NIRSEVIMAB

VERMONT
DEPARTMENT OF HEALTH

The Vermont Immunization Registry has been updated to include Respiratory syncytial virus (RSV) monoclonal antibody, Nirsevimab. This document is intended to assist electronic health records (EHRs) vendors and healthcare providers in preparation for the change.

EHRs will need to update and add NDC, CVX code, and CPT codes for Nirsevimab. More code information is available from the CDC on their website: cdc.gov/vaccines/programs/iis/code-sets.html

- CVX 306 ("**RSV, mAb, 0.5 mL, age 0 - <8 mos**" in the IMR) for the 0.5 ml syringe
- CVX 307 ("**RSV, mAb, 1.0 mL, age 0 - 19 mos**" in the IMR) for the 1.0 ml syringe

INFORMATION FOR ELECTRONIC HEALTH RECORD VENDORS

EHRs should review how systems are configured via triggers to send data to the IMR as Nirsevimab could be classified as a medication and not as a vaccine.

WEIGHT BASED RECOMMENDATION

Nirsevimab has both an age and weight-based recommendation. Currently, weight is not a data element that is collected in the IMR thus this information will be missing in submitted doses. **The IMR will not be capturing weight information** and will follow normal procedures and processes for incorporating RSV evaluation and forecasting much like routine immunizations.

DOSAGE

Because syringes are pre-filled by milliliters in 0.5 mL and 1.0 mL. (see label*), rather than milligrams, submitting systems should be submitting milliliters to the IMR as EHR certification tests and expects milliliters.

DEDUPLICATON

EHRs need to ensure their systems are able to capture duplicate vaccination events for individuals in their second RSV season who receive two 1 mL injections of the same product on the same day and not merge these two individual vaccination events into one 2 ml vaccination event, per CDC recommendations.

*If a patient is between the ages of 8 months and 19 months, the only approved dosage is two 100 mg/1 ml injections, View the Label for special cases such as children undergoing cardiac surgery: (www.accessdata.fda.gov/drugsatfda_docs/label/ 2023/761328s000lbl.pdf)

KEY TAKEAWAYS

1. Submit milliliters (not milligrams) to the IMR
2. Avoid deduplication by using differentiation attributes
3. Be thorough with reporting to the IMR and VFC

CONTACT US

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RECORD REQUIREMENTS FOR PROVIDERS

On August 3, 2023, the Advisory Committee on Immunization Practices (ACIP) voted to recommend Nirsevimab for all infants less than 8 months of age, as well as some through the age of 24 months* (see ACIP recommendations), and a Vaccines for Children (VFC) resolution was passed to include Nirsevimab in the VFC program.

The algorithms for recommending infants for a certain monoclonal antibody product (0.5 mL vs. 1 mL) may be inaccurate when assuming a weight based on age*, or generic by not forecasting a specific dosage.

Healthcare providers may need to work with their EHR vendor to ensure reporting of Nirsevimab to the IMR is accurate, which may include enhancements or updates (see page for electronic health record vendors). Administering providers reporting to the Vermont Immunization Registry must maintain immunization records that include **all of the following**:

1. Administered Code (CVX Code)
2. Date/Time Administration Given
3. Lot Number
4. Route
5. Site of Administration
6. Filler Order Number
7. Reporting Organization
8. VIS Given
9. Date VIS Given

*FDA licensed two 1ml injections for ages 8 months to 24 months, but CDC recommendations are for 8 months through 19 months of age.

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