

New Mexico Synagis Prior Authorization/Statement of Medical Necessity/Order Form					
CPT codes: (DRUG) 90378 / (PROCEDURE) 96372			NDC codes: SDV LIQ 50 mg/0.5ml 66658023001 / 100 mg/ml 66658023101		
BCBS	Western Sky	Presbyterian	Molina	Other	PA form valid: 2023-2024 Today's date:
Patient Name:		Gender:	DOB:	Weight (current kg):	
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					
ICD-10 codes: (premature) P07.30 / (other)					
CRITERION:					
Circle the one criterion that best applies to this patient (one of the following must be circled and supporting documentation must be supplied):					ICD-10 code:
1	<12 months old (as of Nov. 15) and with hemodynamically significant congenital heart disease (CHD)				
2 (a)	a. <12 months old (as of Nov. 15), < 32 weeks 0 days with chronic lung disease (CLD) of prematurity requiring oxygen of FiO2 >21% for >28 days after birth				
2 (b)	b. <24 months with chronic lung disease (CLD) and continues on supplemental oxygen, diuretic or corticosteroid				
3	<24 months old (as of Nov. 15) and with Severe Immunodeficiency (specify type):				
4	<12 months old (as of Nov. 15) with Severe Neuromuscular Disease with inability to clear secretions				
5	<12 months old (as of Nov. 15) with congenital abnormality of the airway with inability to clear secretions				
6	<12 months old (as of Nov. 15) and born at 28 weeks, 6 days gestation or less				
7	<24 months old (as of Nov. 15) and will undergo cardiac transplantation during the RSV season				
INDIVIDUAL PRESCRIPTION ORDERS:					

First/Next Injection Due Date: _____ Delivery and Administration Location: Home Health Agency Clinic
 Home Health Agency/Clinic (if applicable): _____ Phone: _____
 Home Health Contact Name (if applicable): _____ Home Health NPI: _____
 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: _____ Refills through: _____
 To dispense the prescribed dose required at the time of injection, patient's weight will be estimated as per standard operating procedure.
 Syringes (to withdraw) 1 ml 25G 5/8" Needles (to inject) Gauge: 25 Length: 5/8" Quantity QS (for both syringes and needles): _____
 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: _____

STATEMENT OF MEDICAL NECESSITY:

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.

Practitioner Signature: _____		Date: _____
<input type="checkbox"/> APPROVED: Authorization # _____	Authorization by: _____	
<input type="checkbox"/> DENIED: _____		

Synagis Submission Instructions

Blue Cross Blue Shield NM

1. For Centennial: *fax this completed form to Prime Therapeutics at 855-212-8110*
 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*
4. 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)*
3. For home health: *coordinate with specialty pharmacy and home health agency*

Presbyterian

1. Fax this completed form to **both** fax numbers: 1) **800-724-6953** (Presbyterian Health Plan Pharmacy Services), **and 2) 866-248-0801** (Presbyterian Specialty Care Pharmacy)
2. For prior authorization questions, call **505-923-5757** (select option 3 and follow prompts)
3. For specialty pharmacy questions, call **505-823-8800**
4. For home health: coordinate with Presbyterian Specialty Care Pharmacy and the home health agency of your choice

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 our Provider Services Line at 1-844-738-5019 **or send email to** WSCC.Pharmacy@westernskycommunitycare.com

NMPS contact for Synagis issues: Pawitta Kasemsap, MD, call: 505-620-8109 or email: 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://synagis.com/synagis-connect.html>

Updated October 2022