



## Advance Notice of Noncoverage

### **Beyfortus (nirsevimab): Respiratory Syncytial Virus (RSV) Prevention for Infants**

**Note:** If you choose to have your child protected with Beyfortus (nirsevimab), and your insurance does not cover or pay, you may have to pay.

Your health insurance may not pay for Beyfortus (nirsevimab) at this time. Health insurance companies have up to one year to cover recommended vaccines. Beyfortus (nirsevimab) was recommended in September 2023, which means insurance may not yet cover the cost. If we give this product, we will submit a bill to your insurance company as a courtesy. You will be responsible for any cost that your insurance does not cover.

To find out how much your insurance plan will pay, contact the customer service department of your insurance company.

#### **Description of Item(s) or Service(s):**

- Beyfortus <5kg: 50mg CPT code 90380; Fee: \$600.00
- Beyfortus >5kg: 100mg CPT code 90381; Fee: \$600.00
- An administration code of 96380; Fee: \$41
- An administration code of 96381; Fee: \$41

**What you need to know about Beyfortus (nirsevimab):** Beyfortus (nirsevimab) is recommended by the CDC and ACIP to protect infants under 8 months of age and some older high-risk infants against a virus called Respiratory Syncytial Virus (RSV) during RSV season. RSV can cause serious infections, especially in young infants. This season generally starts in the Fall and lasts through the Winter but can vary. Vaccination is a time-sensitive issue to help keep young infants out of the hospital this season.

**Options:** The purpose of this notice is to help you make an informed choice about whether you want to protect your baby with Beyfortus (nirsevimab), knowing that you might have to pay for it yourself.

- I want Beyfortus (nirsevimab) today to protect my infant from RSV and I want my insurance billed for an official decision on payment. I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal directly to my insurance.
- I want Beyfortus (nirsevimab) today to protect my infant from RSV, but do not bill my insurance. I understand I will be asked to pay for services now as I am responsible for payment. I cannot appeal if my insurance is not billed.

**Signing below means that you have received and understand this notice and agree to take financial responsibility for the cost of Beyfortus (nirsevimab) if it is not covered by the insurance plan we have on file.**

\_\_\_\_\_  
Patient's Name and Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Responsible Party Signature