

**FORWARDHEALTH  
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Synagis Instructions, F-00142A. Prescribers may refer to the Forms page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms> for the completion instructions. Prescribers and pharmacy providers may call the Drug Authorization and Policy Override Center at 800-947-9627 with questions.

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**SECTION I – MEMBER AND PROVIDER INFORMATION**

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1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member

4. Name – Prescriber

5. National Provider Identifier – Prescriber

6. Phone Number – Prescriber

7. Address – Prescriber (Street, City, State, Zip+4 Code)

8. Name – Billing Provider

9. National Provider Identifier – Billing Provider

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**SECTION II – MEDICAL INFORMATION FOR ALL PRIOR AUTHORIZATION (PA) REQUESTS**

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10. Has the child received Synagis during the current respiratory syncytial virus (RSV) season (November 1 through April 30)?  Yes  No

If yes, indicate the number of Synagis doses the child received and the dates of the administration in the spaces provided.

Number of Doses: \_\_\_\_\_

Dates of Administration (in mm/dd/ccyy format):

\_\_\_\_\_

11. Enter the current weight of the child in kilograms. Weights should be given to one decimal place.

12. Enter the date the child was weighed (in mm/dd/ccyy format).

13. Enter the calculated dosage of Synagis (15 milligrams per kilogram of body weight) for the child to receive. The dosage should be given as a whole number (no decimals).



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14. Check the primary medical condition that should be considered for approval of the PA request. (Only one condition may be selected.):

- Pre-Term Infant (Must complete Section III A.)
- Chronic Lung Disease of Prematurity (Must complete Section III B.)
- Pulmonary Abnormalities and Neuromuscular Disease (Must complete Section III C.)
- Congenital Heart Disease (Must complete Section III D.)
- Cardiac Transplant (Must complete Section III E.)
- Immunocompromised (Must complete Section III F.)
- Other (Must complete Section III G.)

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15. Diagnosis Code (for selected medical condition)

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**Providers are required to complete one of either Section III A, III B, III C, III D, III E, III F, or III G (depending on the child's primary medical condition identified in Element 14).**

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**SECTION III A – MEDICAL INFORMATION FOR PRE-TERM INFANTS**

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16. Is the child younger than 12 months of age at the start of the current RSV season (November 1) **and** was the child born before 29 weeks gestation (that is, zero days through 28 weeks, six days)?  Yes  No

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17. Indicate the child's gestational age at delivery (in weeks and days).

\_\_\_\_\_ Weeks \_\_\_\_\_ Days

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**SECTION III B – MEDICAL INFORMATION FOR CHRONIC LUNG DISEASE OF PREMATUREITY**

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18. Did the child require oxygen at greater than 21 percent for at least the first 28 days after birth?  Yes  No

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19. Indicate the child's gestational age at delivery (in weeks and days).

\_\_\_\_\_ Weeks \_\_\_\_\_ Days

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20. Is the child younger than 12 months of age at the start of the current RSV season (November 1)?  Yes  No

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21. If the child is between 12 and 24 months of age at the start of the current RSV season (November 1), check all therapies below that the child has continuously used over the past six months:

- Corticosteroid
  - Diuretic
  - Supplemental Oxygen
  - None
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**SECTION III C – MEDICAL INFORMATION FOR PULMONARY ABNORMALITIES AND NEUROMUSCULAR DISEASE**

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22. Does the child have a neuromuscular disease or congenital abnormality that impairs the ability to clear secretions from the upper airway because of an ineffective cough **and** is the child younger than 12 months of age at the start of the current RSV season (November 1)?  Yes  No

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**SECTION III D – MEDICAL INFORMATION FOR CONGENITAL HEART DISEASE**

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23. Does the child have hemodynamically significant congenital heart disease **and** is the child younger than 12 months of age at the start of the current RSV season (November 1)?  Yes  No

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**SECTION III E – MEDICAL INFORMATION FOR CARDIAC TRANSPLANT**

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24. Is the child scheduled to undergo a cardiac transplantation during the current RSV season **and** is the child younger than 24 months of age at the start of the current RSV season (November 1)?  Yes  No

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**SECTION III F – MEDICAL INFORMATION FOR IMMUNOCOMPROMISED CHILDREN**

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25. Is the child profoundly immunocompromised **and** is the child younger than 24 months of age at the start of the current RSV season (November 1)?  Yes  No

If yes, indicate if the child has **one or more** of the following medical conditions:

- Solid Organ Transplant
- Stem Cell Transplant
- Receiving Chemotherapy
- AIDS
- Other

If other, provide detailed clinical information regarding the child's medical condition and why a Synagis PA is being requested for the child.

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**SECTION III G – MEDICAL INFORMATION FOR OTHER REQUESTS**

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26. Provide detailed clinical information regarding the child's medical condition and why the prescriber is requesting a Synagis PA for the child.

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**SECTION IV – AUTHORIZED SIGNATURE**

27. **SIGNATURE** – Prescriber

28. Date Signed – Prescriber

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**SECTION V – ADDITIONAL INFORMATION**

29. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.

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