Synagis 2015-16
Prior Authorization Form

Phone: (855) 322-4079
Fax: (800) 961-5160

Please make copies for future use.

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

Molina Healthcare authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics (AAP) criteria. Caremark Specialty Pharmacy will be the preferred 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 (855) 322-4079. The timing of season will be determined by annual virology reporting. 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 two 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**

Inclusion criteria
- Infants who are younger than12 months of age at the start of the Synagis season and who are born before 29 weeks, 0 days' gestation.
- Infants in the first 12 months of life, who are diagnosed with CLD (chronic lung disease) of prematurity defined as birth at < 32 weeks, 0 days' gestation and a requirement for > 21% oxygen for at least 28 days after birth.
  - Infants in the second year of life who are diagnosed with CLD (as per above criteria) AND who continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy) within the 6-month period before the start of the second RSV season.
  - Children who are 12 months or younger with hemodynamically significant CHD as evidenced by:
    - Acyanotic heart disease and are receiving medication to control congestive heart failure, and will require cardiac surgical procedures
  - Infants with moderate to severe pulmonary hypertension. Children with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways may be considered for prophylaxis in the first year of life.
  - Child younger than 24 months who will be profoundly immunocompromised during the RSV season.

Please note the following:
- 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 in the first year of life.
- Qualifying infants born during the RSV season may require fewer doses. For example, infants born in January would receive their last dose in March. Requests for doses beyond these limits will not be approved. Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.
- Routine palivizumab prophylaxis for children with cystic fibrosis or Down syndrome is not recommended in the absence of the other qualifying indications listed above.