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Pharmacist's Letter
Hospital

Limit Confusion With COVID-19 Vaccines for 2025-2026

Changes with 2025-2026 COVID-19 vaccines are causing confusion.

Who should be vaccinated? Expect clinicians to still discuss COVID-19 vaccination for patients ages 6 months and up.

Be aware that FDA labels for 2025-2026 vaccines limit use to ages 65 and up...and younger patients at high risk.

But now the Advisory Committee on Immunization Practices (ACIP) has voted to recommend shared clinical decision-making for all patients 6 months and older. This means these patients and their healthcare providers should work together to decide about COVID-19 vaccination.

Pull in your pharmacist to help patients weigh benefits and risks.

For example, MANY patients have a risk factor for severe illness from COVID-19 infection...diabetes, heart or lung disease, obesity, depression, smoking, pregnancy, immunocompromise, etc.

But data show COVID-19 vaccination reduces risk of long COVID, hospitalization, death, adverse pregnancy outcomes from COVID-19, etc.

And despite stronger heart warnings for mRNA COVID-19 vaccines, myocarditis is still rare...about 27 cases per million doses in males 12 to 24 years...and less common and severe than with COVID-19 infection.

Don't be surprised if clinicians provide an Rx for vaccination following discharge. Who can get immunized at your hospital or at an outpatient pharmacy will depend on your state law, standing order, etc.

Which vaccine should be used? All 2025-2026 COVID-19 vaccines will be monovalent. mRNA options (Comirnaty, Spikevax, mNexspike) preferentially target LP.8.1...protein-based Nuvaxovid targets JN.1.

If you stock COVID-19 vaccines, dispense any age-appropriate option.

Patients 65 years and up can get any product...Comirnaty (Pfizer-BioNTech), Spikevax or mNexspike (Moderna), or Nuvaxovid (Novavax).

But be aware of nuances if your hospital treats kids. Spikevax can be used starting at 6 months...Comirnaty at 5 years...and mNexspike or Nuvaxovid at age 12.

Watch for errors. For example, mNexspike is a lower dose (10 mcg/0.2 mL) than Spikevax (50 mcg/0.5 mL).

Storage is also different. After thawing, Spikevax can be kept in the fridge for up to 60 days...or 12 hours at room temp. But mNexspike is good for up to 90 days in the fridge...or 24 hours at room temp.

See our *COVID-19 Vaccines 2025-26* resource for doses, storage, etc...plus answers to FAQs about safety and effectiveness.

Key References:

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