

# SWHP RSV Prophylaxis Assessment

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gestational Age: \_\_\_\_\_(wks) \_\_\_\_\_(days)

Expected date of first injection: \_\_\_\_\_ If injection already given, list date(s): \_\_\_\_\_

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If <24 months of age at the start of the RSV season (Born after 09/30/2009):

1.  Diagnosis of chronic lung disease / bronchopulmonary dysplasia (CLD/BPD) AND <24 months of age?

Has the patient required any of the following therapies within the last 6 months? (Check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Oxygen    | <input type="checkbox"/> Corticosteroids        |
| <input type="checkbox"/> Diuretics | <input type="checkbox"/> Bronchodilator therapy |

2.  Diagnosis of hemodynamically significant congenital heart disease (CHD) AND <24 months of age?

- |  |
|--|
| <input type="checkbox"/> Medications for CHD (please list): _____  |
| <input type="checkbox"/> Moderate to severe pulmonary hypertension |
| <input type="checkbox"/> Cyanotic CHD                              |

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If <12 months of age at the start of the RSV season (Born after 09/30/2010):

- ≤ 28 weeks gestational age at birth

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If <6 months of age at the start of the RSV season (Born after 3/31/2011):

- 29 to 32 completed weeks gestational age at birth  
**OR**  
 32 to 35 weeks gestational age at birth with the following (Check all that apply):
- |  |
|--|
| <input type="checkbox"/> Severe neuromuscular disease                              |
| <input type="checkbox"/> Significant congenital anomalies of the airways           |
| <input type="checkbox"/> Daycare attendance  |
| <input type="checkbox"/> Direct contact with siblings who attend school or daycare |
| <input type="checkbox"/> Direct exposure to tobacco smoke or other air pollution   |

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Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please fax, where applicable, the additional requested information for review for coverage determination to (254) 774-1623.**

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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Revised 9/13/11