

September 29, 2006

RE: Synagis - Alternatives to PCP Office Administration

Dear Provider,

WellCare of Georgia, Inc. has previously communicated the enhanced payment for administration of Synagis in physician offices. The Department of Community Health has also requested that each CMO inform providers of a process that providers can follow if they choose not to administer Synagis in their offices.

There are a number of physician practices across the state that will provide Synagis administration. In addition, WellCare has spoken with a number of county health departments that have agreed to, or are considering Synagis administration.

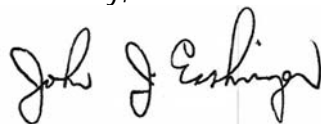
If you choose not to provide Synagis in your office, please check with your local county health department to see if they have decided to offer this service. You may already know of practices that are doing this and you can choose to refer to them. If you cannot find an alternative and you choose not to give the Synagis in your office, please indicate this on the Synagis order form where the shipping information is requested.

It is important to remember that even if you choose to send these patients to another facility for this service, as the holder of clinically pertinent information, you will still need to complete the Synagis order form so the request can be reviewed for medical necessity. Please follow the instructions on the Synagis order form, including the name and location of the alternative site to which the Synagis dose should be shipped to. If you do not have this information, please indicate such on the Synagis request form and our pharmacy department will determine an alternative site.

Once your request has been approved, Infusion Technology, the WellCare infusion vendor, will contact your office to obtain the prescription and confirm the location to which the medication will be shipped for administration to the member.

Should you have any further questions, please contact our Pharmacy Services team at (866) 269-5251.

Sincerely,



John Esslinger, MD
Senior Medical Director

WELLCARE HEALTH PLANS, INC
THE WELLCARE GROUP OF COMPANIES

WELLCARE OF FLORIDA, INC.

HEALTH EASE OF FLORIDA, INC.

WELLCARE OF GEORGIA, INC.

WELLCARE OF NEW YORK, INC.

FIRST CHOICE HEALTH PLANS
OF CONNECTICUT, INC.

HARMONY BEHAVIORAL HEALTH, INC.

WELLCARE OF LOUISIANA, INC.

COMPREHENSIVE HEALTH
MANAGEMENT, INC.

HARMONY HEALTH SYSTEMS, INC.

HARMONY HEALTH PLAN OF ILLINOIS,
INC.

211 Perimeter Center Parkway
8th floor
Atlanta, GA 30346



Synagis® Order Form-Georgia

FAX to: WellCare Pharmacy Injectables Toll Free 1-866-455-6558

Member Information	Please fill out COMPLETELY and LEGIBLY		
Last Name _____	First Name _____	DOB ____/____/____	
Parent _____	Home Phone (____) _____	Work Phone (____) _____	
Home Address _____	City _____	State _____	Zip _____
Primary Insurance _____	Card Holder ID _____		

Provider Information
Practice _____ Dr. Name _____
Address _____ City _____ State _____ Zip _____
Dr. Phone (____) _____ Dr. Fax (____) _____ Contact _____

Statement of Medical Necessity
____ 765.0 Extreme Prematurity (Gestation of <28 completed weeks) ____ 770 Chronic Lung Disease ____ 765.1 Pre-term Infants (Gestation of 28-35 completed weeks) ____ 746 Congenital Heart Disease Other _____ Allergies _____ Birth Wt ____ lbs/kg (circle one) Gestational Age ____ wks Current Weight ____ lbs/kg (circle one) Date of Weight ____/____/____ First Synagis Shot Given ____/____/____ Next Shot Due ____/____/____

Letter of Medical Necessity
THIS LETTER IS TO INFORM YOU OF OUR INTENT TO INITIATE SYNAGIS INJECTIONS. SYNAGIS IS MEDICALLY NECESSARY FOR THIS PATIENT AND IS AN FDA APPROVED PRODUCT FOR THE PROPHYLAXIS OF INFANTS AND CHILDREN AT HIGH RISK FOR SEVERE RSV (RESPIRATORY SYNCYTIAL VIRUS). RISK FACTORS FOR THIS PATIENT INCLUDE (CHECK ALL THAT APPLY): <input type="checkbox"/> Congenital abnormalities of the airway <input type="checkbox"/> School Age Siblings <input type="checkbox"/> Daycare Attendance <input type="checkbox"/> Neurological Disorders in Very Low Birth Weight Infants <input type="checkbox"/> Environmental Air Pollutants Specify _____ <input type="checkbox"/> Other _____ <i>* Exposure to tobacco smoke is a risk factor that can be controlled by counseling the family to avoid exposing the infant to second hand smoke. Therefore exposure to second hand smoke is not a criterion for RSV prophylaxis-</i> IF THERE IS ANY FURTHER INFORMATION THAT YOU REQUIRE, PLEASE DO NOT HESITATE TO CONTACT MY OFFICE. Physician Signature _____ Date ____/____/____

Drug Replacement
Prescription Synagis 15mg/kg IM once monthly Refill ____ months Please send Synagis to our office. <input type="checkbox"/> Yes <input type="checkbox"/> No Physician Signature _____ Date ____/____/____

Physician Shipping Information (Please fill out completely) Physician Name: _____ Phone Number (____) _____ Billing Address: _____ _____ _____
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