

# AUTHORIZATION FOR TRANSITION OF RSV CARE, ACCESS 360™, AND CRADLE WITH CARE™

Patient's name \_\_\_\_\_ Patient's insurance carrier \_\_\_\_\_  
Birth date \_\_\_\_\_ Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz Date of discharge \_\_\_\_\_ Medical record # (optional) \_\_\_\_\_  
Parent/caregiver information \_\_\_\_\_  
(Name) (Mobile phone) (Email)  
Parent/caregiver address \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)  
Hospital information \_\_\_\_\_  
(Hospital name) (Hospital contact) (Phone) (Hospital Zip Field)  
Pediatrician/specialist \_\_\_\_\_  
(Name) (Practice Name) (Phone) (Fax)  
Pediatrician/specialist's address \_\_\_\_\_  
(Street) (Suite) (City) (State) (Zip)

## High-risk infant:

- ☐ (Prematurity) Born at \_\_\_\_\_ GA (weeks/days) ☐ Bronchopulmonary dysplasia/chronic lung disease of prematurity (BPD/CLDP)  
Risk factors/other \_\_\_\_\_ ☐ Hemodynamically significant congenital heart disease (CHD)

## Dosing assessment/schedule:

- ☐ Patient received initial dose in hospital Date \_\_\_\_\_ ☐ Patient should be considered for Synagis® (palivizumab) in the outpatient setting  
Date of next dose \_\_\_\_\_

## Select Safety Information

Common side effects of Synagis® (palivizumab) include fever and rash. Other possible side effects include skin reactions around the area where the shot was given (like redness, swelling, warmth, or discomfort). **Please see Important Safety Information on next page.**

## Transition of Care

By signing below, I am allowing \_\_\_\_\_ (Hospital) to give my child's information included on this form to MedImmune and its contractors for the purposes described in the "Transition of Care" section on the previous page. At any time, I can change my mind and decide I no longer want the Hospital to give my child's information to MedImmune or its contractors by sending the Hospital a letter canceling my authorization. However, if the Hospital has already given the information to MedImmune before they receive my letter, this Hospital will not ask MedImmune to give this information back.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

*This authorization expires two (2) years from the date I sign this form unless a shorter period is required by state law.*

## MedImmune Access 360™ Patient Authorization

By signing below, I agree to the use and disclosure of the patient's PHI and who may see it for the purposes described in the "MedImmune Access 360" section of the previous page. If I cancel this Authorization, the Healthcare Providers and Insurers are prohibited from further disclosing the patient's PHI to MedImmune, including its contractors and affiliates; however, it will not impact MedImmune's ability to use and disclose PHI already received prior to the receipt of the revocation. If I refuse to sign this Authorization, or revoke it later, the patient will not be able to receive assistance from MedImmune Access 360 Programs. I may revoke (cancel) this Authorization at any time in writing by mailing a letter to P.O. Box 5758, Louisville, KY 40255-0758 or calling Access 360 at 1-877-778-9010. Once the recipient receives the patient's PHI, it may be redisclosed by the recipient and may no longer be protected by federal privacy laws.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

*This authorization expires two (2) years from the date I sign this form unless a shorter period is required by state law.*

## Cradle with Care™

By signing below, I am allowing the Hospital and my child's healthcare providers to give my child's information to MedImmune and its contractors for the purposes described in the "Cradle with Care" section on the previous page. At any time, I can change my mind and decide I no longer want my child's doctors to give my child's information to MedImmune or its contractors. I may revoke (cancel) this Authorization at any time in writing by mailing a letter to P.O. Box 5758, Louisville, KY 40255-0758 or faxing it to 1-866-252-1749. However, if my child's information was already given to MedImmune before a letter was received, then my child's doctors/Hospital will not ask MedImmune to give this information back. I understand that the Cradle with Care program can send me text messages if I provide my mobile number above and that text messaging rates may apply.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

*This authorization expires two (2) years from the date I sign this form unless a shorter period is required by state law.*

## **Important Safety Information**

### **What is Synagis® (palivizumab)?**

Synagis is a prescription medication that is used to help prevent a serious lung disease caused by respiratory syncytial virus (RSV) in children at high risk for severe lung disease from RSV.

### **Who should not receive Synagis?**

Children should not receive Synagis if they have ever had a severe allergic reaction to it. Signs and symptoms of a severe allergic reaction could include itchy rash; swelling of the face; difficulty swallowing; difficulty breathing; bluish color of the skin; muscle weakness or floppiness; a drop in blood pressure; and/or unresponsiveness. If your child has any of these signs or symptoms of a severe allergic reaction after getting Synagis, be sure to tell your child's healthcare provider or get medical help right away.

### **How is Synagis given?**

Synagis is given as a shot, usually in the thigh muscle, each month during the RSV season. Your child should receive their first Synagis shot before the RSV season starts, to help protect them before RSV becomes active. When RSV is most active, your child will need to receive Synagis shots every 28-30 days to help protect them from severe RSV disease for about a month. Your child should continue to receive monthly shots of Synagis until the end of RSV season. Your child may still get severe RSV disease after receiving Synagis. If your child has an RSV infection, they should continue to get their monthly shots throughout the RSV season to help prevent severe disease from new RSV infections.

The effectiveness of Synagis shots given less than monthly throughout the RSV season has not been established.

### **What are the side effects of Synagis?**

Possible, serious side effects include severe allergic reaction, which may occur after any dose of Synagis. Such reactions may be life-threatening or cause death. Unusual bruising and/or groups of tiny red spots on the skin have also been reported.

Common side effects of Synagis include fever and rash. Other possible side effects include skin reactions around the area where the shot was given (like redness, swelling, warmth, or discomfort).

**Please see accompanying full Prescribing Information, including patient information.**