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. It offers protection immediately following administration and is effective for about 6 months after. 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)

*2023-2024 Interim Clinical Guidance

The following guidance should be considered for the 2023 - 2024 season:
- Prioritize 100mg doses for the youngest infants, those with underlying medical conditions, and those who are American Indian or Alaska Natives.
- Refer patients to other providers when your practice does not have available stock.
- Encourage maternal vaccination during 32-36 weeks of pregnancy.
- Do not use two 50 mg doses for children who need 100 mg.
- Suspend using nirsevimab in palivizumab-eligible children aged 8-19 months.

Clinical Resources

AAP Recommendations
- Nirsevimab FAQs
- Red Book Online
- Nirsevimab Administration Visual Guide

CDC
- Immunity Types
- June 2023 ACIP Slides
- HAN on Interim Guidance

Additional Resources
- Beyfortus prescribing information
- AAP Nirsevimab Coding & Payment
- AMA Category I Immunization Codes
- HFS Provider Notice

For Patients and Families
- Yale Medicine: Should Your Kids Get the New RSV Monoclonal Antibody?
- ICAAP: Q & A for Families
  - English
  - Spanish
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 2023-2024 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 infants 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.

Prior authorization is not required for Abrysvo but a signed consent form should be obtained from the patient. Find more information from HFS.

Can nirsevimab be administered the same day as other immunizations?

Yes. Nirsevimab may be given concomitantly with childhood vaccines, but should be administered in separate syringes, at different injection sites.

What are the common side effects?

Common side effects may include rash and irritation at the injection site.

Can an infant who tested positive for RSV receive nirsevimab?

RSV infection does not impact an infant’s eligibility for nirsevimab and there is no minimum interval recommended between infection and immunization. Given the product shortages, infants who have been recently infected with RSV should not be prioritized.

Cost, Reimbursement and Coding

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