

Most commercial payers cover outpatient administration of Beyfortus®. Payers can support inpatient administration by reimbursing the cost of Beyfortus through line-item billing – shifting payment from outpatient to inpatient during seasonal administration.

RSV is seasonal, with infections peaking at certain times of the year. A typical RSV season runs roughly from fall through spring, with some exceptions, such as Florida and Hawaii, where the RSV season may start earlier.<sup>1-3</sup>



**CDC Recommendation for Seasonal Administration of Beyfortus<sup>4</sup>**

Nirsevimab should be administered **October through the end of March** in most of the continental United States.

Infants born during the seasonal administration window (October 1 through March 31) should get nirsevimab within one week after birth – **ideally during the birth hospitalization.**

VFC covers Medicaid infants for those hospitals enrolled in the VFC program, however, the lack of a standardized plan for commercial coverage is a pressing issue for hospitals aiming to offer Beyfortus for all eligible infants, leading to potential inequities in care.

Examples of other commercial payers implementing solutions:

**Ex. 1: Line-item billing via CPT code**

*“Payer X will pay Hospital for the RSV Immunization at the Plan X’s Commercial Fee Schedule when billed with CPT code 90380, 90381, or future replacement codes, when administered to a covered Member during a newborn inpatient stay in addition to the IP maternity All Patient Refined-Diagnosis Related Group (APR-DRG) case rate.”<sup>5</sup>*

*Payer X will pay an institution for the RSV immunization at the rate detailed below when administered to a covered member during a newborn inpatient stay.*

RSV Monoclonal Antibody Inpatient Add-on <sup>5</sup>	Rate
CPT 90380 or 90381	Payer X Commercial Fee Schedule

**Ex. 2: Modified existing inpatient immunization policy to include ALL immunizations**

*“Payer X will pay outside of the APR-DRG or per-diem for immunizations that are given to a member when they are inpatient in an acute facility.”*

**INDICATION**

- Beyfortus® is indicated for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in:
- Neonates and infants born during or entering their first RSV season.
  - Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.

**IMPORTANT SAFETY INFORMATION**  
**Contraindication**

Beyfortus is contraindicated in infants and children with a history of serious hypersensitivity reactions, including anaphylaxis, to nirsevimab-alip or to any of the excipients.

**Warnings and Precautions**

- **Hypersensitivity Reactions Including Anaphylaxis:** Serious hypersensitivity reactions have been reported following Beyfortus administration. These reactions included urticaria, dyspnea, cyanosis, and/or hypotonia. Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies. If signs and symptoms of anaphylaxis or other clinically significant hypersensitivity reactions occur, initiate appropriate treatment.
- **Use in Individuals with Clinically Significant Bleeding Disorders:** As with other IM injections, Beyfortus should be given with caution to infants and children with thrombocytopenia, any coagulation disorder or to individuals on anticoagulation therapy.

Most common adverse reactions with Beyfortus were rash (0.9% ) and injection site reactions (0.3%).

Please see accompanying full [Prescribing Information](#).

**CPT**, current procedural terminology; **CDC**, Centers for Disease Control and Prevention; **DRG**, diagnosis related group; **IM**, intramuscular injection; **RSV**, respiratory syncytial virus; **RSV-LRTI**, respiratory syncytial virus lower respiratory tract infection.

**References:** **1.** Surveillance of RSV. Centers for Disease Control and Prevention. Updated August 30, 2024. Accessed October 11, 2024. <https://www.cdc.gov/rsv/php/surveillance/index.html>. **2.** Rose EB, Wheatley A, Langley G, et al. Respiratory syncytial virus seasonality—United States, 2014–2017. *MMWR Morb Mortal Wkly Rep*. 2018;67(2):71–76. **3.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. Accessed October 1, 2024. **5.** American Medical Association (AMA). Category I immunization codes. <https://www.ama-assn.org/practice-management/cpt/category-i-immunization-codes>. Accessed October 8, 2024.

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