RSV Season
PATIENT ID LOG

SYNAGIS® PALIVIZUMAB

Patient's name / Date of birth	Parent's name / Parent's phone #	Diagnosis (select all that apply): BPD/CLDP	Diagnosis: Hemodynamically significant CHD	Diagnosis: Premature (≤35 wGA)	Dose given in hospital?	Patient's insurance carrier	Specialty Pharmacy Provider	Referral submission date	Submitted to:	Approved or denied	Patient Hub ID	Patient Consent signed?	Month 1: Appointment date	Month 1: Date dose given	Month 2: Appointment date	Month 2: Date dose given	Month 3: Appointment date	Month 3: Date dose given	Month 4: Appointment date	Month 4: Date dose given	Month 5: Appointment date	Month 5: Date dose given	Month 6: Appointment date	Month 6: Date dose given	Month 7: Appointment date	Month 7: Date dose given
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RSV season can vary by geography and year to year.[1]

CONFIDENTIAL: This form is intended for internal office use only. This form may contain individually identifiable health information and is therefore subject to all applicable privacy laws and regulations.

BPD/CLDP=bronchopulmonary dysplasia/chronic lung disease of prematurity; CHD=congenital heart disease; SPP=Specialty Pharmacy Provider; wGA=weeks gestational age.

Reference: 1. Centers for Disease Control and Prevention. RSV transmission. Last reviewed June 26, 2018. Accessed March 4, 2020. https://www.cdc.gov/rsv/about/transmission.html

INDICATION

SYNAGIS, 50 mg and 100 mg for injection, is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth (≤35 weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season
- with bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season
- with hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or younger at the beginning of RSV season

LIMITATIONS OF USE

The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease.

IMPORTANT SAFETY INFORMATION

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS
- Cases of anaphylaxis and anaphylactic shock, including fatal cases, have been reported following initial exposure or re-exposure to SYNAGIS. Other acute hypersensitivity reactions, which may be severe, have also been reported on initial exposure or re-exposure to SYNAGIS. The relationship between these reactions and the development of antibodies to SYNAGIS is unknown. If a significant hypersensitivity reaction occurs with SYNAGIS, its use should be permanently discontinued. If a mild hypersensitivity reaction occurs, clinical judgment should be used regarding cautious readministration of SYNAGIS

Please see additional Important Safety Information on following page and full Prescribing Information for SYNAGIS, including Patient Information.

SYNAGIS® PALIVIZUMAB

IMPORTANT SAFETY INFORMATION (continued)

- As with any intramuscular injection, SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder
- Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays
- Adverse reactions occurring greater than or equal to 10% and at least 1% more frequently than placebo are fever and rash. In post-marketing reports, cases of severe thrombocytopenia (platelet count <50,000/microliter) and injection site reactions have been reported

DOSING

The recommended dose of SYNAGIS is 15 mg/kg of body weight given monthly by intramuscular injection. The first dose of SYNAGIS should be administered prior to commencement of the RSV season and the remaining doses should be administered monthly throughout the RSV season. Children who develop an RSV infection should continue to receive monthly doses throughout the RSV season.

The efficacy of SYNAGIS at doses less than 15 mg/kg, or of dosing less frequently than monthly throughout the RSV season, has not been established.

Please see additional Important Safety Information on previous page and full Prescribing Information for SYNAGIS, including Patient Information.

Patient's name Date of birth	Parent's name Parent's phone #	Diagnosis (select all that apply) BPD/CLDP	Hemodynamically significant CHD	Premature (≤35 wGA)	Dose given in hospital?	Patient's insurance carrier	Specialty Pharmacy Provider	Referral submission date	Submitted to:	Approved or denied	Patient Hub ID	Patient Consent signed?	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month 7	
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