

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	Date of Birth (MM/DD/YYYY)																
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Prescriber's Full Name																													
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Previous Weight: lbs or															kgs														
2.	. Current Weight: lbs or								or _					kgs	i														
3. New Dose Required:																													
Pres	Prescriber's Signature:															I	Date:												

REQUIRED FOR REVIEW: All copies of medical records (e.g., 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.

Fax this form to 1-866-940-7328

Pharmacy PA Call Center: 1-855-258-1593

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