



## Respiratory Syncytial Virus Enrollment Form

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

**Phone: 866-231-0847**

**Fax referral to: 844-493-9206**

Date: _____	
Date needed by: _____	
Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Other: _____	
<b>Section I – member and provider information</b>	
Member name (last, first, middle initial)	
Member identification number	Member date of birth
Prescriber name	Prescriber NPI
Prescriber address (street, city, state ZIP + 4)	
Prescriber telephone number	
Billing provider name	Billing provider NPI
<b>Section II – clinical information for all prior authorization requests</b>	
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.
Current weight — child (in kg)	Date child weighed
Calculated dosage of Synagis (15 mg per kg of body weight)	

**providerpublic.mybcbswny.com**

Wellpoint Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield's managed Medicaid.

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Case-specific diagnosis/ICD-10	
Providers are required to complete one of Section IIIA, IIIB, IIIC, IIID, IIIE or IIIF — depending on the child’s medical condition — for a prior authorization request to be considered for approval.	
<b>Section IIIA — clinical information for chronic lung disease</b>	
The child has chronic lung disease of prematurity. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Did the child require oxygen at greater than 21% for at least the first 28 days after birth? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
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	
<b>Section IIIB — clinical information for congenital heart disease</b>	
The child is younger than 12 months of age at the start of the RSV season and has hemodynamically significant congenital heart disease. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>Section IIIC — clinical information for cardiac transplant</b>	
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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>Section IIID — clinical information for preterm infants</b>	
The child is younger than 12 months of age at the start of the RSV season and was born before 29 weeks of gestation (in other words, zero days through 28 weeks, six days). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Indicate the child’s gestational age at delivery (in weeks and days). Weeks: _____ Days: _____	
<b>Section IIIE — clinical information for pulmonary abnormalities and neuromuscular disease</b>	
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. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, indicate the disease or anomaly.	
<b>Section IIIF — clinical information for immunocompromised children</b>	
The child is younger than 24 months of age at the start of the RSV season and is profoundly immunocompromised due to:	
<ul style="list-style-type: none"> <li>• Solid organ transplant <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• Stem cell transplant <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• Receiving chemotherapy <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• AIDS <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• Other <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	
If other, indicate the cause of the child’s immunodeficiency.	
<b>Section IV — authorized signature</b>	
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.