

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. If the dose needed is ≥ 5 mg over the approved vial size, then the new vial size will be approved. For those patients who are expected to gain enough weight to need an additional vial, please schedule a visit to obtain weight & receive approval for dose increase prior to the Synagis® administration date. There are no immediate approvals for "waiting" patients.
- In cases where immediate administration of medication is required, providers should use the currently authorized vial size(s), then submit a weight change request, which will be applied to subsequent dosages only.

Recipient's Medicaid ID#											Date of Birth (MM/DD/YYYY)										•1								
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Recipient's Full Name																													
Prescriber's Full Name																													
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Pres	scrib	er's I	NPI]																			
Prescriber Phone Number											Prescriber								er Fa	Fax Number									
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	1.	Previous Weight:										_ lbs or						_ kgs											
	2.	Current Weight:										lbs or						_ kgs											
	3.	3. New Dose Required:																											
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The provider must retain copies of all documentation for five years.

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

Call or Fax Information to: Florida Community Care Prior

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