



**Amerigroup  
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in healthcare



Phone: 1-800-454-3730

## Respiratory Syncytial Virus Enrollment Form

**Fax referral to:  
1-800-359-5781**

Date: \_\_\_\_\_  
Need-by date: \_\_\_\_\_

Ship to:  Patient  Office  Other:

**SECTION I — Member and Provider Information**

1. Member Name (Last, First, Middle Initial)

2. Member Identification Number

3. Member Date of Birth

4. Prescriber Name

5. Prescriber NPI

6. Prescriber Address (Street, City, State ZIP+4 Code)

7. Prescriber Telephone Number

8. Billing Provider Name

9. Billing Provider NPI

**SECTION II — Clinical Information for All Prior Authorization Requests**

10. Was Synagis<sup>®</sup> administered when the child was hospitalized?  Yes  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.

11. Current Weight — Child (In kilograms)

12. Date Child Weighed

13. Calculated Dosage of Synagis (15 milligrams per kilogram of body weight)

Providers are required to complete *one* of Section III A, III B, III C, III D, III E or III F (depending on the child's medical condition) for a prior authorization request to be considered for approval.

**SECTION III A — Clinical Information for Chronic Lung Disease**

14. The child has chronic lung disease of prematurity.  Yes  No

15. Did the child require oxygen at greater than 21 percent for at least the first 28 days after birth?  Yes  No

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

Weeks

Days

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

- Corticosteroid                       Diuretic                       Supplemental Oxygen

**SECTION III B — Clinical Information for Congenital Heart Disease**

18. 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 III C — Clinical Information for Cardiac Transplant**

19. 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 Pre-Term Infants**

20. The child is younger than 12 months of age at the start of the RSV season and was born before 29 weeks' 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**

21. 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**

22. 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Stem Cell Transplant   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Receiving Chemotherapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. AIDS                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Other                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.