



Molina Healthcare of California

Phone: (800) 526-8196 ext. 127854 • Fax: (866) 508-6445

SYNAGIS™ (PALIVIZUMAB) AUTHORIZATION FORM

Product: Medi-Cal Healthy Families AIM
Service is: Non-Urgent Urgent
Urgent request MUST be reserved for requests that are potentially life threatening or pose a significant risk to the continuous care of the patient...
Member Name (Last, First, Middle Initial) Date of Birth Member I.D.
Gestational Age at Birth Weeks Days
Please provide date & location Who will administer Synagis: Physician Family Member Other:
PROVIDER INFORMATION
Provider Name (Last, First) & Specialty Provider's NPI and/or DEA#
Phone Number () - Fax Number () -
Patient Weight (for dose calculation): kg Date Wt Obtained:
Synagis™ (palivizumab) 50 and/or 100mg vials with Sterile Water for injection 10mL Sig: Reconstitute as directed and inject 15mg/kg IM one time per month. Dispense Quantity: QS
Refill months (monthly injections from time of prescription through April 2010)
Molina Healthcare of California authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics criteria. For the 2009-2010 RSV season, CVS/Caremark Specialty will be the exclusive clearinghouse for all Synagis referrals for your Molina patients. CVS/Caremark Specialty will be performing enrollment functions once treatment authorization is given by Molina. Synagis will in turn be shipped by CVS/Caremark Specialty Pharmacy. If you have questions about the Synagis distribution, please call Molina at (800) 526-8196 ext. 127854. The timing of season will be November 1, 2009 and April 14, 2010. Please note that depending on where child fits within AAP criteria, the total # of doses allowed during the season may vary (see below).
As defined by The National Respiratory and Enteric Virus Surveillance System (NREVSS): RSV season is over when virology is < 10% for 2 consecutive weeks
• For dose requests outside of above season, provider must submit:
- Letter of medical necessity (LMN)
- Current local virology information showing virology > 10% for most recent two consecutive weeks
Please note how the patient meets AAP criteria below and include copies of clinic notes with supportive documentation:
Currently receiving medical therapy (supplemental O2, bronchodilator, diuretic, or chronic corticosteroid) for CLD within 6 months before the start of RSV season, AND child is < 24 months of age.
Presence of hemodynamically significant cyanotic or acyanotic congenital heart disease as defined by the AAP, AND child is <24 months of age.
Presence of congenital abnormality of the airway or a neuromuscular condition that compromises handling of respiratory secretions, AND birth is < 34 6/7 weeks gestation.
History of premature birth ≤ 28 6/7 weeks gestation AND child is < 12 months old at start of RSV season
History of premature birth from ≥ 29 0/7 to < 31 6/7 weeks gestation AND child is < 6 months old at start of RSV season
History of premature birth from ≥ 32 0/7 to < 34 6/7 weeks gestation AND child is < 3 months old at start of RSV season or born during the RSV season, AND child has one or both of the following additional risk factors:
Infant has a sibling younger than 5 years of age
Infant attends childcare, defined as a home or facility where care is provided for any number of infants or young toddlers in the child care facility

1A maximum of 5 doses total will be allowed. For additional doses, please see virology requirement above.

2A maximum of 3 doses total will be allowed, up through 90 days of age.

3AAP recommends that participation in group child care should be restricted during the RSV season for high-risk infants whenever feasible.

>>>If child has an open CCS case or a CCS eligible condition, then provider must bill CCS directly.<<<

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CLAIMS PAYMENT IS CONTINGENT ON MEMBER ELIGIBILITY FOR DATE(S) OF SERVICE

Revised on 01/07/2010