### USE OF RSV MONOCLONAL ANTIBIOTIDES DURING CONSTRAINED NIRSEVIMAB AVAILABILITY

**December 5, 2023:** Supply of nirsevimab 100 mg injections remains 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 also constrained and is likely to be insufficient to immunize all eligible infants during the 2023-2024 RSV season. Do NOT give two 50 mg doses instead of one 100 mg dose, as this will further deplete stock of 50 mg doses needed 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 and guidelines will be updated as needed. Also, the cost of the second syringe may not be covered by insurance.

#### Patient Population | RSV Monoclonal Antibody
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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 | American Indian and Alaska Native: Nirsevimab 100 mg IM X 1

**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 once dispensing starts.

**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:** Inpatient only – consider 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

#### Antimicrobial Subcommittee Approval: N/A | Originated: 10/2023
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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.