



M-105-RSV

STATEMENT OF MEDICAL NECESSITY
RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS
Complete form in its entirety and fax to number listed below

1

PATIENT INFORMATION

Form with fields for Patient Information, Insurance Information, and Employer details.

2

PHYSICIAN INFORMATION

Form with fields for Physician Information including name, address, and license details.

3

FAX COMPLETED FORM TO:



Fax Number: (309)-762-8094
Phone number: (800)-722-3885

4

CLINICAL INFORMATION

PRIMARY DIAGNOSIS

Form for Primary Diagnosis including Patient Gestational Age, Birth Weight, Current Weight, and various medical conditions.

MEDICAL CRITERIA

Form for Medical Criteria including diagnosis of Chronic Pulmonary Disease, hemodynamically significant congenital heart disease, and prematurity.

Clinically has the following risk factors (Check all that apply):

Form for Risk Factors including AAP Risk Factors (School-age siblings, exposure to pollutants, etc.) and Other Risk Factors (Birth weight less than 2500 grams, etc.).

Other medical history:

NICU HISTORY

Form for NICU History including questions about patient time in NICU, RSV prophylaxis recommendation, and injection administration.

PRESCRIPTION and ORDERS

Form for Prescription and Orders including Synagis (palivizumab) dosage, administration instructions, nursing orders, and physician signature.