

Date:	Patient DOB:
Pt. Name:	Patient Gestational Age at Birth:
Pt. Medicaid ID#:	Provider Phone:
Provider Name:	Provider Fax:

Molina Healthcare authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics (AAP) criteria. Caremark Specialty Pharmacy will be the exclusive provider for all Synagis™ requests for your Molina patients. Caremark 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 1-888-898-7969. The timing of season will be October 1st through April 15th. Please note that depending on where the child fits within AAP criteria, the total number 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:

- **Medical documentation supporting selection below**
- **Documentation of patient's Gestational Age at birth**
- **Documentation of patient's living arrangements if**

- ___ Currently receiving medical therapy (supplemental O₂, bronchodilator, diuretic, or chronic corticosteroid) for Chronic Lung Disease 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 Covered for children less than 12 months of age only.
- ___ History of premature birth ≤ 28 6/7 weeks gestation **AND** child is < 12 months old at start of RSV season.¹
- ___ 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.