

NUVAXOVID: POWERFUL AGAINST COVID-19, GENTLE ON PATIENTS.

A Protein-Based COVID-19 Vaccine, With Manageable Side Effects.

NUVAXOVID OFFERED **POWERFUL PROTECTION**
AGAINST COVID-19^{1,2}

~90%

Efficacy preventing COVID-19 in the pivotal trial

Primary endpoint: efficacy in preventing PCR-confirmed symptomatic mild, moderate, or severe COVID-19 from 7 days after the second dose. (95% CI: 82.5, 93.8; $p < 0.001$) N=25,510

ZERO NUVAXOVID PATIENTS HAD
MODERATE-TO-SEVERE COVID-19 ILLNESS^{1,2}

100%

Protection from moderate-to-severe COVID-19 in the pivotal trial¹

Secondary endpoint: efficacy in preventing moderate-to-severe disease from then-circulating strains of virus. (95% CI: 87.0, 100.0) N=25,452

NUVAXOVID may not protect all patients.

Pivotal Trial Study Design: Phase 3, multicenter, randomized, observer-blinded, placebo-controlled clinical trial evaluating efficacy and safety in 29,943 adults aged 18 and older. Participants were stratified by age (18 to 64 years and ≥ 65 years) and assigned in a 2:1 ratio to receive NUVAXOVID or placebo. Data based on strains circulating at time of study^{1,2}

¹Moderate disease was defined as high fever and objective evidence of lower respiratory tract infection. Severe COVID-19 was defined as the presence of clinically significant tachypnea, tachycardia, or hypoxia; receipt of intensive respiratory support; major dysfunction of one or more organ systems; admission to an intensive care unit; or death.²

NUVAXOVID had low reactogenicity and minimally disruptive side effects¹

In the pivotal clinical trial, the majority of adverse events were Grade 1 or 2 and did not prevent daily activities. Higher severity reactions (Grade 4) were experienced by $\leq 0.1\%$ of patients for each of the most frequent solicited adverse reactions.¹



Discover more about the efficacy and tolerability of NUVAXOVID

Immunizing with NUVAXOVID



You can offer NUVAXOVID to your patients regardless of the previous COVID-19 vaccine they have received



CDC supports co-administration of COVID-19 vaccines with a seasonal flu vaccine.

IMPORTANT SAFETY INFORMATION

INDICATION

NUVAXOVID is a vaccine indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). NUVAXOVID is approved for use in individuals who are:

- 65 years of age and older, or
- 12 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.

Please see additional Important Safety Information on back page.
Please see the full Prescribing Information [here](#).

 **Nuvaxovid™**
(COVID-19 Vaccine, Adjuvanted)

WHAT IS NUVAXOVID?

NUVAXOVID Is The Only Recombinant Protein-Based, non-mRNA COVID-19 Vaccine^{1,3}



Protein-based

NUVAXOVID directly provides the antigen protein needed for antibody production^{1,4}



Recombinant

Developed using the same technology present in some modern flu vaccines.^{1,4}



Adjuvanted

The potent adjuvant provides a robust and enhanced immune response^{1,5}

How NUVAXOVID Works Differently Than mRNA COVID-19 Vaccines

How NUVAXOVID Builds Immunity³:

STEP 1

Spike proteins contained in the vaccine are recognized by the immune system

STEP 2

Immune system produces antibodies and activates other immune cells

How mRNA Vaccines Build Immunity³:

STEP 1

mRNA uses cells' machinery to make the spike protein

STEP 2

Spike proteins are recognized by the immune system.

STEP 3

Immune system produces antibodies and activates other immune cells

CPT Code 91304

Use this CPT code when administering NUVAXOVID to ensure you receive proper payment. This CPT code is unique to NUVAXOVID – the ONLY recombinant protein-based, non-mRNA COVID-19 vaccine.^{1,3}

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

Do not administer NUVAXOVID to individuals with a known history of severe allergic reaction (e.g., anaphylaxis) to any component of NUVAXOVID or to individuals who had a severe allergic reaction (e.g., anaphylaxis) following a previous dose of NUVAXOVID

MANAGEMENT OF ACUTE ALLERGIC REACTIONS

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

MYOCARDITIS AND PERICARDITIS

Clinical trials data provide evidence for increased risks of myocarditis and pericarditis following administration of NUVAXOVID. There have been post-marketing reports of myocarditis and pericarditis following administration of NUVAXOVID

SYNCOPE

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

ALTERED IMMUNOCOMPETENCE

Immunocompromised persons, including individuals receiving immunosuppressive therapy, may have a diminished immune response to NUVAXOVID

NUVAXOVID may not protect all vaccine recipients

COMMON ADVERSE REACTIONS

The most commonly reported (>10%) solicited adverse reactions included: injection site pain/tenderness, fatigue/malaise, muscle pain, headache, nausea/vomiting, fever, and joint pain

Please see the full Prescribing Information [here](#).

References: **1.** Nuvaxovid. Prescribing Information. Novavax, Inc. **2.** Dunkle LM, Kotloff KL, Gay CL, et al; 2019nCoV-301 Study Group. Efficacy and safety of NVX-CoV2373 in adults in the United States and Mexico. *N Engl J Med.* 2022;386(6):531-543. doi: 10.1056/NEJMoa2116185 **3.** Centers for Disease Control and Prevention. Understanding how COVID-19 vaccines work. Last Updated May 12, 2023. Accessed Jan 21, 2026. <https://archive.cdc.gov/www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html> **4.** Cid R, Bolivar J. Platforms for production of protein-based vaccines: from classical to next-generation strategies. *Biomolecules.* 2021;11(8):1072. doi: 10.3390/biom11081072 **5.** Bengtsson KL, Song H, Stertman L, et al. Matrix-M adjuvant enhances antibody, cellular and protective immune responses of a Zaire Ebola/Makona virus glycoprotein (GP) nanoparticle vaccine in mice. *Vaccine.* 2016;34(16):1927-1935. doi:10.1016/j.vaccine.2016.02.033



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