

Synagis® (Palivizumab) Initiation Prior Authorization FormMember Name: _____ Sex: _____ ID #: _____
Date of birth: _____ Current Age: _____ (months) Gestational age (GA): _____ (weeks/days)Prescriber Initials (**Required**) _____ (confirming GA) Dose received in hospital. Date: _____

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

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**Specialist: _____ Specialist NPI: _____
Specialist Phone: _____ Specialist Fax: _____
Primary Care Provider: _____ PCP address: _____
PCP NPI: _____ PCP Phone: _____ PCP Fax: _____**Criteria**Member must be included in **1** of the following age groups at the beginning of the RSV season:

- Infants younger than 12 months of age, born before 32 weeks, 0 days gestation and develop Chronic Lung Disease (CLD) of prematurity (require >21% oxygen supplementation for at least 28 days after birth).
- Infants and children 12 to 24 months of age, born before 32 weeks, 0 days gestation and develop CLD of prematurity (require >21% oxygen supplementation for at least 28 days after birth) 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 younger than 12 months of age 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 younger than 12 months of age, born before 29 weeks, 0 days gestation.
- Infants younger 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 and children younger than 24 months of age, who undergo cardiac transplantation during RSV season.
Specify _____
- Infants younger than 12 months of age with cystic fibrosis with clinical evidence of CLD and/or nutritionally compromised.
Specify _____
- Infants and children 12 to 24 months of age with cystic fibrosis with manifestations of severe lung disease or weight for length less than the 10th percentile.
Specify _____
- Infants and children younger 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**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*