



## Prior Authorization SYNAGIS® – All Florida Regions Combined



Coverage Period: Based upon the specific region per the FLDOH website:

http://www.floridahealth.gov/diseases-and-conditions/respiratory-syncytial-virus/

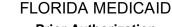
Maximum number of doses: 5

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

Recipient's Medicaid ID#									_		Date	Date of Birth (MM/DD/YYYY)									-								
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Red	cipien	t's F	ull N	ame						_				]															
Pre	scrib	er's	Full I	Namo	е																								
Pre	scrib	er's	NPI		T.						-		-			-				1									
Pre	Prescriber Phone Number																Pres	Prescriber Fax Number											
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Synagis Vial Qty: SIG: Inject 15 mg/kg IM once monthly									Birt	th We	eight:	:							Refill(s):mos Current Weight: □ lbs / □ k							kgs			
									Ges	statio	nal A	Age (	GA) :																
	If < 2	4 mo	nths	old																									
	Cardia	ac tra	nspla	ant d	uring	RSV	/ sea	son																					
	Alread				•				e pos	st-op	dose	e afte	er card	diac	bypa	iss or	after	r ECI	МО										
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	lf > 12	mor	nths o	old aı	nd <	24 m	onth	s old																					
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	*CLE		ot as	thma	a, cro	up, r	ecuri	rent ι	ıppe	r res	pirato	ory in	fection	ns, o	chror	nic br	onchi	itis, c	hron	ic bro	onch	iolitis	, or a	hist	ory o	f a pr	eviou	s RS	SV

**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. If you have received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.





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	f ≤ 12 months old								
	Hemodynamically significant cyanotic or acyanotic congenital heart disease on medications to control CHF and will require surgery:								
	(Specify Diagnosis Code)								
	Moderate to severe pulmonary hypertension								
	f < 12 months old								
	< 29 completed weeks gestational age at birth (otherwise healthy)								
Dia	gnosis Code: ICD 10: P07.21 – P07.26								
	Chronic lung disease* (GA < 32 weeks): (Specify Diagnosis Code)								
	☐ AND: required supplemental oxygen (for at least first 28 days after birth)								
	*CLD is not asthma, croup, recurrent upper respiratory infections, chronic bronchitis, chronic bronchiolitis, or a history of a previous RSV infection.								
	Severe neuromuscular disease								
	(Specify Diagnosis code)								
	Congenital anomalies of the airways								
	(Specify Diagnosis code)								
	Profoundly immunocompromised								
	(Specify Diagnosis code)								
	Cystic Fibrosis with CLD and/or nutritional compromise								
D	Partie								
Prescriber's Signature: Date:									
	QUIRED FOR REVIEW: Copies of medical records (e.g., diagnostic evaluations and recent chart notes), the most recent copies of related s, and supporting documentation for clinically appropriate submissions.								
	The provider must retain copies of all documentation for five years.								
On	NOTE: Pharmacies should not submit separate claims for different dosage strength vials to be administered on the same date. Only one compound claim submission will be necessary. For example, if the Synagis dosage is 150 mg, the pharmacy should submit a compound claim that lists the two different strength vials (100 mg and 50 mg).								
We	ight Criteria for Synagis <sup>®</sup> (palivizumab): (Refer to <i>Weight Change Form</i> )								
	weights must be verified for dosing accuracy.								

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