



RSV Prophylaxis

Fax completed form to:
855-207-0250
For questions regarding this
prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that members receiving a prescription for RSV prophylaxis to meet specific clinical criteria for coverage which can be found at <https://ndmedicaid.acentra.com/ndpd/>

Member Name	Member Date of Birth	Weight (kg)	Member Medicaid ID Number	
Prescriber Name	Prescriber/Rendering NPI		Billing Facility NPI	
Telephone Number	Fax Number		Billing Facility Name	
Address	City	State	Zip Code	
Requested Drug, Strength, and Dosage:			J code	
ICD-10 diagnosis code for the request:				
The request is for the (check all that apply): <input type="checkbox"/> Previous year's RSV season <input type="checkbox"/> Current year's RSV season				
Diagnosis (qualification for Synagis): <input type="checkbox"/> Prematurity: < 29 weeks, 0 days gestational age; Synagis allowed if \leq 12 months of age at the start of RSV season • Gestational Age (e.g., 28 weeks, 4 days): Weeks _____ Days _____ <input type="checkbox"/> Chronic Lung Disease of Prematurity (CLD): \leq 12 months old with gestational age <32 weeks, 0 days and requires supplemental oxygen >21% for at least the first 28 days after birth. <input type="checkbox"/> Chronic Lung Disease of Prematurity (CLD): \leq 24 months old with gestational age <32 weeks, 0 days and requires supplemental oxygen >21% for at least the first 28 days after birth and continues to receive medical support within six months before the start of RSV season. <input type="checkbox"/> Supplemental Oxygen <input type="checkbox"/> Diuretic <input type="checkbox"/> Chronic corticosteroid therapy <input type="checkbox"/> Congenital Heart Disease (CHD): \leq 12 months old with hemodynamically significant cyanotic or acyanotic CHD Medical Therapy Required _____ *Children less than 24 months who undergo cardiac transplant during RSV season may be considered for prophylaxis <input type="checkbox"/> Neuromuscular disease (may be considered for prophylaxis during the first year of life) <input type="checkbox"/> Pulmonary abnormalities (may be considered for prophylaxis during the first year of life) <input type="checkbox"/> Profoundly Immunocompromised children: \leq 24 months of age may be considered for prophylaxis				
Immunity Assessment: 1. Has the member received another monoclonal antibody for RSV prophylaxis during the current RSV season? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Has the member received immunity through a maternal RSV vaccine ? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Clinical Justification for Request: <input type="checkbox"/> The member is unable to access nirsevimab from VFC due to availability <input type="checkbox"/> Other:				