

RSV Vaccines: A New Defense for LTC

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History and Statistics

RSV (respiratory syncytial virus) in older adults can be life threatening. In the U.S., it is estimated that 60,000 to 160,000 adults are hospitalized with RSV annually. Of those, approximately 10% die from RSV infection.



Symptoms of RSV can include:

- Cough
- Headache
- Fever
- Runny nose
- Sore throat
- Congestion
- Fatigue

RSV is spread by respiratory droplets transmitted through cough and sneezing.

RSV vaccines have been in development for several years. In the 1980s, an important discovery was made toward the creation of the RSV vaccine. A physician collected cord blood and compared the blood of infants who were hospitalized with RSV and infants who were not hospitalized. Infants who were admitted to the hospital had lower antibodies than infants who were not hospitalized. That discovery led to the creation of an antibody treatment named Palivizumab, or Synagis, and is indicated for infants at high risk for RSV.

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For years after, the study of RSV vaccines, along with parainfluenza vaccine research continued. Fast forward to 2013 when an immunologist and virologist isolated a version of the protein that the virus made before infecting a cell. The protein was far more potent in stimulating the immune system than previously isolated RSV proteins. The era of protein-structure-based vaccine design had begun. Scientists started by determining a pathogen's protein structure and building a vaccine around it. In 2019, the RSV protein was ready for testing in a vaccine but the COVID-19 pandemic halted its progress. After the creation of the COVID-19 vaccine, studies were then turned back toward RSV and other vaccines.



In May 2023, using the RSV protein and adding an adjuvant to supercharge the vaccine, the first RSV vaccine was approved.

Clinical Fast Facts

Who should get the RSV vaccine per CDC recommendations?

- Adults 75 years and older
- Adults 60 -74 years of age who have a risk factor for RSV infection

Risk factors include:

- Chronic lung or heart disease
- Weakened immune system
- Certain medical conditions like obesity or diabetes
- Living in a nursing home or long-term care setting



The RSV vaccine is currently a one-time dose for life. It is billable to Medicare D prescription plans. The CDC does not have a preferential recommendation for any specific vaccine.

Current RSV Vaccines



Age Indication	<ul style="list-style-type: none"> • 60+ • 50-59 years of age who are at increased risk for LRTD caused by RSV • Pregnant and at 32 through 36 weeks gestational age 	<ul style="list-style-type: none"> • 60+ • 18-59 years of age who are at increased risk for LRTD caused by RSV 	<ul style="list-style-type: none"> • 60+
Dose	<ul style="list-style-type: none"> • 0.5 mL IM 	<ul style="list-style-type: none"> • 0.5 mL IM 	<ul style="list-style-type: none"> • 0.5 mL IM
Storage	<ul style="list-style-type: none"> • 2 vial reconstitution • Stable for 4 hours after reconstitution • Store 36-46°F 	<ul style="list-style-type: none"> • Needle-free reconstitution • Needle for administration is not provided with kit • Stable for 4 hours after reconstitution • Store 36-46°F 	<ul style="list-style-type: none"> • Pre-filled syringe • Store 36-46°F for 90 days
Efficacy	<ul style="list-style-type: none"> • 94% effective against severe disease • 82.6% effective in symptomatic disease in adults 60 and older 	<ul style="list-style-type: none"> • 86% effective in severe disease w/ 3 symptoms • 67% effective in symptomatic disease with 2 or more symptoms in those > 60 years old 	<ul style="list-style-type: none"> • 62.5-80.9% in those > 60 years of age to prevent first episode of RSV with 2 or more symptoms
Common Side Effects	<ul style="list-style-type: none"> • Injection site pain, fatigue, myalgia, HA, arthralgia 	<ul style="list-style-type: none"> • Fatigue, HA, injection site pain, muscle aches 	<ul style="list-style-type: none"> • Injection site pain underarm swelling, fatigue, HA, muscle or joint pain, chills, N/V, fever, hives

Vaccine co-administration guidance: All vaccines may be co-administered together following [best practices](#) for multiple injections if the recipient is eligible. If an eligible recipient prefers to separate vaccine administrations, there are no minimum waiting periods between vaccines.

LRTD: Lower respiratory tract disease

HA: Headache

N/V: Nausea and vomiting

References

<https://www.cdc.gov/rsv/older-adults/index.html>

<https://www.rsvandme.com/rsv-and-older-adults/>

<https://www.scientificamerican.com/article/rsv-vaccines-are-finally-here-after-decades-of-false-starts/>

<https://time.com/6275289/rsv-vaccine-history/>

<https://arexyhcp.com/>

<https://labeling.pfizer.com/ShowLabeling.aspx?id=19589>

<https://www.modernatx.com/en-US/products/mresvia>

This information is current as of the date of publication.
Please visit [CDC: RSV Vaccine for Older Adults](#) or individual package inserts.



Managing Pharmacy Costs CHECKLIST



Remedi SeniorCare is dedicated to providing clinical insights, tools, and resources to assist long-term care facilities in managing their medication spend responsibly. Controlling pharmacy costs is a multi-faceted effort that involves an interdisciplinary team - Admission Coordinators, Charge Nurses, Directors of Nursing, Administrators, and Prescribers alike.

Several factors contribute to increasing medication costs, including:

- Increasing complexity of residents' medication regimens
- New, expensive medications in the marketplace
- Rising costs of brand name and generic medications
- Possible overuse of certain medications

This checklist provides suggestions that can be incorporated from admission to discharge and is designed to manage utilization and, subsequently, cost. Please share with your team and, as always, contact your Remedi SeniorCare Consultant Pharmacist if you have any questions.



ADMINISTRATIVE



- ✓ Obtain pricing for all medications on every potential admission. Remedi SeniorCare customers can use the MyRemedi® Drug Price Quote tool to assist with this critical step.
- ✓ Utilize high dollar medication lists to help identify expensive medications.
- ✓ Ensure all prescribers are enrolled in the pharmacy's Automatic Therapeutic Interchange (ATI) Program per state regulations.
- ✓ Provide the pharmacy with appropriate resident payor information. When payor sources change, notify the pharmacy immediately to avoid charges for non-covered medications.
- ✓ Consult with pharmacist or prescriber on high-dollar new admission medications to identify potential lower cost substitutions.

- ✓ Request that the pharmacy set up a per prescription dollar limit, above which the pharmacy notifies the facility, and requests approval prior to sending.
- ✓ Activate the Med Alerts feature in MyRemedi® to receive notification of a prescription that will exceed a set cost per day or total prescription cost.
- ✓ Periodically review medication utilization with the pharmacy team to identify opportunities for improvement.
- ✓ Where state regulations permit, coordinate with the pharmacy team to identify a specific bulk over-the-counter (OTC) formulary for your facility. Doing so reduces the quantity of vitamins, supplements, cough and cold preparations, pain relievers, etc., purchased and reduces waste.
- ✓ Create eMAR templates in your electronic health record (eHR), if possible, to help enforce proper medication selection and avoid inappropriate selection of newer brand name products.

CLINICAL



- ✓ Establish stop dates for medications such as antibiotics, anticoagulants, non-sedating antihistamines, etc.
- ✓ Determine an accurate start date for the next dose of monthly or less-frequent medications such as Prolia, Repatha, and long-acting injectable antipsychotics.
- ✓ Use smaller package sizes of insulin and inhalers where appropriate to reduce waste and cost.
- ✓ Obtain the hospital medication administration record (MAR) upon admission to review as-needed (PRN) medication utilization. If a resident was not utilizing a PRN medication in the hospital, note it as "profile only;" this ensures the pharmacy won't send it.
- ✓ If glucagon is available in your contingency kit, consider noting these orders to be "profile only."
- ✓ Avoid duplication of medications – vitamins and inhalers are particularly common.
- ✓ Review lidocaine patch use with the resident to determine effectiveness. If ineffective, attempt a trial off the patch. Use OTC lidocaine 4% patch strength when able.
- ✓ Check hospital records for admission diagnosis with proton pump inhibitors (PPIs) (omeprazole, pantoprazole, etc.). If the medication is intended for prophylaxis, review with the prescriber to see if its use is still warranted.

- ✓ Apply intravenous (IV) to oral (PO) principles during an “antibiotic timeout” to determine if switching is an option. Use sound clinical judgment.
- ✓ For erythropoiesis-stimulating agents (ESAs) (Procrit, Retacrit, Aranesp, etc.,) orders, check hospital labs for a hemoglobin level approaching or above 10 mg/dL, and if so, contact prescriber and ask pharmacy to put it on profile for future use.
- ✓ Certain dialysis-related medications are only covered when provided by dialysis center and should not be ordered through pharmacy. The dialysis provider should supply these medications.



NURSING



- ✓ For a medication requiring prior authorization, provide the pharmacy with timely information when requested, so authorization can be obtained for coverage.
- ✓ Ensure medications requiring refrigeration are stored within appropriate temperatures in the refrigerator and unused portions are returned to the refrigerator after use. This can avoid costly waste and subsequent reordering of medications.
- ✓ Note the actual “date-opened” on the in-use insulin vials/pens to extend the life of the product beyond the dispense date used as the date opened.
- ✓ When utilizing the contingency supply, report all doses or supplies with the resident's name to the pharmacy at the time items are removed.
- ✓ If reordering continuous glucose monitoring (CGM) supplies, be mindful to distinguish between requesting additional sensors and not a replacement reader.



DOWNLOAD
THE CHECKLIST!

Contact your Account Manager or Consultant Pharmacist for more information.

Congratulations!



Remedi Superstar Nurse



CYNTHIA JACKSON, RN

Director of Nursing
Singleton Health Care Center
Cleveland, Ohio

Congratulations to Cynthia Jackson, RN, DON, from Singleton Health Care Center in Cleveland, Ohio for being chosen as the Remedi Superstar Nurse!

Cynthia's administrator, Channa Ireland, submitted her nomination. Per Channa, "Cynthia has been part of the Singleton Health Care team for 12 1/2 years. She is kind and compassionate to both residents and staff. It is rare to walk past Cynthia's office and not see someone sitting in the chair across from her sharing their problems and seeking her support. Additionally, she is also extremely clinically proficient and able to keep on top of all our residents' diverse and extensive medical needs. Above all though, Cynthia displays a great instinct for when to act and when to hold back. Whether in terms of leading her staff or making judgment calls on the residents' health, everyone at Singleton feels secure with Cynthia at the helm of the Nursing Department."

NOMINATE A FUTURE REMEDI NURSE SUPERSTAR!

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DOSE OF FUN

Introducing a new section to our newsletter called "**Dose of Fun**"! In each volume, you'll find fun facts, be challenged with trivia, or learn something new!

Facts and Fun to Share Around the Holiday Table!

Where do medication names come from?

Morphine

Named after Greek God of dreams "Morpheus"




Nystatin

The antibiotic was discovered in the soil of a dairy farm in New York State

Drug Emoji Game: Can you Guess the Medication?

1.  - 6

2.  - P - 

3.  -  - 

SAVE A PHONE CALL OR EMAIL!

VISIT THE [MYREMEDI WEB PORTAL](#) FOR TOOLS & RESOURCES.

- Drug price quote tool
- Vaccine information
- Invoice approvals
- Pharmacy policies and procedures

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Contact your Account Manager for access.



Clinical resources at your fingertips!