# Medical drug benefit
# Prior authorization request

WellSense HEALTH PLAN

## Synagis
## Version2.0 Effective: 07/26/2023

Phone: 877-417-0528 (Clarity plans)
Fax: 833-951-1680

* Some plans might not accept this form for Medicare or Medicaid requests

| **A. Destination** | |
|---|---|
| Health plan or Prescription plan name: | |
| Health plan phone: | Health plan fax: |

| **B. Patient information** | | |
|---|---|---|
| Patient Name: | DOB: | Gender: ☐Male ☐ Female ☐ Other |
| Member ID#: | | |

| **C. Patient information** | |
|---|---|
| Prescribing Clinician: | Phone #: |
| Specialty: | Secure Fax #: |
| NPI #: | DEA #: |
| Prescriber Point of Contact Name (POC) (if different than prescriber): | |
| POC Phone #: | POC Secure Fax #: |
| POC Email (not required): | |
| Prescribing Clinician or Authorized Representative Signature: | Date: |

## D. Medication information

**Check if Expedited Review/Urgent Request:**
☐ (In checking this box, I attest to the fact that this request meets the definition and criteria for expedited review and is an urgent request.

Is the patient currently being treated with the drug requested? ☐ Yes ■ No

| If yes, date started: | Date of last dose received: | # of doses received: |
|---|---|---|

# of doses requested:

## E. Patient clinical information

Primary diagnosis related to medication request:
ICD Code(s):

Gestational age: # weeks: #days:

| Birth weight: | Current weight: | Date current weight recorded: |
|---|---|---|

Pertinent concurrent medications:

Allergies:

| Clinical conditions (2014 AAP Committee on Infectious Disease and Bronchiolitis Guidelines) | |
|---|---|
| **Chronic lung disease (CLD)** | CLD of prematurity defined as gestational age ≤31 weeks, 6 days, AND requirement for 21% oxygen for at least the first 28 days after birth<br>☐ <12 months of age with CLD<br>☐ 12-24 months of age with CLD AND continues to require medical support during the 6-month period before RSV season AND<br><br>☐ Supplemental oxygen (dates): _____<br>☐ Diuretic therapy (drug/dates): _____<br>☐ Chronic corticosteroids (drugs/dates): _____<br><br>☐ Other _____<br><br>Chronic respiratory disease arising in the perinatal period:<br><br>☐ Wilson-Mikity Syndrome (P27.0)<br>☐ Bronchopulmonary Dysplasia originating in the perinatal period (P27.1)<br>☐ Other chronic respiratory disease originating in the perinatal period (P27.8)<br>**Congenital abnormality of the lungs**:<br>_____ |
| **Congenital heart disease (CHD)** | ☐ <12 months of age with hemodynamically significant CHD such as:<br><br>☐ Acyanotic heart disease and receiving medication to control congestive heart failure and surgery to correct<br>(drugs/dates): _____<br>(surgery date): _____<br><br>☐ Moderate to severe pulmonary hypertension<br><br>☐ Other (describe):<br>_____<br>☐ 12-24 months of age undergoing cardiac transplant during RSV season (date of planned surgery):<br>_____<br><br>☐ Cyanotic heart disease diagnosis:<br>_____ |



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| | |
|---|---|
| **Airway /neuromuscular conditions** | ☐ 12 months of age at start if season and compromised handling of secretions AND due to:<br>☐ Significant abnormality of the airway (attach clinical notes)<br>☐ Neuromuscular condition (attach clinical notes) |
| **Prematurity** | ☐ ≤GA 28 weeks, 6 days AND <12 months at start of season |
| **Other medical conditions or history** | ☐ Cystic fibrosis ☐ Down's syndrome<br>☐ Immunocompromised<br>☐ Describe other relevant medical history: |

| **Complete this section for professionally administered medications (including Buy and Bill)** | |
|---|---|
| Start date: | End date: |
| Servicing prescriber/Facility name: | ☐ Same as prescribing clinician |
| Servicing prescriber/Facility address: | |
| Servicing provider NPI/TAX ID#: | |
| Name of billing provider: | |
| Billing provider NPI#: | |
| Is this a request for reauthorization? ☐Yes ☐ No | |
| CPT code: _____ # of visits: _____ J code: _____ # of units: _____ | |

Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.