



ALL INFANTS ARE NOT THE SAME

BEFORE YOU DO ANYTHING ELSE THIS RSV SEASON, IDENTIFY YOUR HIGHEST-RISK INFANTS FIRST

Steps to help protect the highest-risk infants from severe RSV disease

Please see additional Important Safety Information throughout and on page 10.
Please see full [Prescribing Information](#) for SYNAGIS, including Patient Information.

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.

CONTRAINDICATIONS

Previous significant hypersensitivity reaction to SYNAGIS.

IMPORTANT SAFETY INFORMATION

Hypersensitivity Reactions: Anaphylaxis and anaphylactic shock (including fatal cases) and other severe acute hypersensitivity reactions have been reported. Permanently discontinue SYNAGIS and administer appropriate medication if such reactions occur.

RSV=respiratory syncytial virus.



25+ YEARS OF CLINICAL EXPERIENCE
PROTECTING THE HIGHEST RISK INFANTS FROM RSV

REFERENCES



IDENTIFY PATIENTS

TRACK PATIENTS AND MONITOR SEASON START

GET PATIENTS STARTED EARLY

ORDER SYNAGIS

HELP PATIENTS STAY ON SYNAGIS

IMPORTANT SAFETY INFORMATION



REQUEST A REP

IDENTIFY PATIENTS

THROUGHOUT THE YEAR, IDENTIFY THE HIGHEST-RISK INFANTS WHO MAY BENEFIT FROM SYNAGIS®



ALL INFANTS ARE NOT THE SAME

THE AAP AND NPA RECOMMEND SYNAGIS FOR THE FOLLOWING PATIENTS AT THE HIGHEST RISK FOR SEVERE RSV DISEASE:

ELIGIBLE PATIENTS

BIRTHDAY GUIDES

EHR

	SYNAGIS INDICATION ¹	2014 AAP Guidance ^{2*}	2024 NPA Guidelines ³
<p>Premature</p>	<p>≤35 wGA and ≤6 months of age at the start of RSV season</p>	<p><29 wGA and <12 months of age[†] at the start of RSV season with no other qualifying conditions</p> <p>[†]6 to <12 months is outside the approved SYNAGIS Indication.</p> <p>29 to 35 wGA with other qualifying conditions</p>	<p><28 0/7 wGA and <12 months of age[†] at the start of RSV season</p> <p>[†]6 to <12 months is outside the approved SYNAGIS Indication.</p> <p>28 0/7 to 32 0/7 wGA and <6 months of age at the start of RSV season</p> <p>32 1/7 to 35 6/7 wGA and <6 months of age at the start of RSV season, with significant provider-identified risk factors</p>
<p>BPD</p>	<p>≤24 months of age at the start of RSV season, and with medical treatment required for BPD within the previous 6 months</p>	<p><32 wGA and requiring >21% oxygen for at least the first 28 days after birth</p> <ul style="list-style-type: none"> • <12 months of age at the start of RSV season • 12-24 months of age at the start of RSV season, with required medical support in the past 6 months 	<p><24 months of age at the start of RSV season, and with medical management required within 6 months</p>
<p>HS-CHD</p>	<p>≤24 months of age at the start of RSV season</p>	<p><12 months of age at the start of RSV season</p>	<p><24 months of age at the start of RSV season, unless cardiology waiver obtained</p>



VIEW ELIGIBILITY GRID

*The [2014] AAP guidance was based on a systematic review by the AAP Committee on Infectious Diseases (COID) and the Subcommittee on Bronchiolitis of all recent and older peer-reviewed literature.

The guidance does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

AAP=American Academy of Pediatrics; EHR=electronic health record; BPD=bronchopulmonary dysplasia; HS-CHD=hemodynamically significant congenital heart disease; RSV=respiratory syncytial virus; wGA=weeks gestational age.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Coagulation Disorders: SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder.

RSV Diagnostic Test Interference: Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays.

Serious Adverse Reactions: The most common serious adverse reactions occurring with SYNAGIS are anaphylaxis and other acute hypersensitivity reactions.

LEARN MORE ABOUT THE HIGHEST-RISK RSV PATIENTS

REFERENCES

Please see additional Important Safety Information throughout and on page 10. Please see full Prescribing Information for SYNAGIS, including Patient Information.



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GET PATIENTS STARTED EARLY

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IDENTIFY PATIENTS

BIRTHDAY GUIDES MAKE IT SIMPLE TO IDENTIFY YOUR HIGHEST-RISK PATIENTS



ALL INFANTS ARE NOT THE SAME

USE THESE INTERACTIVE BIRTHDAY GUIDES TO HELP IDENTIFY PATIENTS at the highest risk for severe RSV disease during the 2024-2025 season

START HERE
2014 American Academy of Pediatrics (AAP) Guidance

Select the month RSV season starts in your region.
Help to identify patients in your practice at highest risk for severe RSV disease this season.

Identify any of the 3
AAP guidance supports SYNAGIS® use in any of these high-risk RSV patient groups¹:

	Criteria	Birthday reference
Premature	≤28 weeks, 6 days gestational age	Born after
CHD	Hemodynamically significant: (Either of these) * Has asymptomatic congenital heart disease and is receiving medication to control congestive heart failure and will require cardiac surgery * Has moderate to severe pulmonary hypertension <small>¹Decisions regarding palivizumab prophylaxis for infants with cardiac heart defects in the first year of life may be made in consultation with a pediatric cardiologist.</small>	Born after
BPD	<32 wGA and requiring ≥21% oxygen for at least the first 28 days after birth	Born after
BPD	<32 wGA and requiring ≥21% oxygen for at least the first 28 days after birth and received medical treatment for BPD/CLD within 6 months of the start of the second RSV season ² : (Any 1 of these) * Supplemental oxygen * Diuretic * Corticosteroid therapy <small>²An infant may receive 3 or more monthly doses of SYNAGIS during the RSV season. RSV seasonal onset and duration can vary by year and geographic region. Year-round activity has been reported in Florida and Puerto Rico.²⁴</small>	Born after

START HERE
2024 National Perinatal Association (NPA) Guidelines

Select the month RSV season starts in your region.
Help to identify patients in your practice at highest risk for severe RSV disease this season.

Identify any of the 3
NPA guidelines support SYNAGIS® use in any of these high-risk RSV patient groups¹:

	Criteria	Birthday reference
Premature	<28 0/7 wGA and <12 months CA* at the start of RSV season ¹	Born after
Premature	28 0/7 to 32 0/7 wGA and <6 months CA at the start of RSV season	Born after
Premature	32 1/7 to 35 6/7 wGA and <6 months CA at the start of RSV season, with significant provider-identified risk factors	Born after
CHD	Hemodynamically significant: *24 months CA at the start of RSV season, unless cardiology waiver obtained	Born after
BPD	*24 months CA at the start of RSV season, and with medical management required within 6 months	Born after

EHR=electronic health record; RSV=respiratory syncytial virus.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Most Common Adverse Reactions: The most common adverse reactions are fever and rash.
Postmarketing Experience: Severe thrombocytopenia and injection site reactions have been identified during post approval use of SYNAGIS.

LEARN MORE ABOUT THE HIGHEST-RISK RSV PATIENTS

Please see additional Important Safety Information throughout and on page 10. Please see full [Prescribing Information](#) for SYNAGIS, including Patient Information.



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REFERENCES

IDENTIFY PATIENTS

YOUR EHR CAN HELP YOU IDENTIFY YOUR HIGHEST-RISK PATIENTS MORE EFFICIENTLY



REDUCE THE RISK OF MISSING PATIENTS WHO MAY BENEFIT FROM SYNAGIS®

- Build automated EHR patient list reports based on ICD-10 codes



RUN PATIENT LIST REPORTS MONTHLY TO HELP WITH YEAR-ROUND PATIENT IDENTIFICATION

- Stay vigilant when RSV activity does not follow typical patterns
- Track babies born in spring or summer (“out of RSV season”) who may otherwise be missed



USE YOUR EHR IN HEALTHCARE SYSTEMS WITH NICUs THAT ALSO HAVE OUTPATIENT SETTINGS

- Send reports to each affiliate so they can continue to run reports monthly



ADVOCATE TO ESTABLISH A PATIENT LIST REPORT PROCEDURE

- Bridge gaps in care or tracking

LEARN HOW YOUR EHR CAN HELP YOU IDENTIFY the highest-risk infants who may benefit from SYNAGIS



VIEW EHR



ALL INFANTS ARE NOT THE SAME

EHR=electronic health record; ICD-10=International Classification of Diseases, Tenth Revision; NICU=neonatal intensive care unit; RSV=respiratory syncytial virus.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

These are not all the possible risks associated with SYNAGIS.

Please see full [Prescribing Information](#) for SYNAGIS, including Patient Information.

To report suspected adverse reactions, contact Sobi North America at 1-866-773-5274 or the FDA at 1-800-FDA-1088.

LEARN MORE ABOUT THE HIGHEST-RISK RSV PATIENTS

REFERENCES

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GET PATIENTS
STARTED EARLY

GET ELIGIBLE PATIENTS STARTED ON SYNAGIS® AS EARLY AS POSSIBLE



ALL INFANTS ARE NOT THE SAME



COLLECT
ALL PRESCRIPTION
AND MEDICAL
BENEFIT INSURANCE
INFORMATION



SOME PATIENTS
**MAY HAVE
COVERAGE
UNDER BOTH
BENEFITS** OR ONLY
THE MEDICAL OR
PHARMACY BENEFIT:

1 card for both
the pharmacy and
medical benefits

OR

2 cards:
1 for pharmacy and
1 for medical benefits



**COMPLETE
A BENEFITS
INVESTIGATION**
TO VERIFY
COVERAGE
FOR SYNAGIS

Review PA requirements
and Specialty Pharmacy
network options.

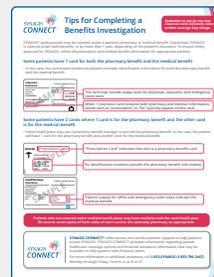


**COMPLETE AND
SUBMIT THE PA
REQUEST, IF NEEDED**

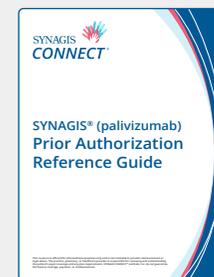
- If the patient has primary and secondary insurance, complete the PA process for both



**FOLLOW UP
WITH HEALTH
PLAN OR PAYER
ON PA OUTCOME,
IF NEEDED**



VIEW
TIPS FOR BENEFITS
INVESTIGATION



VIEW
PRIOR AUTHORIZATION
REFERENCE GUIDE

PA=prior authorization.

IMPORTANT SAFETY INFORMATION

Hypersensitivity Reactions: Anaphylaxis and anaphylactic shock (including fatal cases) and other severe acute hypersensitivity reactions have been reported. Permanently discontinue SYNAGIS and administer appropriate medication if such reactions occur.

Coagulation Disorders: SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder.

REFERENCES

Please see additional Important Safety Information throughout and on page 10. Please see full [Prescribing Information](#) for SYNAGIS, including Patient Information.



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ORDER SYNAGIS BY SUBMITTING THE COMPLETED SPECIALTY PHARMACY FORM

The completed Specialty Pharmacy form serves as the prescription. If required by the payer, it may also be necessary to submit a payer-approved PA form.



REMIND CAREGIVERS THAT THEIR APPROVAL IS NEEDED*

- The Specialty Pharmacy will call to confirm shipment and collect payment

HELPFUL HINT: This call will most likely come from an 800 number. If parents miss the call, remind them to listen to the voicemail and call the phone number provided.



SCHEDULE SYNAGIS DELIVERY A FEW DAYS PRIOR TO ADMINISTRATION APPOINTMENT



PROVIDE SPECIALTY PHARMACY WITH PATIENT'S UPDATED WEIGHT AHEAD OF TIME TO ENSURE APPROPRIATE DOSE IS SHIPPED



VIEW SPECIALTY PHARMACY NETWORK ENROLLMENT FORMS



VIEW SPECIALTY PHARMACY CONTACT LIST

*Remind parents/caregivers that the Specialty Pharmacy is chosen by their insurance plan or selected by their infant's healthcare provider. Inform them that a Specialty Pharmacy provides medications used to treat rare or complex conditions. Many times, these medications require a physician to administer the medication, have special delivery/shipment requirements, and require specific instructions from a pharmacist.

PA=prior authorization.

IMPORTANT SAFETY INFORMATION (CONTINUED)

RSV Diagnostic Test Interference: Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays.

Serious Adverse Reactions: The most common serious adverse reactions occurring with SYNAGIS are anaphylaxis and other acute hypersensitivity reactions.

Most Common Adverse Reactions: The most common adverse reactions are fever and rash.

Postmarketing Experience: Severe thrombocytopenia and injection site reactions have been identified during post approval use of SYNAGIS.

REFERENCES

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REMINDERS FOR PARENTS/CAREGIVERS

IT'S IMPORTANT TO SCHEDULE ALL DOSING APPOINTMENTS (every 28 to 30 days) IN ADVANCE



PATIENT CONSENT FORM

Complete to receive Sobi field reimbursement support.

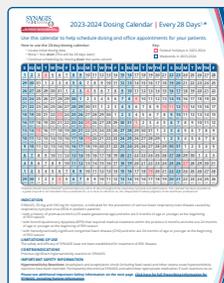


VIEW PATIENT CONSENT FORM



SYNAGIS DOSING CALENDAR

Use when scheduling patient dosing appointments with parents/caregivers.



VIEW SYNAGIS DOSING CALENDAR



DOSE SCHEDULING CARD

Help parents/caregivers remember each dosing appointment.



Contact your SYNAGIS representative for this resource.



SYNAGIS BROCHURE

Helpful information for parents/caregivers.



VIEW SYNAGIS BROCHURE



COPAY ASSISTANCE PROGRAM

Help eligible patients with commercial insurance manage out-of-pocket costs.



VIEW COPAY



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IMPORTANT SAFETY INFORMATION (CONTINUED)

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FOR MORE RESOURCES, VISIT SYNAGISHCP.COM

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References:

1. SYNAGIS (palivizumab) [prescribing information]. Waltham, MA: Sobi, Inc. 2021.
2. American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014;134(2):415-420.
3. Goldstein M, Hopkins B, Kadri M, et al. National Perinatal Association 2024 respiratory syncytial virus (RSV) prevention clinical practice guideline: clinical presentation, prevention strategies, and social impacts in children: an evidence-based interdisciplinary collaboration. *Neonatology Today*. 2024;19(1):9-38.

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LIMITATIONS OF USE

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

CONTRAINDICATIONS

Previous significant hypersensitivity reaction to SYNAGIS.

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For WAC pricing, visit synagishcp.com/wac-pricing.

All imagery is for illustrative purposes only.

Additional resources at SYNAGISHCP.com



Learn more about us at SOBI.com

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SYNAGIS[®]
PALIVIZUMAB



25+ YEARS OF CLINICAL EXPERIENCE
PROTECTING THE HIGHEST RISK INFANTS FROM RSV

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