

Respiratory Syncytial Virus Enrollment Form

Phone: 1-844-487-9289

Fax referral to: 1-855-661-2028

Date: _____	
Date needed by: _____	
Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Other:	
Section I — member and provider information	
Member name (last, first, middle initial):	
Member identification number:	Member date of birth:
Prescriber name:	Prescriber NPI:
Prescriber address (street, city, state ZIP code):	
Prescriber telephone number:	
Billing provider name:	Billing provider NPI:
Section II — clinical information for all prior authorization requests	
Was Synagis® administered when the child was hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate the date(s) of administration in the space(s) provided. (No more than five doses will be authorized, inclusive of any hospital-administered doses.)	
1.	2.
3.	
Current weight — child (in kg):	Date child weighed:
Calculated dosage of Synagis (15 mg per kg of body weight):	
Providers are required to complete <i>one</i> of Section IIIA, IIIB, IIIC, IIID, IIIE or IIIF — depending on the child’s medical condition — for a prior authorization request to be considered for approval.	
Section IIIA — clinical information for chronic lung disease	
The child has chronic lung disease of prematurity. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Indicate the child’s gestational age at delivery (in weeks and days).	
Weeks: _____	Days: _____

<https://mediproviders.anthem.com/ky>

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. KYPEC-1625-18 March 2018



Check all therapies below that the child has continuously used over the past six months.

Corticosteroid Diuretic Supplemental oxygen

Section IIIB — clinical information for congenital heart disease

The child is younger than 12 months of age at the start of the respiratory syncytial virus (RSV) season and has hemodynamically significant congenital heart disease. Yes No

Section IIIC — clinical information for cardiac transplant

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

Section IIID — clinical information for preterm infants

The child is younger than 12 months of age at the start of the RSV season and was born before 29 weeks of gestation (for example, zero days through 28 weeks, six days). Yes No

Indicate the child's gestational age at delivery (in weeks and days).

Weeks: _____ Days: _____

Section IIIE — clinical information for pulmonary abnormalities and neuromuscular disease

The child is younger than 12 months of age at the start of the RSV season and has a neuromuscular disease or congenital abnormality that impairs the ability to clear secretions from the upper airway because of an ineffective cough. Yes No

If yes, indicate the disease or anomaly. _____

Section IIIF — clinical information for immunocompromised children

The child is younger than 24 months of age at the start of the RSV season and is profoundly immunocompromised due to:

Solid organ transplant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stem cell transplant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving chemotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If other, indicate the cause of the child's immunodeficiency. _____

Section IV — authorized signature

Prescriber signature:

Date signed:

Section V — additional information

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.