**USE OF RSV MONOCLONAL ANTIBODIES DURING CONSTRAINED Nirsevimab AVAILABILITY**

**October 27, 2023:** Supply of nirsevimab 100 mg injections is constrained and will likely be inadequate to immunize all eligible infants during the 2023-2024 RSV season. CDC has provided prioritization guidance for 100 mg doses, and Michigan Medicine is adopting this guidance with minor local adaptations. Supply will be monitored closely, and guidelines will be updated as needed.

Supply of 50 mg doses is not currently constrained but will also be monitored closely. **Do NOT give two 50 mg doses instead of one 100 mg dose.** This will deplete stock of 50 mg doses and may lead to supply constraints for younger infants. Also, the cost of the second syringe may not be covered by insurance.

The following guidance is abbreviated for the purpose of outlining which product to administer to eligible infants. See nirsevimab and palivizumab guidelines for full eligibility criteria. **NOTE:** Most infants whose birth parent received RSV vaccine during pregnancy do NOT need nirsevimab, but there are exceptions. See full nirsevimab guidelines for details.

### Patient Population | RSV Monoclonal Antibody
--- | ---
Infants < 5 kg | Nirsevimab 50 mg IM x 1
Infants ≥ 5 kg aged < 6 months | Nirsevimab 100 mg IM X 1
**Infants ≥ 5 kg aged 6 – 7 months**

**High risk of severe RSV disease (see conditions below):** Nirsevimab 100 mg IM X 1

If nirsevimab 100 mg is not available, initiate palivizumab series.

**High risk conditions:**
- Born <29 weeks of gestation
- Chronic lung disease of prematurity
- Hemodynamically significant congenital heart disease
- Cystic fibrosis (severe lung disease or weight-for-length <10th percentile)
- Neuromuscular disease or congenital pulmonary abnormalities impairing ability to clear secretions
- Severely immunocompromised (SCID, solid organ or bone marrow transplantation)

**All other infants:** No RSV monoclonal antibody

**Infants and children aged 8 - 19 months**

**American Indian and Alaska Native:** Nirsevimab 200 mg IM X 1 for infants residing in remote regions (page 36149 to discuss)

**Infants eligible for palivizumab (see palivizumab guidelines):** Initiate palivizumab series

**All other infants and children:** No RSV monoclonal antibody

---

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. **If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider’s professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change.** The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

*If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.*