

Respiratory Syncytial Virus Enrollment Form

Date: [date] Attn: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Other:		
Please complete and fax back to 1-855-875-3627 no later than March 1 st		
Section 1 – Member and provider information		
Last name:	First name:	Middle initial:
Member ID number:	Date of birth:	
Member address (Street, city, state, ZIP+4-digit code)		
Name of prescriber:	Prescriber NPI:	
Prescriber address (Street, city, state, ZIP+4-digit code)		
Prescriber telephone number:		
Billing provider name:	Billing provider NPI number:	
Section II - Clinical information for all PA 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.
Child's current weight (in kilograms)	Date child weighed	
Calculated dosage of Synagis (15 milligrams per kilogram of body weight)		
Providers are required to complete <i>one</i> of Section III A, III B, III C, III D, III E or III F (depending on the child's medical condition) for a PA request to be considered for approval.		
Section III A – 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	
Check all therapies below that 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 – Clinical information for congenital heart disease		
The child is younger than 12 months of age at the start of the respiratory syncytial virus (RSV)		

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season and has hemodynamically significant congenital heart disease. Yes No

Section III C – 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 III D – 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, i.e., zero days through 28 weeks, six days. Yes No

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

Weeks _____ Days _____

Section III E – 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 III F – 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 the following:

- a. Solid organ transplant Yes No
- b. Stem cell transplant Yes No
- c. Receiving chemotherapy Yes No
- d. Acquired immune deficiency syndrome Yes No
- e. Other Yes 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.