

# NOVA SCOTIA RSV PROPHYLAXIS REQUEST FORM 2023-2024

(To be completed if the child lives outside of Halifax (formerly the Halifax Regional Municipality))

Date of Request (YYYY/MMM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT REFERENCE NO** \_\_\_\_\_

## PATIENT INFORMATION

Patient's Province of Residence: \_\_\_\_\_

Patient Initials: First Initial \_\_\_\_\_

Last Initial \_\_\_\_\_

Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy MMM dd

Current Weight in Grams: \_\_\_\_\_

Please indicate if infant is in a set of:

Twins  Triplets  Quadruplets

Parent/Guardian informed that the child's "non-identifying" demographic information will be shared with AstraZeneca Canada Inc. in Mississauga, Ontario for the purpose of obtaining the vaccine. The Nova Scotia Personal Health Information Act requires consent for release of any personal health information including demographics.

Document initials of patient followed by the numerical order:

(e.g. For Triplets enter as AB # 1, BB # 2, CB # 3)

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Defined Nova Scotia RSV Season is January to May (ie the highest risk season when the annual RSV outbreak occurs).

Initial Dose  Subsequent Dose

Dosing schedule: **Palivizumab (Synagis)**

15 mg/kg/dose intramuscularly once monthly beginning December 2023 through April 2024.

*Please order only one dose at a time for each patient*

Total # of 100 mg vials requested: \_\_\_\_\_

Total # of 50 mg vials requested: \_\_\_\_\_

## PHYSICIAN/NURSE PRACTITIONER INFORMATION

(All fields mandatory)

Last Name : \_\_\_\_\_

First Name : \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Nova Scotia Health Authority Zone: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Provincial Medical License No: \_\_\_\_\_

Certified Medical Specialty: \_\_\_\_\_

Type of practice:

Community  Hospital

## CRITERIA FOR CONSIDERATION

### OTHER CATEGORY

Specific Medical Illness: Requires the following documentation before request can be sent for medical consultation:

- Letter from requesting physician providing medical justification for request and
- Letter from infectious disease specialist or respirologist supporting the request
- Examples of children who could be considered high risk: severe combined immunodeficiency syndrome, severe hypotonia preventing adequate clearance of respiratory secretions, or severe chronic lung disease not due to prematurity.

## PRODUCT DELIVERY INFORMATION

Shipping address (First dose):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping address (Subsequent doses, if different from above):

\_\_\_\_\_  
\_\_\_\_\_

It is strongly recommended that Synagis® be delivered to a hospital pharmacy due to strict storage requirements. Palivizumab is sold on a "non-returnable" and "non-refundable" basis.

Storage will be at:  Pharmacy  Physician Office  
 Public

Health

Patient Initials:

\_\_\_\_\_

**PATIENT REFERENCE NO** \_\_\_\_\_

**INDICATION FOR USE**

Date of Birth (YYYY/MMM/DD): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

(Please select appropriate indication)

Infants born prematurely at  $\leq 32$  weeks,  
0 days gestation and aged  $\leq 6$  months WITH  
bronchopulmonary dysplasia/chronic lung disease  
  
i.e. **must be born on or after June 1, 2023.**

Children < 12 months of age with hemodynamically  
significant heart disease.

Infants born prematurely at  $\leq 32$  weeks,  
0 days gestation and aged  $\leq 6$  months WITHOUT  
bronchopulmonary dysplasia/chronic lung disease  
i.e. **must be born on or after June 1, 2023.**

Children < 24 months of age with bronchopulmonary  
dysplasia/chronic lung disease AND who have required  
oxygen and/or medical therapy within the 6 months  
preceding the RSV season (June-November 2023).  
Age:   $\leq 1$  year old  Between 1 and 2 years old

Please record the EXACT gestational age at birth of this infant:

weeks \_\_\_\_\_ days \_\_\_\_\_

**IMPORTANT**

**Please fax or email all of this completed request form to:** AstraZeneca's Synagis Care Coordinator at 1-833-397-2357 OR [enrollment@AZInfantPSP.ca](mailto:enrollment@AZInfantPSP.ca)

All RSV request forms submitted to AstraZeneca's Synagis Care Coordinator will be faxed back to the requesting physician's fax number (entered on forms) and also to the IWK Health at 902-470-7846.

Form completed by : \_\_\_\_\_