Simply Healthcare Plans, Inc.
Clear Health Alliance
Medicaid Managed Care

Respiratory Syncytial Virus Enrollment Form

Phone: **1-844-405-4296**
Fax referral to: **1-844-509-9862**

Date:_____ Need-by date:_____

Ship to: ☐ Patient ☐ Office ☐ Other:

Section I — member and provider information	
1. Member name (last, first, MI)	
2. 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? ☐ 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)	
14. Case-specific diagnosis/ICD-10	
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.	

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Section III — 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
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. ☐ Yes ☐ No

Section III C — clinical information for cardiac transplant

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.
    ☐ Yes ☐ No

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 born before 29 weeks' gestation.
    ☐ 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

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 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 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.

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