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	Other PA form valid: 2023-2024 Today's date:			
Patient Name: Ger			der:	DOB:	Weigh	t (current kg):		
Patient Address:								
Parent/Guardian Name:				Primary Phone: Phone		Phone 2:		
Primary Insurance: Insurance 2:								
Patient SS#/Insurance ID: Member Insurance Group Number:							er:	
Practitioner Name: Office Contact Name:								
Practitioner Address: Practitioner							oner NPI:	
Practitioner Phone:					Practitioner Fax:			
NICU graduate?: Yes No Unknown Synagis received last year? Yes						Yes 🗆 No		
Date	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: D Home Health Agency/Clinic (if applicable): Home Health Contact Name (if applicable):	Phone:					
□ 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 <u>https://specialty.optumrx.com/forms</u> 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

NMPS contact for Synagis issues: Pawitta Kasemsap, MD, call: 505-620-8109 or email: <u>pawitta.kasemsap@optum.com</u> 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 <u>https://synagis.com/synagis-connect.html</u>

Updated October 2022