

HELPING PROTECT BABIES BORN BEFORE THE RSV SEASON STARTS WITH INFORMING PARENTS



Conversations to address parents' questions about immunization for babies born before the RSV season should happen early and should include Beyfortus®

Potential Parental Barriers to RSV Immunization



Hesitant about vaccines

- **Beyfortus is not a vaccine.** It gives babies antibodies to help prevent RSV-LRTI starting Day 1^{*}
- Preventive antibodies, similar to Beyfortus, have been **given to babies for over 25 years**^{1,2}



Hesitant about safety

- **Clinical trials of Beyfortus included healthy babies** born at term, premature babies, and those with underlying health conditions¹
- Studies showed that the safety profile of Beyfortus was **similar to that of placebo**¹
 - The most common side effects in clinical trials were rash (0.9%) and injection site reactions (0.3%). Serious allergic reactions have occurred. These are not all the possible side effects¹



Hesitant about RSV immunization

- Although often mild, **RSV is highly contagious and a leading cause of hospitalization.** All babies are at risk, even those born in the spring or summer^{3-5††}
- Beyfortus helps **protect babies for 5 months**—the typical length of an RSV season—based on clinical data^{1,6}
- Beyfortus is **on the AAP immunization schedule** for babies⁷

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.

AAP, American Academy of Pediatrics; **IM**, intramuscular; **LRTI**, lower respiratory tract infection; **RSV**, respiratory syncytial virus.

^{*}Estimated absorption half-life following IM injection from infant pharmacokinetic analysis was 1.7 days. Time to maximum concentration is 6 days in adults.^{1,8}

[†]Based on the leading primary diagnosis (RSV bronchiolitis, October 2015-December 2019; rank 1: 165,930 cases).⁹

^{††}Estimated burden based on continuously collected surveillance data on patients hospitalized with laboratory-confirmed RSV.¹⁰

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

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

PARENTS LOOK TO YOU FOR RECOMMENDATIONS

Recommend Beyfortus® to help protect their babies born before the season from RSV-LRTI^{1,11}



Beyfortus is recommended by the AAP from October 1 through March 31 for eligible babies <8 months old to help protect them from RSV disease.^{11*}



Keep the dialogue going and **plan to immunize with Beyfortus at their routine well-baby visit** just before or during the season, before they age out.^{12*}

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.

*Recommended timing of Beyfortus administration for most of the continental US. Timing of administration for RSV immunization may differ in certain areas.¹¹



Information can help parents protect their babies.

Visit Beyfortus.com to access useful tools to share and discuss with parents.

References: **1.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **2.** Synagis (palivizumab). Prescribing Information. Sobi. **3.** Baraldi E, Checucci Lisi G, Costantino C, et al. RSV disease in infants and young children: can we see a brighter future? *Hum Vaccin Immunother.* 2022;18(4):2079322. **4.** RSV in infants and young children. Centers for Disease Control and Prevention. Updated February 20, 2026. Accessed April 27, 2026. <https://www.cdc.gov/rsv/infants-young-children/index.html> **5.** Arriola CS, Kim L, Langley G, et al. Estimated burden of community-onset respiratory syncytial virus-associated hospitalizations among children aged <2 years in the United States, 2014-15. *J Pediatric Infect Dis Soc.* 2020;9(5):587-595. **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.** Recommended child and adolescent immunization schedule for ages 18 years or younger. American Academy of Pediatrics. Updated February 5, 2026. Accessed April 15, 2026. <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf> **8.** Clegg L, Freshwater E, Leach A, et al. Population pharmacokinetics of nirsevimab in preterm and term infants. *J Clin Pharmacol.* 2024;64(5):555-567. **9.** Suh M, Movva N, Jiang X, et al. Respiratory syncytial virus is the leading cause of United States infant hospitalizations, 2009-2019: a study of the National (Nationwide) Inpatient Sample. *J Infect Dis.* 2022;226(suppl 2):S154-S163. **10.** Preliminary estimates of RSV burden. Centers for Disease Control and Prevention. Updated February 6, 2026. Accessed April 14, 2026. <https://www.cdc.gov/rsv/php/surveillance/burden-estimates.html> **11.** Committee on Infectious Diseases. Recommendations for the prevention of RSV disease in infants and children: policy statement. *Pediatrics.* 2025;156(5):e2025073923. **12.** RSV immunization guidance for infants and young children. Centers for Disease Control and Prevention. Updated August 18, 2025. Accessed April 16, 2026. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>

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(nirsevimab-alip) 100 mg
Injection