

**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    Presbyterian    Molina    Other    |    PA form valid: 2024-2025    |    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, the 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 Turquoise Care: 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)
3. For commercial: fax this completed form to 866-589-8253 or submit online using **Availity** or call 800-325-8334
4. Once PA has been approved, fax form to **Walgreens Specialty Pharmacy** at 888-570-4700 (phone: 888-282-5166)

*If problems arise, call Corinne Kenny, RN, care coordinator (Turquoise Care & 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: 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: 888-2939309; option 1)

NMPS contact for Synagis issues: Lisa Jimenez, MD, call: 505-298-2505 or email: [lisaj@ahpeds.com](mailto:lisaj@ahpeds.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>