MOLINA HEALTHCARE
Service Authorization (SA) Form
Synagis® - (Season: October 1 through March 31)

If the following information is not complete, correct, or legible, the SA process can be delayed.
Please use one form per member.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Diagnosis/ICD-10 Code:

Date of Birth: ___ – ___ – ____

Gestational Age: ___ **Weeks** ___ **Days**

Gender: ☐ **Male** ☐ **Female**

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number: ___ – ___ – ____

Fax Number: ___ – ___ – ____

Prescriber specialty, if applicable: _____

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Month: _____

(Form continued on next page.)

Member's Last Name:

Member's First Name:

DIAGNOSIS AND MEDICAL INFORMATION

Molina Healthcare authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics (AAP) criteria. CVS Caremark Specialty Pharmacy is the preferred provider for all Synagis™ requests for your Molina patients. If you wish to use CVS Caremark Specialty Pharmacy, CVS Caremark Specialty Pharmacy will perform enrollment functions once treatment authorization is given by Molina. Synagis™ would, in turn, be shipped by CVS Caremark Specialty Pharmacy. If you have questions about the Synagis™ distribution, please call Molina at (844) 278-5731. Respiratory syncytial virus (RSV) season is defined by the Virginia Medicaid Agency as October 1 through March 31. Please note that depending on where the child fits within American Academy of Pediatrics (AAP) criteria, the total number of doses allowed during the season may vary (see notes below).

Synagis™ is medically necessary when documentation shows one of the following criteria are met (please check the box that applies). Check applicable age, conditions, and risk factors:

☐ Early Preterm Infant: Gestational age < 29 weeks, 0 days and member's chronological age (CA) < 12 months at the start of RSV season

☐ Chronic lung disease of prematurity (bronchopulmonary dysplasia) (check ONE):

- ☐ Younger than 12 months of age at the start of RSV season with chronic lung disease of prematurity—defined as birth before 32 weeks, 0 days gestation AND a requirement for greater than 21% oxygen for at least 28 days after birth
- ☐ Younger than 24 months of age with chronic lung disease of prematurity—defined as birth before 32 weeks, 0 days gestation AND a requirement for greater than 21% oxygen for at least 28 days after birth AND continues to require medical intervention (e.g., supplemental oxygen, chronic corticosteroid, or diuretic therapy) within the 6-month period before the child's second RSV season

Supporting documentation of diagnosis/ICD-10 code and medical therapy must be included.

☐ Hemodynamically Significant Congenital Heart Disease: Member's Chronological Age (CA) < 12 months at the start of RSV season with hemodynamically significant Congenital Heart Disease (CHD) (check ONE):

- ☐ Acyanotic heart disease, will require cardiac surgical procedures, AND receiving medication for congestive heart failure (CHF)
- ☐ Moderate to severe pulmonary hypertension.
- ☐ Cyanotic heart disease, on cardiologist recommendation (e.g., transposition of the great arteries, Tetralogy of Fallot, etc.)

Please note: Synagis™ is considered not medically necessary for infants and children with hemodynamically insignificant heart disease (e.g., mild or surgically corrected condition that does not require medical therapy, secundum atrial septal defect, patent ductus arteriosis, etc.)

Supporting documentation must be included. Synagis™ to be prescribed by or consultation with a cardiologist or intensivist.

☐ Anatomic Pulmonary Abnormality or Neuromuscular Disorder: Member's CA < 12 months of age at the start of RSV season with qualifying disease that impairs the ability to swallow/cough/clear secretions from the airways
Supporting documentation must be included.

☐ Profound Immunocompromised Status: Member's CA < 24 months old at the start of RSV season and profoundly immunocompromised during the RSV season (e.g., acute myeloid or lymphocytic leukemia, chemotherapy, solid organ or stem cell transplant, severe combined immunodeficiency, severe acquired immunodeficiency, etc.)
Synagis™ to be prescribed by or consultation with an immunologist or an infectious disease specialist.

☐ Transplant: Member's CA < 24 months old at the start of RSV season and has undergone or will undergo cardiac transplantation during the current RSV season.
Synagis™ to be prescribed by or consultation with a cardiologist, intensivist or transplant physician.

Answer the following questions:

1. Has the member received any Synagis® doses during the current RSV season?
   ☐ Yes ☐ No
   *If **yes**, document the administration date(s):* _____
2. Is the request for doses to be administered outside of the RSV season?
   ☐ Yes ☐ No
   If yes, please provide Letter of Medical Necessity and current local virology information showing virology >10% for most recent consecutive 2 weeks

Medical justification: Documentation for diagnoses not listed above (attach supporting documentation):

_____

_____

_____

_____

(Form continued on next page.)

Member's Last Name:	Member's First Name:
Member's Last Name:	**Member's First Name:**

Please note the following:

- Supporting documentation is supplemental information submitted to support the member meeting the criteria. Supporting documentation may include copies of hospital discharge notes, progress notes, pharmacy profiles, etc., and must include all medications, frequency of medication dosing, and diagnoses with indications of severity of illness
- Synagis™ is NOT recommended for infants with cystic fibrosis or Down syndrome unless other indications are also present
- Clinicians may administer up to a maximum of 5 monthly doses of palivizumab (15 mg/kg per dose) during the RSV season to infants who qualify for prophylaxis
- RSV prophylaxis approval will terminate March 31. RSV season is defined by the Virginia Medicaid Agency as October 1 through March 31
- Qualifying infants born during the RSV season may require fewer doses. For example, infants born in January would receive their last dose in March or April, depending on the end of the season. For dose requests outside of the RSV season the provider must submit a letter of medical necessity AND current local virology information showing virology > 10% for the most recent two consecutive weeks
- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization
- Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines

  NOTE for the 2022-2023 season: Due to the atypical inter-seasonal change in RSV epidemiology, American Academy of Pediatrics strongly supports consideration for use of palivizumab in eligible members outside of the typically recommended schedule. This recommendation applies to regions experiencing high rates of RSV circulation, consistent with a typical fall-winter season.
  https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/

(Form continued on next page.)

Prescriber Signature (Required)	**Date**

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; incomplete forms will delay the SA process.
Submission of documentation does NOT guarantee coverage by Molina Healthcare.

The completed form may be **FAXED to 1-844-278-5731**, or you may call the numbers below:

- **Commonwealth Coordinated Care Plus:** (800) 424-4524 (TTY: 711)
- **Medallion 4.0:** (800) 424-4518 (TTY: 711)