

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	UHC
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?: <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: <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Clinic			
Home Health Agency/Clinic (if applicable): _____ Phone: _____			
Home Health Contact Name (if applicable) _____ Home Health NPI: _____			
<input type="checkbox"/> 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: _____ <input type="checkbox"/> 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.			
<input type="checkbox"/> Syringes (to withdraw) 1 ml 25G 5/8" <input type="checkbox"/> Needles (to inject) Gauge: 25 Length: 5/8" Quantity QS (for both syringes and needles): _____			
<input type="checkbox"/> 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 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

1. Fax this completed form to both fax numbers: 1) **866-940-7328** or www.UHCProvider.com/paan (UHC Prior Auth Dept), and 2) **866-391-1890** (Optum Specialty Pharmacy)
Synagis Referral Form | Optum Specialty & Infusion Pharmacies
2. For prior authorization questions, call **800-310-6826**
3. For specialty pharmacy questions, call **888-293-9309** (select option 1)
4. For home health: coordinate with **Optum Specialty Pharmacy** and a network home health agency

NMPS contact for Synagis issues: Lisa Jimenez, MD, call: 505-298-2505 or email: 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>