

New Mexico Synagis Prior Authorization/Statement of Medical Necessity/Order Form						
CPT codes: (DRUG) 90378 / (PROCEDURE) 96372			NDC codes: (50 mg vial) 60574-4114-01 / (100 mg vial) 60574-4113-01			
BCBS	Western Sky	Presbyterian	Molina	Other	PA form valid: 2021-2022	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: <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: _____						
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 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 505-827-7277*
 2. *Once PA has been approved, fax form to any FFS-contracted specialty pharmacy*
Contact: FFS Pharmacist (phone: 505-819-1877)
- For home health: *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 Antoinette Vigil, care coordinator (Centennial & commercial), 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***

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 883-796-2447 or <https://synagisconnect.com/>