

**Medication Request Form (MRF) for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)**

**FAX TO: (858) 790-7100**

**c/o MedImpact Healthcare Systems, Inc.**

Attn: Prior Authorization Department

10181 Scripps Gateway Court, San Diego, CA 92131 - Phone: 1-844-336-2677

**Instructions:**

This form is to be used by participating providers to obtain coverage for the drug listed above, which requires prior authorization. Please complete this form and fax it to MedImpact Healthcare Systems, Inc. at (858) 790-7100. If you have any questions regarding this process, please contact MedImpact's Customer Service at 1-844-336-2677.

**Member/Provider Information:**

<b>MDwise Member's Name:</b>	<b>Provider's Name:</b>
<b>MDwise Member's ID #:</b>	<b>Provider's Specialty:</b>
<b>MDwise Member's DOB (mm-dd-yy):</b>	<b>Provider's NPI #:</b>
<b>PLEASE NOTE that ONLY the following pharmacies are contracted to provide Synagis to MDwise patients:</b> <ul style="list-style-type: none"> <li>• Walgreens</li> <li>• Eskenazi</li> <li>• IU Health</li> </ul>	<b>Provider's (Area Code) Telephone Number/Contact Name:</b>
	<b>Provider's (Area Code) Fax Number:</b>

**Clinical Information:**

<b>Requested Drug:</b>	<input type="checkbox"/> Synagis
<b>Dose and Quantity Requested:</b>	
<b>Date Requested:</b>	<b>Length of Treatment (please be specific):</b>
<b>Documentation of Medical Necessity:</b>	
1. Please list the patient's current age: _____	
2. Does the patient have chronic lung disease of prematurity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and patient is less than 12 months of age:	
Is the patient's gestational age < 32 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>AND</b>	
Did the patient require > 21% supplemental oxygen for at least the first 28 days after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and patient is 12 to 24 months of age:	
Has the patient required medical support (oxygen, bronchodilator, diuretic, or chronic steroid therapy) within 6 months of the start of the second RSV season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the patient profoundly immunocompromised during the RSV season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the patient undergo solid organ transplantation during the RSV season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the patient have one of the following congenital heart conditions?	
Does the patient have acyanotic heart disease requiring medication to control chronic heart failure that will require cardiac surgical procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient have moderate to severe pulmonary hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have cyanotic heart defect and is treatment prescribed by or in consultation with a pediatric cardiologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was the patient born prematurely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, at what gestational age was the patient born? _____	
7. Does the patient have congenital abnormalities of the airways (anatomic pulmonary abnormalities) or neuromuscular disease that compromises the handling of respiratory secretions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 8. Is the patient an American Navajo infant?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the patient an American White Mount Apache infant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the patient an Alaska native infant?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach medical records and/or office visit notes to support the need for Synagis therapy in this patient.

Please refer to the CDC website to verify the RSV season for the patient's geographical region of residence.

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