

**Patient Information**

Patient Name: \_\_\_\_\_ MA ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gestational age (weeks & days): \_\_\_\_\_ Weight at birth: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Date measured: \_\_\_\_\_

**Prescriber Information**

Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Specialty: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Prescription Information**

Dose: \_\_\_\_\_ Number of doses: \_\_\_\_\_ (max 5 doses) Request for ☐ 1st RSV season ☐ 2nd season

Previously administered doses (if any) and dates of service: \_\_\_\_\_

**For refills:** Please fax patient's most current body weight with a history of three prior dated weights along with this form.

Did the patient receive Beyfortus during this RSV season? ☐ Yes; Date received: \_\_\_\_\_ ☐ No

**Patient must meet ONE of the following criteria based on 2014 American Academy of Pediatrics:**

- ☐ Infant <12 m/o born <29 weeks gestation without chronic lung disease (CLD) or congenital heart disease (CHD).
- ☐ Infant <12 m/o born <32 weeks gestation with CLD of prematurity who received >21% oxygen for at least first 28 day of birth
- ☐ Infant <12 m/o born with hemodynamically significant congenital heart disease (CHD) characterized by (check all that apply):
  - ☐ Acyanotic heart disease (HD) ☐ Cyanotic HD ☐ Requires cardiac surgical procedure ☐ On medications to control heart failure. Medications: \_\_\_\_\_
  - ☐ Moderate to severe pulmonary hypertension
  - ☐ Under a pediatric cardiologist consult
  - ☐ Other \_\_\_\_\_
- ☐ Infant <12 m/o born with neuromuscular disease or congenital heart anomaly that impairs the ability to clear secretions from the upper airway.
- ☐ Infant <12 m/o with Cystic Fibrosis and clinical evidence of CLD or nutritional compromise.
- ☐ Infant <2 y/o with CLD of prematurity and for the previous 6 months continues to require medical support with:
  - ☐ Chronic corticosteroid therapy ☐ Diuretic therapy ☐ Supplemental oxygen
- ☐ Infant <2 y/o with Cystic Fibrosis that previously received Synagis therapy for an RSV season and one of the following:
  - ☐ Previous hospitalization for pulmonary exacerbation in the first year of life.
  - ☐ Chest computed tomography that persists when stable or abnormalities on chest radiography.
  - ☐ Weight for length is less than the 10<sup>th</sup> percentile based on WHO growth chart.
- ☐ Infants < 2 y/o who are profoundly immunocompromised.
- ☐ Infants < 2 y/o who had a cardiac transplant during RSV season.
- ☐ Infants < 2 y/o who continue to require prophylaxis after cardiopulmonary bypass or following the conclusion of extracorporeal membrane.
- ☐ Oxygenation requiring a post-op dose as soon as the infant is medically stable. Date of Service: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Please attach ☐ most recent progress notes and ☐ NICU discharge summary along with this form.

*If a patient has certain health conditions, for which prophylaxis may not be medically necessary, OPS Clinical Pharmacists will review this prior authorization request on a case-by-case basis.*

MDH and prescriber acknowledge and agree that this request may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_