



Molina Healthcare of Illinois Synagis Prior Authorization Form

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Please make copies for future use.

Date:	Patient DOB:
Pt. Name:	Patient Gestational Age at Birth:
Pt. 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. 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 1-855-322-4077. The timing of season will be determined by annual virology reporting, but typically runs November through March. For qualifying infants born during the RSV season, the total number of doses allowed during the season may vary. *A maximum of 5 doses will be approved per member per RSV season.*

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 than 12 months of age at the start of RSV season and who are born before 29 weeks, 0 days gestation.
- Infants in the first 12 months of life at the start of the RSV season, 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.
- Infants who are younger than 12 months at the start of RSV season 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 and is prescribed by or in consultation with a cardiologist or intensivist; or
 - moderate to severe pulmonary hypertension and Synagis is prescribed by or in consultation with a cardiologist or intensivist; or
 - cyanotic heart disease and Synagis is prescribed by or in consultation with a cardiologist or intensivist
- Infants who are younger than 12 months of age at the start of RSV season and have a congenital pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways.
- Children younger than 24 months of age at the start of the RSV season who will be profoundly immunocompromised and Synagis is prescribed by or in consultation with an immunologist or an infectious diseases specialist.
- Children younger than 24 months of age at the start of the RSV season who will undergo cardiac transplantation during the current RSV season and Synagis is prescribed by or in consultation with a cardiologist, intensivist, or transplant physician.

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 or April, depending on the end of the season. 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.