

WRITING SAMPLE · FICTIONAL PATIENT · NOT A REAL MEDICAL RECORD

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EN / ES / FR

[Date] · Medical Review Department · [Insurance Plan Name] · [Address]

RE: Letter of Medical Necessity — Nirsevimab (RSV immunoprophylaxis)

PATIENT	Baby A. M. (fictional) · DOB [xx/xx/xxxx] · Age 4 months
MEMBER / POLICY	[—]
DIAGNOSES	Z29.11 · P27.1 · P07.32

To the Medical Review Department,

I am writing to request authorization for **nirsevimab (Beyfortus)** immunoprophylaxis for my patient, a 4-month-old former premature infant, for the upcoming respiratory syncytial virus (RSV) season. This child meets established high-risk criteria for severe RSV disease, and prophylaxis is medically necessary to prevent a foreseeable, potentially life-threatening lower-respiratory infection.

CLINICAL BACKGROUND

The patient was born at 29 completed weeks of gestation (P07.32) and had a prolonged neonatal intensive-care course requiring supplemental oxygen and ventilatory support. She has an established diagnosis of bronchopulmonary dysplasia / chronic lung disease of prematurity (P27.1) and has required ongoing medical therapy for this condition within the past six months. She remains clinically vulnerable, with limited respiratory reserve.

MEDICAL NECESSITY

Nirsevimab is a long-acting monoclonal antibody that provides protection across the RSV season in a single dose. Infants with chronic lung disease of prematurity who have required treatment within six months of the season fall within the high-risk group for which pediatric guidance strongly supports RSV monoclonal-antibody prophylaxis. In this population, RSV infection carries a substantial risk of hospitalization, intensive-care admission, and respiratory failure. The requested encounter is coded Z29.11 — encounter for prophylactic immunotherapy for RSV.

WHY ALTERNATIVES ARE INSUFFICIENT

Seasonal monoclonal-antibody prophylaxis is the recommended preventive standard for this high-risk infant; no lesser measure offers equivalent protection. Supportive treatment manages RSV once it occurs but does not prevent it; for a high-risk infant, prevention is the clinically appropriate goal. Withholding prophylaxis exposes the patient to a preventable hospitalization whose cost and clinical risk far exceed those of seasonal prophylaxis.

REQUEST

As your plan requires prior authorization for this agent, I respectfully request approval for a single weight-based intramuscular dose of nirsevimab to provide protection throughout the RSV season, administered per the prescribing information. I am available to provide any additional clinical documentation needed to support this determination, and I appreciate your timely review given the seasonal nature of this request.

Thank you for your consideration.

Respectfully,

Pablo Suxo Palenque, MD

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