Beyfortus® checklist: Protocol preparedness & prevention against RSV-LRTI

Actions to help get your practice prepared for infant RSV-LRTI prevention

Before the season

Review prior season & begin planning

- ◯ **Conduct a post-season review:** Analyze prior immunization rates, identify gaps, and set targets for the upcoming RSV season
- ◯ **Forecast and secure supply** to meet the demand for all eligible first- and second-season infants

EHR optimization

- ◯ **Configure EHR alerts and recall systems:**
  - Flag infants born before the RSV season (typically between April 1 and September 30) for recall to determine eligibility[1]
  - Flag infants born shortly before and during the season (typically between October 1 and March 31) to determine in-season immunization at the 3- to 5-day visit[1]

Education

- ◯ **Staff:** Train staff on Beyfortus (indication, dosing, efficacy, and safety)
- ◯ **Parents:** Implement patient portal messaging reminders and office social media posts to reinforce the importance of RSV-LRTI protection

During the season

- ◯ **Host dedicated RSV clinics** in the fall to immunize eligible infants efficiently
- ◯ **Ensure health maintenance alerts** are in place to continue flagging eligible infants through the end of the RSV season
- ◯ **Create ongoing opportunities for catch-up dosing** throughout the season to ensure no eligible infant is missed
- ◯ **Continue tracking immunization rates** throughout the season
- ◯ **Ensure providers and staff receive education** to continue all infant immunization protocols through the season

Optimize your EHR system now to help improve immunization rates and identify gaps in protection

EHR, electronic health record; **LRTI**, lower respiratory tract infection; **RSV**, respiratory syncytial virus.

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-alip or to any of the excipients.

Please see additional Important Safety Information on the following page and accompanying full Prescribing Information.

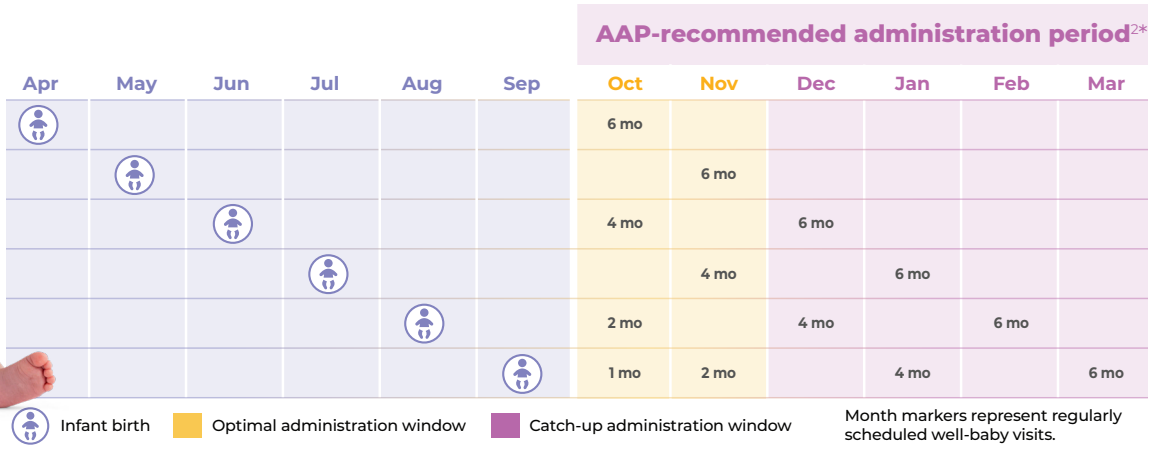
Beyfortus® (nirsevimab-alip) 50 mg 100 mg Injection

Beyfortus® is recommended by the AAP for infants aged <8 months between October 1 and March 31[1,2]*

Recommend Beyfortus to help protect babies born before the season.[1]

- Infants born prior to the RSV season have the highest risk of MA RSV-LRTI resulting in outpatient and ED care[3]
- Beyfortus administration early during the optimal administration window is critical to ensure that infants can be protected throughout the entire RSV season and do not age out of the AAP recommendations[1,4]
- Beyfortus helps provide protection through 5 months, the length of a typical RSV season[5,6†]

Every infant should have a routine well-baby visit during their first RSV season, where they can receive Beyfortus[2,4,7]



AAP, American Academy of Pediatrics; **ED**, emergency department; **MA**, medically attended.
*Timing of administration for RSV immunization may differ in certain areas.[2]
†Based on clinical data.[5]

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 hypotonia. 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 additional Important Safety Information on the previous page and accompanying full Prescribing Information.

Stay informed. Stay prepared.
Find more resources to support parents every step of the way.

References: 1. Immunizations to protect infants. Centers for Disease Control and Prevention. Updated August 18, 2025. Accessed April 28, 2026. https://www.cdc.gov/rsv/vaccines/protect-infants.html **2.** Recommended child and adolescent immunization schedule for ages 18 years or younger. American Academy of Pediatrics. Updated February 5, 2026. Accessed April 28, 2026. https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf **3.** Gantenberg JR, van Aalst R, Bhuma MR, et al. Risk analysis of respiratory syncytial virus among infants in the United States by birth month. *J Pediatric Infect Dis Soc*. 2024;13(6):317-327. **4.** Recommendations for preventive pediatric health care. American Academy of Pediatrics. Updated February 2025. Accessed April 28, 2026. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf **5.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **6.** Obando-Pacheco P, Justicia-Grande AJ, Rivero-Calle I, et al. Respiratory syncytial virus seasonality: a global overview. *J Infect Dis*. 2018;217(9):1356-1364. **7.** RSV immunization guidance for infants and young children. Centers for Disease Control and Prevention. Updated August 18, 2025. Accessed April 28, 2026. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html

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