

**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: 2022-2023    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?:  Yes  No  Unknown    Synagis received last year?  Yes  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):

		<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	

**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:** \_\_\_\_\_

**APPROVED:** Authorization # \_\_\_\_\_ Authorization by: \_\_\_\_\_

**DENIED:** \_\_\_\_\_

## 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*
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 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://synagis.com/synagis-connect.html>