Establishing HCP Collaboration

- Try to identify a single point of contact in each healthcare provider (HCP) office as well as a secondary contact if the primary is ever out of the office
- Consider keeping a file with all SYNAGIS® (palivizumab) patient information in one place
- Have action items and requests from SYNAGIS coordinators circled or clearly outlined on the SYNAGIS patient form/list
- Have up-to-date status and follow-up executed by end of day Friday so that planning for the following week can take place
- Know the business days/hours of the HCP office and plan shipments according to their schedule, especially around holidays
- Share with HCPs that patient eligibility for various benefit options should be considered carefully
- Carefully coordinate critical monthly injections in November, December, and January
- When appropriate, remind HCPs that some high-risk babies may need SYNAGIS for a second season
- Consider sending a letter to HCPs to remind them that they may have patients who are eligible to receive SYNAGIS for a second season or send a general letter at the end of RSV season to alert HCPs about the second season

Please see page 3 for Important Safety Information and accompanying full Prescribing Information.

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SYNAGIS® PALIVIZUMAB

Communication With Parents and Caregivers

- Be sure that parents and caregivers of high-risk babies understand what SYNAGIS® (palivizumab) is and how it may help protect their children from severe respiratory syncytial virus (RSV) disease
- Explain that SYNAGIS is not a vaccine, but rather an FDA-approved prescription injection of antibodies that is given monthly to help protect certain high-risk children from severe RSV disease throughout the RSV season
- Each dose of SYNAGIS provides protection for about 28–30 days
- If a high-risk baby is prescribed SYNAGIS, he or she will need to continue receiving monthly shots throughout RSV season
- A high-risk baby needs to keep getting SYNAGIS for as long as it is prescribed
- Be sure that parents and caregivers are aware of the Cradle with Care℠ program and how it can support compliance and education about severe RSV disease and the use of SYNAGIS
- Remind parents and caregivers to talk to their child's doctor about what's right for their child
- Be sure to outline the next steps required to receive SYNAGIS in any communications with a parent or caregiver. Include relevant contact information for a parent or caregiver to follow-up and confirm next steps
- Inform parents about available assistance programs, including the SYNAGIS Co-pay Savings program. If a patient is without prescription coverage or can't afford their medication, AstraZeneca may be able to help

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SYNAGIS® PALIVIZUMAB

Important Safety Information

SYNAGIS® (palivizumab) 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.

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 accompanying full Prescribing Information for SYNAGIS, including Patient Information.

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