

Childhood Vaccine Program

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Considerations for RSV Antibody Brand Transition

Providers must choose an RSV product for infants 0-8 months of age: either clesrovimab (ENFLONSIA) or nirsevimab (Beyfortus). Adding a new brand takes time and careful planning. If you are considering transitioning to clesrovimab (ENFLONSIA) for patients under 8 months of age, make sure all planning steps are finished before you place an order. Switching brands mid-season can be difficult if planning is incomplete and is something providers prefer to avoid.

You are not required to order clesrovimab for patients under 8 months of age. If you do choose to switch to this new RSV product, orders will not be approved until your facility is at a 2-week supply of nirsevimab.

Reminder: No matter which brand(s) you choose, you need a clear plan to use all nirsevimab or clesrovimab doses by the end of RSV season (March 31).

General Guidance

- **RSV antibody administration dates:** October 1-March 31
- **Recommendation:** use any licensed RSV immunization product that fits the patient's age/health status; there is no preferred brand
- **Infants <8 months:** nirsevimab or clesrovimab approved
- **Children 8–19 months (high-risk, second season):** nirsevimab only
- **Definition of high-risk:** nirsevimab is recommended for some children (ages 8–19 months) who are at increased risk for severe RSV disease and entering their second RSV season

The following children ages 8–19 months are recommended to get nirsevimab shortly before, or as early as possible, during their second RSV season:

- Children with 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
 - Children with severe immunocompromise
 - Children with cystic fibrosis who have either
 - 1) 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
 - 2) Weight-for-length <10th percentile
 - American Indian or Alaska Native children
- **Key Point:** Clinics may transition to clesrovimab for infants <8 months, but nirsevimab is still needed to be in stock for children age 8–19 months.

Ordering Options

Age Group	Option 1	Option 2
Infants <8 months	Nirsevimab 50 mg (<5 kg) Nirsevimab 100 mg (>5 kg)	Clesrovimab 105 mg, regardless of weight
Children 8–19 months (high-risk, second season)	Nirsevimab 200 mg (2 × 100 mg)	Nirsevimab 200 mg (2 × 100 mg)

Steps to Complete Before Initiating a Brand Transition

Because switching brands takes careful coordination, facilities should make sure the following steps are completed before starting the change:

- Develop strategy for use of remaining nirsevimab inventory
- Confirm clinic governance/approval requirements for making a brand change
- Update EHR ordering & documentation
- Align billing systems for WVA dosage-based assessments (DBA) compliance
- Revise standing orders (if applicable)
- Train staff on new protocols
- Update patient facing materials (use generic “RSV antibody” terminology)

Timeline Considerations for High-Risk Patients During Second RSV Season

This recommended implementation timeline can be used to plan for immunizing patients 8-19 months in their second RSV season.

- **August** – Identify eligible patients, age 8-19 months as of October 1st:
 - Chronic lung disease of prematurity requiring medical support in the prior 6 months
 - Severe immunocompromise
 - Cystic fibrosis with severe lung disease or weight for- -length <10th percentile
 - American Indian or Alaska Native children
- **August–September** – Confirm parental consent for second season dosing before ordering
- **September** – Order estimated 100 mg nirsevimab doses based on patient eligibility (two doses per patient)
- **October** – Administer **two 100 mg doses per eligible patient**

Resource

- [AAP RSV Immunization Ordering Guidance](#)