



Molina Healthcare of California

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2011-2012 SYNAGIS™ (PALIVIZUMAB) AUTHORIZATION FORM

Product: [] Medi-Cal [] Healthy Families

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, in the provider's best professional judgment. Please explain reason for urgency below.
Date: / /

Member Name (Last, First, Middle Initial) Date of Birth / / Member I.D. - -

Gestational Age at Birth _____ Weeks _____ Days

[] New Rx [] Refill Rx 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 2012)

Molina Healthcare of California authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics criteria. For the 2011-2012 RSV season, Caremark Specialty Pharmacy will be the exclusive clearinghouse for all Synagis referrals for your Molina patients. Caremark Specialty Pharmacy will be performing enrollment functions once treatment authorization is given by Molina. Synagis will in turn be shipped by Caremark Specialty Pharmacy. If you have questions about the Synagis distribution, please call Molina at (888) 665-4621. The timing of season will be November 1, 2011 and April 14, 2012. 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. 1 Due to limited data regarding effectiveness, requests for a 2nd season will be considered on a case by case basis.
_____ Presence of hemodynamically significant cyanotic or acyanotic congenital heart disease as defined by the AAP, AND child is <24 months of age.1
_____ 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.1 Approved during the first year of life only.
_____ History of premature birth ≤ 28 6/7 weeks gestation AND child is < 12 months old at start of RSV season1
_____ History of premature birth from ≥ 29 0/7 to < 31 6/7 weeks gestation AND child is < 6 months old at start of RSV season1
_____ 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 season2, 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 facility3

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 10/4/2011