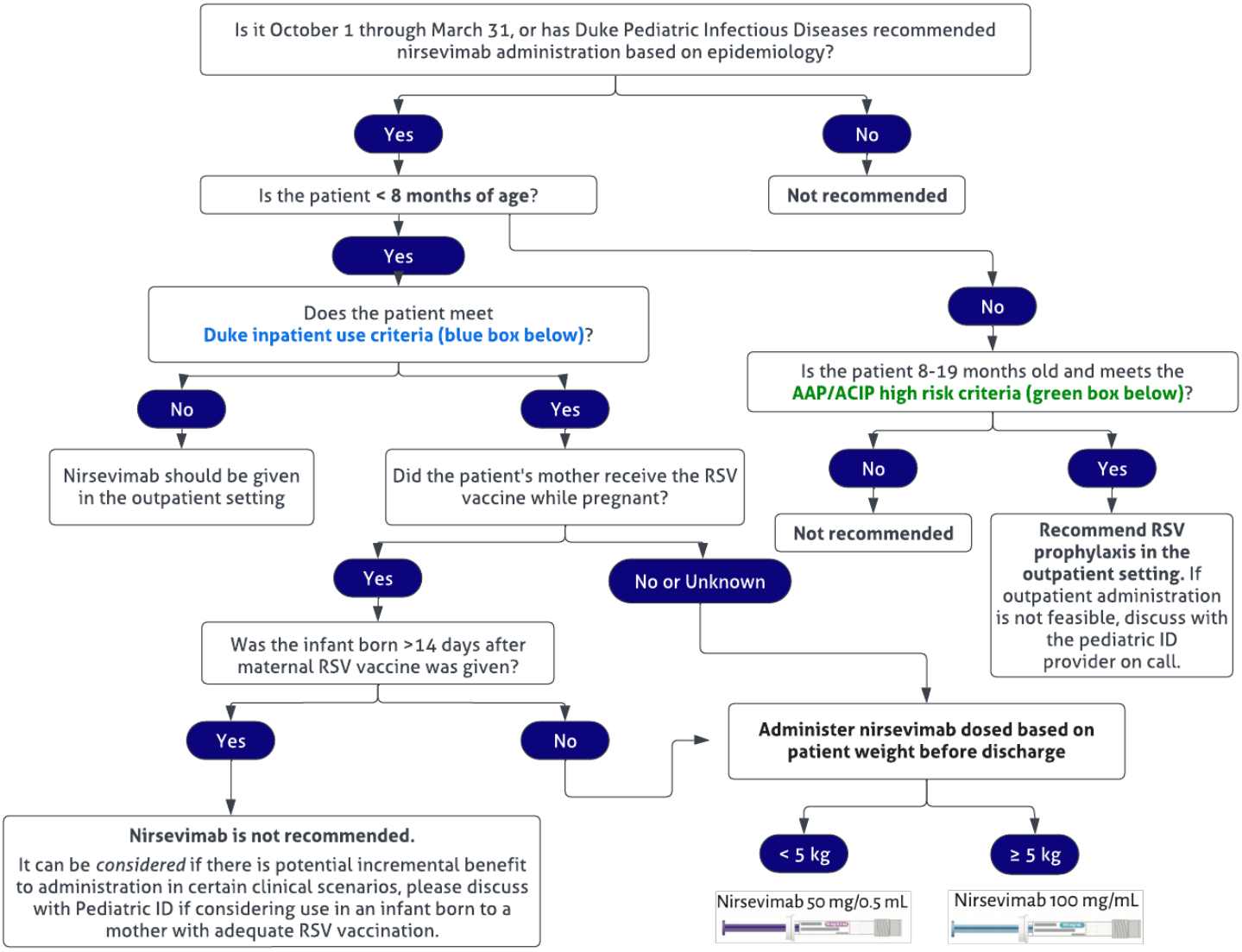
2025-26 Duke University Hospital Inpatient Nirsevimab Administration Guide

Nirsevimab doses for patients who meet inpatient use criteria may be dispensed without ID approval. For doses requested outside the recommended seasonal window or for patients who do not meet inpatient use criteria, please consult pediatric ID at 970-7420



DUH inpatient use criteria for infants < 8 months of age
All infants discharged from the neonatal intensive care unit or special care nursery
Infants with a significant congenital abnormality of the airway or neuromuscular condition that compromises handling of respiratory secretions
Congenital heart disease (CHD) defined as: - Infants with acyanotic heart disease who receive medication to control congestive heart failure and will require or have required cardiac surgical procedures - Infants with moderate to severe pulmonary hypertension - Infants with cyanotic congenital heart disease (baseline SpO2 < 90%)
Immunocompromised infants including those with congenital immunodeficiency, malignancy, solid organ transplant, stem cell transplant, or cellular therapy on immunosuppression
Cystic fibrosis
American Indian or Alaska Native

AAP/ACIP high risk criteria for 8-19 month olds who are eligible for additional dose during second RSV season
Chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy or supplemental oxygen) any time during the 6-month period before the start of the second RSV season
Immunocompromised children including those with confirmed congenital immunodeficiency, malignancy, solid organ transplant, stem cell transplant, or cellular therapy on immunosuppression
Cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile
American Indian or Alaska Native

Updated 8-26-2025

Nirsevimab (Beyfortus®) Dosing – RSV Season 2025-2026

- Follow the **Inpatient Nirsevimab Administration Guide** to determine eligibility for inpatient administration prior to discharge or transfer.
  - Nirsevimab doses for patients who meet inpatient use criteria may be dispensed during the recommended season window without prior ID approval. If doses are requested outside of that timeframe or for a patient who does not meet inpatient criteria, please discuss with pediatric ID (970-7420).
  - Infants < 8 months of age who do not met inpatient use criteria should receive immunization in the outpatient setting during their first RSV season.
  - Administration of second doses for at-risk infants 8-19 months of age during their second RSV season should occur in the outpatient setting. If outpatient administration is not feasible, please discuss with the pediatric ID provider on call.
- For patients who have previously received nirsevimab AND subsequently undergone cardiopulmonary bypass during RSV season, an additional dose of nirsevimab may be given as soon as the child is stable after surgery and prior to discharge (See Table 2 below).
- Paviluzimab (Synagis®) is non-formulary at DUH and will no longer be produced after December 31, 2025.

DOSING:

Routine Dosing

Table 1: Recommended dosage in patients who qualify for inpatient administration of nirsevimab

	Body weight at time of dosing	**Recommended dosage**
FIRST RSV SEASON	Less than 5 kg	50 mg by IM injection
	5 kg and greater	100 mg by IM injection
AT RISK DURING SECOND RSV SEASON	All body weights	200 mg by two IM injections (2 x 100 mg, single dose)

Dosing in patients who previously received nirsevimab AND subsequently undergone cardiopulmonary bypass during RSV season

For patients who have previously received nirsevimab AND subsequently undergone cardiopulmonary bypass during RSV season, an additional dose of nirsevimab may be given as soon as the child is stable after surgery and prior to discharge (See Table 3)

Table 2: Recommendations for dosage in patients who previously received nirsevimab AND subsequently undergone cardiopulmonary bypass during RSV season

	Days between surgery and nirsevimab	**Recommended dosage of additional dose**
FIRST RSV SEASON	Within 90 days after receiving nirsevimab	Dose based on body weight at time of additional dose, see Table 1
	More than 90 days since receiving nirsevimab	50 mg by IM injection regardless of body weight
SECOND RSV SEASON	Within 90 days after receiving nirsevimab	200 mg by two IM injections (2 x 100 mg, single dose), regardless of body weight
	More than 90 days since receiving nirsevimab	100 mg by IM injection, regardless of body weight

References: Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection (AAP Policy Statement), Respiratory Syncytial Virus (Red Book), MMWR: Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

Developed in consultation with the DUH Children's Subcommittee to the P&T. Committee Approved by Duke Children's P&T Subcommittee: August 2023. Approved by DUHS PMMC Committee: October 2023.