



An Anthem Company

Respiratory Syncytial Virus Enrollment Form

Phone: 1-800-450-8753		Date:	
Fax referral to: 1-844-493-9206		Need-by date:	
Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Other:			
Section I — member and provider information			
1. Member name (last, first, middle initial)			
2. Member identification number		3. Member DOB	
4. Prescriber name		5. Prescriber NPI	
6. Prescriber address (Street, City, State ZIP+4)			
7. Prescriber phone number			
8. Billing provider name		9. Billing provider NPI	
Section II — clinical information for all prior authorization requests			
10. Was Synagis® administered when the child was hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the date(s) of administration below. (Note, no more than five doses will be authorized, inclusive of any hospital-administered doses.) A. _____ B. _____ C. _____			
11. Current weight of child (in kilograms)		12. Date child weighed	
13. Calculated dosage of Synagis (15 milligrams per kilogram of body weight)			
Case-specific diagnoses/ICD-10:			
Section III — condition specific clinical information			
Depending on the child’s medical condition, providers are required to complete one of the following sections in order to receive prior authorization.			
SECTION III A — chronic lung disease			
14. Does the child have chronic lung disease of prematurity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Did the child require oxygen at greater than 21% for at least the first 28 days after birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Indicate the child’s gestational age at delivery (in weeks and days). Weeks: _____ Days: _____			
17. Check all therapies the child has continuously used over the past six months: <input type="checkbox"/> Corticosteroid <input type="checkbox"/> Diuretic <input type="checkbox"/> Supplemental oxygen			
SECTION III B — congenital heart disease			
18. Was the child younger than 12 months of age at the start of the respiratory syncytial virus (RSV) season and have hemodynamically significant congenital heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			

www.empireblue.com/nymedicaidoc

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SECTION III C — cardiac transplant

19. Was the child younger than 24 months of age at the start of the RSV season and scheduled to undergo a cardiac transplantation during the RSV season? Yes No

SECTION III D — preterm infants

20. Was the child younger than 12 months of age at the start of the RSV season and born before 29 gestational weeks (in other words, zero days through 28 weeks, six days)?

Yes No

If yes, please indicate the child's gestational age at delivery (in weeks and days).

Weeks:

Days:

SECTION III E — pulmonary abnormalities and neuromuscular disease

21. Was the child younger than 12 months of age at the start of the RSV season and have a neuromuscular disease or congenital abnormality that impairs his or her ability to clear secretions from the upper airway because of an ineffective cough? Yes No

If yes, indicate the disease or anomaly:

SECTION III F — immunocompromised children

22. Was the child younger than 24 months of age at the start of the RSV season and profoundly immunocompromised due to the following:

- a. Solid organ transplant: Yes No
- b. Stem cell transplant: Yes No
- c. Receiving chemotherapy: Yes No
- d. AIDS: Yes No
- e. Other: Yes No

If other, indicate the cause of the child's immunodeficiency:

SECTION IV — authorized signature

23. Prescriber signature

24. Date signed

SECTION V — additional information

25. Please use the space below to provide any additional information. Supplementary diagnostic and clinical information explaining the need for the product requested should be noted here.
