

RSV PREVENTION FOR THE 2024/25 SEASON

Premier Pediatrics has ordered the new RSV prevention, Beyfortus, ***but there are continued nationwide shortages*** and we will be offering it to eligible patients at their regularly scheduled visits ***when it's available***. We will not be able to schedule appointments for Beyfortus outside of regular visits due to the significantly low number received.

We will prioritize high risk infants and those under 6 months per the CDC recommendations until the supply is no longer limited.

Please do not call the office to ask when your child will be able to get it. We expect the shortage to last through this season. The situation is beyond our control.

Medical information to know about RSV and the preventions available:

- RSV is one of the most common causes of childhood respiratory illness and results in annual outbreaks of respiratory illnesses in all age groups.
- Each year in the US, RSV leads to approximately:
 - 2.1 million outpatient medical visits in children under 5 years
 - 58,000 – 80,000 hospitalizations in kids under 5 years
 - 60,000 – 160,000 hospitalizations in adults over 65 years
 - 6,000 – 10,000 deaths in adults over 65 years
 - 100 – 300 deaths in children under 5 years
- Beyfortus (nirsevimab) and Synagis (palivizumab) are both monoclonal antibody injections that give passive immunity. They are not typical immunizations that help the immune system develop ways to fight infection. They're given to prevent serious respiratory illness from RSV in young children. Beyfortus protects for 5 months (a full RSV season) whereas Synagis only lasts 1 month (requiring monthly injections).
- Both Beyfortus and Synagis can be given with other vaccines.
- The CDC recommends Beyfortus for all **newborns and infants up to 8 months old***, starting at birth, during the RSV season. Some children up to 19 months old who are at a higher risk of severe RSV can also get this vaccine.

** A new RSV vaccine for pregnant people was also recently approved. If a baby got the benefit of this vaccine more than 2 weeks prior to delivery, no further RSV protection is needed unless the baby is in a high-risk group.*

- Infants 8 – 19 months can get Beyfortus if:
 - they have chronic lung disease from being born premature and are requiring medical therapy for their lung disease
 - they are severely immunocompromised
 - have cystic fibrosis with severe lung disease or weight or length less than the 10th percentile

- American Indian and Alaska Native children
- Synagis may still be needed in children 19 to 24 months of age who have serious congenital heart disease, chronic lung problems requiring treatment within the past 6 months, and those with an immunocompromised status. Prior authorization will be needed for this, as has been done in previous seasons. If a dose of nirsevimab was given earlier in the season, no further palivizumab is needed.
- **Please visit - <https://www.cdc.gov/vaccines/vpd/rsv/immunization-information-statement.html>**

Insurance Issues:

- As with all new medications and immunizations, it may take some time before insurance will cover this, but with the risk of not treating young infants, it is important to offer this to our patients.
- Private insurance companies have up to a year to cover new vaccines, but there is a nationwide push to get them to cover this sooner due to the huge impact this vaccine can have.
- Parents must sign an ABN (Advance Beneficiary Notice) if they want their child to be protected with Beyfortus until the insurance issues are clarified and we can rely on insurance payments. This ABN will state that parents will pay if insurance does not.
- When asking insurance if they cover Beyfortus, the **CPT codes we will use are 90380 (5kg or less) or 90381 (more than 5kg).**

Scheduling:

- When we have Beyfortus in stock, any eligible infant in the office will be offered Beyfortus at the time of their visit.
- We are not able to schedule appointments specifically for this vaccine due to the significantly small total number we received for each weight.

Approximate timing of Nirsevimab:

- Based on availability, catch up may be needed later in the season.

Month of Birth	Administration of Nirsevimab
April	6 mo. WCC in October
May	6 mo. WCC in Nov., or Immunization visit when available
June	4 mo. WCC in October
July	4 mo. WCC in Nov., or Immunization visit when available
August	2 mo. WCC in October
September	Newborn, 2 week, or 1 mo. WCC (1 st visit after office rolls out Nirsevimab)
October-March *	In newborn nursery or outpatient newborn visit