



FLORIDA MEDICAID

Prior Authorization

Synagis®

Weight Change Form



Note: Form must be completed in full. An incomplete form may be returned.

- Any dosage increase must have corresponding weight charts and/or progress notes with current weight.
If the dose needed is less than 5 mg over the approved vial size, round down to the nearest vial size.
In cases where immediate administration of medication is required, providers should use the currently authorized vial size(s).

Recipient's Medicaid ID# grid

Date of Birth (MM/DD/YYYY) grid

Recipient's Full Name grid

Prescriber's Full Name grid

Prescriber's NPI grid

Prescriber Phone Number grid

Prescriber Fax Number grid

Pharmacy Name grid

Pharmacy Medicaid Provider # grid

Pharmacy Phone Number grid

Pharmacy Fax Number grid

1. Previous Weight: _____ lbs or _____ kgs

2. Current Weight: _____ lbs or _____ kgs

3. New Dose Required: _____

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), and the most recent copies of related labs
The provider must retain copies of all documentation for five years.

Call or Fax Information to: Florida Community Care Prior Authorization
Phone number for non-specialty Prior Authorization: 877-433-7643
Phone number for specialty Prior Authorization: 866-814-5506
Fax number for non-specialty Prior Authorization: 866-255-7569
Fax number for non-specialty Prior Authorization: 866-249-6155

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.