

10040 Regency Circle, Suite 100 Omaha, NE 68114

Respiratory Syncytial Virus Enrollment Form

If the following information is incomplete, incorrect and/or illegible, the process may be delayed. Use one form per member. Please allow us at least 24 hours to review this request. Call **833-388-1406**, 8 a.m. to 9 p.m. CT, Monday through Friday with any questions, and fax referrals to **833-370-0702** for retail pharmacy or **833-370-0678** for medical injectables.

Date:	Requested date:	
Ship to: Patient Office Other		
Will this medication be provided by: 🗌 the office as buy and bill 🗌 a specialty pharmacy?		
Section I — member and provider information		
1. Member name (last, first, middle initial):		
2. Healthy Blue member identification number:	3. Member date of birth:	
4. Prescriber name:	5. Prescriber NPI:	
6. Prescriber address (Street, City, State ZIP+4):		
7. Prescriber telephone number:		
8. Billing provider name:	9. Billing provider NPI:	
Section II — clinical information for all prior authorization requests		
10. Was Synagis [®] administered when the child was hospitalized?		
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):		
14. Case-specific diagnosis/ICD-10:		
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 prior authorization request to be considered for approval.		
Section III A — 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% for at least the first 28 days after birth? Yes 🗌 No 🗌		

https://provider.healthybluene.com

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association. BNEPEC-0560-21 July 2021 State approval: 07/16/2021

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 over the past six months.		
Corticosteroid Diuretic Supplemental oxygen		
Section III B — clinical information for congenital heart disease		
19. 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.		
Section III C — clinical information for congenital heart disease		
20. 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.		
Section III D — clinical information for preterm infants		
 21. The child is younger than 12 months of age at the start of the RSV season and was be gestation (for example, zero days through 28 weeks, six days). Yes No Indicate the child's gestational age at delivery (in weeks and days). 	orn before 29 weeks'	
Weeks: Days:		
Section III E — clinical information for pulmonary abnormalities and neuromuscular disease		
 22. 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		
23. The child is younger than 24 months of age at the start of the RSV season and is prof immunocompromised due to the following:		
a. Solid organ transplant		
b. Stem cell transplant		
c. Receiving chemotherapy		
d. AIDS		
e. Other		
If other, indicate the cause of the child's immunodeficiency.		
Section IV — authorized signature		
24. Prescriber signature:	25. Date signed:	
Section V — additional information		
26. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.		