

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: 2020-2021		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 877-243-6930*
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: 505-827-3174
- 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/>