

New Mexico Synagis Prior Authorization/Statement of Medical Necessity/Order Form

NDC code: 50 mg vial: 60574-4114-01 100 mg vial: 60574-4113-01 Valid 2018-2019

BCBS Presbyterian Molina United Other Today's Date:

Patient Name: _____ **Gender:** _____ **DOB:** _____ **Child's Wt. (current Kg)** _____

Patient SS#/Insurance ID: _____ Parent/Guardian Name: _____

Patient Address: _____

Patient Primary Phone: _____ Phone 2: _____

Primary Insurance: _____ Insurance 2: _____

Practitioner's Name: _____ Office Contact Name: _____

Practitioner's Address: _____

Practitioner's Phone: _____ Practitioner's Fax: _____

NICU Graduate: Yes ___ No ___
Unknown ___ Date of first dose: _____ Location first dose: _____ Received last year?
Yes ___ No ___

Gestational Age: _____ **less than or equal to 28 weeks, 6 days OR other criteria met

ICD Code: _____ 765.10 Premature ___ Other: _____

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 November 15) and with hemodynamically significant congenital heart disease (CHD)	
2 (a)	a. <12 months old (as of November 15), < 32 wks 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 November 15) and with Severe Immunodeficiency (specify type)	
4	<12 months old (as of November 15) with Severe Neuromuscular Disease with inability to clear secretions	
5	<12 months old (as of November 15) with congenital abnormality of the airway with inability to clear secretions	
6	<12 months old (as of November 15) and born at 28 wks, 6 days gestation or less	
7	<24 months old (as of Nov. 15) and who undergo cardiac transplantation during the RSV season	

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.

INDIVIDUAL ORDERS (check one):

- Administer Synagis (Palivizumab) 15 mg/kg IM monthly (q28-31 days) for duration of RSV season as determined by patient's health insurance plan. Epinephrine 1:10,000; 0.01 mg/kg for anaphylaxis as directed.
- Arrange home health care agency to administer Synagis (Palivizumab).
- Deliver to practitioner office if no home health agency available.

Practitioner Signature : _____ **Parent Signature:** _____ **Date:** _____

X **X**

APPROVED: Authorization # _____ Authorization by: _____

DENIED: _____

Synagis Submission Instructions

Blue Cross Blue Shield NM

Centennial: fax completed form to 505-816-3854
or call intake at 1-877-232-5518 (when prompted, select option 2 both times)
Commercial: download form www.bcbsnm.com/pdf/forms/predetermine_request.pdf
then fax completed form to 505-816-3857 or call 800-325-8334
NOTE: BCBS no longer accepts the NMPS form for commercial patients
Customer Service Centennial: if no notification, call Corinne Kenny RN, 505-816-2893
Customer Service Commercial: 800-325-8334
Specialty Pharmacy -- AllianceRXWP: call 877-6276637 / fax 877-828-3939

Presbyterian

Fax completed form to: 505-923-5540 or 800-724-6953
Coordinator (Centennial & Commercial): Antoinette Vigil, call 505-923-5632

Molina Healthcare of NM

Fax completed form to: 868-472-4578
Specialty Pharmacy -- Accredo: Centennial: call 855-778-1403
Commercial: call 855-778-1406
Molina troubleshoot: email MHNMRX@MolinaHealthCare.com
or call 855-322-4078 and ask for O.J. Martinez

United Health Care

Commercial: fax 866-940-7328
Specialty Pharmacy -- Briova: call 855-427-4682 / fax 877-342-4596

Medicaid

Specialty Pharmacy -- Qualis Health: fax 505-827-6263
Contact: Diana Moya, call 505-827-3174

For help with patient financial assistance, PAs, additional assistance with care coordination or other issues, consider AstraZenaca Access 360: 844-275-2360 or www.MyAccess360.com