

**State of Oklahoma
Oklahoma Health Care Authority
Petition for Synagis Authorization**

Member Name: _____ Sex: _____ ID #: _____

Date of birth: _____ Gestational age (GA): _____ weeks Current Age: _____ Months

Birth Weight: _____ kg Current Weight: _____ kg Date Recorded: _____

Dose received in hospital. Date: _____ **Prescriber Initials (Required)** _____ (confirming GA)

Drug Information

15 mg/kg IM. Only those doses that require greater than a vial's dose +10% may use the next vial size or an additional vial (e.g. 1-55 mg = 50 mg vial, 56-110 mg = 100 mg vial). The maximum duration of therapy is 5 doses, each dose to be given every 30 days (infants 32-34 weeks gestation will receive a maximum of 3 doses).

Physician billing CPT code 90378 (50 mg/unit)

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

Billing Provider Information

Provider _____ Provider NPI _____

Provider Phone: _____ Provider Fax: _____

PRESCRIBER Information

Specialist: _____ Specialist NPI: _____

Specialist Phone: _____ Specialist Fax: _____

Primary Care Provider: _____ PCP address: _____

PCP NPI: _____ PCP Phone: _____ PCP Fax: _____

Criteria

Member must be included in one of the following age groups at the beginning of the RSV season:

Infants and children less than 24 months old with Chronic Lung Disease (CLD) (formerly bronchopulmonary dysplasia) who have required medical treatment (O₂, bronchodilator, diuretic, or corticosteroid therapy) for CLD in the 6 months prior to RSV season. Treatment/date received: _____

Infants up to 24 months old with moderate to severe pulmonary hypertension, cyanotic heart disease, or those on medications to control congestive heart failure. _____

Infants less than 12 months of age, born at 28 weeks gestation or earlier

Infants less than 6 months of age, born at 29-31 weeks gestation.

Infants less than 12 months of age, with congenital abnormalities of the airway.

Specify _____

Infants less than 12 months of age, with severe neuromuscular disease.

Specify _____

Infants, up to 3 months old at the start of RSV season, born at 32-34 weeks gestation, who have one of the following risk factors: (multiple birth siblings do not count as a risk factor)

Child care attendance

Siblings younger than 5 years of age Ages: _____

Additional Information: _____

Prescriber Signature (Required) _____ **Date** _____

Please do not send in chart notes. Specific information/documentation will be requested if necessary.

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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