HEALTHCARE PROFESSIONAL POCKET GUIDE



AREXVY is a vaccine indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals:

- 60 years of age and older;
- 50 through 59 years of age who are at increased risk for LRTD caused by RSV.

Not an actual patient.

Vaccination may not protect all recipients.¹

Important Safety Information

- AREXVY is contraindicated in anyone with a history of a severe allergic reaction (eg, anaphylaxis) to any component of AREXVY
- The results of a postmarketing observational study suggest an increased risk of Guillain-Barré syndrome during the 42 days following vaccination with AREXVY
- Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of AREXVY

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.





The CDC RSV Vaccine Recommendation

The CDC recommends:

Adults 60-74 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine²

Adults 75 years of age and older receive a single o dose of RSV vaccine²

Additional information from the CDC

Eligible adults are currently recommended to receive a single dose of RSV vaccine; adults who have already received RSV vaccination should not receive another dose. Eligible adults may be vaccinated at any time of year, but vaccination will have the most benefit if administered in late summer or early fall, just before the RSV season.³

CDC=Centers for Disease Control and Prevention.

Important Safety Information (cont.)

- Syncope (fainting) may occur in association with administration of injectable vaccines, including AREXVY.
 Procedures should be in place to avoid injury from fainting
- Immunocompromised persons, including those receiving immunosuppressive therapy, may have a diminished immune response to AREXVY

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.

List of CDC-Identified Risk Factors for Severe RSV Disease³

Qualified vaccinators, including pharmacists, nurse practitioners, and other providers (based on state and jurisdictional law) may determine patient eligibility for RSV vaccination based on clinical assessment even in the absence of medical documentation of a named risk condition. Patient attestation is sufficient evidence of the presence of a risk factor; vaccinators should not deny RSV vaccination to a person because of lack of documentation.³

- Chronic cardiovascular disease (eg, heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])
- Chronic lung or respiratory disease (eg, chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis)
- End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness (eg, poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- Chronic liver disease (eg, cirrhosis)
- Chronic hematologic conditions (eg, sickle cell disease or thalassemia)
- Severe obesity (body mass index ≥40 kg/m²)
- Moderate or severe immune compromise
- · Residence in a nursing home

 Other chronic medical conditions or risk factors that a healthcare provider determines would increase the risk for severe disease due to viral respiratory infection (eg, frailty,* situations in which healthcare providers have concern for presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging¹)

*Frailty is a multidimensional geriatric syndrome that reflects a state of increased vulnerability to adverse health outcomes. Although no consensus definition exists, one frequently used tool for determination is the Fried frailty phenotype assessment in which frailty is defined as a clinical syndrome with 3 or more of the following symptoms present: unintentional weight loss (10 lbs [4.5 kg] in the past year), self-reported exhaustion, weakness (grip strength), slow walking speed, or low physical activity.

^tHealthcare providers caring for adults aged 60-74 years residing in these communities may use clinical judgment, knowledge of local RSV epidemiology, and community incidence of RSV-associated hospitalization to recommend vaccination for a broader population in this age group.

Data on the safety and efficacy of AREXVY in individuals with these risk factors for severe RSV disease as described by the CDC may be limited¹









Exceptional Efficacy for Your Patients Aged 60 Years and Older¹

STUDY 1: **PRIMARY ENDPOINT**

82.6% OVERALL EFFICACY AGAINST RSV-LRTD

(96.95% CI, 57.9, 94.1)

AREXVY (7 cases out of 12.466). placebo (40 cases out of 12,494)

STUDY 1: SECONDARY ENDPOINT

EFFICACY AGAINST RSV-LRTD IN PARTICIPANTS WITH AT LEAST 1 COMORBIDITY*

(95% CI, 65.9, 99.9)

AREXVY (1 case out of 4937). placebo (18 cases out of 4861)

At the time of this analysis, median follow-up was 6.7 months.¹

Study 1 Design¹: Study 1, a phase 3, randomized, placebo-controlled, observer-blind study in individuals aged ≥60 years, evaluated the efficacy of AREXVY in preventing RSV-LRTD during the first season, with follow-up planned for up to 36 months. Participants in the primary population for efficacy analysis received 1 dose of AREXVY (n=12,466) or placebo (n=12,494).

LRTD was defined as ≥2 lower respiratory symptoms/signs, including ≥1 lower respiratory sign for at least 24 hours, or \geq 3 lower respiratory symptoms for at least 24 hours.1

*Comorbidities of interest: COPD, asthma, any chronic respiratory/pulmonary disease, chronic heart failure, diabetes mellitus type 1 or type 2, and advanced liver or renal disease.

COPD=chronic obstructive pulmonary disease.

Important Safety Information (cont.)

• In adults 60 years of age and older, the most commonly reported adverse reactions ($\geq 10\%$) were injection site pain (60.9%), fatigue (33.6%), myalgia (28.9%), headache (27.2%), and arthralgia (18.1%)

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for AREXVY.



Percentage of participants with solicited local and systemic adverse reactions within 4 days of vaccination in individuals aged 60 years and older (solicited safety set with 4-day diary card)

STUDY 1: SAFETY DATA

	AREXVY %	Placebo ^a %
Local Adverse Reactions	N=879	N=874
Pain, Any⁵	60.9	9.3
Pain, Grade 3 ^b	1	0
Erythema, >20 mm	7.5	0.8
Erythema, >100 mm	0.2	0
Swelling, >20 mm	5.5	0.6
Swelling, >100 mm	0.2	0
Systemic Adverse Reactions	N=879	N=878
Fatigue, Any ^c	33.6	16.1
Fatigue, Grade 3 ^c	1.7	0.5
Myalgia, Any ^c	28.9	8.2
Myalgia, Grade 3º	1.4	0.3

In the solicited safety set, the local administration site adverse reactions reported with AREXVY had a median duration of 2 days, and the systemic adverse reactions reported with AREXVY had a median duration ranging between 1 and 2 days.1

e	N=879	N=878	Similar rates adverse eve vs 4.0%) and
	33.6	16.1	immune-me
	1.7	0.5	diseases (0.3
	28.9	8.2	 0.3%) were i between AR
	1.4	0.3	(n=12,467) a
	27.2	12.6	<pre>placebo (n=: respectively</pre>
c	1.3	0	Deaths were
	18.1	6.4	in 0.8% and
c	1.3	0.6	participants received AR
).4 °F₫	2.0	0.3	(n=12,470) a
			nlacaba (n=

0.1

es of serious ents (4.2% d potential ediated .3% vs reported REXVY and 12,499), y.1

re reported 0.9% of s who REXVY and placebo (n=12,503), respectively.1

N=exposed set for solicited safety set included all participants with at least 1 documented dose.

0.1

^aPlacebo was a saline solution.

Headache, Anv

Arthralgia, Any^c

Headache, Grade 3ª

Arthralgia, Grade 3

Fever. ≥38.0 °C/100

Fever. >39.0 °C/102.2 °Fd

^bAny grade pain: Defined as any pain neither interfering with nor preventing normal everyday activities (Grade 1), painful when limb is moved and interferes with everyday activities (Grade 2), or significant pain at rest and prevents normal everyday activities (Grade 3).

^cAny grade fatigue, myalgia, headache, arthralgia; Defined as event easily tolerated (Grade 1), interfering with normal activity (Grade 2), or preventing normal activity (Grade 3).

^dTemperature taken by any route (oral, axillary, or tympanic).







Effective for Patients 50-59 Years of Age Who Are at Increased Risk for RSV-LRTD¹

Effectiveness of AREXVY in individuals 50 through 59 years of age with chronic medical conditions^{*} was assessed by a comparison of RSV neutralizing antibody responses induced by AREXVY in this age group to antibody responses of individuals 60 years of age and older. The comparison met the criteria for immunobridging.¹

Vaccine efficacy in adults 60 years of age and older was demonstrated in Study $1.^{\rm 1}$



*Medical conditions defined as¹:

Chronic pulmonary disease

Diabetes

Chronic kidney disease

Chronic cardiovascular disease

Chronic liver disease

Not an actual patient.

Study 4 Design–Immunobridging1: In Study 4, individuals 50 through 59 years of age with chronic medical conditions* were randomized to receive AREXVY (n=386) or saline placebo (n=191). A comparator group of individuals 60 years and older also received AREXVY (n=381).

Important Safety Information (cont.)

 In adults 50 through 59 years of age, the most commonly reported adverse reactions (≥10%) were injection site pain (75.8%), fatigue (39.8%), myalgia (35.6%), headache (31.7%), arthralgia (23.4%), erythema (13.2%), and swelling (10.4%)

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.



Safety Profile for Participants Aged 50-59 Years¹

Percentage of participants with solicited local adverse reactions and systemic adverse reactions within 4 days of vaccination from Study 4 (exposed set)

STUDY 4: SAFETY DATA

AREXVY Placebo^a 50-59 YOA % 50-59 YOA %

Local Adverse Reactions	N=756	N=379
Pain, Any ^₅	75.8	12.1
Pain, Grade 3⁵	3.4	0.3
Erythema, >20 mm	13.2	0.5
Erythema, >100 mm	0.5	0
Swelling, >20 mm	10.4	0.8
Swelling, >100 mm	0.1	0
Systemic Adverse Reactions	N=756	N=380
Fatigue, Any ^c	39.8	18.2
Fatigue, Grade 3 ^c	2.8	0.8
Myalgia, Any ^c	35.6	9.7
Myalgia, Grade 3 ^c	2.5	0.5
Headache, Any ^c	31.7	16.8
Headache, Grade 3°	2.6	1.1
Arthralgia, Any ^c	23.4	7.9
Arthralgia, Grade 3°	1.7	0.8
Fever, ≥38.0 °C/100.4 °F ^d	3.2	1.1
Fever, >39.0 °C/102.2 °F ^d	0.1	0.5

The median duration of solicited local and systemic adverse reactions after AREXVY vaccination was 2-3 days and 1-2 days, respectively.¹

The rates of solicited local and systemic adverse reactions were similar in participants 50-59 years of age with or without medical conditions associated with an increased risk of RSV-LRTD.¹

Among participants 50-59 years of age, serious adverse events (2.3% vs 2.1%), deaths (0.5% vs 0.3%), and potential immune-mediated diseases (0.5% vs 0.3%) were reported after receiving AREXVY (N=769) or placebo (N=383), respectively.¹

YOA=years of age.

N=exposed set included all participants with at least 1 documented dose and with completed diary card.

^aPlacebo was a saline solution.

- ^bAny grade pain: Defined as any pain neither interfering with nor preventing normal everyday activities (Grade 1), painful when limb is moved and interferes with everyday activities (Grade 2), or significant pain at rest and prevents normal everyday activities (Grade 3).
- ^cAny grade fatigue, myalgia, headache, arthralgia: Defined as event easily tolerated (Grade 1), interfering with normal activity (Grade 2), or preventing normal activity (Grade 3).

^dTemperature taken by any route (oral or axillary).





Coadministration of AREXVY in Adults 60+ With Other Adult Vaccines



- According to the US Prescribing Information, AREXVY can be coadministered with flu vaccination. Data are not available for concomitant administration with other vaccines¹
- According to the CDC, coadministration of RSV vaccines with other adult vaccines during the same visit is acceptable³
- Available data on immunogenicity of coadministration of RSV vaccines and other vaccines are currently limited²

Not an actual patient.

Visit AREXVYhcp.com for dosing and administration information.

Important Safety Information (cont.)

• There are no data on the use of AREXVY in pregnant or breastfeeding individuals. AREXVY is not approved for use in persons <50 years of age

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.

Steps to Help Protect Eligible Patients

EDUCATE

Identify appropriate patients and discuss their unique risks for severe RSV based on **age** and/or their specific **underlying conditions**

RECOMMEND

Review the benefits and risks of AREXVY and strongly recommend vaccination for appropriate patients based on their medical history and/or age, and emphasize the latest CDC RSV vaccination recommendation, including for those aged 60-74 years at increased risk for severe RSV disease*

SUPPORT

Remember that patient attestation is sufficient evidence of the presence of a risk factor. Vaccinators should not deny RSV vaccination to a person because of lack of medical documentation.² Additionally, **address patient questions about cost and ensure insurance benefits are verified**

VACCINATE

Establish a plan that works for your patients to ensure they receive AREXVY at their **local pharmacy** or **in office**. If referring to the pharmacy, remind patients to clearly communicate their age and/or risk factors with the pharmacist and follow up to make sure they have been vaccinated

*Please see the full list of CDC-identified risk factors for severe RSV disease.

Important Safety Information (cont.)

Vaccination with AREXVY may not result in protection of all vaccine recipients

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.



AREXVY Leadership

in **RSV** vaccine doses administered to adults 60 years and older4* *Retail claims July 2023-December 2024; retail making up majority of RSV market. **Over 9 Million** adults 60 years and older vaccinated against RSV-LRTD with AREXVY as of December 20244t [†]Based on data of total retail pharmacy prescriptions in the US from July 2023 through December 2024, showing 9.2

Important Safety Information

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million prescriptions for AREXVY.

Get the Resources You Need to Vaccinate Your Patients at AREXVYhcp.com

	A suite of too	Ithcare Profe s, guides, and other resources to opriate patients toward vaccination	help you work with your	
Vaccine Scheduler Tool	<i>→</i>	Educational Opportunities	Downloadable Guides	÷
Expert Videos	<i>→</i>	Patient Stories	→	
VIEW VACCINE	SCHEDULER 🛛			C
Indication		Important	Safety Information	(-

Important Safety Information (cont.)

Downloadable Guides

• The results of a postmarketing observational study suggest an increased risk of Guillain-Barré syndrome during the 42 days following vaccination with AREXVY

Patient Stories

 Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of AREXVY

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.







Important Safety Information (cont.)

- Syncope (fainting) may occur in association with administration of injectable vaccines, including AREXVY. Procedures should be in place to avoid injury from fainting
- Immunocompromised persons, including those receiving immunosuppressive therapy, may have a diminished immune response to AREXVY
- In adults 60 years of age and older, the most commonly reported adverse reactions (≥10%) were injection site pain (60.9%), fatigue (33.6%), myalgia (28.9%), headache (27.2%), and arthralgia (18.1%)
- In adults 50 through 59 years of age, the most commonly reported adverse reactions (≥10%) were injection site pain (75.8%), fatigue (39.8%), myalgia (35.6%), headache (31.7%), arthralgia (23.4%), erythema (13.2%), and swelling (10.4%)
- There are no data on the use of AREXVY in pregnant or breastfeeding individuals. AREXVY is not approved for use in persons <50 years of age
- Vaccination with AREXVY may not result in protection of all vaccine recipients

Please see additional Important Safety Information throughout and accompanying full <u>Prescribing Information</u> for AREXVY.

References: 1. Prescribing Information for AREXVY. 2. RSV vaccine guidance for older adults. Centers for Disease Control and Prevention. Accessed March 7, 2025. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/older-adults.html 3. Britton A, Roper LE, Kotton CN, et al. Use of respiratory syncytial virus vaccines in adults aged ≥60 years: updated recommendations of the Advisory Committee on Immunization Practices — United States, 2024. MMWR. Published online August 6, 2024. doi:10.15585/mmwr. mm7332e1 4. Data on file, GSK.

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