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HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ABRYSVO safely and effectively. See full prescribing information for ABRYSVO.

ABRYSVO® (Respiratory Syncytial Virus Vaccine) for injection, for intramuscular use

Initial U.S. Approval: 2023

RECENT MAJOR CHANGES

Indications and Usage (1.1)	8/2023
Dosage and Administration (2.2)	7/2024
Warnings and Precautions (5.1)	8/2023

INDICATIONS AND USAGE

ABRYSVO is a vaccine indicated for

- Active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age. (1.1)
- Active immunization for the prevention of LRTD caused by RSV in individuals 60 years of age and older. (1.2)

DOSAGE AND ADMINISTRATION

- For intramuscular use. (2)
- After reconstitution, a single dose of ABRYSVO is either 0.5 mL (Act-O-Vial presentation and vial and vial presentation) or approximately 0.5 mL (vial and prefilled syringe presentation). (2.1)

DOSAGE FORMS AND STRENGTHS

For injection.

- For the Act-O-Vial presentation, a single dose after reconstitution is 0.5 mL. (3)
- For the vial and prefilled syringe presentation, a single dose after reconstitution is approximately 0.5 mL. (3)
- For the vial and vial presentation, a single dose after reconstitution is 0.5 mL. (3)

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

- Immunization of Pregnant Individuals
- Immunization of Individuals 60 Years of Age and Older

2 DOSAGE AND ADMINISTRATION

- Dose and Schedule
- Presentations and Reconstitution
- Administration

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- Potential Risk of Preterm Birth
- Management of Acute Allergic Reactions
- Syncope
- Altered Immunocompetence
- Limitations of Vaccine Effectiveness

6 ADVERSE REACTIONS

- Clinical Trials Experience

7 DRUG INTERACTIONS

8 USE IN SPECIFIC POPULATIONS

- Pregnancy
- Lactation

CONTRAINDICATIONS

History of severe allergic reaction (e.g., anaphylaxis) to any component of ABRYSVO. (4)

WARNINGS AND PRECAUTIONS

Potential risk of preterm birth. To avoid the potential risk of preterm birth with use of ABRYSVO before 32 weeks of gestation, administer ABRYSVO as indicated in pregnant individuals at 32 through 36 weeks gestational age.

ADVERSE REACTIONS

- The most commonly reported solicited local and systemic adverse reactions in pregnant individuals ($\geq 10\%$) were pain at the injection site (40.6%), headache (31.0%), muscle pain (26.5%), and nausea (20.0%). (6.1)
- The most commonly reported solicited local and systemic adverse reactions in individuals 60 years of age and older ($\geq 10\%$) were fatigue (15.7%), headache (12.9%), pain at the injection site (10.7%), and muscle pain (10.2%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Pfizer Inc. at 1-800-438-1985 or VAERS at 1-800-822-7967 or <http://vaers.hhs.gov>.

See 17 for PATIENT COUNSELING INFORMATION

Revised: 8/2024

8.4 Pediatric Use

8.5 Geriatric Use

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

14.1 Study in Pregnant Individuals for Efficacy in Their Infants from Birth Through 6 Months of Age

14.2 Efficacy in Individuals 60 Years of Age and Older

14.3 Concomitant Administration of ABRYSVO with a Seasonal Inactivated Influenza Vaccine

14.4 Concomitant Administration of ABRYSVO with Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

16.2 Storage and Handling

17 PATIENT COUNSELING INFORMATION

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Immunization of Pregnant Individuals

ABRYSVO is a vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age.

1.2 Immunization of Individuals 60 Years of Age and Older

ABRYSVO is a vaccine indicated for active immunization for the prevention of LRTD caused by RSV in individuals 60 years of age and older.

2 DOSAGE AND ADMINISTRATION

2.1 Dose and Schedule

After reconstitution, a single dose of ABRYSVO is either 0.5 mL (Act-O-Vial presentation and vial and vial presentation) or approximately 0.5 mL (vial and prefilled syringe presentation) [*see Dosage and Administration (2.2)*].

2.2 Presentations and Reconstitution

ABRYSVO is supplied in 3 presentations as follows:

Act-O-Vial Presentation

The Act-O-Vial presentation is supplied in cartons. Each Act-O-Vial contains the Lyophilized Antigen Component (a sterile white powder) and Sterile Water Diluent Component.

Vial and Prefilled Syringe Presentation

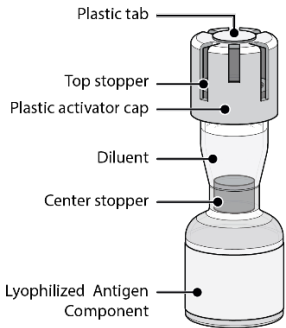
The vial and prefilled syringe presentation is supplied in cartons containing a kit(s). Each kit includes a vial of Lyophilized Antigen Component (a sterile white powder), a prefilled syringe containing Sterile Water Diluent Component, and a vial adapter.

Vial and Vial Presentation

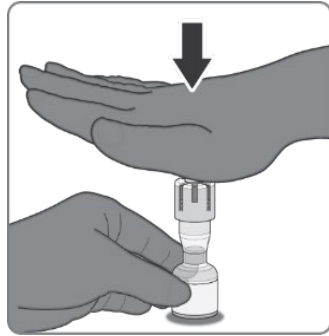
The vial and vial presentation is supplied in cartons that include vials of Lyophilized Antigen Component (a sterile white powder) and vials containing Sterile Water Diluent Component.

For all presentations, reconstitute the Lyophilized Antigen Component with the Sterile Water Diluent Component to form ABRYSVO, as described in the instructions below.

Reconstitution Instructions for the Act-O-Vial Presentation



Act-O-Vial presentation

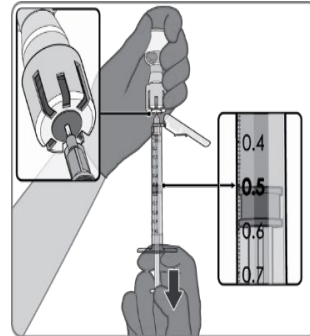


Step 1. Reconstitution of the Lyophilized Antigen Component with the Sterile Water Diluent Component to form ABRYSSVO

Place the Act-O-Vial on a flat surface and firmly press down on the plastic activator cap to release the center stopper and Sterile Water Diluent Component into the lower chamber.

Gently swirl the Act-O-Vial until the powder is completely dissolved.

Do not shake.



Step 2. Withdrawal of ABRYSSVO

Remove the plastic tab covering the center of the top stopper.

Using a sterile needle and syringe, insert the needle straight through the **center** of the stopper.

Invert the Act-O-Vial and withdraw 0.5 mL of ABRYSSVO.

Discard the Act-O-Vial and excess volume after withdrawal of a single dose.

Reconstitution Instructions for Vial and Prefilled Syringe Presentation



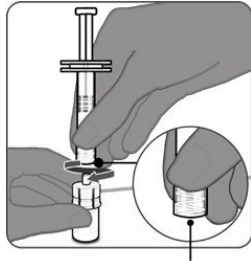
Step 1. Attachment of the vial adapter to the vial

Remove the flip top cap from the vial of Lyophilized Antigen Component.

Peel off the top cover from the vial adapter packaging.

While keeping the vial adapter in its packaging, center the adapter over the vial's stopper and attach to the vial with a straight downward push.

Remove the packaging.



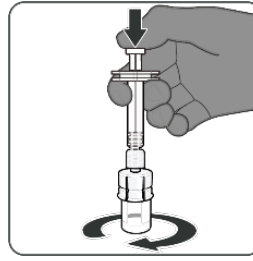
Luer Lock Adapter

Step 2. Connection of the syringe to the vial adapter

Hold the syringe of Sterile Water Diluent Component by the Luer lock adapter.

Twist to remove the syringe cap.

Connect the syringe to the vial adapter by turning the Luer lock.

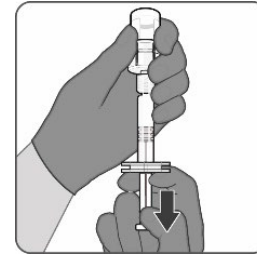


Step 3. Reconstitution of the Lyophilized Antigen Component with the Sterile Water Diluent Component to form ABRYSVO

Inject the entire contents of the syringe into the vial.

Hold the plunger rod down and gently swirl the vial until the powder is completely dissolved.

Do not shake.



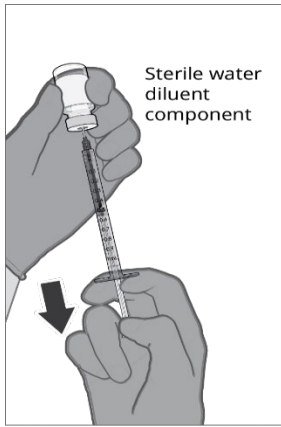
Step 4. Withdrawal of ABRYSVO

Invert the vial completely and slowly withdraw the entire contents into the syringe for an approximately 0.5 mL dose of ABRYSVO.

Twist to disconnect the syringe from the vial adapter.

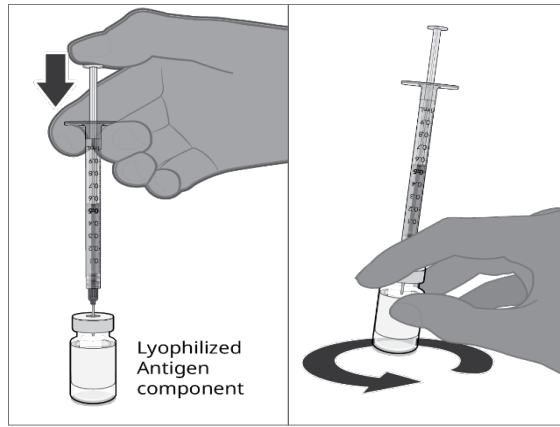
Attach a sterile needle suitable for intramuscular injection.

Reconstitution Instructions for the Vial and Vial Presentation



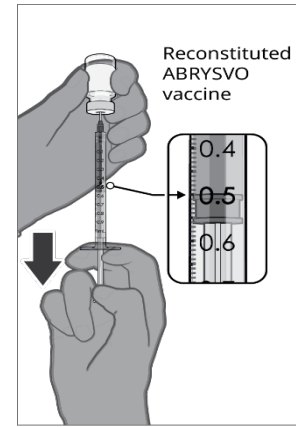
Step 1. Withdrawal of the Sterile Water Diluent

Using a sterile needle and sterile syringe, withdraw the entire contents of the vial containing the Sterile Water Diluent Component.



Step 2. Reconstitution of the Lyophilized Antigen Component with the Sterile Water Diluent Component to form ABRYYSVO

Inject the entire contents into the vial containing the Lyophilized Antigen Component (white powder). Gently swirl the vial in a circular motion until the powder is completely dissolved. Do not shake.



Step 3. Withdrawal of ABRYYSVO

Withdraw 0.5 mL from the vial containing the reconstituted vaccine.

Discard the vial and any excess volume after withdrawal of a single dose.

2.3 Administration

For intramuscular injection

After reconstitution, ABRYYSVO is a clear and colorless solution. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Discard if either condition is present.

Administer ABRYYSVO immediately or store at room temperature [15°C to 30°C (59°F to 86°F)] and use within 4 hours. Discard reconstituted vaccine if not used within 4 hours.

3 DOSAGE FORMS AND STRENGTHS

For injection.

For the Act-O-Vial presentation, a single dose after reconstitution is 0.5 mL.

For the vial and prefilled syringe presentation, a single dose after reconstitution is approximately 0.5 mL.

For the vial and vial presentation, a single dose after reconstitution is 0.5 mL.

4 CONTRAINDICATIONS

Do not administer ABRYYSVO to individuals with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of ABRYYSVO [see Description (11)].

5 WARNINGS AND PRECAUTIONS

5.1 Potential Risk of Preterm Birth

A numerical imbalance in preterm births in ABRYYSVO recipients was observed compared to placebo recipients in two clinical studies [see *Adverse Reactions 6.1*]. Available data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYYSVO. To avoid the potential risk of preterm birth with use of ABRYYSVO before 32 weeks of gestation, administer ABRYYSVO as indicated in pregnant individuals at 32 through 36 weeks gestational age. Pregnant individuals who were at increased risk of preterm birth were generally excluded from clinical studies of ABRYYSVO.

5.2 Management of Acute Allergic Reactions

Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an anaphylactic reaction occurs following administration of ABRYYSVO.

5.3 Syncope

Syncope (fainting) may occur in association with administration of injectable vaccines, including ABRYYSVO. Procedures should be in place to avoid injury from fainting.

5.4 Altered Immunocompetence

Immunocompromised individuals, including those receiving immunosuppressive therapy, may have a diminished immune response to ABRYYSVO.

5.5 Limitations of Vaccine Effectiveness

Vaccination with ABRYYSVO may not protect all vaccine recipients.

6 ADVERSE REACTIONS

In pregnant individuals, the most commonly reported ($\geq 10\%$) adverse reactions were pain at the injection site (40.6%), headache (31.0%), muscle pain (26.5%), and nausea (20.0%).

In individuals 60 years of age and older, the most commonly reported ($\geq 10\%$) adverse reactions were fatigue (15.7%), headache (12.9%), pain at the injection site (10.7%), and muscle pain (10.2%).

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a vaccine cannot be directly compared to rates in the clinical trials of another vaccine and may not reflect the rates observed in practice.

Pregnant Individuals and Infants from Birth Through 6 Months of Age

The safety of ABRYYSVO in maternal and infant participants was evaluated in two clinical studies in which approximately 4,000 maternal participants received a single dose of ABRYYSVO.

Study 1 (NCT04424316) is an ongoing, Phase 3, randomized, double-blind, multicenter, placebo-controlled study to investigate the efficacy and safety of ABRYYSVO administered to pregnant individuals ≤ 49 years of age

with uncomplicated, singleton pregnancies, to protect their infants against RSV disease. Pregnant individuals with high-risk pregnancies were excluded from the study (BMI > 40 kg/m² prior to pregnancy, pregnancies resulting after in vitro fertilization, preeclampsia, eclampsia, uncontrolled gestational hypertension, placental abnormalities, polyhydramnios or oligohydramnios, significant bleeding or blood clotting disorder, unstable endocrine disorders including untreated disorders of glucose intolerance or thyroid disorders). Pregnant individuals with prior pregnancy complications (e.g., history of preterm birth ≤ 34 weeks gestation, prior stillbirth, neonatal death, previous infant with a known genetic disorder or significant congenital anomaly) could be included, based on the investigators' judgment, but were generally not enrolled in the study. In this study with 1:1 randomization 3,682 participants received ABRYSSVO and 3,675 received placebo (0.5 mL dose, containing the same buffer ingredients in the same quantities as in a single dose of ABRYSSVO [see *Description (1.1)*]). Infants born in year 1 are to be followed for up to 24 months, and infants born in year 2 will be followed for up to 12 months to assess safety. At the time of data evaluation following a median of 8.9 months (range Day 1-23.8 months), 3,568 infants were born to the maternal participants in the ABRYSSVO group and 3,558 in the placebo group, and of these, approximately 45.6% have been followed for 12 months. This multicenter study is being conducted in Argentina, Australia, Brazil, Canada, Chile, Denmark, Finland, Gambia, Japan, Republic of Korea, Mexico, Netherlands, New Zealand, Philippines, South Africa, Spain, Taiwan, and the US.

Demographic characteristics in Study 1 among participants who received ABRYSSVO and those who received placebo were generally similar with regard to age, race, and ethnicity. Of the participants in the study, 65% were White, 20% were Black or African American, 13% were Asian, and 29% were Hispanic/Latino. The median maternal age at the time of study vaccination was 29 years (range 16 to 45 years in the ABRYSSVO group, 14 to 47 years in the placebo group). The median gestational age at vaccination was 31 weeks and 2 days (range 24-36.9 weeks). ABRYSSVO is approved for use for pregnant individuals at 32 through 36 weeks gestational age [see *Indications and Usage (1.1)*]. The median infant gestational age at birth was 39 weeks and 1 day (range 27 weeks and 3 days to 44 weeks and 2 days). Among the infants born to maternal participants 51% were male and 49% were female.

Study 2 (NCT04032093) was a Phase 2, randomized, placebo-controlled, observer-blinded study that investigated the safety of two dose levels (120 mcg and a higher dose) of ABRYSSVO administered to pregnant individuals. ABRYSSVO (120 mcg) was administered to 115 maternal participants, and 114 infants were born to these maternal participants. This study was conducted in the US, South Africa, Argentina, and Chile. Demographic characteristics among participants who received ABRYSSVO and those who received placebo were generally similar with regard to age, race, and ethnicity. Of the participants in the study, 76% were White, 21% were Black or African American, and 28% were Hispanic/Latino. The median age of participants was 27 years (range 18-42 years). The median gestational age at vaccination was 30 weeks (range 24-36 weeks). ABRYSSVO is approved for use for pregnant individuals at 32 through 36 weeks gestational age [see *Indications and Usage (1.1)*].

For all maternal participants in Study 1, solicited local reactions and systemic events were collected using electronic diaries for 7 days after study vaccination, adverse events for 1 month and obstetric complications, serious adverse events, and adverse events of special interest for the duration of the study. For infant participants, the collection period for nonserious adverse events was from birth to 1 month. Serious adverse events were monitored for at least 1 year for all infant participants and for up to 2 years for half of the infants in Study 1.

Solicited Local and Systemic Reactions in Study 1

The majority of solicited local and systemic reactions in maternal participants resolved within 2-3 days of onset. Severe local reactions were reported for 0.3% of maternal participants in the ABRYSSVO group and none in the

placebo group, and severe systemic reactions within 7 days after vaccination were reported by 2.3% of maternal participants in both groups.

Solicited local and systemic reactions reported within 7 days after vaccination in Study 1 are presented in Tables 1 and 2.

Table 1 Percentage of Maternal Participants with Local Reactions Reported, by Maximum Severity, within 7 Days after Vaccination – Study 1^a

Local Reactions	ABRYSVO N=3,663 ^b %	PLACEBO N=3,639 ^b %
Injection site pain ^c		
Any ^d	40.6	10.1
Mild	36.1	9.3
Moderate	4.4	0.9
Severe	0.1	0
Redness ^e		
Any ^d	7.2	0.2
Mild	5.0	0.1
Moderate	2.1	0.1
Severe	0.1	0
Swelling ^e		
Any ^d	6.2	0.2
Mild	4.1	0.1
Moderate	2.0	<0.1
Severe	<0.1	0

^a NCT04424316

^b N = number of participants who provided e-diary data for a specific reaction after vaccination.

^c Mild: does not interfere with activity; moderate: interferes with activity; severe: prevents daily activity.

^d Any includes all participants who reported a reaction as mild, moderate, or severe during Day 1 to Day 7 after vaccination.

^e Mild: >2 cm to 5 cm; moderate: >5 cm to 10 cm; severe: >10 cm.

Table 2 Percentage of Maternal Participants with Systemic Reactions Reported, by Maximum Severity, within 7 Days after Vaccination – Study 1^a

Systemic Reactions	ABRYSVO N=3,663 ^b %	PLACEBO N=3,638-3,639 ^b %
Fever ($\geq 38.0^{\circ}\text{C}$)		
$\geq 38.0^{\circ}\text{C}$	2.6	2.9
$\geq 38.0^{\circ}\text{C}$ to 38.4°C	1.7	1.5
$>38.5^{\circ}\text{C}$ to 38.9°C	0.8	1.2
$>39.0^{\circ}\text{C}$ to 40.0°C	<0.1	0.1
$>40.0^{\circ}\text{C}$	<0.1	0.1
Fatigue ^c		
Any ^d	46.1	43.8
Mild	23.4	22.8
Moderate	21.4	19.6
Severe	1.3	1.4
Headache ^c		
Any ^d	31.0	27.6

Systemic Reactions	ABRYSVO N=3,663^b %	PLACEBO N=3,638-3,639^b %
Mild	20.2	17.9
Moderate	10.4	9.3
Severe	0.4	0.4
Muscle pain^c		
Any ^d	26.5	17.1
Mild	17.6	10.0
Moderate	8.6	6.8
Severe	0.4	0.3
Nausea^c		
Any ^d	20.0	19.2
Mild	14.4	13.8
Moderate	5.4	5.2
Severe	0.2	0.2
Joint pain^c		
Any ^d	11.6	10.5
Mild	6.5	6.0
Moderate	4.9	4.4
Severe	0.2	<0.1
Diarrhea^c		
Any	11.2	11.5
Mild	9.1	9.4
Moderate	2.0	1.9
Severe	0.1	0.2
Vomiting^f		
Any	7.8	7.0
Mild	6.4	5.4
Moderate	1.3	1.5
Severe	0.2	<0.1

^a NCT04424316

^b N = number of participants who provided e-diary data for a specific reaction after vaccination.

^c Mild: does not interfere with activity; moderate: some interference with activity; severe: prevents daily routine activity.

^d Any includes all participants who reported a reaction as mild, moderate, or severe during Day 1 to Day 7 after vaccination.

^e Mild: 2 to 3 loose stools in 24 hours; moderate: 4 to 5 loose stools in 24 hours; severe: 6 or more loose stools in 24 hours.

^f Mild: 1 to 2 times in 24 hours; moderate: >2 times in 24 hours; severe: requires intravenous hydration.

Unsolicited Adverse Events in Study 1

Unsolicited adverse events reported within 1 month after vaccination by maternal participants were 13.7% in the ABRYSVO group and 13.1% in the placebo group.

The most frequently reported unsolicited adverse events in maternal participants from vaccination through the 1-month follow-up visit were disorders of pregnancy, puerperium and perinatal conditions (7.0% for the ABRYSVO group versus 6.2% for the placebo group).

Serious Adverse Events in Study 1

In Study 1, serious adverse events in maternal participants were reported by 16.2% in the ABRYSVO group and 15.2% in the placebo group occurring any time during the study (see Table 3) with 4.2% serious adverse events in the ABRYSVO group and 3.7% in the placebo group occurring within 1 month after vaccination. Most of the serious adverse events in maternal participants were related to pregnancy complications and occurred after the 1 month period following vaccination.

Table 3 Select Pregnancy-related Serious Adverse Events in Study 1 in Pregnant Individuals Occurring at any Time Following Vaccination^a

Serious Adverse Reaction	ABRYSVO N=3,682 n (%)	95% CI	Placebo N=3,675 n (%)	95% CI
All Maternal SAEs	598 (16.2)	(15.1, 17.5)	558 (15.2)	(14.0, 16.4)
Pre-eclampsia	68 (1.8)	(1.4, 2.3)	53 (1.4)	(1.1, 1.9)
Gestational hypertension	41 (1.1)	(0.8, 1.5)	38 (1.0)	(0.7, 1.4)
Premature rupture of membranes	15 (0.4)	(0.2, 0.7)	16 (0.4)	(0.2, 0.7)
Preterm premature rupture of membranes	15 (0.4)	(0.2, 0.7)	10 (0.3)	(0.1, 0.5)
Hypertension	13 (0.4)	(0.2, 0.6)	6 (0.2)	(0.1, 0.4)
Maternal death ^b	1 (<0.1)	(0.0, 0.2)	0	(0.0, 0.1)
Fetal Death ^c	10 (0.3)	(0.1, 0.5)	8 (0.2)	(0.1, 0.4)

^a Includes all SAEs from vaccination to 6 months post-delivery (up to approximately 10 months, depending on the gestational age at the time of vaccination). In Study 1, eclampsia occurred in 5 participants (3 in the ABRYSVO group and 2 in the placebo group) and HELLP syndrome occurred in 5 participants (2 in the ABRYSVO group and 3 in the placebo group).

^b There was one maternal death in the ABRYSVO group due to postpartum hemorrhage that was not likely to be associated with vaccination.

^c A total of 18 intrauterine deaths were reported for the index pregnancy: 10 intrauterine deaths in the ABRYSVO group (0.3%) and 8 intrauterine deaths in the placebo group (0.2%). The intrauterine deaths represented various clinical conditions and presentations resulting in fetal demise without clear evidence of a common pathophysiology.

Preterm Births in Study 1 and Study 2

A numerical imbalance in preterm births in ABRYSVO recipients compared to placebo recipients was observed in both Studies 1 and 2. In Study 2, preterm births occurred in 5.3% (6 out of 114) in the ABRYSVO group and 2.6% (3 out of 116) in the placebo group. In the subsequent Study 1, preterm birth events occurred in 5.7% [95% CI: 4.9, 6.5] (202 out of 3,568) in the ABRYSVO group and 4.7% [95% CI: 4.1, 5.5] (169 out of 3,558) in the placebo group. In infants born preterm, 83 infants in the ABRYSVO group and 80 infants in the placebo group remained hospitalized or were readmitted to the hospital in the neonatal period (up to 30 days after birth). Available data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSVO.

A numerical imbalance in preterm births was also observed in Study 1 among the subgroup of infants born to participants who were vaccinated at 32 through 36 weeks gestation, with 4.2% (68/1,631) in the ABRYSVO group and 3.7% (59/1,610) in the placebo group.

Adverse Reactions in Infants

In Study 1, adverse events in infants from birth to 1 month of age were observed in 37.1% in the ABRYSSVO group compared to 34.5% in the placebo group. Low birth weight was observed in 5.1% of participants in the ABRYSSVO group versus 4.4% in the placebo group, and neonatal jaundice was observed in 7.2% in the ABRYSSVO group versus 6.7% in the placebo group.

Individuals 60 Years of Age and Older

The safety of ABRYSSVO was evaluated in Study 3 (NCT05035212) in which 18,575 participants received ABRYSSVO and 18,288 received placebo (0.5 mL dose, containing the same buffer ingredients in the same quantities as in a single dose of ABRYSSVO [see Description (11)]). Study 3 is an ongoing, multicenter, randomized, double-blind, placebo-controlled study to assess the efficacy and safety of ABRYSSVO in individuals 60 years of age and older. This study is being conducted in the US, Argentina, Japan, the Netherlands, Canada, South Africa, and Finland. Demographic characteristics among participants who received ABRYSSVO and those who received placebo were generally similar with regard to age, sex, race, and ethnicity. Of the participants in the study, 51% were male and 80% were White, 12% were Black or African American, 7% were Asian, and 41% were Hispanic/Latino. The median age of participants was 67 years (range 59-97 years).

Solicited local and systemic reactions were collected using electronic diaries for 7 days after study vaccination in 7,073 participants (3,627 ABRYSSVO participants and 3,446 placebo recipients) from a subset of sites. For all participants, unsolicited adverse events were collected for one month after study vaccination; serious adverse events (SAEs) are collected throughout study participation.

Solicited Local and Systemic Reactions in Study 3

Solicited local and systemic reactions reported within 7 days after vaccination in Study 3 are presented in Tables 4 and 5.

Table 4 Percentage of Participants 60 Years of Age and Older with Local Reactions Reported, by Maximum Severity, within 7 Days after Vaccination – Study 3^a

Local Reactions	ABRYSVO N=3,627 ^b %	PLACEBO N=3,446 ^b %
Injection site pain ^c		
Any ^d	10.7	6.1
Mild	9.6	5.4
Moderate	1.1	0.7
Severe	<0.1	0
Redness ^{d,e}		
Any ^d	2.7	0.6
Mild	1.6	0.4
Moderate	1.0	0.2
Severe	0.1	0
Swelling ^{d,e}		
Any ^d	2.5	0.4
Mild	1.5	0.2
Moderate	0.9	0.1
Severe	0.1	<0.1

^a NCT05035212

^b N = number of participants who provided e-diary data for a specific reaction after vaccination.

^c Mild: does not interfere with activity; moderate: some interference with activity; severe: prevents daily activity.

^d Any includes all participants who reported a reaction as mild, moderate, or severe during Day 1 to Day 7 after vaccination.

^e Mild: 2.5 cm to 5 cm; moderate: >5 cm to 10 cm; severe: >10 cm (for data reported from e-diaries).

Table 5 Percentage of Participants 60 Years of Age and Older with Systemic Reactions Reported, by Maximum Severity, within 7 Days after Vaccination – Study 3^a

Systemic Reactions	ABRYSVO N=3,627 ^b %	PLACEBO N=3,446 ^b %
Fever ($\geq 38.0^{\circ}\text{C}$)		
$\geq 38.0^{\circ}\text{C}$	1.5	1.5
$\geq 38.0^{\circ}\text{C}$ to 38.4°C	0.7	0.8
$>38.4^{\circ}\text{C}$ to 38.9°C	0.8	0.6
$>38.9^{\circ}\text{C}$ to 40.0°C	<0.1	<0.1
$>40.0^{\circ}\text{C}$	0	<0.1
Fatigue ^c		
Any ^d	15.7	14.9
Mild	9.3	8.7
Moderate	6.0	6.0
Severe	0.3	0.1
Headache ^c		
Any ^d	12.9	12.0
Mild	9.0	8.6
Moderate	3.8	3.2
Severe	0.1	<0.1
Muscle pain ^c		
Any ^d	10.2	8.5

Systemic Reactions	ABRYSVO N=3,627^b %	PLACEBO N=3,446^b %
Mild	6.5	5.6
Moderate	3.5	2.8
Severe	0.2	<0.1
Joint pain^c		
Any ^d	7.6	7.0
Mild	4.5	3.9
Moderate	3.0	3.0
Severe	<0.1	<0.1
Nausea^c		
Any ^d	3.5	3.8
Mild	2.6	3.1
Moderate	0.9	0.6
Severe	0	<0.1
Vomiting^e		
Any ^d	0.9	0.9
Mild	0.7	0.7
Moderate	0.2	0.2
Severe	0	<0.1
Diarrhea^f		
Any ^d	6.0	5.3
Mild	4.5	4.3
Moderate	1.4	0.9
Severe	0.1	0.1

^a NCT05035212

^b N = number of participants who provided e-diary data for a specific reaction after vaccination.

^c Mild: does not interfere with activity; moderate: some interference with activity; severe: prevents daily routine activity.

^d Any includes all participants who reported a reaction as mild, moderate, or severe during Day 1 to Day 7 after vaccination.

^e Mild: 1 to 2 times in 24 hours; moderate: >2 times in 24 hours; severe: requires intravenous hydration.

^f Mild: 2 to 3 loose stools in 24 hours; moderate: 4 to 5 loose stools in 24 hours; severe: 6 or more loose stools in 24 hours.

Solicited local and systemic reactions had a median duration of 1-2 days.

Unsolicited Adverse Events in Study 3

Unsolicited adverse events occurring within 1 month after vaccination were similar between groups, reported in 10.6% and 10.3% of participants who received ABRYSVO and placebo, respectively.

Within 30 days after vaccination, atrial fibrillation was reported in 10 vaccine recipients and 4 placebo recipients (of which 4 in the ABRYSVO group and 3 in the placebo group were serious adverse events); the onset of symptoms was 18 to 30 days post vaccination. The currently available information on atrial fibrillation is insufficient to determine a causal relationship to the vaccine. There were no other notable patterns or numerical imbalances between groups for specific categories of unsolicited adverse events.

Serious Adverse Events in Study 3

In Study 3, SAEs were reported by 3.3% of participants in the ABRYSSVO group and 3.2% in the placebo group. Three participants in the ABRYSSVO group had SAEs which were assessed as possibly related to study vaccination: Guillain-Barre Syndrome reported 7 days after vaccination, Miller Fisher Syndrome reported 8 days after vaccination, and hypersensitivity reported 8 hours after vaccination.

Concomitant Administration of ABRYSSVO with a Seasonal Inactivated Influenza Vaccine

Study 4 (NCT05301322) was a Phase 3, multicenter, parallel group, placebo-controlled, randomized, double-blind study conducted in Australia in adults ≥ 65 years of age. The study enrolled healthy adults and adults with stable chronic medical conditions not requiring significant change in therapy or hospitalization for worsening disease 6 weeks before enrollment. Participants were enrolled into one of two groups. Participants in the concomitant administration group (n=703) received ABRYSSVO and Influenza Vaccine, Adjuvanted (FLUAD QUADRIVALENT) concomitantly and placebo one month later. Participants in the sequential administration group (n=691) received FLUAD QUADRIVALENT and placebo concomitantly and ABRYSSVO one month later.

Within 7 days following vaccine administration, fatigue was reported by 30.0% of participants who received ABRYSSVO administered concomitantly with FLUAD QUADRIVALENT, 19.1% who received ABRYSSVO administered alone, and 27.1% who received FLUAD QUADRIVALENT and placebo concomitantly. There were no other notable differences in reported solicited local and systemic adverse reactions within 7 days following ABRYSSVO administered concomitantly with FLUAD QUADRIVALENT compared to ABRYSSVO administered alone. Participants were followed for SAEs from administration of the first dose of vaccine through 1 month following the last vaccination. No SAEs were considered related to vaccination.

7 DRUG INTERACTIONS

In Study 5 in a concomitant administration study of ABRYSSVO and a Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap) in non-pregnant women, no safety concerns were identified. Immune responses to RSV A, RSV B, diphtheria, and tetanus were non-inferior to those after separate administration. Lower geometric mean antibody concentrations (GMCs) to the acellular pertussis antigens (pertussis toxin [PT], filamentous hemagglutinin (FHA), and pertactin [PRN]) were measured when ABRYSSVO was administered concomitantly with Tdap compared to pertussis GMCs when Tdap was administered alone [*see Clinical Studies (14.4)*].

Concomitant administration of Tdap with ABRYSSVO in pregnant individuals has not been studied.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in individuals exposed to ABRYSSVO during pregnancy. Individuals who received ABRYSSVO during pregnancy are encouraged to contact, or have their healthcare provider contact, 1-800-616-3791 to enroll in or obtain information about the registry.

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriages in clinically recognized pregnancies is 2% to 4%, and 15% to 20%, respectively, and the estimated background risk of fetal deaths after 20 weeks is 0.6%.

Study 1 enrolled 7,358 pregnant individuals who were randomized 1:1 and received ABRYSSVO or placebo (0.5 mL dose, containing the same buffer ingredients in the same quantities as in a single dose of ABRYSSVO [see *Description (11)*]) revealed no evidence for vaccine-associated increase in the risk of congenital anomalies or fetal deaths. Study 2 evaluated 115 pregnant individuals who received ABRYSSVO and 117 who received placebo. A numerical imbalance in preterm births in ABRYSSVO recipients was observed compared to placebo recipients in these two clinical studies. Available data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSSVO [see *Warnings and Precautions (5.1)*, *Adverse Reactions (6.1)*, *Clinical Considerations (8.1)*, *Data (8.1)* and *Clinical Studies (14.1)*].

A developmental toxicity study was performed in female rabbits administered a vaccine formulation containing two times the antigen content of a single human dose of ABRYSSVO prior to and during gestation. The study showed no evidence of harm to the fetus or to postnatal survival, growth, or development (see *Animal Data*).

Clinical Considerations

Maternal Adverse Reactions

In Study 1, 3,682 pregnant individuals received ABRYSSVO and 3,676 received placebo. Local and systemic adverse reactions occurred with greater frequency in the ABRYSSVO group. Serious adverse reactions observed in pregnant individuals at a higher rate in the ABRYSSVO group compared to the placebo group included pre-eclampsia (1.8% versus 1.4%) and gestational hypertension (1.1% versus 1.0%) [see *Adverse Reactions (6.1)*].

ABRYSSVO has not been studied in pregnant individuals less than 24 weeks gestational age, and those at increased risk for preterm birth.

Fetal/Neonatal Adverse Reactions

The infant safety population included 3,568 and 3,558 infants born to individuals in the ABRYSSVO or placebo group, respectively. There were 10 (0.3%) fetal deaths in the ABRYSSVO group and 8 (0.2%) in the placebo group. Among the infants born to individuals in the ABRYSSVO group and in the placebo group, 202 (5.7%) and 169 (4.7%), respectively, were born preterm [see *Warnings and Precautions (5.1)*, *Adverse Reactions (6.1)* and *Clinical Studies (14.1)*]. Low birth weight was observed in 5.1% of participants in the ABRYSSVO group versus 4.4% in the placebo group, and neonatal jaundice was observed in 7.2% in the ABRYSSVO group versus 6.7% in the placebo group. [see *Adverse Reactions (6.1)*]. For mortality in the neonatal period among infants born to pregnant individuals in Study 1, there were 2 deaths in the ABRYSSVO group and 5 in the placebo group, and for overall mortality including after the neonatal period there were 5 deaths in the ABRYSSVO group and 12 in the placebo group. Congenital abnormalities were reported in 5.0% in the ABRYSSVO group and 6.2% in the placebo group.

Available data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSSVO. To avoid the potential risk of preterm birth with use of ABRYSSVO before 32 weeks of gestation, administer ABRYSSVO as indicated in pregnant individuals at 32 through 36 weeks gestational age.

Data

Human Data

In Study 1, 3,682 pregnant individuals received ABRYSVO and 3,676 received placebo at 24 through 36 weeks' gestation. The infant safety population included 3,568 and 3,558 infants born to individuals in the ABRYSVO or placebo group, respectively. Among the infants born to individuals in the ABRYSVO group and in the placebo group, 202 (5.7%) and 169 (4.7%), respectively, had adverse events of preterm birth and 180 (5.0%) and 220 (6.2%), respectively, had reported congenital malformations or anomalies. There were 10 (0.3%) fetal deaths in the ABRYSVO group and 8 (0.2%) in the placebo group.

Animal Data

A pre- and post-natal developmental toxicity study with an embryo-fetal developmental toxicity phase was performed in female New Zealand White rabbits. Rabbits were administered 4 doses by intramuscular injection: at 3 weeks and at 1 week prior to mating, and on gestation days 10 and 24. On each occasion, rabbits received 0.5 mL of a vaccine formulation containing twice the antigen content of F glycoproteins of RSV A and RSV B (120 mcg RSV preF A and 120 mcg RSV preF B), stabilized in prefusion conformation as contained in a single human dose of ABRYSVO [see Description (11)]. No adverse effects on mating, female fertility, or on embryo/fetal or post-natal survival, growth, or development were observed. There were no vaccine-related fetal malformations or variations.

8.2 Lactation

Risk Summary

It is not known whether ABRYSVO is excreted in human milk. Data are not available to assess the effects of ABRYSVO on the breastfed infant or on milk production/excretion. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ABRYSVO and any potential adverse effects on the breastfed child from ABRYSVO or from the underlying maternal condition. For preventative vaccines, the underlying maternal condition is susceptibility to disease prevented by the vaccine.

8.4 Pediatric Use

The safety and effectiveness of ABRYSVO to prevent RSV LRTD and severe RSV LRTD in infants born to individuals vaccinated at younger than 10 years of age have not been established.

The safety and effectiveness of ABRYSVO to prevent RSV LRTD in non-pregnant individuals younger than 18 years of age via active immunization have not been established.

8.5 Geriatric Use

ABRYSVO is approved for use in individuals 60 years of age and older. In Study 3, of the 18,575 recipients who received ABRYSVO 63% (n=11,620) were aged 60-69 years of age, 32% (n=5,928) were 70-79 years of age and 6% (n=1,026) were \geq 80 years of age [see Adverse Reactions (6.1) and Clinical Studies (14.2)].

11 DESCRIPTION

ABRYSVO (Respiratory Syncytial Virus Vaccine) is a sterile solution for intramuscular injection. The vaccine is supplied as a vial of Lyophilized Antigen Component that is reconstituted at the time of use with a Sterile Water Diluent Component. The antigen component contains recombinant RSV preF A and RSV preF B.

The RSV preF A and RSV preF B recombinant proteins are expressed in genetically engineered Chinese Hamster Ovary cell lines grown in suspension culture using chemically-defined media, without antibiotics or

animal-derived components. The recombinant proteins are purified through a series of column chromatography and filtration steps followed by formulation, filling into vials, and lyophilization.

After reconstitution, a single dose of ABRYSSVO is formulated to contain 120 mcg of RSV stabilized prefusion F proteins (60 mcg RSV preF A and 60 mcg RSV preF B) per 0.5 mL. ABRYSSVO also contains the following buffer ingredients: 0.11 mg tromethamine, 1.04 mg tromethamine hydrochloride, 11.3 mg sucrose, 22.5 mg mannitol, 0.08 mg polysorbate 80, and 1.1 mg sodium chloride per 0.5 mL. ABRYSSVO is a sterile, clear, and colorless solution.

ABRYSSVO contains no preservatives. Each dose may also contain residual amounts of host cell proteins ($\leq 0.1\%$ w/w) and DNA (< 0.4 ng/mg of total protein) from the manufacturing process.

The Act-O-Vial stoppers, vial stoppers and tip cap and rubber plunger of the prefilled syringe are not made with natural rubber latex.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Active Immunization

ABRYSSVO induces an immune response against RSVpreF that protects against lower respiratory tract disease caused by RSV.

Passive Immunization

Antibodies to RSV antigens from individuals vaccinated in pregnancy are transferred transplacentally to protect infants younger than 6 months of age against LRTD and severe LRTD caused by RSV.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

ABRYSSVO has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility. A developmental toxicity study in female rabbits revealed no evidence of impaired female fertility after administration of a vaccine formulation containing two times the antigen content of a single human dose of ABRYSSVO [see *Use in Specific Populations (8.1)*].

14 CLINICAL STUDIES

14.1 Study in Pregnant Individuals for Efficacy in Their Infants from Birth Through 6 Months of Age

Study 1 (NCT04424316) is a Phase 3 study that assessed the efficacy of ABRYSSVO in the prevention of RSV-associated lower respiratory tract disease (LRTD) in infants born to individuals vaccinated during pregnancy. The study evaluated the efficacy of ABRYSSVO to prevent RSV-associated LRTD and severe RSV-LRTD in infants within 90, 120, 150, and 180 days after birth. Participants were randomized (1:1) to receive ABRYSSVO (0.5 mL dose) or placebo (0.5 mL dose containing the same buffer ingredients in the same quantities as in a single dose of ABRYSSVO [see *Description (11)*]). This study includes sites in both the northern and southern hemispheres. Vaccine efficacy (VE) was defined as the relative risk reduction of the endpoints of severe LRTD caused by RSV and LRTD caused by RSV in infants born to individuals who received ABRYSSVO compared to infants born to individuals who received placebo. The demographic characteristics of Study 1 are described in Clinical Trials Experience Section 6.1.

Maternal participants were randomized (1:1) to receive ABRYSVO (3,695) or placebo (3,697). RSV-associated LRTD in infants was defined as a medically attended visit with a reverse transcription-polymerase chain reaction (RT-PCR) confirmed RSV illness with one or more of the following respiratory symptoms: tachypnea (respiratory rate ≥ 60 breaths/minute [< 2 months of age], ≥ 50 breaths/minute [≥ 2 to 12 months of age], or ≥ 40 breaths/minute [≥ 12 -24 months of age]); SpO₂ measured in room air $< 95\%$; chest wall indrawing. RSV-associated severe LRTD was a subset defined as meeting the LRTD RSV criteria plus at least one of the following: tachypnea (respiratory rate ≥ 70 breaths per minute [< 2 months of age], ≥ 60 breaths per minute [≥ 2 to 12 months of age], or ≥ 50 bpm [≥ 12 to 24 months of age]); SpO₂ measured in room air $< 93\%$; high-flow nasal cannula or mechanical ventilation (invasive or noninvasive), ICU admission for > 4 hours and/or failure to respond/unconscious. Secondary efficacy endpoints included hospitalizations due to RSV.

The VE results met the statistical criterion for success (a CI lower bound $> 20\%$) for reducing severe LRTD due to RSV, at all timepoints to within 180 days. The VE results did not meet the statistical criterion for success (a CI lower bound $> 20\%$) for reducing LRTD due to RSV; however, clinically meaningful efficacy was observed after 90 days through 180 days after birth.

Vaccine efficacy information is presented in Tables 6 to 10.

Table 6 Vaccine Efficacy of ABRYSVO Against Severe LRTD Caused by RSV – Infants From Birth Through 6 Months of Age by Active Immunization of Pregnant Individuals (Study 1)^a

Time Period	ABRYSVO Number of Cases N=3,495 ^b	PLACEBO Number of Cases N=3,480 ^b	VE (%) (CI) ^c
90 days	6	33	81.8 (40.6, 96.3)
120 days	12	46	73.9 (45.6, 88.8)
150 days	16	55	70.9 (44.5, 85.9)
180 days	19	62	69.4 (44.3, 84.1)

CI – confidence interval; N – number of participants; RSV – respiratory syncytial virus; VE – vaccine efficacy

^a The prespecified success criterion was met for this endpoint evaluation

^b Evaluable efficacy population

^c 99.5% CI at 90 days; 97.58% CI at later intervals

Table 7 Vaccine Efficacy of ABRYSVO Against LRTD Caused by RSV – Infants From Birth Through 6 Months of Age by Active Immunization of Pregnant Individuals (Study 1)^a

Time Period	ABRYSVO Number of Cases N=3,495 ^b	PLACEBO Number of Cases N=3,480 ^b	VE (%) (CI) ^c
90 days	24	56	57.1 (14.7, 79.8)
120 days	35	81	56.8 (31.2, 73.5)
150 days	47	99	52.5 (28.7, 68.9)
180 days	57	117	51.3 (29.4, 66.8)

CI – confidence interval; N – number of participants; RSV – respiratory syncytial virus; VE – vaccine efficacy

^a The prespecified success criterion (a CI lower bound $> 20\%$) was not met for this endpoint evaluation at 90 days

^b Evaluable efficacy population

^c 99.5% CI at 90 days; 97.58% CI at later intervals

Table 8 Vaccine Efficacy of ABRYSVO Against Severe LRTD Caused by RSV – Infants From Birth Through 6 Months of Age by Active Immunization of Pregnant Individuals at 32 Through 36 Weeks Gestational Age (Study 1)^a

Time Period	ABRYSVO Number of Cases N=1572 ^b	PLACEBO Number of Cases N=1539 ^b	VE (%) (CI) ^c
90 days	1	11	91.1 (38.8, 99.8)
180 days	6	25	76.5 (41.3, 92.1)

CI – confidence interval; N – number of participants; n – number of cases; RSV – respiratory syncytial virus; VE – vaccine efficacy

^a This descriptive subgroup analysis was not controlled for multiple comparisons; results from 90 days and 180 days are presented.

^b Evaluable efficacy population

^c 95% CI

Table 9 Vaccine Efficacy of ABRYSVO Against LRTD Caused by RSV – Infants From Birth Through 6 Months of Age by Active Immunization of Pregnant Individuals at 32 Through 36 Weeks Gestational Age (Study 1)^a

Time Period	ABRYSVO Number of Cases N=1572 ^b	PLACEBO Number of Cases N=1539 ^b	VE (%) (CI) ^c
90 days	14	21	34.7 (-34.6, 69.3)
180 days	24	55	57.3 (29.8, 74.7)

CI – confidence interval; N – number of participants; n – number of cases; RSV – respiratory syncytial virus; VE – vaccine efficacy

^a This descriptive subgroup analysis was not controlled for multiple comparisons; results from 90 days and 180 days are presented.

^b Evaluable efficacy population

^c 95% CI

Table 10 Vaccine Efficacy of ABRYSVO Against Hospitalization Due to RSV – Infants From Birth Through 6 Months of Age by Active Immunization of Pregnant Individuals (Study 1)^a

Time Period	ABRYSVO Number of Cases N=3,495 ^b	PLACEBO Number of Cases N=3,480 ^b	VE (%) (CI) ^c
90 days	10	31	67.7 (15.9, 89.5)
120 days	15	37	59.5 (8.3, 83.7)
150 days	17	39	56.4 (5.2, 81.5)
180 days	19	44	56.8 (10.1, 80.7)

CI – confidence interval; N – number of participants; n – number of cases; RSV – respiratory syncytial virus; VE – vaccine efficacy

^a NCT04424316

^b Evaluable efficacy population

^c 99.17% CI

14.2 Efficacy in Individuals 60 Years of Age and Older

Study 3 (NCT05035212) is an ongoing Phase 3, multicenter, randomized, double-blind, placebo-controlled study to assess the efficacy and safety of ABRYSVO in the prevention of RSV-associated lower respiratory tract disease in individuals 60 years of age and older. Participants are planned to be followed for up to two RSV seasons, approximately 25 months.

Participants were randomized (1:1) to receive ABRYSVO (n=18,488) or placebo (n=18,479). Randomization was stratified by age, 60-69 years (n=23,152, 63%), 70-79 years (n=11,782, 32%), and ≥80 years (n=2,031, 6%). Healthy adults and adults with stable chronic diseases were included. Among enrolled participants 16% had stable chronic cardiopulmonary conditions such as chronic obstructive pulmonary disease (COPD), asthma, or congestive heart failure (CHF).

Starting 14 days after study vaccination (study Day 15), all participants were actively monitored for onset of acute respiratory illness (ARI) symptoms: new or increased sore throat, nasal congestion, nasal discharge, cough, wheezing, sputum production, or shortness of breath. If the participant experienced 1 or more ARI symptoms, a mid-turbinate nasal swab was collected within 7 days of onset of symptoms and tested by reverse transcriptase polymerase chain reaction (RT-PCR) for RSV.

RSV-associated lower respiratory tract disease (RSV-LRTD) was evaluated in Study 3. A case of RSV-LRTD was defined as an RT-PCR confirmed RSV illness with two or more, or three or more, of the following respiratory symptoms within 7 days of symptom onset and lasting more than 1 day during the same illness: new or increased cough, wheezing, sputum production, shortness of breath, or tachypnea (≥ 25 breaths/min or 15% increase from resting baseline). A case of RSV-associated severe lower respiratory tract disease was defined as a case meeting the RSV-LRTD criteria plus at least one of the following: hospitalization due to RSV-LRTD, new or increased oxygen supplementation, or mechanical ventilation including Continuous Positive Airway Pressure (CPAP).

Vaccine efficacy (VE), against RSV-LRTD, defined as the relative risk reduction of first episode of RSV-LRTD in the ABRYSVO group compared to the placebo group in the first RSV season, was assessed.

The primary analysis of efficacy was conducted when 44 first-episode RSV-LRTD cases with ≥ 2 symptoms had accrued in the first RSV season. The study met the pre-specified success criteria for demonstration of efficacy of ABRYSVO for the primary objectives of prevention of RSV-LRTD with ≥ 2 symptoms and prevention of RSV-LRTD with ≥ 3 symptoms. The median duration of follow-up for efficacy was 7 months.

Vaccine efficacy information for the primary analysis is presented in Table 11.

Table 11 Vaccine Efficacy of ABRYSVO Against RSV-LRTD - Individuals 60 years of Age and Older – Primary Analysis (Study 3)^a

Efficacy Endpoint	ABRYSVO N=16,306^b n	Placebo N=16,308^b n	VE (%) (96.66% CI)
First episode of RSV-associated lower respiratory tract disease with ≥ 2 symptoms ^c	11	33	66.7 (28.8, 85.8)
First episode of RSV-associated lower respiratory tract disease with ≥ 3 symptoms ^c	2	14	85.7 (32.0, 98.7)

CI – confidence interval; N – number of participants; n = number of cases; RSV – respiratory syncytial virus; VE – vaccine efficacy (VE based on case count ratio is calculated as $1 - (P/[1-P])$, where P is the number of RSV_{preF} cases divided by the total number of cases)

^a NCT05035212

^b Evaluable efficacy population

^c RSV-associated LRTD symptoms included the following: new or increased cough, wheezing, sputum production, shortness of breath, or tachypnea (≥ 25 breaths/min or 15% increase from resting baseline).

There were 2 cases of RSV associated severe lower respiratory tract disease in the placebo group and no cases in the ABRYSVO group.

Descriptive vaccine efficacy analyses at the end of the first RSV season are presented in Table 12. The median duration of follow-up for efficacy was 7.1 months.

Table 12 Descriptive Vaccine Efficacy Analyses of ABRYSVO Against RSV-LRTD - Individuals 60 years of Age and Older, End of First RSV Season (Study 3)^a

Efficacy Endpoint	Analysis Population	ABRYSVO n/N	Placebo n/N	VE (%) (95% CI)
First episode of RSV-associated lower respiratory tract disease with ≥ 2 symptoms ^b	Overall ^c	15/18,058	43/18,076	65.1 (35.9, 82.0)
	With ≥ 1 significant underlying condition ^d	8/9,377	22/9,432	63.6 (15.2, 86.0)
First episode of RSV-associated lower respiratory tract disease with ≥ 3 symptoms ^b	Overall ^c	2/18,058	18/18,076	88.9 (53.6, 98.7)
	With ≥ 1 significant underlying condition ^d	2/9,377	11/9,432	81.8 (16.7, 98.0)

CI – confidence interval; N – number of participants; n = number of cases; RSV – respiratory syncytial virus; VE – vaccine efficacy (VE based on case count ratio is calculated as $1 - (P/[1-P])$, where P is the number of RSVpreF cases divided by the total number of cases)

^a NCT05035212

^b RSV-associated LRTD symptoms included the following: new or increased cough, wheezing, sputum production, shortness of breath, or tachypnea (≥ 25 breaths/min or 15% increase from resting baseline).

^c Evaluable efficacy population.

^d Subgroup of evaluable efficacy population with ≥ 1 significant underlying condition i.e. heart disease (including congestive heart failure), lung disease (including chronic obstructive pulmonary disease), asthma, diabetes mellitus, liver disease, renal disease, and current tobacco use.

14.3 Concomitant Administration of ABRYSVO with a Seasonal Inactivated Influenza Vaccine

In Study 4 (NCT05301322) [See *Adverse Reactions (6.1)*], antibody responses to antigens contained in ABRYSVO and FLUAD QUADRIVALENT were assessed 1 month after vaccination in individuals 65 years of age and older.

Immunologic non-inferiority was demonstrated for concomitant administration of ABRYSVO and FLUAD QUADRIVALENT as compared to sequential administration. The lower limits of the 2-sided 95% CIs for the Geometric Mean Titer Ratio (GMR) (concomitant administration group versus sequential administration group) for RSV A and RSV B neutralizing titers (NT) and hemagglutination inhibition (HAI) titers against influenza strains A/Victoria, A/Darwin, B/Austria, and B/Phuket were above 0.667 (the predefined 1.5-fold non-inferiority criterion).

14.4 Concomitant Administration of ABRYSVO with Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed

Study 5 (NCT04071158) was a Phase 2, placebo-controlled, randomized, observer-blind study to evaluate the safety, tolerability, and immunogenicity of ABRYSVO (at dose levels 120 μg and 240 μg , with or without $\text{Al}(\text{OH})_3$) when administered concomitantly with Tdap in non-pregnant women 18 through 49 years of age.

Antibody responses to antigens contained in ABRYSVO and Tdap were assessed 1 month after vaccination in a population of non-pregnant adult individuals. Lower geometric mean antibody concentrations (GMCs) to the acellular pertussis antigens (pertussis toxin [PT], filamentous hemagglutinin (FHA), and pertactin [PRN]) were observed when ABRYSVO was administered concomitantly with a tetanus, diphtheria and acellular pertussis vaccine (Tdap) compared to pertussis GMCs when Tdap was administered alone. The lower limit (LL) of the 2-sided 95% confidence interval of the GMC ratio ($\text{GMC}_{\text{ABRYSVO+Tdap}}/\text{GMC}_{\text{Tdap}}$) was 0.64 for PT, 0.50 for FHA, and 0.48 for PRN, which did not meet the pre-specified non-inferiority criterion (lower limit of the 95%

confidence interval for the GMC ratio is >0.67). The clinical relevance of this finding is unknown. The non-inferiority criteria for tetanus, diphtheria and RSV vaccine antigens were met [see *Drug Interactions (7)*].

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

ABRYSVO Act-O-Vial presentation is supplied in cartons of 1 and 10 Act-O-Vials, without syringes or needles. Each Act-O-Vial contains both the Lyophilized Antigen and Sterile Water Diluent (NDC 0069-2465-19).

Carton: 1 Act-O-Vial	NDC 0069-2465-01
Carton: 10 Act-O-Vials	NDC 0069-2465-10

ABRYSVO vial and prefilled syringe presentation is supplied in cartons of 1, 5, and 10 kits, without needles. Each kit includes a vial of Lyophilized Antigen Component (NDC 0069-0207-01), a prefilled syringe containing Sterile Water Diluent Component (NDC 0069-0250-01), and a vial adapter.

Carton: 1 kit	NDC 0069-0344-01
Carton: 5 kits	NDC 0069-0344-05
Carton: 10 kits	NDC 0069-0344-10

ABRYSVO vial and vial presentation is supplied in cartons of 5 and 10 doses packaged without syringes or needles. Each carton includes vials of Lyophilized Antigen Component (NDC 0069-0207-01) and vials of Sterile Water Diluent Component (NDC 0069-0651-01).

Carton: 5 doses	NDC 0069-1265-10
Carton: 10 doses	NDC 0069-1265-20

The Act-O-Vial stoppers, vial stoppers and the tip cap and rubber plunger of the prefilled syringe are not made with natural rubber latex.

16.2 Storage and Handling

Storage Before Reconstitution

Store refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton. Do not freeze. Discard if the carton has been frozen.

Storage After Reconstitution

After reconstitution, administer ABRYSVO immediately or store at room temperature [15°C to 30°C (59°F to 86°F)] and use within 4 hours. Do not freeze reconstituted vaccine.

17 PATIENT COUNSELING INFORMATION

Prior to administration of this vaccine:

- Inform vaccine recipient of the potential benefits and risks of vaccination with ABRYSVO.
- Advise vaccine recipient to report any adverse events to their healthcare provider or to the Vaccine Adverse Event Reporting System at 1-800-822-7967 and www.vaers.hhs.gov.

This product's labeling may have been updated. For the most recent prescribing information, please visit www.pfizer.com.

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