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Respiratory Syncytial Virus Enrollment Form

If the following information is incomplete, incorrect and/or illegible, the process may be delayed. Please use one form per member. Please allow Amerigroup District of Columbia, Inc. at least 24 hours to review this request. Please phone 1-800-454-3730 with any questions and fax referral to 1-844-487-9294.

Date: _____ Requested date: _____

Ship to: ☐ Patient ☐ Office ☐ Other:	
Section 1 — member and provider information	
1. Member name (last, first and middle initial):	
2. Member ID #:	3. Member DOB:
4. Prescriber name:	5. Prescriber NPI:
6. Prescriber address (street, city, state, ZIP and four-digit code):	
7. Prescriber telephone #:	
8. Billing provider name:	9. Billing provider NPI:
Section 2 — clinical information for all prior authorization requests	
10. Was Synagis® administered when the child was hospitalized? ☐ Yes ☐ No If yes, indicate the date(s) of administration in the spaces provided. **No more than five doses will be authorized (inclusive of any hospital-administered doses).** 1. 2. 3.	
11. Current weight of child (in kilograms):	12. Date child weighed:
13. Calculated dosage of Synagis (15 mg per kg of body weight):	
14. Case-specific diagnosis/ICD-10:	
Providers are required to complete **one** of Section 3a, 3b, 3c, 3d, 3e or 3f (depending on the child's medical condition) for a prior authorization request to be considered for approval.	
Section 3a — clinical information for chronic lung disease	
15. The child has chronic lung disease of prematurity: ☐ Yes ☐ No	
16. Did the child require oxygen at greater than 21 percent for at least the first 28 days after birth? ☐ Yes ☐ No	
17. Indicate the child's gestational age at delivery (in weeks and days): _____ weeks _____ days	
18. Check all therapies below that the child has continuously used during the past six months. ☐ Corticosteroid ☐ Diuretic ☐ Supplemental oxygen	

Section 3b — clinical information for congenital heart disease

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

Section 3c — clinical information for cardiac transplant

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

Section 3d — clinical information for preterm infants

21. The child is younger than 12 months at the start of the RSV season and was born before 29 weeks of gestation (i.e., 0-28 weeks and 6 days): ☐ Yes ☐ No

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

Section 3e — clinical information for pulmonary abnormalities and neuromuscular disease

22. The child is younger than 12 months at the start of the RSV season and has a neuromuscular disease or congenital abnormality impairing ability to clear secretions (i.e., ineffective cough leaves upper airway unclear of secretions). ☐ Yes ☐ No

    If yes, indicate the disease or anomaly:

Section 3f — clinical information for immunocompromised children

23. The child is younger than 24 months 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. AIDS	☐ Yes	☐ No
e. Other	☐ Yes	☐ No

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

Section 4 — authorized signature

24. Prescriber signature:	25. Date signed:

Section 5 — additional information

26. Indicate any additional information in the space provided. You may include additional diagnostic and clinical information explaining the need for the product requested.