



# 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: \_\_\_\_\_     100mg/ml NDC: \_\_\_\_\_

### 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:**

1. Previous Dose Information:
  - a. Date last dose of Synagis® was received: \_\_\_\_\_  
(each dose is to be given every 30 days)
  - b. Dose of last Synagis® injection: \_\_\_\_\_ (mg)
2. Current Weight Information:
  - a. Member's current weight: \_\_\_\_\_ (kg)
  - b. Date member's weight was recorded: \_\_\_\_\_  
(weight must be taken within the last 3 weeks)
3. Has the member received Beyfortus™ (nirsevimab-alip)? Yes \_\_\_ No \_\_\_
4. Please provide a patient-specific, clinically significant reason why the member cannot receive Beyfortus™ (nirsevimab-alip): \_\_\_\_\_

**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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