

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



August 23, 2023

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www.aap.org

Re: Use of Palivizumab Prophylaxis for the 2023-2024 Respiratory Syncytial Virus Season

Dear Payer:

I write today on behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, to share the Academy's clinical guidance, [AAP Recommendations for the Use of the Monoclonal Antibody Nirsevimab for the Prevention of RSV Disease](#).

We urge you to update your policy to support these clinical recommendations, including the use of nirsevimab for the prevention of respiratory syncytial virus (RSV) during the 2023-2024 season. As with any new product, nirsevimab may not be readily available in all clinical settings during this first season of implementation. We, therefore, urge you to support the continued use of palivizumab when necessary and appropriate, as outlined in the guidance linked above. Infants and at-risk toddlers must have equitable access to these products during the rapidly approaching RSV season, without delay, to ensure they receive appropriate treatment and avoid unnecessary [ED visits and hospitalizations](#).

Specifically, per the AAP guidance, high-risk infants who are recommended to receive palivizumab in the first or second year of life, should continue to be treated with palivizumab, as in prior seasons, if nirsevimab is not available. Further, infants who receive palivizumab at the beginning of the RSV season should be allowed to receive nirsevimab once available in lieu of additional doses of palivizumab.

RSV remains the leading cause of hospitalization among US infants. During this first RSV season, where nirsevimab is available, and following last year's unprecedented surge in RSV, all steps must be taken to protect infants and toddlers. As such, payers must remove all barriers and support recommended care for children by paying for the administration of nirsevimab, palivizumab, or both, to children as deemed necessary by their pediatrician.

To support pediatricians in providing palivizumab and nirsevimab doses to eligible children, **the AAP strongly urges payers to:**

1. **Update your payment policies to allow for the administration of both palivizumab and/or nirsevimab during the 2023-2024 season;**
2. **Update your payment system to allow payment for the use of the current immunoglobulin administration code (96372) when used in conjunction with the nirsevimab product code pending approval of a new nirsevimab administration code; and**
3. **Update your payment systems to reflect the new product codes for nirsevimab (90380–90381), and the nirsevimab specific administration code as soon as it is approved and available to ensure timely and appropriate payment to pediatricians.**

Thank you for your partnership to support recommended RSV prophylaxis for infants and toddlers during the upcoming RSV season.

If you have questions, need additional information, or would like to arrange a follow-up discussion on the AAP guidance on nirsevimab and palivizumab prophylaxis, please contact Stefanie Muntean-Turner, Health Policy & Coding Specialist at [Smunteanturner@aap.org](mailto:Smunteanturner@aap.org) or 630-626-6790.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandy Chung".

Sandy Chung, MD, FAAP President

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