



State of Oklahoma  
SoonerCare

Synagis® (Palivizumab) Continuation Form

Please Note: This form is for continuation of Synagis® therapy only.

This form should only be submitted following initial approval of Synagis® during the current RSV season in Oklahoma. Each approval will be for a duration of 1 month. Subsequent approval consideration will also require use of this form and will only be granted monthly during the current RSV season in Oklahoma.

For initial Synagis® approval consideration, please submit the Synagis® (Palivizumab) Initiation Prior Authorization Form (PHARM-7A) which is available on the OHCA website at: <https://oklahoma.gov/ohca/providers/forms/rxforms.html>.

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Drug Information

FDA approved dosing: 15mg/kg intramuscularly. Only those doses that require greater than a vial's dose +10% may use the next vial size or an additional vial (e.g. 1-55mg = 50mg vial, 56-110mg = 100mg vial). Weight must be taken within the last 3 weeks. Each dose is to be given every 30 days.

Physician billing  CPT code 90378 (50mg/unit)

Pharmacy billing  50mg/0.5ml: NDC: 60574411401  100mg/ml: NDC: 60574411301

Billing Provider Information

Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

Prescriber Information

Prescriber: \_\_\_\_\_ Prescriber NPI: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_

Synagis® Continuation Information

For continued authorization of Synagis®, please provide all of the following:

Previous Dose Information:

1. Date last dose of Synagis® was received: \_\_\_\_\_

(each dose is to be given every 30 days)

2. Dose of last Synagis® injection: \_\_\_\_\_ (mg)

Current Weight Information:

1. Member's current weight: \_\_\_\_\_ (kg)

2. Date member's weight was recorded: \_\_\_\_\_

(weight must be taken within the last 3 weeks)

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy  
Pharmacy Management Consultants  
Product Based Prior Authorization Unit  
Fax: 1-800-224-4014  
Phone: 1-800-522-0114, Option 4

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