Through the efforts of the New Mexico AAP Chapter pediatric council, all payers agreed to use the Chapter developed universal Prior Authorization Form/Statement of Medical Necessity for the administration of Synagis for RSV prophylaxis.

Attached is the form
**Synagis Prior Authorization/Statement of Medical Necessity/Order Form**

<table>
<thead>
<tr>
<th>BCBS</th>
<th>Blue Salud</th>
<th>Lovelace</th>
<th>Molina</th>
<th>Presbyterian</th>
<th>United Health</th>
<th>Other</th>
<th>Today's Date:</th>
</tr>
</thead>
</table>

**Patient Information**
- **Patient Name:**
- **Gender:**
- **DOB:**
- **Child’s Wt. (current Kg):**
- **Insurance ID/SS#:**
- **Parent/Guardian Name:**
- **Address:**
- **Phone:**
- **Phone 2:**
- **Insurance:**
- **Insurance 2:**
- **Provider’s Name:**
- **Provider’s Address:**
- **Provider’s Phone:**
- **Provider’s Fax:**
- **NICU Graduate:** Yes, No, Unknown
- **Date of first dose:**
- **Location of first dose:**
- **Received last year?** Yes, No
- **Gestational Age:** 28 wks, 6 days, 29 wks, 0 days to 31 wks, 6 days, 32 wks, 0 days to 34 wks, 6 days
- **ICD Code:** 765.10 Premature
- **Please check the one criteria that best applies to this patient:**
  1. <24 months old (as of November 15) and with hemodynamically significant congenital heart disease (CHD) specify type:
  2. <24 months old (as of November 15) and with chronic lung disease (CLD) of prematurity requiring oxygen or pulmonary medication in the last six months (specify below)
  3. <24 months old (as of November 15) and with Severe Immunodeficiency (specify type)
  4. <12 months old (as of November 15) and born at 34 wks, 6 days gestation or less and Severe Neuromuscular Disease with inability to clear secretions
  5. <12 months old (as of November 15) and born at 34 wks, 6 days gestation or less and 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. <6 months old (as of November 15) and born 29 wks, 0 days to 31 wks, 6 days gestation
  8. <90 days of age (as of November 15) and born at 32 wks, 0 days to 34 wks, 6 days gestation and with 1 or more risk factors:
    - Childcare attendance
    - Sibling(s) in home under 5 years
- **Please list any other pertinent information, including medical records that document CLD or CHD in 32 to 35 weeks gestation, other risk factors, and specialists involved in the care of this patient:**

**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.

**Molina/BCBS/Presbyterian Prescription Information**
- Administer Synagis (Palivizumab) 15 mg/kg IM every month (q28-31 days) for duration of RSV season as determined by the patient’s health insurance plan. Epinephrine 1:10,000; 0.01 mg/kg for anaphylaxis as directed. Upon parent’s choice of agency, home nursing to be arranged by member’s health insurance agency.
  - **Provider Signature:**
  - **Date:**

**Lovelace Prescription Information**
- Administer Synagis (Palivizumab) 15 mg/kg IM every month (q28-31 days) for duration of RSV season as determined by the patient’s health insurance plan. Epinephrine 1:10,000; 0.01 mg/kg for anaphylaxis as directed.
- Deliver Synagis (Palivizumab) to provider’s office for administration as above.
  - **Refill x ___**
  - **Provider Signature:**
  - **Date:**

**INDIVIDUAL ORDERS:**
- Administer Synagis (Palivizumab) 15 mg/kg IM every month (q28-31 days) for duration of RSV season as determined by patient’s health insurance plan.
- Epinephrine 1:10,000; 0.01 mg/kg IM for anaphylaxis as directed.
- Deliver Synagis (Palivizumab) to provider’s office for administration as above.
  - **Provider Signature:**
  - **Date:**

**APPROVED:**
- **Authorization#:**
- **Authorization by:**
- **Date:**

**DENIED:**
- **Presbyterian**
- **Fax:** 505-923-5540 or 800-724-6953
- **BCBSNM/Blue Salud**
- **Fax:** 505-816-3853
- **Lovelace Health Plan**
- **Fax:** 505-727-5390
- **United Health Care**
- **Fax:** 800-441-4036 (Pharmacare)
- **Molina Healthcare of New Mexico**
- **Fax:** 866-472-4578