MOLINA HEALTHCARE

Healthy Connections

MOLINA HEALTHCARE OF SOUTH CAROLINA

SYNAGIS™ PRIOR AUTHORIZATION FORM

Phone: 1-855-237-6178
Fax: 1-855-571-3011

Please make copies for future use.

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

Molina Healthcare authorizes Synagis™ (palivizumab) based on American Academy of Pediatrics (AAP) criteria. A Molina Preferred Specialty Pharmacy will be performing enrollment functions once treatment authorization is given by Molina. Synagis™ will in turn be shipped by the Specialty Pharmacy. If you have questions about the Synagis™ distribution, please call Molina at 1-855-237-6178. The timing of the RSV 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 RSV 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 (2) consecutive weeks.*

For dose requests outside of above referenced RSV season, provider must submit:

Letter of medical necessity (LMN)
Current local virology information showing virology > 10% for most recent two (2) 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 RSV 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 require at least 28 days of supplemental oxygen after birth AND who continue to require medical intervention (i.e., 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 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.

Children 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.

Insufficient data are available to recommend palivizumab prophylaxis for children with cystic fibrosis or Down syndrome.