



Only Beyfortus[®] is approved for both first and second RSV season for protection in infants and children¹

Beyfortus is CDC recommended for children aged 8 to 19 months at increased risk for severe RSV disease who are entering their second RSV season, including²:

- 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
- Severely immunocompromised children
- Children with cystic fibrosis who have either:
 1. 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
 2. weight-for-length <10th percentile
- American Indian or Alaska Native children



CDC, Centers for Disease Control and Prevention; **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

As you decide which monoclonal antibody to stock for RSV protection this coming season, remember:

Beyfortus[®] is FDA approved for³:

Infants entering their first RSV season, including those born:

Children up to 24 months of age entering their second season:



Healthy or
with underlying
conditions



Full term
or
preterm



Before or
during the
RSV season*



Vulnerable to
severe RSV
disease

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.



Get dosing and administration information for the one monoclonal antibody that fits your practice's needs.

FDA, US Food and Drug Administration.

*Epidemiology research will further define when local RSV seasons start.

References: 1. Immunizations to protect infants. Centers for Disease Control and Prevention. Updated August 30, 2024. Accessed July 3, 2025. <https://www.cdc.gov/rsv/vaccines/protect-infants.html> 2. Jones JM, Fleming-Dutra KE, Prill 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. 3. Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi.

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