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Utah Department of Health & Human Services
Integrated Healthcare

MEDICAID INFORMATION BULLETIN

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23-73 DUR Board Updates

In September 2023, the Drug Utilization Review (DUR) Board met to review ambulatory insulin pumps with continuous subcutaneous insulin delivery. In October 2023, the DUR Board met to review sickle cell disease.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/. DUR Board meeting recordings can be found on the YouTube Channel @dmhf_webdohdhhs2.

23-74 Advisory Committee on Immunization Practices (ACIP) 2023-2024 Influenza Vaccine Recommendation Updates

The Center for Disease Control Advisory Committee on Immunization Practices (ACIP) released the 2023-2024 Influenza Vaccine Recommendations.[1]

The ACIP recommends that all persons who are 6 months old or older without contraindications should receive the annual influenza vaccine. Claims for influenza vaccines for Medicaid adult members can be submitted through the pharmacy point of sale.[2] Influenza immunizations for Medicaid members who are 18 years old or younger must be obtained through the Vaccines for Children Program.[3]

Vaccination to prevent influenza is particularly important for members who are at increased risk for severe illness and complications from influenza. Emphasis should be placed on vaccination of high-risk groups including:

- All children aged 6 months through 59 months
- All persons aged 50 years and older
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection)
- Persons who are or will be pregnant during the influenza season
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin-containing or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Residents of nursing homes and other long-term care facilities
- American Indian or Alaska Native persons
- Persons with extreme obesity (body mass index ≥40 for adults)
- Caregivers and contacts of those at risk:
    - Household contacts (including children aged 6 months or older) and caregivers of children aged 59 months or younger (less than 5 years) and adults 50 years or older, particularly contacts of children aged < 6 months
    - Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza
- Health care personnel who have the potential for exposure to patients or to infectious materials

Timing of vaccination: For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating and unexpired vaccine is available. Influenza vaccines might be available as early as July or August; however, vaccination during these months is not recommended for most groups because of the possible waning of immunity over the course of the influenza season. However, vaccination during July and August can be considered in instances where there is concern that the persons will not be available for vaccination at a later date.

Considerations for timing of vaccination include the following:

- For most adults (particularly adults aged 65 years and older) and for pregnant persons in the first or second trimester: Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

- Children who require 2 doses: These children should receive their first dose as soon as possible (including during July and August, if vaccine is available) to allow the second dose (which must be administered at least 4 weeks later) to be received, ideally, by the end of October.
- Children who require only 1 dose: Vaccination during July and August can be considered for children of any age who need only 1 dose of influenza vaccine for the season before the start of school, when the vaccination opportunity is present.
- Pregnant persons in the third trimester: Vaccination during July and August can be considered for pregnant persons who are in the third trimester. Vaccination might reduce risk for influenza illness in their infants during the first months after birth. For pregnant persons in the first or second trimester during July and August, vaccination in September or October is preferable, unless there is concern that later vaccination might not be possible.

Vaccination of persons with a history of egg allergy: ACIP recommends that all persons aged 6 months or older, with an egg allergy, should receive the influenza vaccine, if otherwise appropriate based on age and health status. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.

Choice of influenza vaccine: ACIP makes no preferential recommendation with regard to choice of influenza vaccine. It only recommends that it should be appropriate based on the age and health status of the patient. Utah Medicaid recognizes the ACIP recommendations and will cover "FluMist Quadrivalent" for administration during the 2023-2024 Flu Season.

Available influenza vaccines for 2023 – 2024 influenza season:*

Trade name (Manufacturer)	Presentation	Age indication	Route
IIV4 (Standard dose, egg-based vaccines[†])			
Afluria Quadrivalent (Seqirus)	0.5-mL PFS[§]	≥3 yrs[§]	IM[¶]
	5.0-mL MDV[§]	≥6 mos[§] (needle/syringe) 18 through 64 yrs (jet injector)	
Fluarix Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM[¶]

FluLaval Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM¶
Fluzone Quadrivalent (Sanofi Pasteur)	0.5-mL PFS††	≥6 mos††	IM¶
	0.5-mL SDV††	≥6 mos††	
	5.0-mL MDV††	≥6 mos††	
ccIIV4 (Standard dose, cell culture-based vaccine)			
Flucelvax Quadrivalent (Seqirus)	0.5-mL PFS	≥6 mos	IM¶
	5.0-mL MDV	≥6 mos	
HD-IIV4 (High dose, egg-based vaccine†)			
Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	≥65 yrs	IM¶
aIIV4 (Standard dose, egg-based† vaccine with MF59 adjuvant)			
Fluad Quadrivalent (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
RIV4 (Recombinant HA vaccine)			
Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	IM¶
LAIV4 (egg-based vaccine†)			
FluMist Quadrivalent (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	NAS

Abbreviations:

ACIP = Advisory Committee on Immunization Practices

FDA = Food and Drug Administration

HA = hemagglutinin

IIV4 = inactivated influenza vaccine, quadrivalent

IM = intramuscular

LAIV4 = live attenuated influenza vaccine, quadrivalent

MDV = multidose vial

NAS = intranasal

PFS = prefilled syringe

RIV4 = recombinant influenza vaccine, quadrivalent

SDV = single-dose vial

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information concerning, but not limited to, indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states. Availability and characteristics of specific products and presentations might change or differ from what is described in this table and in the text of this report.

† Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of egg-based IIV4s and LAIV4, ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine and that any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used (see Persons with a History of Egg Allergy).

§ The approved dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years. However, 0.25-mL prefilled syringes are no longer available. For children aged 6 through 35 months, a 0.25-mL dose must be obtained from a multidose vial.

¶ IM-administered influenza vaccines should be administered by needle and syringe only, with the exception of the MDV presentation of Afluria Quadrivalent, which may alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For older children and adults, the recommended site for IM influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional specific guidance regarding site selection and needle length for IM administration is available in the General Best Practice Guidelines for Immunization available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

†† Fluzone Quadrivalent is approved for children aged 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are no longer available. If a prefilled syringe of Fluzone Quadrivalent is used for a child in this age group, the dose volume will be 0.5 mL per dose.

References:

1) Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. August 25, 2023. https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w
2) Division of Integrated Healthcare. Utah Medicaid Provider Manual. Pharmacy Services. Updated September 2023. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf
3) Utah Office of Administrative Rules. R414-60-7. https://adminrules.utah.gov/public/rule/R414-60/Current%20Rules?searchText=R414-60-5

23-75 Advisory Committee on Immunization Practices (ACIP) Respiratory Syncytial Virus (RSV) Vaccine Recommendation and Beyfortus Updates

In May 2023, the Food and Drug Administration (FDA) approved the first two vaccines for prevention of RSV lower respiratory tract disease for use in adults aged 60 years and older. The ACIP recommends that adults aged 60 years and older receive a single dose of an RSV vaccine, using shared clinical decision-making. Vaccination should occur before the onset of the RSV season. For the 2023–24 season, clinicians should offer RSV vaccination to adults aged 60 years and older using shared clinical decision-making as early as vaccine supply becomes available and should continue to offer vaccination to eligible adults who remain unvaccinated. Currently, there is not enough evidence to determine the need for revaccination.[1] Utah Medicaid covers Arexvy (GSK adjuvanted RSV vaccine), and Abrysvo (Pfizer RSV vaccine) at the pharmacy point-of-sale for adults aged 60 years and older.

In July 2023, the FDA approved Beyfortus (nirsevimab), a long-acting monoclonal antibody, for the prevention of RSV lower respiratory tract disease in infants. The ACIP recommended 1 dose (50 mg – 100 mg depending on weight) of nirsevimab for all infants aged less than 8 months born during or entering their first RSV season, and 1 dose (200 mg) of nirsevimab for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their

second RSV season. The recommendations for nirsevimab apply to infants and children recommended to receive palivizumab by the American Academy of Pediatrics (AAP).[2]

2023-2024 RSV season palivizumab and nirsevimab considerations for high-risk infants during their first RSV season:[3]

1. If nirsevimab is administered first during the same season, palivizumab should not be administered later that season.
2. If palivizumab was administered initially for the season and fewer than 5 doses were administered, the infant should receive 1 dose of nirsevimab. No further palivizumab should be administered.
3. If palivizumab was administered in season 1 and the child is eligible for RSV prophylaxis in season 2, the child should receive nirsevimab in season 2. If nirsevimab is not available, palivizumab should be administered.

Recommendations for children 8-19 months of age to receive nirsevimab in their second RSV season due to increased risk of severe disease:[3]

1. 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.
2. Children who are severely immunocompromised.
3. Children with 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.
4. American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

Co-administration of nirsevimab with other routine childhood vaccines:[3]

1. Simultaneous administration of nirsevimab with age-appropriate vaccines is safe and recommended by the AAP.

UT Medicaid covers Beyfortus (nirsevimab) through Vaccine for Children (VFC) Program for all infants during their first RSV season, and for children 8-19 months of age with an increased risk of severe disease. The providers must submit the claims through the VFC program for reimbursements.

References:

1) Centers for Disease Control and Prevention. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. July 21, 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm
2) Centers for Disease Control and Prevention. 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. August 25, 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm
3) AAP Publications. ACIP and AAP Recommendations for Nirsevimab. ACIP and AAP Recommendations for the Use of the Monoclonal Antibody Nirsevimab for the Prevention of RSV Disease. August 15, 2023. https://publications.aap.org/redbook/resources/25379?autologincheck=redirected