

MOLINA HEALTHCARE OF UTAH
Synagis (palivizumab) Authorization Form 2012-2013 Season

Please fax completed form to Molina Healthcare of Utah (866) 472-0589

PATIENT INFORMATION

PATIENT NAME:		DOB:		MHU ID #:	
ADDRESS:				GESTATION AGE:	
CITY:				STATE:	ZIP:
PARENT NAME:		PHONE #1:		PHONE #2:	

PROVIDER INFORMATION

PROVIDER NAME:		CLINIC NAME IF ANY:		NPI #:
ADDRESS:				
CITY:			STATE:	ZIP:
CONTACT NAME:	PHONE:		FAX:	

Molina Healthcare of Utah authorizes Synagis (palivizumab) based on American Academy of Pediatrics criteria. Synagis injections may be authorized from December 1, 2012 through April 30, 2013.

For the 2012-2013 Respiratory Syncytial Virus (RSV) season, Caremark will be the exclusive distribution network for all Synagis referrals for your Molina patients. If you have questions about the Synagis distribution, please call Molina at 888-510-3030.

INSTRUCTIONS:

It is required to fill out the prescription information below, answer the questions on page two, and attach supporting documentation to establish how the patient meets AAP Synagis criteria. Requests that do not meet the AAP Synagis criteria will be denied as not medically necessary.

PRESCRIPTION FOR SYNAGIS

Date: _____ **Current patient weight in kilograms (for dose calculation):** _____

Synagis: ☐ 50mg vials x _____ ☐ 100mg vials x _____

Sig: 15mg/kg **Total: MG Dose:_____**

Provider signature:_____

2012 Criteria that Molina Healthcare uses is based off of the 2009 American Academy of Pediatrics Synagis Criteria

Infants eligible for a maximum of 5 injections:

1. Does the patient have chronic lung disease of prematurity* defined as a condition resulting from prematurity that necessitates regular, ongoing and extended medical therapy in the form of supplemental oxygen, diuretics, corticosteroids or bronchodilators within 6 months of RSV season AND will the patient be less than 24 months old as of 12-1-2012?
☐ Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription part of form
☐ No, go to Question 2
2. Does the patient have a history of *hemodynamically significant* congenital heart disease (i.e. infants receiving medication to control CHF, infants with severe pulmonary hypertension, or infants with cyanotic heart disease) AND is less than 2 years old as of 12-1-2012?

List ICD 9 codes for CHD:

- ☐
- Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription part of form
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- ☐
- No, go to Question 3

3. Was the patient born before 35 weeks, 0 days gestational AND is less than 24 months old as of 12/1/2012 AND has one of the additional risk factors listed below?
☐ Severe neuromuscular disease, list diagnosis:
☐ Congenital airway disease, list diagnosis:
☐ Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription on form
☐ No, go to question 4.
4. Was the patient born before gestational age 35 weeks, 1 day?
☐ Yes, go to question 5.
☐ No, patient does not meet criteria and does not qualify for Synagis prophylaxis
5. Was the patient born at 28 weeks, 6 days or less gestational age AND will be less than 12 months old as of 12-1-2012?
☐ Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription part of form
☐ No, go to question 6.
6. Was the patient born between 29 weeks, 0 days and 32 weeks, 0 days gestational age AND will be less than 6 months of age as of 12-1-2012?
☐ Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription part of form
☐ No, patient does not meet criteria to receive a maximum of 5 Synagis injections, please continue to see if the patient will meet criteria for a maximum of 3 injections

Infants eligible for a Maximum of up to 3 Injections

1. Was the patient born between 32 weeks, 1 day and 35 weeks, 0 days gestational age AND will be less than 3 months of age as of 12-1-2012 AND has one or more of the additional risk factors listed below?
(Please mark the additional risk factors that apply to this patient.)
☐ Sibling(s) less than 5 years of age, please list ages of siblings:
☐ Regular childcare attendance, please list childcare setting and number days/week attended:
☐ Yes, patient meets criteria for Synagis prophylaxis; please fill out prescription on form
☐ No, patient does not meet Premature Birth criteria and does not qualify for Synagis prophylaxis
NOTE: Up to 3 total doses will be given. No further doses given after 3 months of age even if less than 3 total doses given

*Chronic lung disease of prematurity is when the infant is born before 37 weeks gestation age and is the term that has replaced bronchopulmonary dysplasia (BPD) in Synagis prophylaxis criteria. Acute newborn respiratory distress syndromes that resolve with short term treatment, acute pneumonia and mild asthma do not meet the definition of chronic lung disease of prematurity and will not qualify a patient for Synagis prophylaxis.