is on or after 11/03/08	
<input type="checkbox"/> 29 weeks 0 days to 31 weeks 6 days and DOB is on or after 05/03/09	
Infant is born at an EGA of	
<input type="checkbox"/> ≤ 34 weeks 6 days and date of birth is after 03/31/09 AND ALSO HAS	
<input type="checkbox"/> Severe Neuromuscular Disease that compromise handling of respiratory secretions	
OR	
<input type="checkbox"/> Congenital abnormalities of the airways that compromises handling of respiratory secretions	
Maximum of Three Doses; Last Dose Administered at 3 Months of Age (90 days of life)	
If born between 32 weeks and 0 day and 34 weeks and 6 days gestation, must be less than 3 months of age (DOB after 08/03/09) at the start of the season and have at least 1 of the following defined risk factor:	
<input type="checkbox"/> has a sibling younger than 5 years of age in the home	
<input type="checkbox"/> Attends Day Care, defined as a home or facility where care is provided for any number of infants or young toddlers in the child care facility (toddler age is up to third birthday)	
Dosing Information	
Current Weight: _____ lbs. or _____ kg	
Number of doses requested for this infant: _____ (no more than 3 or 5, according to checked criteria, and adjusted if an infant received the drug prior to hospital discharge)	
Starting date requested _____ Ending date requested _____	

Prescriber Signature (Signature Required)

Date