

**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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