



Synagis Authorization Form

Phone: (888) 898-7969

Fax: (888) 373-3059

Date:	Patient DOB:
Patient Name	Patient Street Address
Patient Medicaid ID#	City State Zip
Patient's Gestational Age at Birth	Weeks Days
Provider Name	Provider Address
Provider Phone	City State Zip
Provider Fax Number	Provider DEA #
Parent/Guardian	Parent/Guardian Phone

Molina Healthcare authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics criteria. For the 2009-2010 RSV season, Caremark will be the exclusive clearinghouse for all Synagis referrals 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, 2009 through April 15th, 2010. 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). The season is 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 <i>Due to limited data regarding effectiveness, requests for a 2nd season will be considered on a case by case basis.</i>
€	Presence of hemodynamically significant cyanotic or acyanotic congenital heart disease <i>as defined by the AAP</i> , 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 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 season ¹
€	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 ² , 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 ³

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.