

<b>New Mexico Synagis Prior Authorization (PA)/Statement of Medical Necessity/Order Form</b>			
<b>CPT codes:</b> (DRUG) 90378 / (PROCEDURE) 96372		<b>NDC codes:</b> SDV LIQ 50 mg/0.5 ml 66658023001 / 100 mg/ml 66658023101	
Blue Cross BS	Presbyterian	Molina	UnitedHealthcare
PA form valid: 2024-2025		Today's date:	
<b>Patient Name:</b>		<b>Gender:</b>	<b>DOB:</b>
<b>Weight (current kg):</b>			
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			
<b>ICD-10 codes:</b> (premature) P07.30 / (other)			
<b>CRITERION:</b>			
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 <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		
<b>INDIVIDUAL PRESCRIPTION ORDERS:</b>			
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 100 mg/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: _____			
<b>STATEMENT OF MEDICAL NECESSITY:</b>			
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.			
<b>Practitioner Signature:</b>			<b>Date:</b>
<input type="checkbox"/> APPROVED: Authorization #		Authorization by:	
<input type="checkbox"/> DENIED:			

## Synagis Submission Instructions

### Blue Cross Blue Shield New Mexico

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 Fee-for-Service (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

### UnitedHealthcare

1. Fax this completed form to both fax numbers: 1) **866-940-7328** or [www.UHCProvider.com/paan](http://www.UHCProvider.com/paan) (UHC PA Department) 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

New Mexico Pediatric Society contact for Synagis issues: Lisa Jimenez, MD: (505) 298-2505 or [lisaj@ahpeds.com](mailto:lisaj@ahpeds.com)

For help with patient financial assistance, PAs, additional assistance with care coordination or other issues, contact SOBI Synagis CONNECT at 833-796-2447 or <https://synagis.com/synagis-connect.html>

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