Educate About Nirsevimab to Prevent RSV

You’ll hear buzz about nirsevimab-alip (Beyfortus) to prevent respiratory syncytial virus (RSV) in young children.

RSV is the most common cause of hospitalization in U.S. infants...and typically circulates from October through March. Almost 8 in 10 kids under age 2 who get hospitalized for RSV are otherwise healthy.

Nirsevimab is a monoclonal antibody given IM in the clinic or hospital...similar to palivizumab (Synagis). You’ll hear some people call nirsevimab a vaccine...since it’s a form of passive immunization.

Expect that nirsevimab may replace palivizumab over time.

That’s because nirsevimab is just 1 dose per RSV season...palivizumab is given monthly during the season for a max of 5 doses.

Plus palivizumab is only for certain high-risk kids and costs at least $1,800/dose. Nirsevimab is $495/dose and will be covered by payers.

For now, recommend nirsevimab for ALL infants under 8 months born during RSV season or entering their first. This prevents hospitalization due to RSV in about 1 in 48 infants for up to 5 months versus placebo.

Also recommend nirsevimab for children 8 to 19 months old entering their second RSV season...who are at risk for severe disease.

As with palivizumab, this includes children with severe immunocompromise, certain children with cystic fibrosis or chronic lung disease of prematurity, and American Indian or Alaska Native children.

Clarify that nirsevimab seems as effective as palivizumab for these at-risk kids 8 to 19 months old...with similar side effects.

Help avoid dosing errors with nirsevimab. During the first season, advise 50 mg for infants under 5 kg...or 100 mg for those 5 kg or above.

But recommend 200 mg for all kids who meet criteria for a second-season dose. This requires 2 IM injections at different sites.

Advise giving nirsevimab during the first week of life for infants under 8 months old born during RSV season. For babies under 8 months born off-season and those 8 to 19 months who qualify for a second-season dose, advise giving nirsevimab shortly before RSV season.

Clarify that kids can get nirsevimab at the same time as routine vaccines...limited data suggest this doesn’t increase side effects.

Reassure that most kids tolerate nirsevimab well. But labeling warns that serious hypersensitivity reactions or anaphylaxis are possible with nirsevimab...as with other monoclonal antibodies.

If high-risk infants have received fewer than 5 doses of palivizumab, explain that it’s okay to give them 1 dose of nirsevimab...and stop palivizumab. Kids who qualify for second-season RSV prevention can get nirsevimab or palivizumab...no matter which they got the prior season.

Stay tuned for more advice. CDC guidance about whether to give nirsevimab if mom got the RSV vaccine during pregnancy is coming soon.

Review our resource, Preventing RSV, for more guidance.
Key References:


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