Nirsevimab

Nirsevimab (brand name Beyfortus™)
Nirsevimab is a monoclonal antibody that helps prevent serious illness from RSV. Nirsevimab provides passive immunity. It is not a vaccine, but it is an immunization. It can also be referred to as a preventative medication.

Nirsevimab is given through intramuscular injection and provides protection for around 6 months.

Nirsevimab is recommended for:
- Newborns who are born during the RSV season.
- Infants under 8 months old who are entering their first RSV season.
- Children 8 months up to 19 months who are at risk of severe RSV disease. Children receiving nirsevimab in their second RSV season should receive a single dose of 200 mg, administered through 2 separate 100 mg IM injections.

The formulation of nirsevimab will not change from year to year. Nirsevimab has a shelf life of about 18 months.

Dosage and Packaging
Nirsevimab is packaged in pre-filled syringes of either:
- 50mg (0.5mL) with purple plunger rod (for infants weighing <5 kg)
- 100 mg (1mL) with light blue plunger rod (for infants weighing ≥5kg)

Infants born during the RSV season should receive nirsevimab within 1 week of birth. This can be given either in the hospital before discharge or at the doctor’s office after discharge.

Nirsevimab purchase cost for the private-sector is:
- $495 per dose for 50mg and 100mg doses
- $990 per dose for a 200mg dose
Nirsevimab, Palivizumab, or maternal Abrysvo?

Children who receive nirsevimab should not also receive palivizumab later. Palivizumab can be used for eligible children when nirsevimab is not available. Children who receive fewer than five doses of palivizumab in the 2023-’24 season can receive one dose of nirsevimab but should not receive any additional doses of palivizumab. The recommended interval between the last dose of palivizumab and a dose of nirsevimab is 30 days.

Abrysvo can be given to a pregnant person between 32-36 weeks’ gestation during September - January to protect infant for up to 6 months after birth. The CDC does not recommend nirsevimab for most infants born to a mother who received maternal RSV vaccine, except for infants where less than 14 days have elapsed between vaccination and birth. There is no preference between nirsevimab and Abrysvo.

Cost, Reimbursement and Coding

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<th>Manufacturer</th>
<th>Unit of Sale NDC11</th>
<th>CVX Description</th>
<th>CVX Code</th>
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<td>Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional.</td>
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<td>96381</td>
<td>Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection.</td>
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- The CDC has authorized bidirectional borrowing of nirsevimab between VFC and Private Immunization stock is allowed for the 2023-2024 respiratory virus season. More information and guidance from IDPH on guidelines for this should be released soon.

Education and Resources for Patients and Families

- Yale Medicine: Should Your Kids Get the New RSV Monoclonal Antibody?
- AAP Nirsevimab Coding & Payment
- American Medical Association Category I Immunization Codes