

## 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?:  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):

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: \_\_\_\_\_

APPROVED: Authorization # \_\_\_\_\_

Authorization by: \_\_\_\_\_

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](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>

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