

# Patient Authorization and Cradle with Care<sup>SM</sup> Form

**To be completed legibly by the Parent/Legal Guardian. Asterisk (\*) indicates a required field. Please provide a signed copy to the Parent/Legal Guardian of this patient.**

\*Patient's name \_\_\_\_\_ Patient's insurance carrier \_\_\_\_\_

\*Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth weight \_\_\_\_ lbs \_\_\_\_ oz or \_\_\_\_ grams Medical record # (optional) \_\_\_\_\_

**For Parent/Legal Guardian information, fill out Name and contact information**

\*Parent/Legal Guardian information \_\_\_\_\_

\*(Name) \_\_\_\_\_ \*(Mobile Phone) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ \*(Email) \_\_\_\_\_

\*Parent/Legal Guardian address \_\_\_\_\_

\*(Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ \*(City) \_\_\_\_\_ \*(State) \_\_\_\_\_ \*(ZIP) \_\_\_\_\_

Pediatrician/specialist \_\_\_\_\_

(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

Pediatrician/specialist's address \_\_\_\_\_

(Street) \_\_\_\_\_ (Suite) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

**At the start of RSV season, the high-risk infant:**

(Prematurity) Born at \_\_\_\_/\_\_\_\_/\_\_\_\_ GA (weeks/days) and who are 6 months of age or less

Risk factors/other \_\_\_\_\_

Bronchopulmonary dysplasia/chronic lung disease of prematurity (BPD/CLDP) that needed medical treatment within the last 6 months and who are 24 months of age or less

Hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or less

**Dosing Assessment/Schedule:**

Patient received initial dose in hospital Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of next dose \_\_\_\_/\_\_\_\_/\_\_\_\_

## Important Safety Information

**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; and/or unresponsiveness. If your child has any of these signs or symptoms of a severe allergic reaction after getting SYNAGIS, call your child's healthcare provider or get medical help right away.

I authorize my health care providers (HCPs) and staff, my health plan, and my pharmacies to use and share Protected Health Information (my "Information") with AstraZeneca (including Access 360) and its affiliates, as well as its contractors ("AstraZeneca"). My Information includes my prescription-related health records, Information about my health care plan benefits, demographic, contact, and any other Information bearing on my health. My Information may be used to verify treatment and payment decisions with my HCPs; investigate and assist with coordination of coverage for AstraZeneca products; coordinate prescription fulfillment and financial assistance; and perform internal analysis at AstraZeneca to better meet patient needs. I understand and agree that AstraZeneca may contact me by mail, email, and telephone. I understand that federal privacy laws may not protect my Information once it is disclosed; however, AstraZeneca agrees to protect my Information by using and disclosing it only for purposes specified. I understand that I can refuse to sign this Authorization and that this will not affect my treatment or payment for treatment, insurance coverage, or eligibility for benefits. However, if I do not sign this Authorization, I will not be able to receive Access 360 support. I understand that I may cancel this Authorization at any time by calling 1-844-ASK-A360 or by mailing a letter requesting such cancellation to One MedImmune Way, Gaithersburg, MD 20878. I understand that any such cancellation will not apply to any Information already used or disclosed based on this Authorization prior to their receipt of the cancellation. This authorization expires two (2) years from the date signed below, unless a shorter period is required by state law.

Which best describes you?  I am a parent  I am a legal guardian Relationship to patient: \_\_\_\_\_

**Print Parent/Legal Guardian Name**

**\*Signature of Parent/Legal Guardian**

**SIGN HERE** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please see additional Important Safety Information on pages 2 and 3, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.**

**To be completed legibly by the Parent/Legal Guardian. Asterisk (\*) indicates a required field. Please provide a signed copy to the Parent/Legal Guardian of this patient.**

**Cradle with Care: Fax to 1-734-629-0472 if signed below**

Cradle with Care is an AstraZeneca program designed to educate about RSV and AstraZeneca products and to support me in completing my child's full course of doctor-recommended medication for severe RSV disease prevention. By signing the authorization, I agree to allow the hospital, pharmacies, and my health care providers to share personal and health information about my child so that I can receive these educational communications from AstraZeneca and its contractors. I understand that my child's ability to obtain care from the hospital or my child's doctor does not depend on my decision to sign or not sign this form. I further understand that federal privacy laws may not protect my child's information once it is disclosed. 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 AstraZeneca or its contractors. I may cancel my authorization at any time by sending written notification of my withdrawal to: AstraZeneca, P.O. Box 4715, Woburn, MA 01888-9955, or by faxing written notification to 1-734-629-0472. However, if my child's information was already given to AstraZeneca before a letter was received, then my child's doctors/hospital will not ask AstraZeneca 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.

Communication Preference:  Email  Text  Both<sup>†</sup>

(I understand that AstraZeneca can send me text messages generated by an automated dialer if I provide my mobile number and that text messaging rates may apply. I also understand that consent is not required to make a purchase.)

<sup>†</sup>Not Required

**Print Parent/Legal Guardian Name**

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**\*Signature of Parent/Legal Guardian**

**SIGN HERE**

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**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 (Continued)**

**How is SYNAGIS given?**

SYNAGIS is given as a monthly injection, usually in the thigh (leg) muscle, by your child's healthcare provider. If your child has a problem with bleeding or bruises easily, an injection could cause a problem. Your child should receive their first injection of SYNAGIS before the RSV season starts, to help protect them before RSV becomes active. RSV season is usually fall through spring, but it may begin earlier or last longer in certain areas. When RSV is most active, your child will need to receive injections of SYNAGIS every 28-30 days to help protect them from severe RSV disease for about a month. Your child should continue to receive monthly injections 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 injections throughout the RSV season to help prevent severe disease from new RSV infections.

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

**Please see additional Important Safety Information on page 3 and accompanying full Prescribing Information for SYNAGIS, including Patient Information.**



## Important Safety Information (Continued)

### ***What are the possible side effects of SYNAGIS?***

Serious side effects include severe allergic reactions, which may happen after any injection of SYNAGIS and may be life-threatening or cause death. Call your child's healthcare provider or get medical help right away if your child has any of the signs or symptoms of a serious allergic reaction. See "Who should not receive SYNAGIS?" for more information.

Common side effects of SYNAGIS include fever and rash.

These are not all the possible side effects of SYNAGIS.

### ***APPROVED USE***

SYNAGIS is a prescription medication that is used to help prevent a serious lung disease caused by respiratory syncytial virus (RSV) in children:

- born prematurely (at or before 35 weeks) **and** who are 6 months of age or less at the beginning of RSV season
- who have a chronic lung condition called bronchopulmonary dysplasia (BPD), that needed medical treatment within the last 6 months, **and** who are 24 months of age or less at the beginning of RSV season
- born with certain types of heart disease **and** who are 24 months of age or less at the beginning of RSV season

It is not known if SYNAGIS is safe and effective:

- to *treat* the symptoms of RSV in a child who already has RSV. SYNAGIS is used to help *prevent* RSV disease
- in children who are older than 24 months of age at the start of dosing

**Please see accompanying full Prescribing Information for SYNAGIS, including Patient Information.**

**You are encouraged to report negative side effects of AstraZeneca prescription drugs by calling 1-800-236-9933. If you prefer to report these to the FDA, either visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch) or call 1-800-FDA-1088.**

Once completed and signed, fax this form to 1-844-329-2360. You may need to provide additional information depending on the type of support requested.



