

BEYFORTUS/NIRSEVIMAB CONSENT FORM

Patient Name: _____ Name of Provider: _____

Background

Beyfortus (also known as Nirsevimab) is a brand-name drug manufactured by Sanofi. It is prescribed to help prevent severe illness caused by respiratory syncytial virus ("RSV"), which is common, highly contagious, and sometimes deadly. The American Academy of Pediatrics has recommended that all infants, and especially those at high risk, receive this new preventative monoclonal antibody. More information regarding this recommendation can be found at the CDC and American Academy of Pediatrics websites.

Risks and Common Side Effects

There are risks associated with this monoclonal antibody treatment, many of which have been identified and explained by Sanofi at www.beyfortus.com. Sanofi has indicated that the most common side effects of Beyfortus included rash and pain, swelling, or hardness at the site of injection. These are not all the possible side effects of Beyfortus, and serous allergic reactions have happened with other medicines like Beyfortus. Parents and legal guardians are encouraged to visit www.beyfortus.com for more detailed information before signing this consent.

Consent

I, _____ (name of the parent/guardian), am the parent, guardian, conservator, or legal representative of the minor child listed above. I have been given the opportunity to read the safety information referenced above and have been given the opportunity to ask questions about the currently recognized benefits and risks of this injection treatment. I also confirm that the mother did not receive the RSV vaccine (**Abrysvo)** while she was pregnant with the patient. I hereby give permission for my child to receive this injection. By signing below, I recognize that my child might still be infected with RSV after receiving this treatment. **I also understand that although most insurance companies are covering Beyfortus that I will be responsible for paying any uncovered portion up to $586.**

Signature of parent or legal guardian: _____

Date: _____

Staff initials: _____

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