COORDINATOR CORNER

MODULE 1

IDENTIFYING BABIES AT HIGH RISK FOR SEVERE RSV DISEASE

Coordinator Corner has developed this summary to assist your learning and help you fully understand the information featured in this video

Video breakdown by topic

1 Topic: High-risk groups for severe RSV disease | Time: 0:39

There are 3 specific populations you should look at the beginning of RSV season:

- Premature infants, ≤35 weeks GA and who are 6 months of age or younger
- Babies with bronchopulmonary dysplasia/chronic lung disease of prematurity (BPD/CLDP) that required medical treatment within the previous 6 months and who are 24 months of age or younger
- Babies with hemodynamically significant congenital heart disease and who are 24 months of age or younger

2 Topic: 3 key steps to follow in the screening process | Time: 1:09

- Step 1: ASSESS patient ID logs from the past 2 RSV seasons
  - Helps you determine which of your current patients may be second-season eligible for SYNAGIS® (palivizumab). That way, you can contact parents before the season starts
- Step 2: IDENTIFY new high-risk patients
  - Use the following:
    - The RSViD patient risk assessment tool on synagis.com
    - Patient ID grid
    - Medical documents like NICU notes and hospital discharge summary
  - Record your findings using the print or electronic patient ID log
  - Keep ID logs in a centralized location so that they are accessible to others in the office
  - Remain proactive in screening your patients to ensure that identification takes place before, as well as during, the upcoming RSV season
- Step 3: EVALUATE log 45 to 60 days before upcoming RSV season
  - Consider any updates to the patient's condition, their age at season start, and any changes in risk factors (birthday guides and risk assessment forms may be helpful

IMPORTANT SAFETY INFORMATION

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS

Please see additional Important Safety Information on page 3, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.

Get all these resources and more in the Additional Resources section of this module.

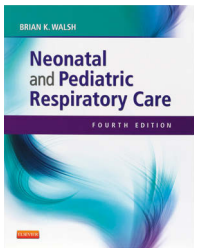
3 Topic: Benefits of an EMR system | Time: 3:50

There are 3 specific populations you should look for:

- An EMR system can complement your efforts to help ensure that no babies are left behind
  - Digitizes information on every patient in your practice to improve accuracy of patient identification
  - Provides alerts and reminders for consistent patient screening, tracking, and dosing
- Visit the Resources section of this module to watch a video on how your EMR system can help your office's identification processes, as well as to download a checklist of best practices to maximize use of your EMR system

4 Topic: Helpful tips from experienced coordinators | Time: 4:34

- Experienced coordinators offer tips that may help you during this process:
  - Tip: Flagging potential candidates for SYNAGIS® (palivizumab) in patient file
    - Flag all new high-risk babies for the doctor to review
    - Include note, "Patient may qualify for SYNAGIS"
    - Place chart sticker on file
    - Send letters to parents regarding second-season dosing
  - Tip: Have a point person and keep information in one centralized location
    - All patient files and paperwork for SYNAGIS should be organized in one location
    - One person in the office should keep track of information for potential and existing patients for SYNAGIS
  - Tip: Fill out referral forms as you identify patients
    - Timesaver that helps reduce burden during referral submission time and helps streamline the process moving forward



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You must be registered to be eligible for certification—**so register today.**

SELECT SAFETY INFORMATION

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.

Please see additional Important Safety Information on page 3, and accompanying full Prescribing Information for SYNAGIS, including Patient Information.

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
- 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

INDICATION

SYNAGIS 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.

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 accompanying full Prescribing Information for SYNAGIS, including Patient Information.

AstraZeneca

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SYNAGIS® PALIVIZUMAB