US-8911-SYNAGIS Patient ID Kit Patient Log digital

Physical Description: 8.5x11 Front/Back Card

PATIENT ID LOG

This form is available for download at **SYNAGIS.com/coordinator_corner.**

Patients who may be considered for SYNAGIS® (palivizumab) this upcoming RSV season

Please see Important Safety Information on reverse and accompanying full Prescribing Information for more information.

	Patient name Date of birth	Parent's name Phone number	Premature birth (≤35 weeks GA)	BPD/CLDP	HS-CHD	Dose given in hospital	Insurance carrier Phone number
1			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
2			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
3			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
4			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
5			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
6			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
7			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
8			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
9			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
10			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
11			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
12			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
13			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
14			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
15			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	

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.

RSV = respiratory syncytial virus; GA = gestational age; BPD/CLDP = bronchopulmonary dysplasia/chronic lung disease of prematurity; HS-CHD = hemodynamically significant congenital heart disease.

	Patient name Date of birth	Parent's name Phone number	Premature birth (≤35 weeks GA)	BPD/CLDP	HS-CHD	Dose given in hospital	Insurance carrier Phone number
16			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
17			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
18			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
19			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	
20			☐ _____ weeks GA	☐	☐	☐ Yes Date: _____ ☐ No	

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INDICATION

SYNAGIS is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in children at high risk of RSV disease. Safety and efficacy were established in children with bronchopulmonary dysplasia (BPD), infants with a history of premature birth (≤35 weeks gestational age), and children with hemodynamically significant congenital heart disease (CHD). 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.

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.

Please see full Prescribing Information, including Patient Information for more information.

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AstraZeneca

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SYNAGIS® PALIVIZUMAB