

<input type="checkbox"/> Buy and Bill <input type="checkbox"/> Provided by Specialty Pharmacy (CVS)	Patient DOB:
Patient Name:	Patient Gestational Age at Birth:
Patient Medicaid ID#:	Provider Phone:
Provider Name:	Provider Address:
Provider NPI#:	Provider Fax:
Signature of Provider: Physician Signature Required	Date:

Molina Healthcare authorizes Synagis<sup>®</sup> (palivizumab) based on American Academy of Pediatrics (AAP) criteria. CVS Caremark Specialty Pharmacy will be the exclusive provider for all Synagis<sup>™</sup> requests for your Molina patients. CVS Caremark Specialty Pharmacy will be performing enrollment functions once treatment authorization is given by Molina. Synagis<sup>®</sup> will in turn be shipped by CVS Caremark Specialty Pharmacy. If you have questions about the Synagis<sup>®</sup> distribution, please call Molina at (855) 322-4082 options 0, 1, 2, 3. 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 notes below). *As defined by The National Respiratory and Enteric Virus Surveillance System (NREVSS): RSV season is over when virology is < 10% for 2 consecutive weeks.*

Molina will allow a total of five (5) doses between **December 1, 2024 and April 30, 2025**. No prior authorization required for members less than 1 year old for the 2024-2025 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 see Notes section for 2024-2025 season and refer to state guidance, if applicable\*\*

**Synagis<sup>®</sup> is medically necessary when documentation shows ONE of the following criteria are met (please check the box that applies for items 1-3) AND prescriber attestation is complete.**

**Please note how the patient meets AAP criteria below and include:**

- **Medical documentation supporting selection below**
- **Documentation of patient's Gestational Age at birth**

**1. Chronic Lung Disease of Prematurity (bronchopulmonary dysplasia):**

- 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

**2. Profound immunocompromised status:**

- Younger than 24 months of age 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.)

### 3. Cardiac Transplant:

- Younger than 24 months of age at the start of RSV season and has undergone or will undergo cardiac transplantation during the current RSV season.

#### AND

#### Prescriber attestation:

- Member is not a candidate for, or cannot access, and has not previously received Beyfortus (nirsevimab) for the current RSV season.

#### Please note the following:

- 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 total doses of palivizumab (15 mg/kg per dose) during the RSV season to infants who qualify for prophylaxis
- 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

Please refer to specific state Medicaid guidance for allowances of coverage outside of typically recommended schedule.