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Indication and Full Important Safety Information | Full Prescribing Information



HELP PREVENT RSV DISEASE IN INFANTS WITH BEYFORTUS® AND SEE HOW YOU CAN AFFECT POPULATION HEALTH

[Variant Dear] [Dr.] [First Name] [Last Name],

As you may know, immunizing infants to help protect against the risk of RSV disease remains important through the entirety of the RSV season. Data from the 2024-2025 RSV season showed rates of infant immunization and maternal vaccination for RSV declined during December. Data also indicated an increase in RSV hospitalization rates in the same month.^{1,2,3}

Infant RSV: August 2024 to February 2025 Claims vs Hospitalization Rate (per 100K)^{1,3}



MORE can be done to help protect infants this RSV season with Beyfortus

Beyfortus is a monoclonal antibody that helps prevent RSV disease starting from Day 1 after injection. Beyfortus has been studied in clinical trials and real-world settings for its effectiveness against infant RSV hospitalization. Additionally, real-world studies have evaluated population health impact.^{4,5}

Your efforts in immunizing infants against RSV disease can impact the population health burden in your community. In the 2024-2025 RSV season, the combined maternal and Beyfortus coverage rate was only 53.8%, leaving every other infant vulnerable.^{6,7}

It is important to keep immunization efforts strong throughout the RSV season to help protect infants from RSV-LRTI when they need it most.⁸

INDICATION

Beyfortus is indicated for the prevention of respiratory syncytial virus (RSV)

lower respiratory tract disease in:

- Neonates and infants born during or entering their first RSV season
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.

IMPORTANT SAFETY INFORMATION

Contraindication

Beyfortus is contraindicated in infants and children with a history of serious hypersensitivity reactions, including anaphylaxis, to nirsevimab-qlp or to any of the excipients.

Please see additional Important Safety Information below.

Do you have sufficient Beyfortus inventory to last through March 31?

ORDER NOW >

As a healthcare professional, you play an important role in addressing the population health burden of RSV disease. Help to maintain consistent immunization rates throughout the entirety of the RSV season.

Take the opportunity to administer Beyfortus at the hospital after birth, or at the first week well-baby visit, to help protect infants from RSV-LRTI.⁹

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions

• **Hypersensitivity Reactions including Anaphylaxis:** Serious hypersensitivity reactions have been reported following Beyfortus administration. These reactions included urticaria, dyspnea, cyanosis, and/or hypotension. Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies. If signs and symptoms of anaphylaxis or other clinically significant hypersensitivity reactions occur, initiate appropriate treatment.

• **Use in Individuals with Clinically Significant Bleeding Disorders:** As with other IM injections, Beyfortus should be given with caution to infants and children with thrombocytopenia, any coagulation disorder or to individuals on anticoagulation therapy.

Most common adverse reactions with Beyfortus were rash (0.9%) and injection site reactions (0.3%).

Please see full Prescribing Information or visit [Beyfortus.com](https://www.beyfortus.com).

Thank you for doing your part to help protect infants from RSV disease this season.

Please reach out if I can assist you with increasing immunization coverage over the remaining RSV season.

[Variant Sincerely]

[Signature]

[First Name] [Last Name]

[Email]

[Phone Number]

RSV-LRTI, respiratory syncytial virus lower respiratory tract infection.

¹Does not capture claims from clinics not affiliated with the American Medical Association, Kaiser, and the public. Claims capture ~60% private clinic claims and are burdened up by 10% to reflect overall market. Medical claims projected by ~35% to align on private claims market.
²QIVIA claims sourced from QIVIA private medical and retail claims through February 15, 2025 (March 2025 claims data TBD). QIVIA private claims are retained up to 2 months from capture owing to which weekly claim values may differ marginally in upcoming claims feeds. There is no correlation between RSV hospitalizations and QIVIA claims.
³There were 4,847 babies who received Synagis® that are not in this chart.
⁴Estimated absorption half-life following intramuscular injection from infant pharmacokinetic analysis was 1.7 days. Time to maximum concentration is 6 days in adults.
⁵Coverage rates based on unpublished data.
⁶Beyfortus is recommended to be given at the hospital during the typical RSV season.
⁷References: 1. Immunizations to protect infants. Centers for Disease Control and Prevention. Updated August 15, 2025. Accessed December 5, 2025. <https://www.cdc.gov/immunizations/protect-infants.html>
2. Data on File. Sanofi. 3. RSV-NET. Centers for Disease Control and Prevention. Updated June 5, 2025. Accessed December 5, 2025. <https://www.cdc.gov/rsv-net/>
4. Beyfortus (nirsevimab-qlp). Prescribing Information. Sanofi. 5. Clegg L, Freshwater E, Leach A et al. Population pharmacokinetics of nirsevimab in preterm and term infants. J Clin Pharmacol. 2024;64(5):550-567.
6. Malah N, Pardo-Seco J, Perez-Martinez O, et al. NIRSSE-GAL Study Group. Full 2023-24 season results of maternal prophylaxis with nirsevimab in Galicia, Spain: the NIRSSE-GAL study. Lancet Infect Dis. 2025;25(2):e62-e63.
7. Malah N, Pardo-Seco J, Perez-Martinez O, et al. NIRSSE-GAL Study Group. Full 2023-24 season results of universal prophylaxis with nirsevimab in Galicia, Spain: the NIRSSE-GAL study. Lancet Infect Dis. 2025;25(2):e62-e63.
8. Torres JP, Savari D, Gosc M, et al. Effectiveness and impact of RSV in Chile during the first season of a national immunization strategy against RSV (NIRSSE-CL): a retrospective observational study. Lancet Infect Dis. Published online June 10, 2025. Accessed December 5, 2025.
9. Jones JM, Fleming-Dutra KE, Pitt MM, et al. 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. MMWR Morb Mortal Wkly Rep. 2023;72(34):920-925.

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Prescribers and other Healthcare Professionals may go to <https://www.sanofi.us/en/our-company/governance-and-disclosure> for State Price Disclosure information.

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MAT-US-2514195-v1.0-01/2026