Washington State Health Care Authority

Request For Synagis

(Not Managed Care/Healthy Options)

Drug Utilization Review Team Synagis Coordination

Fax this request to:
1-866-668-1214

Form 13-835A (pharmacy billers) or Form 13-835 (physician billers) must be submitted as a cover sheet

This medication must be pre-authorized before it can be administered to a client who is over one year of age.

For information on authorization criteria for Synagis, go to the Physician-Related/Professional Services Billing Guide at:
http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides

Child's last name	First	ProviderOne Client ID
Date of birth	Birth weight Grams	Gestational age Weeks
Requesting provider	Fax number	
Clinical status at time of request for Synagis	Current weight kg lbs/oz	

	Yes	No
If the client is under 1 year old, does client meet AAP criteria?	☐	☐
Diagnosis of BPD? (for BPD diagnosis, must meet criteria 1, 2, and either 3 or 4)	☐	☐
1. Persistent abnormal respiratory signs during first week of life.	☐	☐
2. Abnormal chest x-ray consistent with BPD	☐	☐
3. Supplemental 0^2 at 28 days of life	☐	☐
4. Supplemental 0^2 at 36 weeks gestational age* *A baby born at 26 weeks gestation would be 10 weeks of age when it reaches 36 weeks gestation	☐	☐
5. Chronic lung disease (non-BPD) If yes, specify	☐	☐
6. List all diagnoses	☐	☐
7. List all medications	☐	☐
Congenital heart disease If yes, specify defect	☐	☐
Use of cardiac medications If yes, specify medications	☐	☐
Cyanotic	☐	☐

	Yes	No
Failure to thrive If yes, describe severity and duration	☐	☐

Current daily pulmonary medications

☐ None ☐ Albuterol (and similar) ☐ Oxygen ☐ Steroids ☐ Intal ☐ Other:

If not on meds currently: Did the infant ever receive pulmonary medications? If yes, date of last daily use of pulmonary medications	Yes	No
	☐	☐

Pulmonary medications or treatments used in the past, and dates used:

X	Medication	Dates used	X	Medication	Dates used
☐	Albuterol (and similar)		☐	Intal	
☐	Oxygen		☐	Other	
☐	Steroids		☐		

Neonatal History	Yes	No
Intraventricular hemorrhage	☐	☐
Mechanical ventilation	☐	☐
Bacteremia	☐	☐
Necrotizing enterocolitis	☐	☐
Severe neurological impairment If yes, diagnosis	☐	☐
Other severe systemic disease If yes, specify	☐	☐

Socioeconomic Factors	Yes	No
More than one sibling under 5 years of age in household	☐	☐
Maternal smoking in same household	☐	☐
Maternal drug/substance abuse	☐	☐
Out-of-home (foster care) placement	☐	☐
Infant day care placement	☐	☐
Of Native American ethnicity	☐	☐
Severe social disarray (such as homeless parents, illicit drug use, etc.)	☐	☐
Other (specify)		

Has the infant already had one or more doses of Synagis this season? ☐ **Yes** ☐ **No**

Dosage	Date dose given	Where doses given
1st dose		
2nd dose		
3rd dose		
4th dose		

Were any of the above doses approved and/or paid by another insurer? ☐ Yes ☐ No

If yes, Please list:

IMPORTANT – If a pharmacy is providing billing for the Synagis, the agency must be informed prior to the authorization being completed.

	Yes	No
Pharmacy billing for Synagis using NDC	☐	☐
Physician office billing for Synagis using procedure code	☐	☐

If yes, please provide billing pharmacy's NPI _____

Fax this request to 1-866-668-1214

MD Signature	Date

Washington State Health Care Authority

COVER SHEET REQUIRED

Pharmacy billers
Submit a request for authorization using the agency's *Pharmacy Information Authorization* (13-835A) form as the cover sheet. This form must be **typed**. The *Request for Synagis* (13-771) form should be attached as supporting documentation behind the *Pharmacy Information Authorization* (13-835A) form. Fax the form and supporting documentation to the agency at: (866) 668-1214.

Physician office billers
Submit a request for authorization using the agency's *General Information for Authorization* (13-835) form as the cover sheet. This form must be **typed**. The *Request for Synagis* (13-771) form should be attached as supporting documentation behind the *General Information for Authorization* (13-835) form. Fax the form and supporting documentation to the agency at: (866) 668-1214.

For Synagis forms (13-771 and 13-770), the Pharmacy Information Authorization (13-835A) and the General Information for Authorization (13-835) go to: http://www.hca.wa.gov/billers-providers/forms-and-publications