Aetna Better Health® of Florida (MEDICAID)

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 Full Name	
Prescriber's Full Name	<u> </u>
Prescriber's NPI	
Prescriber Phone Number Prescriber Fax Number	
Pharmacy Name	
Pharmacy Medicaid Provider #	
Pharmacy Phone Number Pharmacy Fax Number	
1. Previous Weight: lbs or kgs	
2. Current Weight: lbs or kgs	
3. New Dose Required:	
Prescriber's Signature: Date:	

<u>REQUIRED FOR REVIEW</u>: 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 completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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