

<b>New Mexico Synagis Prior Authorization/Statement of Medical Necessity/Order Form</b>						
<b>CPT codes:</b> (DRUG) 90378 / (PROCEDURE) 96372			<b>NDC codes:</b> SDV LIQ 50 mg/0.5ml 66658023001 / 100 mg/ml 66658023101			
BCBS	Western Sky	Presbyterian	Molina	Other	PA form valid: 2022-2023	Today's date:
<b>Patient Name:</b>			<b>Gender:</b>	<b>DOB:</b>	<b>Weight (current kg):</b>	
Patient Address:						
Parent/Guardian Name:				Primary Phone:		Phone 2:
Primary Insurance:				Insurance 2:		
Patient SS#/Insurance ID:				Member Insurance Group Number:		
Practitioner Name:				Office Contact Name:		
Practitioner Address:					Practitioner NPI:	
Practitioner Phone:				Practitioner Fax:		
NICU graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Synagis received last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of first dose:		Location of first dose:				
Gestational Age:		**less than or equal to 28 weeks, 6 days OR other criteria met				
<b>ICD-10 codes:</b> (premature) P07.30 / (other)						
<b>CRITERION:</b>						
Circle the one criterion that best applies to this patient (one of the following must be circled and supporting documentation must be supplied):						<b>ICD-10 code:</b>
1	<12 months old (as of Nov. 15) and with <b>hemodynamically significant congenital heart disease (CHD)</b>					
2 (a)	a. <12 months old (as of Nov. 15), < 32 weeks 0 days with <b>chronic lung disease (CLD) of prematurity</b> requiring oxygen of FiO2 >21% for >28 days after birth					
2 (b)	b. <24 months with <b>chronic lung disease (CLD) and continues</b> on supplemental oxygen, diuretic or corticosteroid					
3	<24 months old (as of Nov. 15) and with <b>Severe Immunodeficiency</b> (specify type):					
4	<12 months old (as of Nov. 15) with <b>Severe Neuromuscular Disease with inability to clear secretions</b>					
5	<12 months old (as of Nov. 15) with <b>congenital abnormality of the airway</b> with inability to clear secretions					
6	<12 months old (as of Nov. 15) and born at <b>28 weeks, 6 days gestation</b> or less					
7	<24 months old (as of Nov. 15) and will undergo cardiac transplantation during the RSV season					
<b>INDIVIDUAL PRESCRIPTION ORDERS:</b>						
First/Next Injection Due Date: _____ Delivery and Administration Location: <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Clinic						
Home Health Agency/Clinic (if applicable): _____ Phone: _____						
Home Health Contact Name (if applicable): _____ Home Health NPI: _____						
<input type="checkbox"/> Synagis® (palivizumab) 50 mg and/or 100 mg vials (will dispense 50 mg/0.5 ml and/or 100mg/ml vial(s) based on prescribed dose)						
Sig: Inject 15 mg/kg IM every 28 days (dose to be calculated at the time of injection, based on patient's current weight)						
Quantity: QS Refills: _____ <input type="checkbox"/> Refills through: _____						
To dispense the prescribed dose required at the time of injection, patient's weight will be estimated as per standard operating procedure.						
<input type="checkbox"/> Syringes (to withdraw) 1 ml 25G 5/8" <input type="checkbox"/> Needles (to inject) Gauge: 25 Length: 5/8" Quantity QS (for both syringes and needles): _____						
<input type="checkbox"/> Epinephrine 1:1000 amp (if required for home administration)						
Sig: Call 911 and MD then inject 0.01 mg/kg _____ mg SQ x 1; may repeat as needed for anaphylaxis as directed #3 amps						
Quantity: _____ Refills: _____						
<b>STATEMENT OF MEDICAL NECESSITY:</b>						
I hereby certify that the above services are medically necessary and are authorized by me. This patient is under my care and is in need of the services listed.						
<b>Practitioner Signature:</b>						<b>Date:</b>
<input type="checkbox"/> APPROVED: Authorization # _____				Authorization by: _____		
<input type="checkbox"/> <b>DENIED:</b>						

## Synagis Submission Instructions

### Blue Cross Blue Shield NM

1. For Centennial: *fax this completed form to Prime Therapeutics at 877-243-6930*
  2. *Once PA has been approved, fax form to Accredo specialty pharmacy at 877-369-3447 (phone: 877-482-5927)*
  1. For commercial: *fax this completed form to 866-589-8253 or submit online using Availity or call 800-325-8334*
  2. *Once PA has been approved, fax form to AllianceRx specialty pharmacy at 855-569-2511 (phone: 888-282-5166)*
- If problems arise, call Corinne Kenny, RN, care coordinator (Centennial & commercial), at 505-816-2893***

### Medicaid

1. *Fax this completed form to Medicaid FFS at 505-827-3185*
  2. *Contact FFS Pharmacist at 505-819-1877*
  3. *Once PA approval is issued by phone, fax prescription to a specialty pharmacy*  
Specialty pharmacy: *All FFS contracted specialty pharmacies*
- For home health prior authorization: *Log in to Comagine Portal or call 866-962-2180*

### Molina

1. *Fax this completed form to Molina Pharmacy Prior Authorization Department at 866-472-4578 (phone: 855-322-4078)*
  2. *Once PA has been approved, fax form to Caremark specialty pharmacy at 800-323-2445 (phone: 800-237-2767)*
- For home health: *coordinate with specialty pharmacy and home health agency*

### Presbyterian

1. *Fax this completed form to 505-923-5540 or 800-724-6953*
- If problems arise, call Carolyn Marquez at 505-923-2065***

### United Health Care

- NOTE: No PA is required for insurer*
1. *Download specialty pharmacy form by going to <https://specialty.optumrx.com/forms> and scrolling down to 'RSV Regular Referral' to open the pdf*
  2. *Fax completed pharmacy form to Optum specialty pharmacy at 866-391-1890 (phone: 888-293-9309; option 1)*

### Western Sky Community Care

1. *Fax this completed form to 833-395-5940*
  2. *Once PA has been approved, fax form to AcariaHealth specialty pharmacy at 877-252-2444 (phone: 844-796-2447)*
- If problems arise, call Valerie LaCour, CPhT, pharmacy coordinator II, at 505-401-4765 or send email to [WSCC.Pharmacy@westernskycommunitycare.com](mailto:WSCC.Pharmacy@westernskycommunitycare.com)***

NMPS contact for Synagis issues: Pawitta Kasemsap, MD, call: 505-620-8109 or email: [pawitta.kasemsap@optum.com](mailto:pawitta.kasemsap@optum.com)  
For help with patient financial assistance, PAs, additional assistance with care coordination or other issues, consider SOBI Synagis CONNECT at 1-833-796-2447 or <https://synagisconnect.com/>