

# COVID-19 Vaccine (ChAdOx1-S [recombinant])

COVID-19 Vaccine AstraZeneca  
Solution for Injection (IM)

## Viral Vaccine

### 1. NAME OF THE MEDICINAL PRODUCT

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] solution for injection in multidose container

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One dose (0.5 ml) contains:

COVID-19 Vaccine (ChAdOx1-S\* recombinant)  $5 \times 10^{10}$  viral particles (vp)

\*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike (S) glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

For the full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Solution for injection for intramuscular injection.

The solution is colourless to slightly brown, clear to slightly opaque and particle free with a pH of 6.6.

### 4. CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is indicated for active immunisation of individuals  $\geq 18$  years old for the prevention of coronavirus disease 2019 (COVID-19).

The use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be in accordance with official guidance.

#### 4.2 Posology and method of administration

##### Posology

The COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] vaccination course consists of two separate doses of 0.5 ml each. The second dose should be administered between 4 and 12 weeks after the first dose (see section 5.1).

It is recommended that individuals who receive a first dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] complete the vaccination course with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (see section 4.4).

## Special populations

### *Elderly population*

Efficacy and safety data are currently limited in individuals  $\geq 65$  years of age (see sections 4.8 and 5.1). No dosage adjustment is required.

### *Paediatric population*

The safety and efficacy of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in children and adolescents (aged  $< 18$  years old) have not yet been established. No data are available.

## Method of administration

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is for intramuscular (IM) injection only, preferably in the deltoid muscle.

For instructions on administration, see section 6.6.

## **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

## **4.4 Special warnings and precautions for use**

### Hypersensitivity

As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine.

### Concurrent illness

As with other vaccines, administration of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor infection, such as cold, and/or low-grade fever should not delay vaccination.

### Thrombocytopenia and coagulation disorders

As with other intramuscular injections, COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals.

### Neurological events

Very rare events of demyelinating disorders have been reported following vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. A causal relationship has not been established.

As with other vaccines, the benefits and potential risks of vaccinating individuals with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] should be considered.

### Immunocompromised individuals

It is not known whether individuals with impaired immune responsiveness, including individuals receiving immunosuppressant therapy, will elicit the same response as immunocompetent individuals to the vaccine regimen.

### Duration and level of protection

The duration of protection has not yet been established.

As with any vaccine, vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] may not protect all vaccine recipients.

#### Interchangeability

No data are available on the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in persons that have previously received a full or partial vaccine series with another COVID-19 vaccine.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

The safety, immunogenicity and efficacy of co-administration of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] with other vaccines have not been evaluated.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy

There is a limited amount of data from the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in pregnant women, or women who became pregnant after receiving the vaccine. The data are insufficient to inform on vaccine associated risk.

Animal reproductive toxicity studies have not been completed.

As a precautionary measure, vaccination with COVID-19 Vaccine AstraZeneca is not recommended during pregnancy. Use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in pregnant women should be based on an assessment of whether the benefits of vaccination outweigh the potential risks.

##### Breastfeeding

There are no or limited data from the use of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] in lactating women. A risk to breastfed newborns/infants cannot be excluded.

As a precautionary measure, it is preferable to avoid vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] when breastfeeding.

##### Fertility

It is unknown whether COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] may impact fertility. No data are available.

#### **4.7 Effects on ability to drive and use machines**

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] has no or negligible influence on the ability to drive and use machines. However, some of the adverse reactions mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

#### **4.8 Undesirable effects**

##### Summary of the safety profile

The overall safety of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is based on an interim analysis of pooled data from four clinical trials conducted in the United Kingdom, Brazil, and South Africa. At the time of analysis, 23,745 participants  $\geq 18$  years old had been randomised and received either COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] or control. Out of these, 12,021 received at least one dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. The median duration of follow-up in the COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] group was 105 days post-dose 1, and 62 days post-dose 2.

Demographic characteristics were generally similar among participants who received COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] and those who received control. Overall, among the participants who received COVID-19 Vaccine (ChAdOx1-S

[recombinant]) [COVID-19 Vaccine AstraZeneca], 90.3% were aged 18 to 64 years and 9.7% were 65 years of age or older. The majority of recipients were White (75.5%), 10.1% were Black and 3.5% were Asian; 55.8% were female and 44.2% male.

The most frequently reported adverse reactions were injection site tenderness (>60%); injection site pain, headache, fatigue (>50%); myalgia, malaise (>40%); pyrexia, chills (>30%); and arthralgia, nausea (>20%). The majority of adverse reactions were mild to moderate in severity and usually resolved within a few days of vaccination. By day 7 the incidence of subjects with at least one local or systemic reaction was 4% and 13% respectively. When compared with the first dose, adverse reactions reported after the second dose were milder and reported less frequently.

Adverse reactions were generally milder and reported less frequently in older adults (≥65 years old).

Analgesic and/or anti-pyretic medicinal products (e.g. paracetamol-containing products) may be used to provide symptomatic relief from post-vaccination adverse reactions.

#### Adverse drug reactions

Adverse drug reactions (ADRs) are organised by MedDRA System Organ Class (SOC). Within each SOC, preferred terms are arranged by decreasing frequency and then by decreasing seriousness. Frequencies of occurrence of adverse reactions are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1000); very rare (<1/10,000) and not known (cannot be estimated from available data).

**Table 1 – Adverse drug reactions<sup>a</sup>**

MedDRA SOC	Adverse reaction <sup>b</sup>	COVID-19 Vaccine (ChAdOx1 S [recombinant]) (N= 10069)	Control <sup>c</sup> (N= 9902)
Nervous system disorders	Headache	Very common (52.6%)	Very common (39.0%)
Gastrointestinal disorders	Nausea	Very common (21.9%)	Very common (13.1%)
Musculoskeletal and connective tissue disorders	Muscle pain (Myalgia)	Very common (44.0%)	Very common (21.6%)
	Joint pain (Arthralgia)	Very common (26.4%)	Very common (12.4%)

MedDRA SOC	Adverse reaction <sup>b</sup>	COVID-19 Vaccine (ChAdOx1 S [recombinant]) (N= 10069)	Control <sup>c</sup> (N= 9902)
General disorders and administration site conditions	<b>Local</b>		
	Injection site tenderness	Very common (63.7%)	Very common (39.5%)
	Injection site pain	Very common (54.2%)	Very common (36.7%)
	Injection site warmth	Very common (17.7%)	Very common (14.5%)
	Injection site redness (Injection site erythema)	Very common (14.0%)	Common (8.8%)
	Injection site itch (Injection site pruritus)	Very common (12.7%)	Common (7.5%)
	Injection site swelling	Very common (10.0%)	Common (5.8%)
	<b>Systemic</b>		
	Fatigue	Very common (53.1%)	Very common (38.2%)
	Malaise	Very common (44.2%)	Very common (20.2%)
	Feverishness <sup>d</sup> (Pyrexia)	Very common (33.6%)	Very common (10.7%)
	Chills	Very common (31.9%)	Common (8.3%)
	Fever <sup>d</sup> (Pyrexia)	Common (7.9%)	Common (1.2%)

<sup>a</sup> Frequencies of ADRs are reported from the safety analysis set where participants received the recommended dose ( $5 \times 10^{10}$  vp) as their first dose.

<sup>b</sup> Solicited event reporting terms, where applicable MedDRA preferred terms are given in parentheses

<sup>c</sup> Control was either meningococcal vaccine or saline solution

<sup>d</sup> Defined as: Feverishness, (subjective) a self-reported feeling of having a fever; Fever, (objective)  $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$ .

#### Reporting of suspected adverse reactions

For suspected adverse events following immunization, please report to the Food and Drug Administration (FDA) at [www.fda.gov](http://www.fda.gov).

Adverse events of concern in association with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] can also be reported to AstraZeneca via [www.azcovid-19.com](http://www.azcovid-19.com), or at <https://contactazmedical.astrazeneca.com/>.

The patient should seek medical attention immediately at the first sign of any adverse events following immunization.

## 4.9 Overdose

Experience of overdose is limited.

There is no specific treatment for an overdose with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. In the event of an overdose, the individual should be monitored and provided with symptomatic treatment as appropriate.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Vaccine, other viral vaccines, ATC code: J07BX03

### Mechanism of action

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector encoding the S glycoprotein of SARS-CoV-2. Following administration, the S glycoprotein of SARS-CoV-2 is expressed locally stimulating neutralizing antibody and cellular immune responses.

### Clinical efficacy

*Interim analysis of pooled data from COV001, COV002, COV003, and COV005*

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] has been evaluated based on an interim analysis of pooled data from four on-going randomised, blinded, controlled trials: a Phase I/II Study, COV001 (NCT04324606), in healthy adults 18 to 55 years of age in the UK; a Phase II/III Study, COV002 (NCT04400838), in adults  $\geq 18$  years of age (including the elderly) in the UK; a Phase III Study, COV003 (ISRCTN89951424), in adults  $\geq 18$  years of age (including the elderly) in Brazil; and a Phase I/II study, COV005 (NCT04444674), in adults aged 18 to 65 years of age in South Africa. The studies excluded participants with severe and/or uncontrolled cardiovascular, gastrointestinal, liver, renal, endocrine/metabolic disease, and neurological illnesses; as well as those with severe immunosuppression. All participants are planned to be followed for up to 12 months, for assessments of safety and efficacy against COVID-19 disease.

Based on the pre-defined criteria for interim efficacy analysis, COV002 and COV003 exceeded the threshold of  $\geq 5$  virologically confirmed COVID-19 cases per study and therefore contributed to the efficacy analysis; COV001 and COV005 were excluded.

In the pooled analysis for efficacy (COV002 and COV003), participants  $\geq 18$  years of age received two doses of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=5,807) or control (meningococcal vaccine or saline) (N=5,829). Participants randomised to COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] received either two standard doses [SD] ( $5 \times 10^{10}$  vp per dose) or one low dose [LD] ( $2.2 \times 10^{10}$  vp) followed by one SD ( $5 \times 10^{10}$  vp), administered via IM injection.

Because of logistical constraints, the interval between dose 1 and dose 2 ranged from 4 to 26 weeks. The interval between the doses was longer in the LDSD group as compared to the SDSD group (71% vs 25% of participants receiving the second dose after  $\geq 12$  weeks, for LDSD and SDSD respectively).

Baseline demographics were well balanced across COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] and control treatment groups. In the pooled analysis, 94.1% of participants were 18 to 65 years old (with 5.9% aged 65 or older); 60.7% of subjects were female; 82.8% were White, 4.6% were Asian, and 4.4% were Black. A total of 2,070 (35.6%) participants had at least one pre-existing comorbidity (defined as a BMI  $\geq 30$  kg/m<sup>2</sup>, cardiovascular disorder, respiratory disease or diabetes). At the time of interim analysis the median follow up time post-dose 1 and post-dose 2 was 4.7 months and 2.2 months, respectively.

Final determination of COVID-19 cases were made by an adjudication committee, who also assigned disease severity according to the WHO clinical progression scale. A total of 131 participants had SARS-CoV-2 virologically confirmed COVID-19 occurring  $\geq 15$  days post second dose with at least one COVID-19 symptom (objective fever (defined as  $\geq 37.8^\circ\text{C}$ ), cough, shortness of breath, anosmia, or ageusia) and were without evidence of previous SARS-CoV-2 infection. COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] significantly decreased the incidence of COVID-19 compared to control (see Table 2).

**Table 2 – COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] efficacy against COVID-19<sup>a</sup>**

Population	COVID-19 Vaccine (ChAdOx1 S [recombinant])		Control		Vaccine efficacy % (95.84% CI)
	N	Number of COVID-19 cases <sup>b</sup> , n (%)	N	Number of COVID-19 cases <sup>b</sup> , n (%)	
<b>Primary analysis population</b>					
Overall (SDSD + LSD)	5807	30 (0.52)	5829	101 (1.73)	70.42 (58.84, 80.63)
<b>Licensing regimen</b>					
SDSD	4440	27 (0.61)	4455	71 (1.59)	62.10 (39.96, 76.08)
<b>Exploratory analysis</b>					
LSD	1367	3 (0.22)	1374	30 (2.18)	90.05 (65.84, 97.10)

N = Number of subjects included in each group; n = Number of subjects having a confirmed event; CI = Confidence Interval; LD = Low dose; SD = Standard dose

<sup>a</sup> Primary study endpoint was based on confirmed COVID-19 cases in subjects aged 18 years and over who were seronegative at baseline, who had received two doses (SDSD or LSD) and were on-study  $\geq 15$  days post second dose.

<sup>b</sup> Virologically confirmed SARS-CoV-2 and at least one of the following symptoms: objective fever (defined as  $\geq 37.8^{\circ}\text{C}$ ), cough, shortness of breath, anosmia, or ageusia. Confirmed by adjudication committee.

Exploratory analyses showed that increased immunogenicity was associated with a longer dose interval (see Immunogenicity Table 3), and a similar trend for efficacy. A longer dose interval may explain, at least partially, the higher estimates of efficacy found in the LSD group.

The level of protection gained from one SD of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] was assessed in an exploratory analysis that included participants who had received one dose of SD. Any participants who received a second vaccine dose were censored from the analysis at that time point. In this population, vaccine efficacy from 22 days post dose 1 was 71.30% (95% CI: 49.02; 83.84 [COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] 15/6,310 vs control 52/6,296]).

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] reduced COVID-19 hospitalisation (WHO Severity grading  $\geq 4$ ). There were 0 (0.0%; N=5,807) cases of COVID-19 hospitalisation in participants who received two doses of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (SDSD + LSD,  $\geq 15$  days post dose 2) as compared to 5 (0.09%; N=5,829) for control. In all participants who received SD as a first dose, as from 22 days post dose 1, there were 0 (0.0%, N=6,307) cases of COVID-19 hospitalisation in participants who received COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=6,307), as compared to 9 (0.14%, N=6,297) reported for control.

Participants who had one or more comorbidities had a vaccine efficacy of 73.43% [95% CI: 48.49; 86.29]; 11 (0.53%) vs 43 (2.02%) for COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (N=2,070) and control (N=2,113), respectively; which was similar to the vaccine efficacy observed in the overall population.

The number of COVID-19 cases in participants  $\geq 65$  years old were too few to draw conclusions on efficacy. In this subpopulation, efficacy has been inferred from immunogenicity data, see below.

### Immunogenicity

#### *Interim analysis of pooled data from COV001, COV002, COV003, and COV005*

Following vaccination with COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca], in participants who were seronegative at baseline, seroconversion (as measured by a

≥4 fold increase from baseline in S-binding antibodies) was demonstrated in ≥98% of participants at 28 days after the first dose and >99% at 28 days after the second. Higher S-binding antibodies were observed with increasing dose interval (Table 3).

Generally similar trends were observed between analyses of neutralising antibodies and S-binding antibodies. An immunological correlate of protection has not been established; therefore the level of immune response that provides protection against COVID-19 is unknown.

**Table 3 – SARS-CoV-2 S-binding antibody response to COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] (SDSD)<sup>a</sup>**

Population	Baseline	28 days after dose 1	28 days after dose 2
	GMT (95% CI)	GMT (95% CI)	GMT (95% CI)
Overall	(N=882) 57.18 (52.8, 62.0)	(N=817) 8386.46 (7758.6, 9065.1)	(N=819) 29034.74 (27118.2, 31086.7)
<b><i>Dose Interval</i></b>			
>6 weeks	(N=481) 60.51 (54.1, 67.7)	(N=479) 8734.08 (7883.1, 9676.9)	(N=443) 22222.73 (20360.50, 24255.3)
6-8 weeks	(N=137) 58.02 (46.3, 72.6)	(N=99) 7295.54 (5857.4, 9086.7)	(N=116) 24363.10 (20088.5, 29547.3)
9-11 weeks	(N=110) 48.79 (39.6, 60.1)	(N=87) 7492.98 (5885.1, 9540.2)	(N=106) 34754.10 (30287.2, 39879.8)
≥12 weeks	(N=154) 52.98 (44.4, 63.2)	(N=152) 8618.17 (7195.4, 10322.3)	(N=154) 63181.59 (55180.1, 72343.4)

N = Number of subjects included in each group; GMT = Geometric mean titre; CI = Confidence interval; S = Spike

<sup>a</sup> Immune response evaluated using a multiplex immunoassay.

The immune response observed in participants with one or more comorbidities was consistent with the overall population.

High seroconversion rates were observed in older adults (≥65 years) after the first SD (97.8% [N=136, 95% CI: 93.7; 99.5]) and the second SD (100.0% [N=111, 95% CI: 96.7; NE]). The increase in S binding antibodies was numerically lower for participants ≥65 years old (28 days after second SD: GMT=20,727.02 [N=116, 95% CI: 17,646.6; 24,345.2]) when compared to participants aged 18-64 years (28 days after second SD: GMT=30,695.30 [N=703, 95% CI: 28,496.2; 33,064.1]). The majority of participants ≥65 years old had a dose interval of <6 weeks, which may have contributed to the numerically lower titres observed.

In participants with serological evidence of prior SARS-CoV-2 infection at baseline (GMT=13,137.97 [N=29; 95% CI: 7,441.8; 23,194.1]), S antibody titres peaked 28 days after dose 1 (GMT=175,120.84 [N=28; 95% CI: 120,096.9; 255,354.8]).

Spike-specific T cell responses as measured by IFN-γ enzyme-linked immunospot (ELISpot) assay are induced after a first dose of COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca]. These do not rise further after a second dose.



## 5.2 Pharmacokinetic properties

Not applicable.

## 5.3 Preclinical safety data

### Toxicity and local tolerance studies

Non-clinical data reveal no special hazard for humans based on a conventional study of repeat dose toxicity. Animal studies into potential toxicity to reproduction and development have not yet been completed.

### Mutagenicity and carcinogenicity

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a vaccine, as such, genotoxicity (mutagenicity) and carcinogenicity studies have not been conducted.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

L-Histidine  
L-Histidine hydrochloride monohydrate  
Magnesium chloride hexahydrate  
Polysorbate 80  
Ethanol  
Sucrose  
Sodium chloride  
Disodium edetate dihydrate  
Water for injections

### 6.2 Incompatibilities

In the absence of compatibility studies, this vaccine must not be mixed with other medicinal products.

### 6.3 Shelf life

#### Unopened multidose vial

6 months

#### Opened multidose vial

After first opening, chemical and physical in-use stability has been demonstrated from the time of vial puncture to administration for no more than:

- 6 hours at room temperature, up to 30°C, or
- 48 hours in a refrigerator (2 to 8°C).

The vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed 6 hours, and the total cumulative storage time must not exceed 48 hours.

### 6.4 Special precautions for storage

#### Unopened multidose vial

Store in a refrigerator (2 to 8°C).

Do not freeze.

Store in outer carton in order to protect from light.

#### Opened multidose vial

For storage conditions after first opening of the medicinal product, see section 6.3.

## 6.5 Nature and contents of container

### Multidose vial

- 5 ml of solution in a 10-dose vial (clear type I glass) with stopper (elastomeric with aluminium overseal). Packs of 10 vials.
- 4 ml of solution in an 8-dose vial (clear type I glass) with stopper (elastomeric with aluminium overseal). Packs of 10 vials.

Not all pack sizes may be marketed.

## 6.6 Special precautions for disposal and other handling

### Administration

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] is a colourless to slightly brown, clear to slightly opaque solution. The vaccine should be inspected visually for particulate matter and discolouration prior to administration. Discard the vial if the solution is discoloured or visible particles are observed.

Do not shake the vial.

Each vaccine dose of 0.5 ml is withdrawn into a syringe for injection to be administered intramuscularly. Use a separate sterile needle and syringe for each individual. It is normal for liquid to remain in the vial after withdrawing the final dose.

The vaccine does not contain any preservative. After first opening, use the vial within:

- 6 hours when stored at room temperature (up to 30°C), or
- 48 hours when stored in a refrigerator (2 to 8°C).

The vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed 6 hours, and the total cumulative storage time must not exceed 48 hours. After this time, the vial must be discarded.

To facilitate the traceability of the vaccine, the name and the batch number of the administered product should be clearly recorded for each recipient.

### Disposal

COVID-19 Vaccine (ChAdOx1-S [recombinant]) [COVID-19 Vaccine AstraZeneca] contains genetically modified organisms (GMOs). Any unused vaccine or waste material should be disposed of in accordance with local requirements. Spills should be disinfected with an appropriate antiviral disinfectant.

## 7. MARKETING AUTHORIZATION HOLDER

AstraZeneca Pharmaceuticals (Philippines), Inc.

## 8. REGISTRATION NUMBER

[To be updated once EUA is issued by FDAPh]

## 9. DATE OF FIRST AUTHORISATION

[To be updated once EUA is issued by FDAPh]

## **10. DATE OF REVISION OF THE TEXT**

January 2021

Based on CDS dated 21 December 2020 (Doc ID-004379265 v. 2.0)

Philippine-specific Text (Doc ID-004450132 v. 1.0)

### **CAUTION**

Foods, Drugs, Devices, and Cosmetics Act prohibits dispensing without prescription.

Imported by the Marketing Authorization Holder

AstraZeneca Pharmaceuticals (Phils.), Inc.

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