DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00142 (10/2014)

STATE OF WISCONSIN
DHS 107.10(2), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION DRUG ATTACHMENT FOR SYNAGIS®

Instructions: Type or print clearly. Refer to the Prior Authorization Drug Attachment for Synagis® Completion Instructions, F-00142A, for more information.

Providers may call the Drug Authorization and Policy Override Center at 800-947-9627 with questions.

SECTION I — MEMBER AND PROVIDER INFORMATION

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

2. Member Identification Number

3. Date of Birth — Member

4. Name — Prescriber

5. National Provider Identifier (NPI) — Prescriber

6. Address — Prescriber (Street, City, State, ZIP+4 Code)

7. Telephone Number — Prescriber

8. Name — Billing Provider

9. NPI — Billing Provider

SECTION II — CLINICAL INFORMATION FOR ALL PA REQUESTS

10. Was Synagis® administered when the child was hospitalized? ❑ Yes ❑ No

If yes, indicate the date(s) of administration in the space(s) provided. (No more than five doses will be authorized, inclusive of any hospital-administered doses.)

1. _____ 2. _____ 3. _____

11. Current Weight — Child (In kilograms)

12. Date Child Weighed

13. Calculated Dosage of Synagis® (15 milligrams per kilogram of body weight)

Providers are required to complete *one* of either Section III A, III B, III C, III D, III E, or III F (depending on the child's medical condition) for a prior authorization (PA) request to be considered for approval.

SECTION III A — CLINICAL INFORMATION FOR CHRONIC LUNG DISEASE

14. The child has chronic lung disease of prematurity. ❑ Yes ❑ No

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

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

_____ Weeks _____ Days

17. Check all therapies below that the child has continuously used over the past six months.

❑ Corticosteroid ❑ Diuretic ❑ Supplemental Oxygen

Continued

SECTION III B — CLINICAL INFORMATION FOR CONGENITAL HEART DISEASE

18. The child is younger than 12 months of age at the start of the respiratory syncytial virus (RSV) season and has hemodynamically significant congenital heart disease. ☐ Yes ☐ No

SECTION III C — CLINICAL INFORMATION FOR CARDIAC TRANSPLANT

19. The child is younger than 24 months of age at the start of the RSV season and is scheduled to undergo a cardiac transplantation during the RSV season. ☐ Yes ☐ No

SECTION III D — CLINICAL INFORMATION FOR PRE-TERM INFANTS

20. The child is younger than 12 months of age at the start of the RSV season and was born before 29 weeks gestation (i.e., zero days through 28 weeks, six days). ☐ Yes ☐ No

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

_____ Weeks _____ Days

SECTION III E — CLINICAL INFORMATION FOR PULMONARY ABNORMALITIES AND NEUROMUSCULAR DISEASE

21. The child is younger than 12 months of age at the start of the RSV season and has a neuromuscular disease or congenital abnormality that impairs the ability to clear secretions from the upper airway because of an ineffective cough. ☐ Yes ☐ No

If yes, indicate the disease or anomaly. _____

SECTION III F — CLINICAL INFORMATION FOR IMMUNOCOMPROMISED CHILDREN

22. The child is younger than 24 months of age at the start of the RSV season and is profoundly immunocompromised due to the following:

a. Solid Organ Transplant ☐ Yes ☐ No

b. Stem Cell Transplant ☐ Yes ☐ No

c. Receiving Chemotherapy ☐ Yes ☐ No

d. Acquired Immune Deficiency Syndrome (AIDS) ☐ Yes ☐ No

e. Other ☐ Yes ☐ No

If other, indicate the cause of the child's immunodeficiency.

SECTION IV — AUTHORIZED SIGNATURE

23. **SIGNATURE** — Prescriber	24. Date Signed — Prescriber

SECTION V — ADDITIONAL INFORMATION

25. 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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