

Per ACOG guidelines:

Clinicians should counsel parents about Beyfortus[®] as an option for newborns^{1*}

Act now and get the conversation started—what and how you communicate with expectant mothers can help protect more infants

Despite RSV prevention options like Beyfortus being widely available, infant RSV immunization coverage remains low. In the 2024-2025 RSV season, **46% of infants have not** been protected by either maternal vaccination or infant RSV immunization.²

Help educate and prepare expectant mothers by:



Informing parents that Beyfortus is not a vaccine but a monoclonal antibody administered directly to the infant that provides passive immunity for rapid protection starting at day 1^{3,4†}



For babies born before October 1, administration is recommended at the first well visit starting October 1. For babies born between October 1 and March 31, Beyfortus administration is recommended at the hospital or at their earliest well-baby visit⁵

Parents are ready and willing to accept your recommendation for Beyfortus

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.

ACOG, American College of Obstetricians and Gynecologists; **IM**, intramuscular; **RSV**, respiratory syncytial virus.

^{*}Patient preferences for maternal vaccination vs infant immunization against RSV should be considered when deciding to administer Beyfortus and if the maternal RSV vaccine is not received during pregnancy.¹

[†]Estimated absorption half-life following IM injection from infant pharmacokinetic analysis was 1.7 days. Time to maximum concentration is 6 days in adults.^{3,4}

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

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

Clearly address parental questions with evidence-based information



If a pregnant mother is considering immunization:

Explain that Beyfortus® is given directly to their baby to provide passive immunity while maternal vaccination allows protection to pass to the baby during pregnancy.⁵



If a parent has questions about insurance:

Clarify that Beyfortus is available through the Vaccines for Children Program and covered on nearly 100% of commercial plans.^{6*}



If a parent has concerns about Beyfortus efficacy and safety:

Remind them that preventive antibodies for RSV infections, similar to Beyfortus, have been given to babies for over 25 years. More than 6 million babies have been immunized with Beyfortus around the world since its approval.^{2,3,7†‡}

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.



Speak with parents today about RSV immunization

Visit [Beyfortus.com](https://beyfortus.com) to access useful resources that can be shared with parents

wGA, weeks gestational age.

*Based on available information from national payer organization.

†Supported by global estimated exposure based on calculation from sales volume data (01 September 2023 through 31 October 2024). The number of children exposed is estimated based on distribution of recommended dose of Beyfortus administered, considering body weight, season of administration (1st or 2nd), and immunization plan.²

‡Results of Trials 04 and 03 for infants entering their first RSV season. Trial 04 evaluated the efficacy of a single dose of Beyfortus (50 mg IM if <5 kg weight, 100 mg IM if ≥5 kg weight) vs placebo in 1,490 healthy term and late preterm infants (≥35 wGA). Trial 03 evaluated the efficacy of a single 50 mg dose of Beyfortus vs placebo in 1,453 healthy preterm infants (≥29 to <35 wGA).³

References: 1. Maternal respiratory syncytial virus vaccination. American College of Obstetricians and Gynecologists. Updated March 17, 2025. Accessed June 27, 2025. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination> 2. Data on File. Sanofi. 3. Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. 4. 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. 5. Immunizations to protect infants. Centers for Disease Control and Prevention. Updated August 30, 2024. Accessed June 27, 2025. <https://www.cdc.gov/rsv/vaccines/protect-infants.html> 6. Addendum: special considerations for COVID-19 vaccine and nirsevimab. Centers for Disease Control and Prevention. Updated March 29, 2024. Accessed June 27, 2025. https://www.cdc.gov/vaccines-for-children/media/pdfs/2024/08/operations-guide-covid-19-addendum-2024-4-2_002-508.pdf 7. Liu JKH. The history of monoclonal antibody development—progress, remaining challenges and future innovations. *Ann Med Surg (Lond)*. 2014;3(4):113-116.

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MAT-US-2505011-v1.0-07/2025

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Injection