

**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.

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 who are less than 24 months of age, born at 32 weeks' 0 days gestation or earlier and develop Chronic Lung Disease (CLD) of prematurity (require >21% oxygen supplementation for at least 28 days after birth) and who continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6 months before the start of the RSV season. Treatment/date received: \_\_\_\_\_
- Infants up to 12 months old with moderate-to-severe pulmonary hypertension or with acyanotic heart disease on medications to control congestive heart failure and will require cardiac surgical procedures. Please list medications: \_\_\_\_\_
- Infants less than 12 months of age, born at 29 weeks' 0 days gestation or earlier.
- Infants less than 12 months of age, with neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.  
Specify \_\_\_\_\_
- Infants less than 12 months of age, who undergo cardiac transplantation during RSV season.  
Specify \_\_\_\_\_
- Infants less than 12 months of age with cystic fibrosis with clinical evidence of CLD and/or nutritionally compromised.  
Specify \_\_\_\_\_
- Infants less than 24 months of age with cystic fibrosis with manifestations of severe lung disease or weight for length less than the 10th percentile.  
Specify \_\_\_\_\_
- Infants less than 24 months of age, who are profoundly immunocompromised during RSV season.  
Specify \_\_\_\_\_
- 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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