UniCare
An Anthem Company

UniCare Health Plan of West Virginia, Inc.
Medicaid Managed Care

Synagis Prior Authorization Form

Fax number: **1-844-487-9290** Phone number: **1-877-375-6185**	Date:
Please note: This request will be fulfilled by Caremark Medical Specialty in Monroeville, PA (NPI: 1043382302). Once approval is received, call Caremark Medical Specialty at **1-877-254-0015** and provide the pharmacy prior authorization (PA) information to start a referral. The prescriber must state that the request is for a UniCare Health Plan of West Virginia, Inc. member.	
Section I — member and provider information	
1. Member name (last, first, middle initial):	
2. Member ID number:	3. Member DOB:
4. Prescriber name:	5. Prescriber NPI:
6. Prescriber address (street, city, state ZIP + 4 code):	
7. Prescriber phone number:	
8. Billing provider name:	9. Billing provider NPI:
Section II — clinical information for all PA requests	
10. Was Syngais administered when the child was hospitalized? Yes ☐ No ☐ If yes, indicate the dates(s) of administration in the spaces provided. (No more than five doses will be authorized, inclusive of any hospital-administered doses.) Dose 1: Dose 2: Dose 3: Dose 4: Dose 5:	
11. Child's weight in kilograms:	12. Date child was weighed:
13. Calculated dose of Synagis (15 milligrams per kilogram of body weight):	
14. Case-specific diagnosis/ICD-10:	
Providers are required to complete one section of Sections III A, III B, III C, III D, III E or III F (depending on the child's medical condition) for a PA request to be considered for approval. Incomplete information may cause a delay in the decision.	
Section III A — clinical information for chronic lung disease	
15. The child has chronic lung disease of prematurity. Yes ☐ No ☐	
16. Did the child require oxygen at greater than 21% for at least the first 28 days after birth? Yes ☐ No ☐	
17. Indicate the child's gestational age at delivery (in weeks and days). Weeks: Days:	

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

Corticosteroid ☐ Diuretic ☐ Supplemental oxygen ☐

Section III B — clinical information for congenital heart disease

19. 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

20. 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 preterm infants

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 abnormality:

Section III E — clinical information for pulmonary abnormalities and neuromuscular disease

22. 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

23. 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 Ye
b. Stem cell transplant Ye
c. Receiving chemotherapy Ye
d. AIDS Ye
e. Other Ye
If other, indicate the cause of the child's immunodeficiency.

Section IV — authorized signature

24. Prescriber signature:	25. Date signed:

Section V — additional information

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