

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

NDC codes: 50 mg vial: 60574-4114-01 100 mg vial: 60574-4113-01 PA form valid: 2019-2020

BCBS Western Sky Presbyterian 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: Date of first dose: Location of first dose: Received last year?
 Yes ___ No ___ Unknown ___ Yes ___ No ___

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

ICD-10 codes: Premature: P07.30 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 November 15) and will 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 PRESCRIPTION ORDERS

First/Next Injection Due Date: Delivery and administration location: MD Office Patient Home Clinic

Synagis® (palivizumab) 50mg and/or 100mg vials (will dispense 50mg/0.5ml and/or 100mg/ml vial(s) based on prescribed dose)

Sig: Inject 15mg/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, the patient's weight will be estimated as per standard operating procedure.

Syringes (to withdraw) 1ml 25G 5/8" Needles (to inject) Gauge: 25 Length: 5/8" Quantity QS (for both syringes & needles):

Epinephrine 1:1000 amp (if required for home administration)

Sig: Call 911 and MD then inject 0.01mg/kg mg SQ x 1; may repeat as needed for anaphylaxis as directed # 3 amps

Qty: Refills:

Practitioner Signature: X	Date:	Parent Signature: X	Date:
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APPROVED: Authorization # Authorization by:

DENIED:

Synagis Submission Instructions

Blue Cross Blue Shield NM

Centennial: fax completed form to 505-816-3854

or call intake 877-232-5518 (when prompted, select option #2 both times)

Commercial: download form at 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: call Corinne Kenny, RN, 505-816-2893

Commercial: 800-325-8334

NOTE: Once the PA has been approved, the provider will need to contact AllianceRXWP to fill out the AllianceRXWP Synagis SMN form

Specialty Pharmacy: AllianceRXWP

call 877-627-6637 or fax 877-828-3939

Western Sky Community Care

Fax completed form to 833-395-5940

Program Coordinator: Valerie LaCour

call 844-543-8996, ext. 8095049

or email Valerie.LaCour@westernskycommunitycare.com

Specialty Pharmacy: AcariaHealth

call 844-Synagis (844-796-2447) or fax 877-252-2444

Presbyterian

Fax completed form to 505-923-5540 or 800-724-6953

Coordinator (Centennial & Commercial): Antoinette Vigil

call 505-923-5632

United Health Care

NOTE: No PA is required; can contact specialty pharmacy for their form

Commercial: fax 866-940-7328

Specialty Pharmacy: Briova

call 855-427-4682 / fax 877-342-4596

Medicaid

Medicaid FFS fax 505-827-7277

Specialty Pharmacy: All FFS contracted Specialty Pharmacies

Contact: FFS Pharmacist, call 505-827-3174

For Home Health: Log into Qualis Portal or call 866-962-2180

NMPS contact for Synagis issues: Pawitta Kasemsap, call: 505-620-8109 or email: pawitta.kasemsap@davitamedicalgroup.com

For help with patient financial assistance, PAs, additional assistance with care coordination or other issues, consider SOBI

Synagis CONNECT at 1-866-285-8419 or <https://synagisconnect.com/>