

Respiratory Syncytial Virus Enrollment Form

Wellpoint District of Columbia, Inc. | Medicaid

If the following information is incomplete, incorrect, and/or illegible, the process may be delayed. Please use one form per enrollee. Allow Wellpoint DC at least 24 hours to review this request. Please phone 833-359-1386 (TTY 711) if you have any questions and fax referral to 844-487-9294.

Ship to:			
Section 1 — enrollee and provider information			
1. Enrollee name (last, first and middle initial):			
	T		
2. Enrollee ID #:	3. Enrollee 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			
	1		
10. Was Synagis® administered when the child was	nospitalized? 🗌 Yes 🗌 No		
If yes, indicate the date(s) of administration in the sp	nospitalized? Yes No paces provided.		
If yes, indicate the date(s) of administration in the sponsor of t	nospitalized?		
If yes, indicate the date(s) of administration in the sp	nospitalized? Yes No paces provided.		
If yes, indicate the date(s) of administration in the sponsor than five doses will be authorized (inclusive 1. 2.	nospitalized? Yes No paces provided. e of any hospital-administered doses).		
If yes, indicate the date(s) of administration in the sponsor of t	nospitalized?		
If yes, indicate the date(s) of administration in the sponsor than five doses will be authorized (inclusive 1. 2.	nospitalized? Yes No paces provided. The of any hospital-administered doses). 3. 12. Date child weighed:		
If yes, indicate the date(s) of administration in the sponsor than five doses will be authorized (inclusive 1. 2. 11. Current weight of child (in kilograms):	nospitalized? Yes No paces provided. The of any hospital-administered doses). 3. 12. Date child weighed:		
If yes, indicate the date(s) of administration in the spontage of Synagis (15 mg per kg of b	nospitalized? Yes No paces provided. e of any hospital-administered doses). 3. 12. Date child weighed: ody weight):		
If yes, indicate the date(s) of administration in the sp. No more than five doses will be authorized (inclusive 1. 2. 11. Current weight of child (in kilograms): 13. Calculated dosage of Synagis (15 mg per kg of b.) 14. Case-specific diagnosis/ICD-10:	nospitalized? Yes No paces provided. e of any hospital-administered doses). 3. 12. Date child weighed: ody weight): a, 3b, 3c, 3d, 3e or 3f (depending on the child's		
If yes, indicate the date(s) of administration in the sponsor than five doses will be authorized (inclusive 1. 2. 11. Current weight of child (in kilograms): 13. Calculated dosage of Synagis (15 mg per kg of be 14. Case-specific diagnosis/ICD-10: Providers are required to complete one of Section 3	nospitalized? Yes No paces provided. e of any hospital-administered doses). 3. 12. Date child weighed: ody weight): a, 3b, 3c, 3d, 3e or 3f (depending on the child's to be considered for approval.		

16. Did the child require oxygen at greater than 21 percent for at least th \square Yes \square No	ne first 28 days	after b	irth?	
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	g the past six	months		
☐ Corticosteroid ☐ Diuretic ☐ Supplemental oxygen				
Date: Requested date:				
Section 3b — clinical information for congenital heart disease				
19. The child is younger than 12 months at the start of the respiratory syr	3			
(RSV) season and has hemodynamically significant congenital heart dis	ease: 🗌 Yes 🏻] No		
Section 3c — clinical information for cardiac transplant				
20. The child is younger than 24 months at the start of the RSV season as				
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 an				
was born before 29 weeks of gestation (in other words, 0 to 28 weeks ar	nd 6 days): 🗌 `	Yes 🗌 N	10	
Indicate the child's gestational age at delivery (in weeks and days):			ays	
Section 3e — clinical information for pulmonary abnormalities and neu				
22. The child is younger than 12 months at the start of the RSV season ar				
disease or congenital abnormality impairing ability to clear secretions (in other words, ineffective				
cough leaves upper airway unclear of secretions). 🗌 Yes 🗌 No				
If yes, indicate the disease or anomaly:				
if yes, malcate the disease of anomaty.				
Section 3f — clinical information for immunocompromised children				
23. The child is younger than 24 months at the start of the RSV season ar	nd is profound	ly		
immunocompromised due to the following:				
a. Solid organ transplant	∐ Yes		No	
b. Stem cell transplant	∐ Yes		No	
c. Receiving chemotherapy d. AIDS	∐ Yes		No No	
e. Other	☐ Yes ☐ Yes		No	
e. Other	□ 162		INO	

If other, indicate the cause of the child's immunodeficiency:			
Section 4 — authorized signature			
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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 pro	duct requested.		