ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Spikevax 0.2 mg/mL dispersion for injection
Spikevax 0.1 mg/mL dispersion for injection
Spikevax 50 micrograms dispersion for injection in pre-filled syringe
COVID-19 mRNA Vaccine (nucleoside modified)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Table 1. Qualitative and quantitative composition by strength and type of container

Strength	Container	Dose(s)	Composition
Spikevax 0.2 mg/mL dispersion for injection			
	Multidose vial (red flip-off cap)	Maximum 10 doses of 0.5 mL each	One dose (0.5 mL) contains 100 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles).
		Maximum 20 doses of 0.25 mL each	One dose (0.25 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles).
Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe			
	Multidose vial (blue flip-off cap)	5 doses of 0.5 mL each	One dose (0.5 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles).
	Pre-filled syringe	1 dose of 0.5 mL For single-use only.	One dose (0.5 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles).

Elasomeran is a single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free *in vitro* transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Dispersion for injection
White to off white dispersion (pH: 7.0 – 8.0).

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Spikevax is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 6 years of age and older.

The use of this vaccine should be in accordance with official recommendations.

4.2 Posology and method of administration

Posology

Refer to Table 2 for dosing across Spikevax strengths and vaccination type.

Table 2. Spikevax posology for primary series, a third dose in severely immunocompromised and booster doses

Strength	Vaccination type	Age(s)	Dose	Recommendations
Spikevax 0.2 mg/mL dispersion for injection	Primary series	Individuals 12 years of age and older	2 (two) doses (0.5 mL each, containing 100 micrograms mRNA)	It is recommended to administer the second dose 28 days after the first dose (see sections 4.4 and 5.1).
		Children 6 through 11 years of age	2 (two) doses (0.25 mL each, containing 50 micrograms mRNA, which is half of the primary dose for individuals 12 years and older)	
	Third dose in severely immuno-compromised	Individuals 12 years of age and older	1 (one) dose of 0.5 mL, containing 100 micrograms mRNA	A third dose may be given at least 28 days after the second dose (see section 4.4).
		Children 6 through 11 years of age	1 (one) dose of 0.25 mL, containing 50 micrograms mRNA	
	Booster dose	Individuals 12 years of age and older	1 (one) dose of 0.25 mL, containing 50 micrograms mRNA	Spikevax may be used to boost individuals 12 years of age and older who have received a primary series with Spikevax or a primary series comprised of another mRNA vaccine or adenoviral vector vaccine at least 3 months after

Strength	Vaccination type	Age(s)	Dose	Recommendations
				completion of the primary series (see section 5.1).
Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe	Primary series*	Children 6 years through 11 years of age	2 (two) doses (0.5 mL each, containing 50 micrograms mRNA each)	It is recommended to administer the second dose 28 days after the first dose (see sections 4.4 and 5.1).
	Third dose in severely immuno-compromised†	Children 6 years through 11 years of age	1 (one) dose of 0.5 mL, containing 50 micrograms mRNA	A third dose may be given at least 28 days after the second dose (see sections 4.4 and 5.1).
	Booster dose	Individuals 12 years of age and older	1 (one) dose of 0.5 mL, containing 50 micrograms mRNA	Spikevax may be used to boost individuals 12 years of age and older who have received a primary series with Spikevax or a primary series comprised of another mRNA vaccine or adenoviral vector vaccine at least 3 months after completion of the primary series (see section 5.1).

*For primary series for individuals 12 years of age and older, the 0.2 mg/mL strength vial should be used.
†For the third dose in severely immunocompromised patients 12 years of age and older, the 0.2 mg/mL strength vial should be used.

Paediatric population
The safety and efficacy of Spikevax in children less than 6 years of age have not yet been established. No data are available.

Elderly
No dose adjustment is required in elderly individuals ≥65 years of age.

Method of administration

The vaccine should be administered intramuscularly. The preferred site is the deltoid muscle of the upper arm.

Do not administer this vaccine intravascularly, subcutaneously or intradermally.

The vaccine should not be mixed in the same syringe with any other vaccines or medicinal products.

For precautions to be taken before administering the vaccine, see section 4.4.

For instructions regarding thawing, handling and disposal of the vaccine, 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

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Hypersensitivity and anaphylaxis

Anaphylaxis has been reported in individuals who have received Spikevax. Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following administration of the vaccine.

Close observation for at least 15 minutes is recommended following vaccination. Subsequent doses of the vaccine should not be given to those who have experienced anaphylaxis to the first dose of Spikevax.

Myocarditis and pericarditis

There is an increased risk for myocarditis and pericarditis following vaccination with Spikevax.

These conditions can develop within just a few days after vaccination, and have primarily occurred within 14 days. They have been observed more often after the second dose compared to the first dose, and more often in younger males (see section 4.8). The risk profile appears to be similar for the second and the third dose.

Available data suggest that the course of myocarditis and pericarditis following vaccination is not different from myocarditis or pericarditis in general.

Healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis. Vaccinees should be instructed to seek immediate medical attention if they develop symptoms indicative of myocarditis or pericarditis such as (acute and persisting) chest pain, shortness of breath, or palpitations following vaccination.

Healthcare professionals should consult guidance and/or specialists to diagnose and treat this condition.

Anxiety-related reactions

Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur in association with vaccination as a psychogenic response to the needle injection. It is important that precautions are in place to avoid injury from fainting.

Concurrent illness

Vaccination should be postponed in individuals suffering from acute severe febrile illness or acute infection. The presence of a minor infection and/or low-grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders

As with other intramuscular injections, the vaccine should be given with caution in individuals receiving anticoagulant therapy or those with thrombocytopenia or any coagulation disorder (such as haemophilia) because bleeding or bruising may occur following an intramuscular administration in these individuals.

Capillary leak syndrome flare-ups

A few cases of capillary leak syndrome (CLS) flare-ups have been reported in the first days after vaccination with Spikevax. Healthcare professionals should be aware of signs and symptoms of CLS to promptly recognise and treat the condition. In individuals with a medical history of CLS, planning of vaccination should be made in collaboration with appropriate medical experts.

Immunocompromised individuals

The efficacy and safety of the vaccine has not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of Spikevax may be lower in immunocompromised individuals.

The recommendation to consider a third dose in severely immunocompromised individuals (see section 4.2) is based on limited serological evidence with patients who are immunocompromised after solid organ transplantation.

Duration of protection

The duration of protection afforded by the vaccine is unknown as it is still being determined by ongoing clinical studies.

Limitations of vaccine effectiveness

Individuals may not be fully protected until 14 days after their second dose. As with all vaccines, vaccination with Spikevax may not protect all vaccine recipients.

Excipients with known effect

Sodium
This vaccine contains less than 1 mmol sodium (23 mg), that is to say, essentially ‘sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

High-dose quadrivalent influenza vaccine can be concomitantly administered with Spikevax.

4.6 Fertility, pregnancy and lactation

Pregnancy

A large amount of observational data from pregnant women vaccinated with Spikevax during the second and third trimester has not shown an increase in adverse pregnancy outcomes. While data on pregnancy outcomes following vaccination during the first trimester are presently limited, no increased risk for miscarriage has been seen. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Spikevax can be used during pregnancy.

Breast-feeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breastfeeding woman to Spikevax is negligible. Observational data from women who were breastfeeding after vaccination have not shown a risk for adverse effects in breastfed newborns/infants. Spikevax can be used during breastfeeding.

Fertility

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

4.7 Effects on ability to drive and use machines

Spikevax has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

4.8 Undesirable effects

Summary of the safety profile

Participants 18 years of age and older
The safety of Spikevax was evaluated in an ongoing Phase 3 randomised, placebo-controlled, observer-blind clinical study conducted in the United States involving 30 351 participants 18 years of age and older who received at least one dose of Spikevax (n=15 185) or placebo (n=15 166) (NCT04470427). At the time of vaccination, the mean age of the population was 52 years (range 18-95); 22 831 (75.2%) of participants were 18 to 64 years of age and 7 520 (24.8%) of participants were 65 years of age and older.

The most frequently reported adverse reactions were pain at the injection site (92%), fatigue (70%), headache (64.7%), myalgia (61.5%), arthralgia (46.4%), chills (45.4%), nausea/vomiting (23%), axillary swelling/tenderness (19.8%), fever (15.5%), injection site swelling (14.7%) and redness (10%). Adverse reactions were usually mild or moderate in intensity and resolved within a few days after vaccination. A slightly lower frequency of reactogenicity events was associated with greater age.

Overall, there was a higher incidence of some adverse reactions in younger age groups: the incidence of axillary swelling/tenderness, fatigue, headache, myalgia, arthralgia, chills, nausea/vomiting and fever was higher in adults aged 18 to < 65 years than in those aged 65 years and above. Local and systemic adverse reactions were more frequently reported after Dose 2 than after Dose 1.

Adolescents 12 through 17 years of age
Safety data for Spikevax in adolescents were collected in an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind clinical study conducted in the United States involving 3 726 participants 12 through 17 years of age who received at least one dose of Spikevax (n=2 486) or placebo (n=1 240) (NCT04649151). Demographic characteristics were similar among participants who received Spikevax and those who received placebo.

The most frequent adverse reactions in adolescents 12 to 17 years of age were injection site pain (97%), headache (78%), fatigue (75%), myalgia (54%), chills (49%), axillary swelling/tenderness (35%), arthralgia (35%), nausea/vomiting (29%), injection site swelling (28%), injection site erythema (26%), and fever (14%).

Children 6 through 11 years of age
Safety data for Spikevax in children were collected in an ongoing Phase 2/3 two-part randomised, observer-blind clinical study conducted in the United States and Canada (NCT04796896). Part 1 is an open-label phase of the study for safety, dose selection, and immunogenicity and included 380 participants 6 through 11 years of age who received at least 1 dose (0.25 mL) of Spikevax. Part 2 is the placebo-controlled phase for safety and included 4 016 participants 6 through 11 years of age who received at least one dose (0.25 mL) of Spikevax (n=3 012) or placebo (n=1 004). No participants

in Part 1 participated in Part 2. Demographic characteristics were similar among participants who received Spikevax and those who received placebo.

The most frequent adverse reactions in participants 6 through 11 years of age following administration of the primary series were injection site pain (98.4%), fatigue (73.1%), headache (62.1%), myalgia (35.3%), chills (34.6%), nausea/vomiting (29.3%), axillary swelling/tenderness (27.0%), fever (25.7%), injection site erythema (24.0%), injection site swelling (22.3%), and arthralgia (21.3%).

Tabulated list of adverse reactions from clinical studies and post authorisation experience in children and individuals 6 years of age and older

The safety profile presented below is based on data generated in a placebo-controlled clinical study on 30 351 adults ≥ 18 years of age, another placebo-controlled clinical study with 3 726 adolescents 12 through 17 years of age, another clinical study with 4 002 children 6 years through 11 years of age, and post-marketing experience.

Adverse reactions reported are listed according to the following frequency convention:

Very common (≥1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1 000 to <1/100)
Rare (≥1/10 000 to <1/1 000)
Very rare (<1/10 000)
Not known (cannot be estimated from the available data)

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness (Table 3).

Table 3. Adverse reactions from Spikevax clinical studies and post authorisation experience in children and individuals 6 years of age and older

MedDRA system organ class	Frequency	Adverse reaction(s)
Blood and lymphatic system disorders	Very common	Lymphadenopathy*
Immune system disorders	Not known	Anaphylaxis Hypersensitivity
Nervous system disorders	Very common	Headache
	Uncommon	Dizziness
	Rare	Acute peripheral facial paralysis** Hypoaesthesia Paraesthesia
Cardiac disorders	Very rare	Myocarditis Pericarditis
Gastrointestinal disorders	Very common	Nausea/vomiting
	Common	Diarrhoea
	Uncommon	Abdominal pain***
Skin and subcutaneous tissue disorders	Common	Rash
	Not known	Erythema multiforme
Musculoskeletal and connective tissue disorders	Very common	Myalgia Arthralgia
General disorders and administration site conditions	Very common	Injection site pain Fatigue Chills Pyrexia Injection site swelling Injection site erythema

MedDRA system organ class	Frequency	Adverse reaction(s)
	Common	Injection site urticaria Injection site rash Delayed injection site reaction****
	Uncommon	Injection site pruritus
	Rare	Facial swelling*****
	Not known	Extensive swelling of vaccinated limb

*Lymphadenopathy was captured as axillary lymphadenopathy on the same side as the injection site. Other lymph nodes (e.g., cervical, supraclavicular) were affected in some cases.
**Throughout the safety follow-up period, acute peripheral facial paralysis (or palsy) was reported by three participants in the Spikevax group and one participant in the placebo group. Onset in the vaccine group participants was 22 days, 28 days, and 32 days after Dose 2.
*** Abdominal pain was observed in the paediatric population (6 to 11 years of age): 0.2% in the Spikevax group and 0% in the placebo group.
****Median time to onset was 9 days after the first injection, and 11 days after the second injection. Median duration was 4 days after the first injection, and 4 days after the second injection.
*****There were two serious adverse events of facial swelling in vaccine recipients with a history of injection of dermatological fillers. The onset of swelling was reported on Day 1 and Day 3, respectively, relative to day of vaccination.

The reactogenicity and safety profile in 343 subjects receiving Spikevax, that were seropositive for SARS-CoV-2 at baseline, was comparable to that in subjects seronegative for SARS-CoV-2 at baseline.

Participants 18 years of age and older (booster dose)
The safety, reactogenicity, and immunogenicity of a booster dose of Spikevax are evaluated in an ongoing Phase 2, randomised, observer-blind, placebo-controlled, dose-confirmation study in participants 18 years of age and older (NCT04405076). In this study, 198 participants received two doses (0.5 mL, 100 micrograms 1 month apart) of the Spikevax vaccine primary series. In an open-label phase of this study, 167 of those participants received a single booster dose (0.25 mL, 50 micrograms) at least 6 months after receiving the second dose of the primary series. The solicited adverse reaction profile for the booster dose (0.25 mL, 50 micrograms) was similar to that after the second dose in the primary series.

Description of selected adverse reactions

Myocarditis
The increased risk of myocarditis after vaccination with Spikevax is highest in younger males (see section 4.4).

Two large European pharmacoepidemiological studies have estimated the excess risk in younger males following the second dose of Spikevax. One study showed that in a period of 7 days after the second dose, there were about 1.316 (95% CI 1.299 – 1.333) extra cases of myocarditis in 12 to 29 year-old males per 10 000 compared to unexposed persons. In another study, in a period of 28 days after the second dose, there were 1.88 (95% CI 0.956 – 2.804) extra cases of myocarditis in 16 to 24 year-old males per 10 000 compared to unexposed persons.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V and include batch/Lot number if available.

4.9 Overdose

No case of overdose has been reported.

In the event of overdose, monitoring of vital functions and possible symptomatic treatment is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

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

Mechanism of action

Spikevax (elasomeran) contains mRNA encapsulated in lipid nanoparticles. The mRNA encodes for the full-length SARS-CoV-2 spike protein modified with 2 proline substitutions within the heptad repeat 1 domain (S-2P) to stabilise the spike protein into a prefusion conformation. After intramuscular injection, cells at the injection site and the draining lymph nodes take up the lipid nanoparticle, effectively delivering the mRNA sequence into cells for translation into viral protein. The delivered mRNA does not enter the cellular nucleus or interact with the genome, is non-replicating, and is expressed transiently mainly by dendritic cells and subcapsular sinus macrophages. The expressed, membrane-bound spike protein of SARS-CoV-2 is then recognised by immune cells as a foreign antigen. This elicits both T-cell and B-cell responses to generate neutralising antibodies, which may contribute to protection against COVID-19.

Clinical efficacy in adults

The adult study was a randomised, placebo-controlled, observer-blind Phase 3 clinical study (NCT04470427) that excluded individuals who were immunocompromised or had received immunosuppressants within 6 months, as well as participants who were pregnant, or with a known history of SARS-CoV-2 infection. Participants with stable HIV disease were not excluded. Influenza vaccines could be administered 14 days before or 14 days after any dose of Spikevax. Participants were also required to observe a minimum interval of 3 months after receipt of blood/plasma products or immunoglobulins prior to the study in order to receive either placebo or Spikevax.

A total of 30 351 subjects were followed for a median of 92 days (range: 1-122) for the development of COVID-19 disease.

The primary efficacy analysis population (referred to as the Per Protocol Set or PPS), included 28 207 subjects who received either Spikevax (n=14 134) or placebo (n=14 073) and had a negative baseline SARS-CoV-2 status. The PPS study population included 47.4% female, 52.6% male, 79.5% White, 9.7% African American, 4.6% Asian, and 6.2% other. 19.7% of participants identified as Hispanic or Latino. The median age of subjects was 53 years (range 18-94). A dosing window of -7 to +14 days for administration of the second dose (scheduled at day 29) was allowed for inclusion in the PPS. 98% of vaccine recipients received the second dose 25 days to 35 days after dose 1 (corresponding to -3 to +7 days around the interval of 28 days).

COVID-19 cases were confirmed by Reverse Transcriptase Polymerase Chain Reaction (RT PCR) and by a Clinical Adjudication Committee. Vaccine efficacy overall and by key age groups are presented in Table 4.

Table 4. Vaccine efficacy analysis: confirmed COVID-19[#] regardless of severity starting 14 days after the 2nd dose – per-protocol set

Age group (years)	Spikevax			Placebo			
	Subjects N	COVID-19 cases n	Incidence rate of COVID-19 per 1 000 person-years	Subjects N	COVID-19 cases n	Incidence rate of COVID-19 per 1 000 person-years	% Vaccine efficacy (95% CI)*
Overall (≥18)	14 134	11	3.328	14 073	185	56.510	94.1 (89.3, 96.8)**
18 to <65	10 551	7	2.875	10 521	156	64.625	95.6 (90.6, 97.9)
≥65	3 583	4	4.595	3 552	29	33.728	86.4 (61.4, 95.2)
≥65 to <75	2 953	4	5.586	2 864	22	31.744	82.4% (48.9, 93.9)
≥75	630	0	0	688	7	41.968	100% (NE, 100)

[#]COVID-19: symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the 2nd dose.
*Vaccine efficacy and 95% confidence interval (CI) from the stratified Cox proportional hazard model
** CI not adjusted for multiplicity. Multiplicity adjusted statistical analyses were carried out in an interim analysis based on less COVID-19 cases, not reported here.

Among all subjects in the PPS, no cases of severe COVID-19 were reported in the vaccine group compared with 30 of 185 (16%) cases reported in the placebo group. Of the 30 participants with severe disease, 9 were hospitalised, 2 of which were admitted to an intensive care unit. The majority of the remaining severe cases fulfilled only the oxygen saturation (SpO2) criterion for severe disease (≤ 93% on room air).

The vaccine efficacy of Spikevax to prevent COVID-19, regardless of prior SARS-CoV-2 infection (determined by baseline serology and nasopharyngeal swab sample testing) from 14 days after Dose 2 was 93.6% (95% confidence interval 88.6, 96.5%).

Additionally, subgroup analyses of the primary efficacy endpoint showed similar efficacy point estimates across genders, ethnic groups, and participants with medical comorbidities associated with high risk of severe COVID-19.

Clinical efficacy in adolescents 12 through 17 years of age

The adolescent study is an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind clinical study (NCT04649151) to evaluate the safety, reactogenicity, and efficacy of Spikevax in adolescents 12 to 17 years of age. Participants with a known history of SARS-CoV-2 infection were excluded from the study. A total of 3 732 participants were randomised 2:1 to receive 2 doses of Spikevax or saline placebo 1 month apart.

A secondary efficacy analysis was performed in 3,181 participants who received 2 doses of either Spikevax (n=2 139) or placebo (n=1 042) and had a negative baseline SARS-CoV-2 status in the Per Protocol Set. Between participants who received Spikevax and those who received placebo, there were no notable differences in demographics or pre-existing medical conditions.

COVID-19 was defined as symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the second dose.

There were zero symptomatic COVID-19 cases in the Spikevax group and 4 symptomatic COVID-19 cases in the placebo group.

Immunogenicity in adolescents 12 to 17 years of age

A non-inferiority analysis evaluating SARS-CoV-2 50% neutralising titres and seroresponse rates 28 days after Dose 2 was conducted in the Per-Protocol immunogenicity subsets of adolescents aged 12 through 17 (n=340) in the adolescent study and in participants aged 18 through 25 (n=296) in the adult study. Subjects had no immunologic or virologic evidence of prior SARS-CoV-2 infection at baseline. The geometric mean ratio (GMR) of the neutralising antibody titres in adolescents 12 to 17 years of age compared to the 18- to 25-year-olds was 1.08 (95% CI: 0.94, 1.24). The difference in seroresponse rate was 0.2% (95% CI: -1.8, 2.4). Non-inferiority criteria (lower bound of the 95% CI for GMR > 0.67 and lower bound of the 95% CI of the seroresponse rate difference > -10%) were met.

Clinical efficacy in children 6 through 11 years of age

The paediatric study is an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind, clinical study to evaluate the safety, reactogenicity, and effectiveness of Spikevax in children aged 6 through 11 years in the United States and Canada (NCT04796896). Participants with a known history of SARS-CoV-2 infection were excluded from the study. A total of 4 011 participants were randomised 3:1 to receive 2 doses of Spikevax or saline placebo 1 month apart.

A secondary efficacy analysis evaluating confirmed COVID-19 cases accrued up to the data cutoff date of 10 November 2021 was performed in 3 497 participants who received two doses (0.25 mL at 0 and 1 month) of either Spikevax (n=2 644) or placebo (n=853) and had a negative baseline SARS-CoV-2 status in the Per Protocol Set. Between participants who received Spikevax and those who received placebo, there were no notable differences in demographics.

COVID-19 was defined as symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the second dose.

There were three COVID-19 cases (0.1%) in the Spikevax group and four COVID-19 cases (0.5%) in the placebo group.

Immunogenicity in children 6 through 11 years of age

An analysis evaluating SARS-CoV-2 50% neutralising titres and seroresponse rates 28 days after Dose 2 was conducted in a subset of children aged 6 through 11 years (n=319) in the paediatric study and in participants aged 18 through 25 years (n=295) in the adult study. Subjects had no immunologic or virologic evidence of prior SARS-CoV-2 infection at baseline. The GMR of the neutralising antibody titres in children 6 through 11 years of age compared to the 18- to 25-year-olds was 1.239 (95% CI: 1.072, 1.432). The difference in seroresponse rate was 0.1% (95% CI: -1.9, 2.1). Non-inferiority criteria (lower bound of the 95% CI for GMR > 0.67 and lower bound of the 95% CI of the seroresponse rate difference > -10%) were met.

Immunogenicity in participants 18 years of age and older – after booster dose (0.25 mL, 50 micrograms)

The safety, reactogenicity, and immunogenicity of a booster dose of Spikevax are evaluated in an ongoing Phase 2, randomised, observer-blind, placebo-controlled, dose-confirmation study in participants 18 years of age and older (NCT04405076). In this study, 198 participants received two doses (0.5 mL, 100 micrograms 1 month apart) of the Spikevax vaccine as primary series. In an open-label phase, 149 of those participants (Per-Protocol Set) received a single booster dose (0.25 mL, 50 micrograms) at least 6 months after receiving the second dose in the primary series. A single booster dose (0.25 mL, 50 micrograms) was shown to result in a geometric mean fold rise (GMFR) of 12.99 (95% CI: 11.04, 15.29) in neutralising antibodies from pre-booster compared to 28 days after

the booster dose. The GMFR in neutralising antibodies was 1.53 (95% CI: 1.32, 1.77) when compared 28 days post dose 2 (primary series) to 28 days after the booster dose.

Immunogenicity of a booster dose following primary vaccination with another authorised COVID-19 vaccine in adults 18 years of age and older

Safety and immunogenicity of a heterologous booster with Spikevax were studied in an investigator-initiated study with 154 participants. The minimum time interval between primary series using a vector-based or RNA-based COVID-19 vaccine and booster injection with Spikevax was 12 weeks (range: 12 weeks to 20.9 weeks). The dose used for boosting in this study was 100 micrograms. Neutralising antibody titres as measured by a pseudovirus neutralisation assay were assessed on Day 1 prior to administration and at Day 15 and Day 29 after the booster dose. A booster response was demonstrated regardless of primary vaccination.

Only short-term immunogenicity data are available; long-term protection and immunological memory are currently unknown.

Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) in the UK

COV-BOOST is a multicentre, randomised Phase 2 investigator-initiated study of third dose booster vaccination against COVID-19 with a subgroup to investigate detailed immunology. Participants were adults aged 30 years or older, in good physical health (mild to moderate well-controlled co-morbidities were permitted), who had received two doses of either Pfizer–BioNTech or Oxford–AstraZeneca (first dose in December 2020, January 2021 or February 2021), and were at least 84 days post second dose by the time of enrolment. Spikevax boosted antibody and neutralising responses and was well tolerated regardless of the prime series. The dose used for boosting in this study was 100 micrograms. Neutralising antibody titres as measured by a pseudovirus neutralisation assay were assessed on Day 28 after the booster dose.

Pre-boost and post-boost neutralising antibody against the B.1.617.2 (Delta) variant in adults

Results of the pseudovirus neutralisation assay (PsVNA) against the B.1.617.2 (Delta) variant determined pre-booster and on Day 29 post-booster showed that administration of a booster dose of Spikevax (0.25 mL, 50 micrograms) in adults induced a 17-fold rise in neutralising antibodies against the Delta variant compared with pre-booster levels (GMFR = 17.28; 95% CI: 14.38, 20.77; n=295).

Neutralising antibody against the B.1.617.2 (Delta) variant in children 6 through 11 years of age

Serum samples of the per-protocol immunogenicity subset (n=134) of the ongoing paediatric study obtained at baseline and on Day 57 were tested in a PsVNA based on the B.1.617.2 (Delta) variant. In children 6 through 11 years of age, the GMFR from baseline to D57 was 81.77 (95% CI: 70.38, 95.00) for the Delta variant (measured by PsVNA). Furthermore, 99.3% of children met the definition of seroresponse.

Elderly

Spikevax was assessed in individuals 6 years of age and older, including 3 768 subjects 65 years of age and older. The efficacy of Spikevax was consistent between elderly (≥65 years) and younger adult subjects (18-64 years).

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with the Spikevax in one or more subsets of the paediatric population in prevention of COVID-19 (see section 4.2 for information on paediatric use).

Conditional approval

This medicinal product has been authorised under a so-called 'conditional approval' scheme. This means that further evidence on this medicinal product is awaited. The European Medicines Agency will review new information on this medicinal product at least every year and this SmPC will be updated as necessary.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeat dose toxicity and reproductive and developmental toxicity.

General toxicity

General toxicity studies were conducted in rats (intramuscularly receiving up to 4 doses exceeding the human dose once every 2 weeks). Transient and reversible injection site oedema and erythema and transient and reversible changes in laboratory tests (including increases in eosinophils, activated partial thromboplastin time, and fibrinogen) were observed. Results suggests the toxicity potential to humans is low.

Genotoxicity/carcinogenicity

In vitro and *in vivo* genotoxicity studies were conducted with the novel lipid component SM-102 of the vaccine. Results suggests the genotoxicity potential to humans is very low. Carcinogenicity studies were not performed.

Reproductive toxicity

In a developmental toxicity study, 0.2 mL of a vaccine formulation containing the same quantity of mRNA (100 micrograms) and other ingredients included in a single human dose of Spikevax was administered to female rats by the intramuscular route on four occasions: 28 and 14 days prior to mating, and on gestation days 1 and 13. SARS-CoV-2 antibody responses were present in maternal animals from prior to mating to the end of the study on lactation day 21 as well as in foetuses and offspring. There were no vaccine-related adverse effects on female fertility, pregnancy, embryo foetal or offspring development or postnatal development. No data are available of Spikevax vaccine placental transfer or excretion in milk.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

SM-102 (heptadecan-9-yl 8-{(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino}octanoate)
Cholesterol
1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG)
Trometamol
Trometamol hydrochloride
Acetic acid
Sodium acetate trihydrate
Sucrose
Water for injections

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products or diluted.

6.3 Shelf life

Unopened multidose vial (Spikevax 0.2 mg/mL dispersion for injection and Spikevax 0.1 mg/mL dispersion for injection)

9 months at -50ºC to -15ºC.

After removal from the freezer, the unopened vaccine vial may be stored refrigerated at 2°C to 8°C, protected from light, for a maximum of 30 days. Within this period, up to 12 hours may be used for transportation at 2°C to 8°C (see section 6.4).

Chemical and physical stability has also been demonstrated for unopened vaccine vials when stored for 12 months at -50°C to -15°C **provided that once thawed and stored at 2°C to 8°C,** protected from light, **the unopened vial will be used up within a maximum of 14 days** (instead of 30 days, when stored at -50ºC to -15ºC for 9 months).

Once thawed, the vaccine should not be re-frozen.

The unopened vaccine may be stored at 8°C to 25°C up to 24 hours after removal from refrigerated conditions.

Punctured multidose vial (Spikevax 0.2 mg/mL dispersion for injection and Spikevax 0.1 mg/mL dispersion for injection)

Chemical and physical in-use stability has been demonstrated for 19 hours at 2°C to 25ºC after initial puncture (within the allowed use period of 30 days or 14 days, respectively, at 2°C to 8ºC and including 24 hours at 8°C to 25ºC). From a microbiological point of view, the product should be used immediately. If the vaccine is not used immediately, in-use storage times and conditions are the responsibility of the user.

Spikevax 50 micrograms dispersion for injection in pre-filled syringe

9 months at -50ºC to -15ºC.

After removal from the freezer, pre-filled syringes may be stored refrigerated at 2°C to 8°C, protected from light, for maximum 30 days. Within this period, pre-filled syringes may be transported up to 12 hours at 2°C to 8°C (see section 6.4).

Chemical and physical stability has also been demonstrated for unopened pre-filled syringes when stored for 12 months at -50°C to -15°C **provided that once thawed and stored at 2°C to 8°C,** protected from light, **the pre-filled syringe will be used up within a maximum of 14 days** (instead of 30 days, when stored at -50ºC to -15ºC for 9 months).

Once thawed, the vaccine should not be re-frozen.

Pre-filled syringes may be stored at 8°C to 25°C up to 24 hours after removal from refrigerated conditions.

6.4 Special precautions for storage

Multidose vials (Spikevax 0.2 mg/mL dispersion for injection and Spikevax 0.1 mg/mL dispersion for injection)

Store frozen between -50ºC to -15ºC.

Keep the vial in the outer carton to protect from light.
For storage conditions after thawing and first opening, see section 6.3.

Transportation of thawed multidose vials in liquid state at 2°C to 8°C
If transport at -50°C to -15°C is not feasible, available data support transportation of one or more thawed vials in liquid state for up to 12 hours at 2°C to 8°C (within the 30 days or 14 days shelf life, respectively, at 2°C to 8°C). Once thawed and transported in liquid state at 2°C to 8°C, vials should not be refrozen and should be stored at 2°C to 8°C until use.

Spikevax 50 micrograms dispersion for injection in pre-filled syringe

Store frozen between -50ºC to -15ºC.
Keep the pre-filled syringe in the outer carton to protect from light.
For storage conditions after thawing, see section 6.3.

Transportation of thawed pre-filled syringes in liquid state at 2°C to 8°C
If transport at -50°C to -15°C is not feasible, available data support transportation of one or more thawed pre-filled syringes in liquid state at 2°C to 8°C (within the 30 days or 14 days shelf life, respectively, at 2°C to 8°C). Once thawed and transported in liquid state at 2°C to 8°C, pre-filled syringes should not be refrozen and should be stored at 2°C to 8°C until use.

6.5 Nature and contents of container

Multidose vials

Spikevax 0.2 mg/mL dispersion for injection
5 mL dispersion in a (type 1 glass or type 1 equivalent glass or cyclic olefin polymer with inner barrier coating) multidose vial with a stopper (chlorobutyl rubber) and a red flip-off plastic cap with seal (aluminium seal).

Each vial contains 5 mL.

Pack size: 10 multidose vials

Spikevax 0.1 mg/mL dispersion for injection
2.5 mL dispersion in a (type 1 glass or type 1 equivalent glass or cyclic olefin polymer with inner barrier coating) multidose vial with a stopper (chlorobutyl rubber) and a blue flip-off plastic cap with seal (aluminium seal).

Each vial contains 2.5 mL.

Pack size: 10 multidose vials

Spikevax 50 micrograms dispersion for injection in pre-filled syringe

0.5 mL dispersion in a pre-filled syringe (polymeric) with plunger stopper (coated bromobutyl rubber) and a tip cap (bromobutyl rubber, without needle).

The pre-filled syringe is packaged in 5 clear blisters containing 2 pre-filled syringes in each blister.

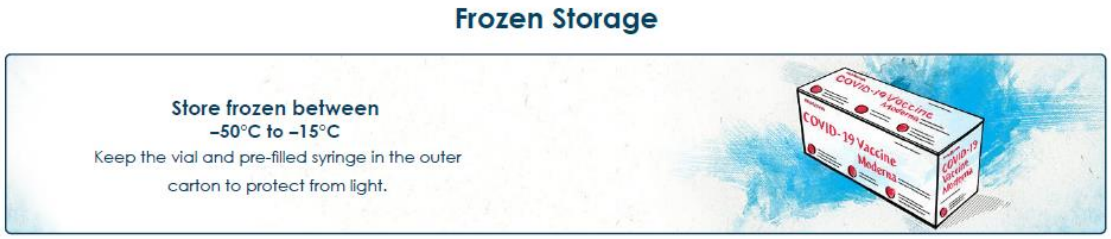
Each pre-filled syringe contains 0.5 mL.

Pack size: 10 pre-filled syringes

6.6 Special precautions for disposal and other handling

The vaccine should be prepared and administered by a trained healthcare professional using aseptic techniques to ensure sterility of the dispersion.

Vials and pre-filled syringes are stored frozen between -50ºC to -15ºC.



Multidose vial

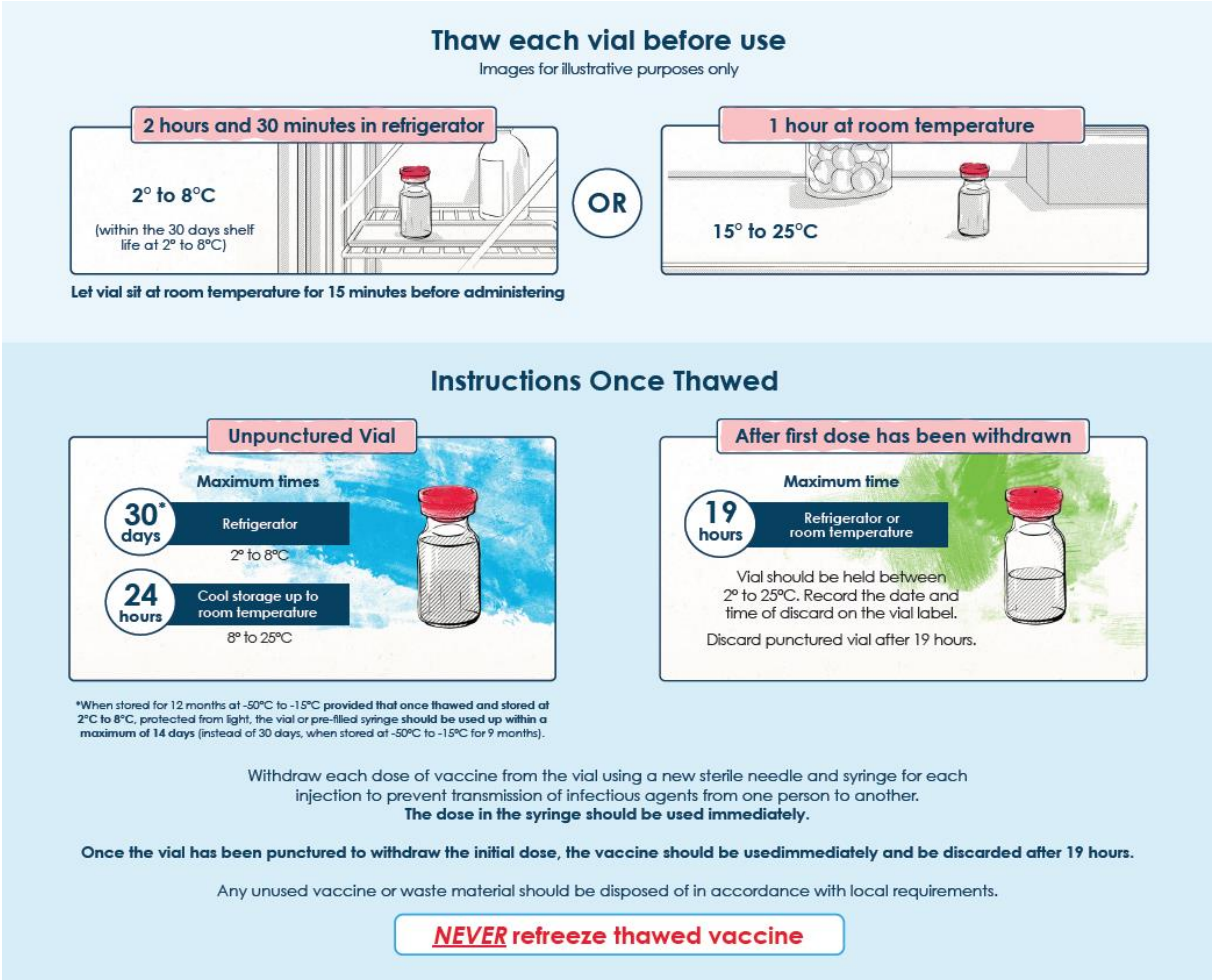
The vaccine comes ready to use once thawed.

Do not shake or dilute. Swirl the vial gently after thawing and before each withdrawal.

Spikevax 0.2 mg/mL dispersion for injection
A maximum of ten (10) doses (of 0.5 mL each) or a maximum of twenty (20) doses (of 0.25 mL each) can be withdrawn from each vial (red flip-off cap).

Pierce the stopper preferably at a different site each time. Do not puncture the vial more than 20 times.

An additional overfill is included in each vial to ensure that a maximum of 10 doses of 0.5 mL or a maximum of 20 doses of 0.25 mL can be delivered.

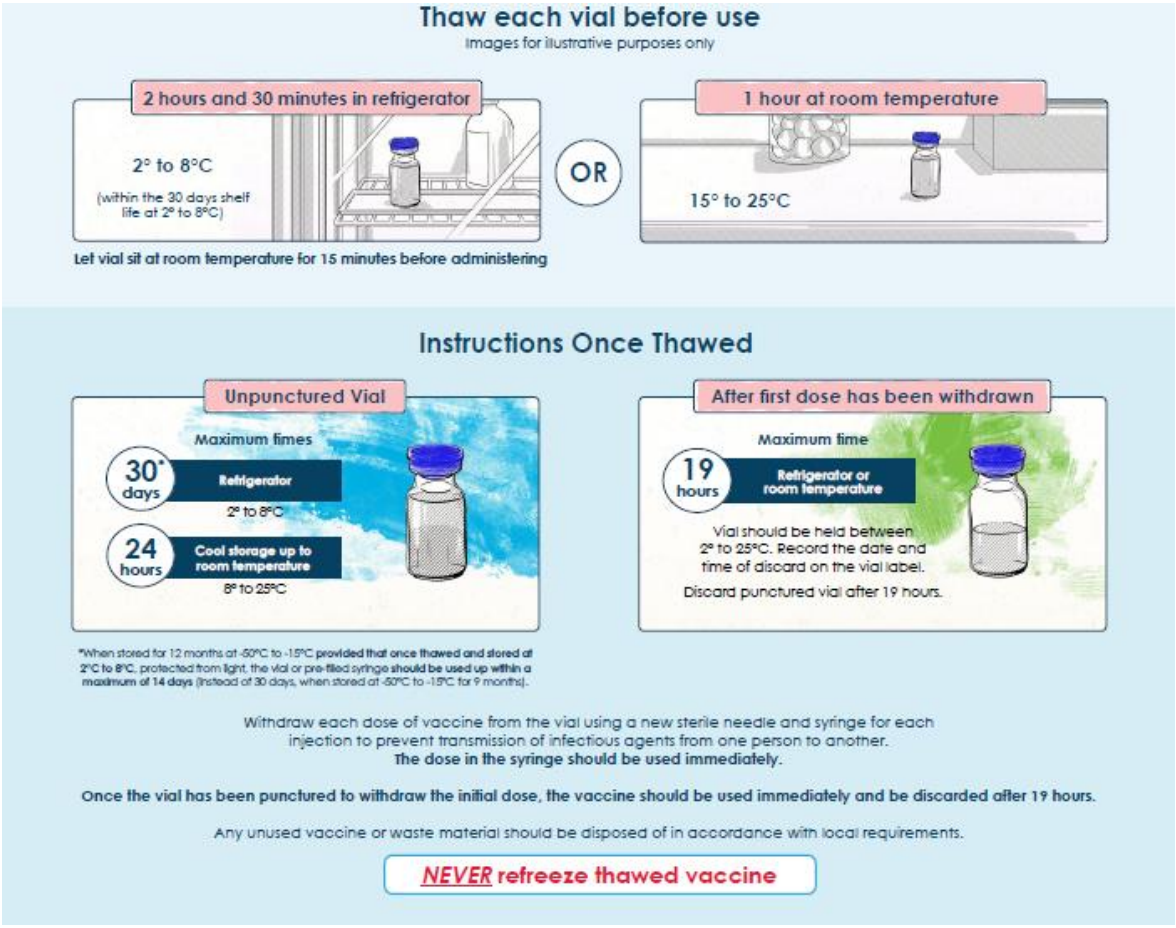


Spikevax 0.1 mg/mL dispersion for injection
Five (5) doses (of 0.5 mL each) can be withdrawn from each vial (blue flip-off cap).

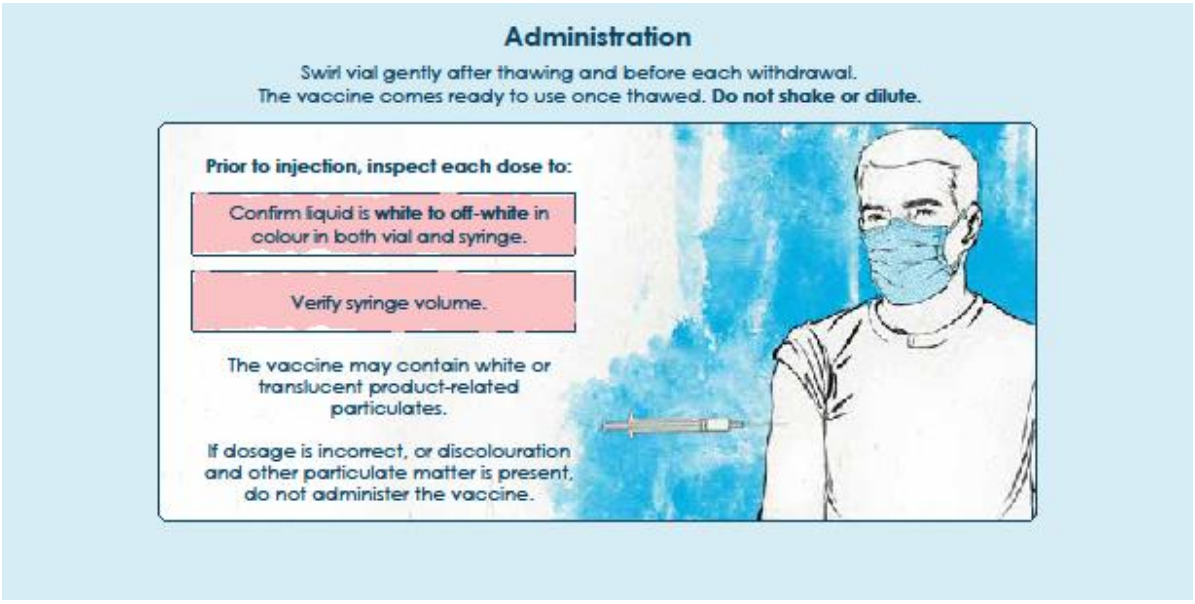
Verify that the vial has a blue flip-off cap and the product name is Spikevax 0.1 mg/mL dispersion for injection. If the vial has a blue flip-off cap and the product name is Spikevax bivalent Original/Omicron BA.1, please make reference to the Summary of Product Characteristics for that formulation.

Pierce the stopper preferably at a different site each time.

An additional overfill is included in each vial to ensure that 5 doses of 0.5 mL can be delivered.



Spikevax 0.2 mg/mL dispersion for injection and Spikevax 0.1 mg/mL dispersion for injection



Spikevax 50 micrograms dispersion for injection in pre-filled syringe

Do not shake or dilute the contents of the pre-filled syringe.

Each pre-filled syringe is for single use only. The vaccine comes ready to use once thawed.

One (1) dose of 0.5 mL can be administered from each pre-filled syringe.

Spikevax is supplied in a single-dose, pre-filled syringe (without needle) containing 0.5 mL (50 micrograms) mRNA and must be thawed prior to administration.

Thaw each pre-filled syringe before use following the instructions below. Syringes may be thawed in the blister packs (each blister containing 2 pre-filled syringes) or in the carton itself, either in the refrigerator or at room temperature (Table 5).

Table 5. Thawing instructions for pre-filled syringes and cartons before use

Configuration	**Thaw instructions and duration**			
	Thaw Temperature (in a refrigerator) (°C)	**Thaw Duration (minutes)**	**Thaw Temperature (at room temperature) (°C)**	**Thaw Duration (minutes)**
Pre-filled syringe in blister pack	2 – 8	55	15 – 25	45
Carton	2 – 8	155	15 – 25	140

Handling instructions for the pre-filled syringes

- Let each pre-filled syringe stand at room temperature (15°C to 25°C) for 15 minutes before administering.
- Do not shake.
- Pre-filled syringe should be inspected visually for particulate matter and discolouration prior to administration.
- Spikevax is a white to off-white dispersion. It may contain white or translucent product-related particulates. Do not administer if vaccine is discoloured or contains other particulate matter.
- Needles are not included in the pre-filled syringe cartons.
- Use a sterile needle of the appropriate size for intramuscular injection (21-gauge or thinner needles).
- Remove tip cap from syringe by twisting in a counter-clockwise direction.
- Attach the needle by twisting in a clockwise direction until the needle fits securely on the syringe.
- Uncap the needle when ready for administration.
- Administer the entire dose intramuscularly.
- Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/001
EU/1/20/1507/002
EU/1/20/1507/003

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 06 January 2021
Date of latest renewal: 04 October 2021

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Spikevax bivalent Original/Omicron BA.1 (50 micrograms/50 micrograms)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Table 1. Spikevax bivalent Original/Omicron BA.1 qualitative and quantitative composition

Container	**Dose(s)**	**Composition per dose**
Multidose 2.5 mL vial (blue flip-off cap)	5 doses of 0.5 mL each	One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of imelasomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles).
Multidose 5 mL vial (blue flip-off cap)	10 doses of 0.5 mL each	

Elasomeran is a single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free *in vitro* transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

Imelasomeran contains mRNA, 5'-capped, encoding a full-length, codon-optimised pre-fusion stabilised conformation variant (K983P and V984P) of the SARSCoV-2 spike (S) glycoprotein (Omicron variant, B.1.1.529).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Dispersion for injection
White to off white dispersion (pH: 7.0 – 8.0).

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Spikevax bivalent Original/Omicron BA.1 is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 12 years of age and older who have previously received at least a primary vaccination course against COVID-19 (see sections 4.2 and 5.1).

The use of this vaccine should be in accordance with official recommendations.

4.2 Posology and method of administration

Posology

The dose of Spikevax bivalent Original/Omicron BA.1 is 0.5 mL given intramuscularly.

There should be an interval of at least 3 months between administration of Spikevax bivalent Original/Omicron BA.1 and the last prior dose of a COVID-19 vaccine.

Spikevax bivalent Original/Omicron BA.1 is only indicated for individuals who have previously received at least a primary vaccination course against COVID-19.
For details on the primary vaccination course for ages 12 and above, please refer to the Summary of Product Characteristics for Spikevax 0.2 mg/mL dispersion for injection.

Paediatric population
The safety and efficacy of Spikevax bivalent Original/Omicron BA.1 in children less than 12 years of age have not yet been established. No data are available.

Elderly
No dose adjustment is required in elderly individuals ≥65 years of age.

Method of administration

The vaccine should be administered intramuscularly. The preferred site is the deltoid muscle of the upper arm.

Do not administer this vaccine intravascularly, subcutaneously or intradermally.

The vaccine should not be mixed in the same syringe with any other vaccines or medicinal products.

For precautions to be taken before administering the vaccine, see section 4.4.

For instructions regarding thawing, handling and disposal of the vaccine, 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

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Hypersensitivity and anaphylaxis

Anaphylaxis has been reported in individuals who have received Spikevax (original). Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following administration of the vaccine.

Close observation for at least 15 minutes is recommended following vaccination. Subsequent doses of the vaccine should not be given to those who have experienced anaphylaxis to the first dose of Spikevax (original).

Myocarditis and pericarditis

There is an increased risk for myocarditis and pericarditis following vaccination with Spikevax (original).

These conditions can develop within just a few days after vaccination, and have primarily occurred within 14 days. They have been observed more often after the second dose compared to the first dose,

and more often in younger males (see section 4.8). The risk profile appears to be similar for the second and the third dose.

Available data suggest that the course of myocarditis and pericarditis following vaccination is not different from myocarditis or pericarditis in general.

Healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis. Vaccinees should be instructed to seek immediate medical attention if they develop symptoms indicative of myocarditis or pericarditis such as (acute and persisting) chest pain, shortness of breath, or palpitations following vaccination.

Healthcare professionals should consult guidance and/or specialists to diagnose and treat this condition.

Anxiety-related reactions

Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur in association with vaccination as a psychogenic response to the needle injection. It is important that precautions are in place to avoid injury from fainting.

Concurrent illness

Vaccination should be postponed in individuals suffering from acute severe febrile illness or acute infection. The presence of a minor infection and/or low-grade fever should not delay vaccination.

Thrombocytopenia and coagulation disorders

As with other intramuscular injections, the vaccine should be given with caution in individuals receiving anticoagulant therapy or those with thrombocytopenia or any coagulation disorder (such as haemophilia) because bleeding or bruising may occur following an intramuscular administration in these individuals.

Capillary leak syndrome flare-ups

A few cases of capillary leak syndrome (CLS) flare-ups have been reported in the first days after vaccination with Spikevax (original). Healthcare professionals should be aware of signs and symptoms of CLS to promptly recognise and treat the condition. In individuals with a medical history of CLS, planning of vaccination should be made in collaboration with appropriate medical experts.

Immunocompromised individuals

The efficacy and safety of Spikevax bivalent Original/Omicron BA.1 have not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of Spikevax bivalent Original/Omicron BA.1 may be lower in immunocompromised individuals.

Duration of protection

The duration of protection afforded by the vaccine is unknown as it is still being determined by ongoing clinical studies.

Limitations of vaccine effectiveness

Individuals may not be fully protected until 14 days after their second dose. As with all vaccines, vaccination with Spikevax bivalent Original/Omicron BA.1 may not protect all vaccine recipients.

Excipients with known effect

Sodium
This vaccine contains less than 1 mmol sodium (23 mg) per 0.5 mL dose, that is to say, essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.

Concomitant administration of Spikevax bivalent Original/Omicron BA.1 with other vaccines has not been studied.

4.6 Fertility, pregnancy and lactation

Pregnancy

No data are available yet regarding the use of Spikevax bivalent Original/Omicron BA.1 during pregnancy.

However, a large amount of observational data from pregnant women vaccinated with Spikevax (original) during the second and third trimester has not shown an increase in adverse pregnancy outcomes. While data on pregnancy outcomes following vaccination during the first trimester are presently limited, no increased risk for miscarriage has been seen. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Since differences between products are confined to the spike protein sequence, and there are no clinically meaningful differences in reactogenicity, Spikevax bivalent Original/ Omicron BA.1 can be used during pregnancy.

Breast-feeding

No data are available yet regarding the use of Spikevax bivalent Original/Omicron BA.1 during breastfeeding.

However, no effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breastfeeding woman to the vaccine is negligible. Observational data from women who were breastfeeding after vaccination with Spikevax (original) have not shown a risk for adverse effects in breastfed newborns/infants. Spikevax bivalent Original/Omicron BA.1 can be used during breastfeeding.

Fertility

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3).

4.7 Effects on ability to drive and use machines

Spikevax bivalent Original/Omicron BA.1 has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

4.8 Undesirable effects

Summary of the safety profile

Participants 18 years of age and older
The safety of Spikevax (original) was evaluated in an ongoing Phase 3 randomised, placebo-controlled, observer-blind clinical study conducted in the United States involving 30 351 participants 18 years of age and older who received at least one dose of Spikevax (original) (n=15 185) or placebo

(n=15 166) (NCT04470427). At the time of vaccination, the mean age of the population was 52 years (range 18-95); 22 831 (75.2%) of participants were 18 to 64 years of age and 7 520 (24.8%) of participants were 65 years of age and older.

The most frequently reported adverse reactions were pain at the injection site (92%), fatigue (70%), headache (64.7%), myalgia (61.5%), arthralgia (46.4%), chills (45.4%), nausea/vomiting (23%), axillary swelling/tenderness (19.8%), fever (15.5%), injection site swelling (14.7%) and redness (10%). Adverse reactions were usually mild or moderate in intensity and resolved within a few days after vaccination. A slightly lower frequency of reactogenicity events was associated with greater age.

Overall, there was a higher incidence of some adverse reactions in younger age groups: the incidence of axillary swelling/tenderness, fatigue, headache, myalgia, arthralgia, chills, nausea/vomiting and fever was higher in adults aged 18 to < 65 years than in those aged 65 years and above. Local and systemic adverse reactions were more frequently reported after Dose 2 than after Dose 1.

Adolescents 12 through 17 years of age
Safety data for Spikevax (original) in adolescents were collected in an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind clinical study conducted in the United States involving 3 726 participants 12 through 17 years of age who received at least one dose of Spikevax (original) (n=2 486) or placebo (n=1 240) (NCT04649151). Demographic characteristics were similar among participants who received Spikevax (original) and those who received placebo.

The most frequent adverse reactions in adolescents 12 to 17 years of age were injection site pain (97%), headache (78%), fatigue (75%), myalgia (54%), chills (49%), axillary swelling/tenderness (35%), arthralgia (35%), nausea/vomiting (29%), injection site swelling (28%), injection site erythema (26%), and fever (14%).

Children 6 through 11 years of age
Safety data for Spikevax (original) in children were collected in an ongoing Phase 2/3 two-part randomised, observer-blind clinical study conducted in the United States and Canada (NCT04796896). Part 1 is an open-label phase of the study for safety, dose selection, and immunogenicity and included 380 participants 6 through 11 years of age who received at least 1 dose (0.25 mL) of Spikevax (original). Part 2 is the placebo-controlled phase for safety and included 4 016 participants 6 through 11 years of age who received at least one dose (0.25 mL) of Spikevax (original) (n=3 012) or placebo (n=1 004). No participants in Part 1 participated in Part 2. Demographic characteristics were similar among participants who received Spikevax (original) and those who received placebo.

The most frequent adverse reactions in participants 6 through 11 years of age following administration of the primary series were injection site pain (98.4%), fatigue (73.1%), headache (62.1%), myalgia (35.3%), chills (34.6%), nausea/vomiting (29.3%), axillary swelling/tenderness (27.0%), fever (25.7%), injection site erythema (24.0%), injection site swelling (22.3%), and arthralgia (21.3%).

<u>Tabulated list of adverse reactions from clinical studies and post authorisation experience in children and individuals 6 years of age and older</u>

The safety profile presented below is based on data generated in a placebo-controlled clinical study on 30 351 adults ≥ 18 years of age, another placebo-controlled clinical study with 3 726 adolescents 12 through 17 years of age, another clinical study with 4 002 children 6 years through 11 years of age, and post-marketing experience.

Adverse reactions reported are listed according to the following frequency convention:

Very common (≥1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1 000 to <1/100)
Rare (≥1/10 000 to <1/1 000)
Very rare (<1/10 000)

Not known (cannot be estimated from the available data)

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness (Table 2).

Table 2. Adverse reactions from Spikevax (original) clinical studies and post authorisation experience in children and individuals 6 years of age and older

MedDRA system organ class	Frequency	Adverse reaction(s)
Blood and lymphatic system disorders	Very common	Lymphadenopathy*
Immune system disorders	Not known	Anaphylaxis Hypersensitivity
Nervous system disorders	Very common	Headache
	Uncommon	Dizziness
	Rare	Acute peripheral facial paralysis** Hypoaesthesia Paraesthesia
Cardiac disorders	Very rare	Myocarditis Pericarditis
Gastrointestinal disorders	Very common	Nausea/vomiting
	Common	Diarrhoea
	Uncommon	Abdominal pain***
Skin and subcutaneous tissue disorders	Common	Rash
	Not known	Erythema multiforme
Musculoskeletal and connective tissue disorders	Very common	Myalgia Arthralgia
General disorders and administration site conditions	Very common	Injection site pain Fatigue Chills Pyrexia Injection site swelling Injection site erythema
	Common	Injection site urticaria Injection site rash Delayed injection site reaction****
	Uncommon	Injection site pruritus
	Rare	Facial swelling*****
	Not known	Extensive swelling of vaccinated limb

*Lymphadenopathy was captured as axillary lymphadenopathy on the same side as the injection site. Other lymph nodes (e.g., cervical, supraclavicular) were affected in some cases.
**Throughout the safety follow-up period, acute peripheral facial paralysis (or palsy) was reported by three participants in the Spikevax (original) group and one participant in the placebo group. Onset in the vaccine group participants was 22 days, 28 days, and 32 days after Dose 2.
*** Abdominal pain was observed in the paediatric population (6 to 11 years of age): 0.2% in the Spikevax (original) group and 0% in the placebo group.
****Median time to onset was 9 days after the first injection, and 11 days after the second injection. Median duration was 4 days after the first injection, and 4 days after the second injection.
*****There were two serious adverse events of facial swelling in vaccine recipients with a history of injection of dermatological fillers. The onset of swelling was reported on Day 1 and Day 3, respectively, relative to day of vaccination.

The reactogenicity and safety profile in 343 subjects receiving Spikevax (original), that were seropositive for SARS-CoV-2 at baseline, was comparable to that in subjects seronegative for SARS-CoV-2 at baseline.

Participants 18 years of age and older (booster dose)
The safety, reactogenicity, and immunogenicity of a booster dose of Spikevax (original) are evaluated

in an ongoing Phase 2, randomised, observer-blind, placebo-controlled, dose-confirmation study in participants 18 years of age and older (NCT04405076). In this study, 198 participants received two doses (0.5 mL, 100 micrograms 1 month apart) of the Spikevax (original) vaccine primary series. In an open-label phase of this study, 167 of those participants received a single booster dose (0.25 mL, 50 micrograms) at least 6 months after receiving the second dose of the primary series. The solicited adverse reaction profile for the booster dose (0.25 mL, 50 micrograms) was similar to that after the second dose in the primary series.

Spikevax bivalent Original/Omicron BA.1 (booster dose)
The safety, reactogenicity, and immunogenicity of a booster dose of Spikevax bivalent Original/Omicron BA.1 are evaluated in an ongoing Phase 2/3 open-label study in participants 18 years of age and older (mRNA-1273-P205). In this study, 437 participants received the Spikevax bivalent Original/Omicron BA.1 50 microgram booster dose, and 377 participants received the Spikevax (original) 50 microgram booster dose.

Spikevax bivalent Original/Omicron BA.1 had a reactogenicity profile similar to that of the Spikevax (original) booster given as a second booster dose. The frequency of adverse reactions after immunisation with Spikevax bivalent Original/Omicron BA.1 was also similar or lower relative to that of a first booster dose of Spikevax (original) (50 micrograms) and relative to the second dose of the Spikevax (original) primary series (100 micrograms). No new safety signals were identified.

Description of selected adverse reactions

Myocarditis
The increased risk of myocarditis after vaccination with Spikevax (original) is highest in younger males (see section 4.4).

Two large European pharmacoepidemiological studies have estimated the excess risk in younger males following the second dose of Spikevax (original). One study showed that in a period of 7 days after the second dose, there were about 1.316 (95% CI 1.299 – 1.333) extra cases of myocarditis in 12 to 29 year-old males per 10 000 compared to unexposed persons. In another study, in a period of 28 days after the second dose, there were 1.88 (95% CI 0.956 – 2.804) extra cases of myocarditis in 16 to 24 year-old males per 10 000 compared to unexposed persons.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V and include batch/Lot number if available.

4.9 Overdose

No case of overdose has been reported.

In the event of overdose, monitoring of vital functions and possible symptomatic treatment is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

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

Mechanism of action

Spikevax (elasomeran) and Spikevax bivalent Original/Omicron BA.1 (elasomeran/imelasomeran) both contain mRNA encapsulated in lipid nanoparticles. The mRNA encodes for the full-length SARS-CoV-2 spike protein modified with 2 proline substitutions within the heptad repeat 1 domain (S-2P) to stabilise the spike protein into a prefusion conformation. After intramuscular injection, cells at the injection site and the draining lymph nodes take up the lipid nanoparticle, effectively delivering the mRNA sequence into cells for translation into viral protein. The delivered mRNA does not enter the cellular nucleus or interact with the genome, is non-replicating, and is expressed transiently mainly by dendritic cells and subcapsular sinus macrophages. The expressed, membrane-bound spike protein of SARS-CoV-2 is then recognised by immune cells as a foreign antigen. This elicits both T-cell and B-cell responses to generate neutralising antibodies, which may contribute to protection against COVID-19.

Clinical efficacy

Immunogenicity in participants 18 years of age and older – after Spikevax bivalent Original/Omicron BA.1 booster dose (0.5 mL, 50 micrograms)
The safety, reactogenicity, and immunogenicity of a Spikevax bivalent Original/Omicron BA.1 booster dose are evaluated in an ongoing Phase 2/3 open-label study in participants 18 years of age and older (mRNA-1273-P205). In this study, 437 participants received the Spikevax bivalent Original/Omicron BA.1 50 microgram booster dose, and 377 participants received the Spikevax (original) 50 microgram booster dose.

Study P205 Part G evaluated the safety, reactogenicity and immunogenicity of Spikevax bivalent Original/Omicron BA.1 when administered as a second booster dose to adults who previously received 2 doses of Spikevax (original) (100 microgram) as a primary series and a booster dose of Spikevax (original) (50 micrograms) at least 3 months prior to enrolment. In P205 Part F, study participants received Spikevax bivalent Original/Omicron BA.1 (50 micrograms) as a second booster dose and the Part G group serves as a within-study, non-contemporaneous comparator group to the Spikevax bivalent Original/Omicron BA.1 group.

In this study, the primary immunogenicity analysis was based on the primary immunogenicity set which includes participants with no evidence of SARS-CoV-2 infection at baseline (pre-booster). In the primary analysis, the original SARS-CoV-2 estimated neutralising antibody geometric mean titre (GMT) and corresponding 95% CI was 6422.3 (5990.1, 6885.7) and 5286.6 (4887.1, 5718.9) 28 days after the Spikevax bivalent Original/Omicron BA.1 and Spikevax (original) booster doses, respectively. These GMTs represent the ratio between response of Spikevax bivalent Original/Omicron BA.1 versus Spikevax (original) against the ancestral SARS-CoV-2 (D614G) strain. The GMR (97.5% CI) was 1.22 (1.08, 1.37) meeting the pre-specified criterion for non-inferiority (lower bound of 97.5% CI $\geq$0.67).

The estimated Day 29 neutralising antibody GMTs against Omicron, BA.1 were 2479.9 (2264.5, 2715.8) and 1421.2 (1283.0, 1574.4) in the Spikevax bivalent Original/Omicron BA.1 and Spikevax (original) booster groups, respectively, and the GMR (97.5% CI) was 1.75 (1.49, 2.04), which met the pre-specified superiority criterion (lower bound of CI >1).

Clinical efficacy in adults
The adult study was a randomised, placebo-controlled, observer-blind Phase 3 clinical study (NCT04470427) that excluded individuals who were immunocompromised or had received immunosuppressants within 6 months, as well as participants who were pregnant, or with a known history of SARS-CoV-2 infection. Participants with stable HIV disease were not excluded. Influenza vaccines could be administered 14 days before or 14 days after any dose of Spikevax (original). Participants were also required to observe a minimum interval of 3 months after receipt of blood/plasma products or immunoglobulins prior to the study in order to receive either placebo or Spikevax (original).

A total of 30 351 subjects were followed for a median of 92 days (range: 1-122) for the development of COVID-19 disease.

The primary efficacy analysis population (referred to as the Per Protocol Set or PPS), included 28 207 subjects who received either Spikevax (original) (n=14 134) or placebo (n=14 073) and had a negative baseline SARS-CoV-2 status. The PPS study population included 47.4% female, 52.6% male, 79.5% White, 9.7% African American, 4.6% Asian, and 6.2% other. 19.7% of participants identified as Hispanic or Latino. The median age of subjects was 53 years (range 18-94). A dosing window of –7 to +14 days for administration of the second dose (scheduled at day 29) was allowed for inclusion in the PPS. 98% of vaccine recipients received the second dose 25 days to 35 days after dose 1 (corresponding to -3 to +7 days around the interval of 28 days).

COVID-19 cases were confirmed by Reverse Transcriptase Polymerase Chain Reaction (RT PCR) and by a Clinical Adjudication Committee. Vaccine efficacy overall and by key age groups are presented in Table 3.

Table 3. Vaccine efficacy analysis: confirmed COVID-19[#] regardless of severity starting 14 days after the 2nd dose – per-protocol set

Age group (years)	Spikevax (original)			Placebo			
	Subjects N	COVID-19 cases n	Incidence rate of COVID-19 per 1 000 person-years	Subjects N	COVID-19 cases n	Incidence rate of COVID-19 per 1 000 person-years	% Vaccine efficacy (95% CI)*
Overall (≥18)	14 134	11	3.328	14 073	185	56.510	94.1 (89.3, 96.8)**
18 to <65	10 551	7	2.875	10 521	156	64.625	95.6 (90.6, 97.9)
≥65	3 583	4	4.595	3 552	29	33.728	86.4 (61.4, 95.2)
≥65 to <75	2 953	4	5.586	2 864	22	31.744	82.4% (48.9, 93.9)
≥75	630	0	0	688	7	41.968	100% (NE, 100)

[#]COVID-19: symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the 2nd dose.
*Vaccine efficacy and 95% confidence interval (CI) from the stratified Cox proportional hazard model
** CI not adjusted for multiplicity. Multiplicity adjusted statistical analyses were carried out in an interim analysis based on less COVID-19 cases, not reported here.

Among all subjects in the PPS, no cases of severe COVID-19 were reported in the vaccine group compared with 30 of 185 (16%) cases reported in the placebo group. Of the 30 participants with severe disease, 9 were hospitalised, 2 of which were admitted to an intensive care unit. The majority of the remaining severe cases fulfilled only the oxygen saturation (SpO2) criterion for severe disease (≤ 93% on room air).

The vaccine efficacy of Spikevax (original) to prevent COVID-19, regardless of prior SARS-CoV-2 infection (determined by baseline serology and nasopharyngeal swab sample testing) from 14 days after Dose 2 was 93.6% (95% confidence interval 88.6, 96.5%).

Additionally, subgroup analyses of the primary efficacy endpoint showed similar efficacy point estimates across genders, ethnic groups, and participants with medical comorbidities associated with high risk of severe COVID-19.

Clinical efficacy in adolescents 12 through 17 years of age
The adolescent study is an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind clinical study (NCT04649151) to evaluate the safety, reactogenicity, and efficacy of Spikevax (original) in adolescents 12 to 17 years of age. Participants with a known history of SARS-CoV-2 infection were

excluded from the study. A total of 3 732 participants were randomised 2:1 to receive 2 doses of Spikevax (original) or saline placebo 1 month apart.

A secondary efficacy analysis was performed in 3,181 participants who received 2 doses of either Spikevax (original) (n=2 139) or placebo (n=1 042) and had a negative baseline SARS-CoV-2 status in the Per Protocol Set. Between participants who received Spikevax (original) and those who received placebo, there were no notable differences in demographics or pre-existing medical conditions.

COVID-19 was defined as symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the second dose.

There were zero symptomatic COVID-19 cases in the Spikevax (original) group and 4 symptomatic COVID-19 cases in the placebo group.

Immunogenicity in adolescents 12 to 17 years of age
A non-inferiority analysis evaluating SARS-CoV-2 50% neutralising titres and seroresponse rates 28 days after Dose 2 was conducted in the Per-Protocol immunogenicity subsets of adolescents aged 12 through 17 (n=340) in the adolescent study and in participants aged 18 through 25 (n=296) in the adult study. Subjects had no immunologic or virologic evidence of prior SARS-CoV-2 infection at baseline. The geometric mean ratio (GMR) of the neutralising antibody titres in adolescents 12 to 17 years of age compared to the 18- to 25-year-olds was 1.08 (95% CI: 0.94, 1.24). The difference in seroresponse rate was 0.2% (95% CI: -1.8, 2.4). Non-inferiority criteria (lower bound of the 95% CI for GMR > 0.67 and lower bound of the 95% CI of the seroresponse rate difference > -10%) were met.

Clinical efficacy in children 6 through 11 years of age
The paediatric study is an ongoing Phase 2/3 randomised, placebo-controlled, observer-blind, clinical study to evaluate the safety, reactogenicity, and effectiveness of Spikevax (original) in children aged 6 through 11 years in the United States and Canada (NCT04796896). Participants with a known history of SARS-CoV-2 infection were excluded from the study. A total of 4 011 participants were randomised 3:1 to receive 2 doses of Spikevax (original) or saline placebo 1 month apart.

A secondary efficacy analysis evaluating confirmed COVID-19 cases accrued up to the data cutoff date of 10 November 2021 was performed in 3 497 participants who received two doses (0.25 mL at 0 and 1 month) of either Spikevax (original) (n=2 644) or placebo (n=853) and had a negative baseline SARS-CoV-2 status in the Per Protocol Set. Between participants who received Spikevax (original) and those who received placebo, there were no notable differences in demographics.

COVID-19 was defined as symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the second dose.

There were three COVID-19 cases (0.1%) in the Spikevax (original) group and four COVID-19 cases (0.5%) in the placebo group.

Immunogenicity in children 6 through 11 years of age
An analysis evaluating SARS-CoV-2 50% neutralising titres and seroresponse rates 28 days after Dose 2 was conducted in a subset of children aged 6 through 11 years (n=319) in the paediatric study and in participants aged 18 through 25 years (n=295) in the adult study. Subjects had no immunologic or virologic evidence of prior SARS-CoV-2 infection at baseline. The GMR of the neutralising antibody titres in children 6 through 11 years of age compared to the 18- to 25-year-olds was 1.239 (95% CI: 1.072, 1.432). The difference in seroresponse rate was 0.1% (95% CI: -1.9, 2.1). Non-inferiority criteria (lower bound of the 95% CI for GMR > 0.67 and lower bound of the 95% CI of the seroresponse rate difference > -10%) were met.

Immunogenicity in participants 18 years of age and older – after booster dose (0.25 mL, 50 micrograms)
The safety, reactogenicity, and immunogenicity of a booster dose of Spikevax (original) are evaluated in an ongoing Phase 2, randomised, observer-blind, placebo-controlled, dose-confirmation study in

participants 18 years of age and older (NCT04405076). In this study, 198 participants received two doses (0.5 mL, 100 micrograms 1 month apart) of the Spikevax (original) vaccine as primary series. In an open-label phase, 149 of those participants (Per-Protocol Set) received a single booster dose (0.25 mL, 50 micrograms) at least 6 months after receiving the second dose in the primary series. A single booster dose (0.25 mL, 50 micrograms) was shown to result in a geometric mean fold rise (GMFR) of 12.99 (95% CI: 11.04, 15.29) in neutralising antibodies from pre-booster compared to 28 days after the booster dose. The GMFR in neutralising antibodies was 1.53 (95% CI: 1.32, 1.77) when compared 28 days post dose 2 (primary series) to 28 days after the booster dose.

Immunogenicity of a booster dose following primary vaccination with another authorised COVID-19 vaccine in adults 18 years of age and older
Safety and immunogenicity of a heterologous booster with Spikevax (original) were studied in an investigator-initiated study with 154 participants. The minimum time interval between primary series using a vector-based or RNA-based COVID-19 vaccine and booster injection with Spikevax (original) was 12 weeks (range: 12 weeks to 20.9 weeks). The dose used for boosting in this study was 100 micrograms. Neutralising antibody titres as measured by a pseudovirus neutralisation assay were assessed on Day 1 prior to administration and at Day 15 and Day 29 after the booster dose. A booster response was demonstrated regardless of primary vaccination.

Only short-term immunogenicity data are available; long-term protection and immunological memory are currently unknown.

Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) in the UK
COV-BOOST is a multicentre, randomised Phase 2 investigator-initiated study of third dose booster vaccination against COVID-19 with a subgroup to investigate detailed immunology. Participants were adults aged 30 years or older, in good physical health (mild to moderate well-controlled co-morbidities were permitted), who had received two doses of either Pfizer–BioNTech or Oxford–AstraZeneca (first dose in December 2020, January 2021 or February 2021), and were at least 84 days post second dose by the time of enrolment. Spikevax (original) boosted antibody and neutralising responses and was well tolerated regardless of the prime series. The dose used for boosting in this study was 100 micrograms. Neutralising antibody titres as measured by a pseudovirus neutralisation assay were assessed on Day 28 after the booster dose.

Pre-boost and post-boost neutralising antibody against the B.1.617.2 (Delta) variant in adults
Results of the pseudovirus neutralisation assay (PsVNA) against the B.1.617.2 (Delta) variant determined pre-booster and on Day 29 post-booster showed that administration of a booster dose of Spikevax (original) (0.25 mL, 50 micrograms) in adults induced a 17-fold rise in neutralising antibodies against the Delta variant compared with pre-booster levels (GMFR = 17.28; 95% CI: 14.38, 20.77; n=295).

Neutralising antibody against the B.1.617.2 (Delta) variant in children 6 through 11 years of age
Serum samples of the per-protocol immunogenicity subset (n=134) of the ongoing paediatric study obtained at baseline and on Day 57 were tested in a PsVNA based on the B.1.617.2 (Delta) variant. In children 6 through 11 years of age, the GMFR from baseline to D57 was 81.77 (95% CI: 70.38, 95.00) for the Delta variant (measured by PsVNA). Furthermore, 99.3% of children met the definition of seroresponse.

Elderly

Spikevax (original) was assessed in individuals 6 years of age and older, including 3 768 subjects 65 years of age and older. The efficacy of Spikevax (original) was consistent between elderly (≥65 years) and younger adult subjects (18-64 years).

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with the Spikevax (original) in one or more subsets of the paediatric population in prevention of COVID-19 (see section 4.2 for information on paediatric use).

Conditional approval

This medicinal product has been authorised under a so-called 'conditional approval' scheme. This means that further evidence on this medicinal product is awaited. The European Medicines Agency will review new information on this medicinal product at least every year and this SmPC will be updated as necessary.

5.2 Pharmacokinetic properties

Not applicable.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeat dose toxicity and reproductive and developmental toxicity.

General toxicity

General toxicity studies were conducted in rats (intramuscularly receiving up to 4 doses exceeding the human dose once every 2 weeks). Transient and reversible injection site oedema and erythema and transient and reversible changes in laboratory tests (including increases in eosinophils, activated partial thromboplastin time, and fibrinogen) were observed. Results suggests the toxicity potential to humans is low.

Genotoxicity/carcinogenicity

In vitro and *in vivo* genotoxicity studies were conducted with the novel lipid component SM-102 of the vaccine. Results suggests the genotoxicity potential to humans is very low. Carcinogenicity studies were not performed.

Reproductive toxicity

In a developmental toxicity study, 0.2 mL of a vaccine formulation containing the same quantity of mRNA (100 micrograms) and other ingredients included in a single human dose of Spikevax (original) was administered to female rats by the intramuscular route on four occasions: 28 and 14 days prior to mating, and on gestation days 1 and 13. SARS-CoV-2 antibody responses were present in maternal animals from prior to mating to the end of the study on lactation day 21 as well as in foetuses and offspring. There were no vaccine-related adverse effects on female fertility, pregnancy, embryo foetal or offspring development or postnatal development. No data are available of Spikevax (original) vaccine placental transfer or excretion in milk.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

SM-102 (heptadecan-9-yl 8-{(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino}octanoate)
Cholesterol
1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)
1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG)
Trometamol
Trometamol hydrochloride
Acetic acid

Sodium acetate trihydrate
Sucrose
Water for injections

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products or diluted.

6.3 Shelf life

Unopened multidose vial

9 months at -50ºC to -15ºC.

After removal from the freezer, the unopened vaccine vial may be stored refrigerated at 2°C to 8°C, protected from light, for a maximum of 30 days. Within this period, up to 12 hours may be used for transportation at 2°C to 8°C (see section 6.4).

Chemical and physical stability has also been demonstrated for unopened vaccine vials when stored for 12 months at -50°C to -15°C **provided that once thawed and stored at 2°C to 8°C,** protected from light, **the unopened vial will be used up within a maximum of 14 days** (instead of 30 days, when stored at -50ºC to -15ºC for 9 months).

Once thawed, the vaccine should not be re-frozen.

The unopened vaccine may be stored at 8°C to 25°C up to 24 hours after removal from refrigerated conditions.

Punctured multidose vials

Chemical and physical in-use stability has been demonstrated for 19 hours at 2°C to 25ºC after initial puncture (within the allowed use period of 30 days or 14 days, respectively, at 2°C to 8ºC and including 24 hours at 8°C to 25ºC). From a microbiological point of view, the product should be used immediately. If the vaccine is not used immediately, in-use storage times and conditions are the responsibility of the user.

6.4 Special precautions for storage

Store frozen between -50ºC to -15ºC.
Keep the vial in the outer carton to protect from light.
For storage conditions after thawing and first opening, see section 6.3.

Transportation of thawed multidose vials in liquid state at 2°C to 8°C
If transport at -50°C to -15°C is not feasible, available data support transportation of one or more thawed vials in liquid state for up to 12 hours at 2°C to 8°C (within the 30 days or 14 days shelf life, respectively, at 2°C to 8°C). Once thawed and transported in liquid state at 2°C to 8°C, vials should not be refrozen and should be stored at 2°C to 8°C until use.

6.5 Nature and contents of container

2.5 mL or 5 mL dispersion in a (type 1 glass or type 1 equivalent glass or cyclic olefin polymer with inner barrier coating) multidose vial with a stopper (chlorobutyl rubber) and a blue flip-off plastic cap with seal (aluminium seal).

Each vial contains 2.5 mL or 5 mL.

Pack size: 10 multidose vials

6.6 Special precautions for disposal and other handling

The vaccine should be prepared and administered by a trained healthcare professional using aseptic techniques to ensure sterility of the dispersion.

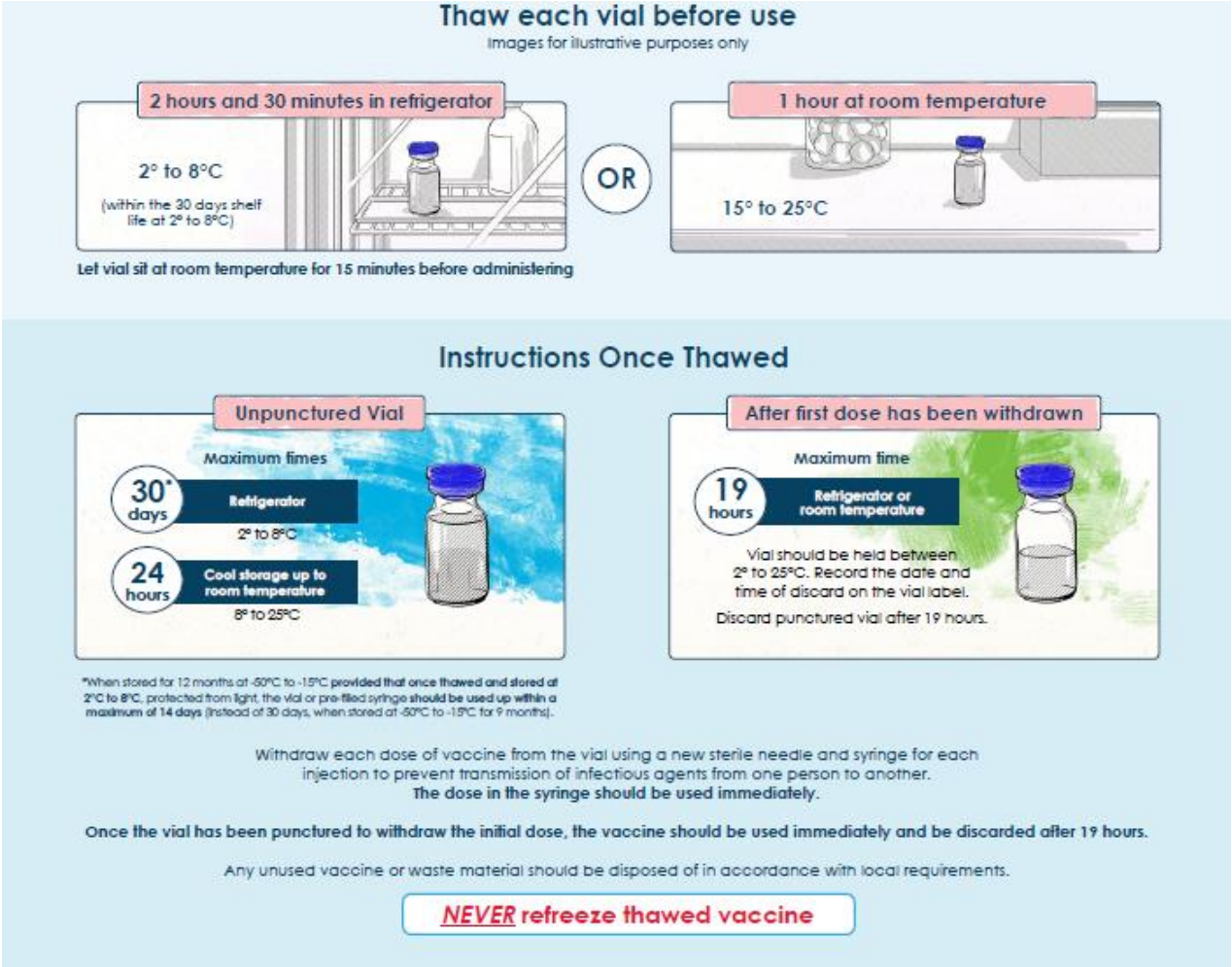
Vials are stored frozen between -50ºC to -15ºC.

The vaccine comes ready to use once thawed.

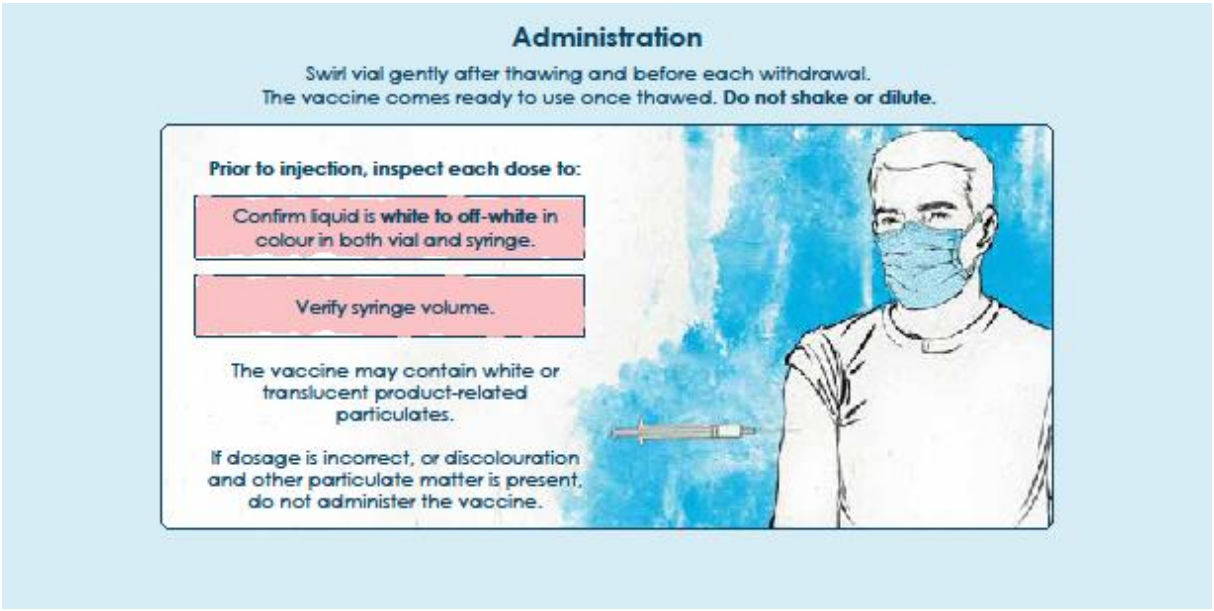
Do not shake or dilute. Swirl the vial gently after thawing and before each withdrawal. Pierce the stopper preferably at a different site each time.

An additional overfill is included in each vial to ensure that 5 or 10 doses of 0.5 mL can be delivered, depending on vial size.

Verify that the vial has a blue flip-off cap and the product name is Spikevax bivalent Original/Omicron BA.1. If the vial has a blue flip-off cap and the product name is Spikevax 0.1.mg/mL dispersion for injection, please make reference to the Summary of Product Characteristics for that formulation.



Spikevax bivalent Original/Omicron BA.1 (50 mcg/50 mcg)/mL dispersion for injection



7. MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12

Madrid 28002
Spain

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/004
EU/1/20/1507/005

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 06 January 2021
Date of latest renewal: 04 October 2021

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

ANNEX II

A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURERS RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

E. SPECIFIC OBLIGATION TO COMPLETE POST-AUTHORISATION MEASURES FOR THE CONDITIONAL MARKETING AUTHORISATION

A. MANUFACTURERS OF THE BIOLOGICAL ACTIVE SUBSTANCE AND MANUFACTURERS RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturers of the biological active substance

LONZA AG
Lonzastrasse
3930 Visp
Switzerland

ModernaTX, Inc.
One Moderna Way
Norwood, MA 02062
USA

Lonza Biologics, Inc.
101 International Drive Portsmouth, NH 03801
USA

Name and address of the manufacturers responsible for batch release

Rovi Pharma Industrial Services, S.A.
Paseo de Europa, 50
28703. San Sebastián de los Reyes
Madrid, Spain

Recipharm Monts
18 Rue de Montbazon
Monts, France 37260

Moderna Biotech Spain S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

Rovi Pharma Industrial Services, S.A.
Calle Julián Camarillo n°35
28037 Madrid Spain

Patheon Italia S.p.a.
Viale G.B. Stucchi
110 20900 Monza, Italy

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

Official batch release

In accordance with Article 114 of Directive 2001/83/EC, the official batch release will be undertaken by a state laboratory or a laboratory designated for that purpose.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

Periodic safety update reports (PSURs)

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

Risk management plan (RMP)

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

E. SPECIFIC OBLIGATION TO COMPLETE POST-AUTHORISATION MEASURES FOR THE CONDITIONAL MARKETING AUTHORISATION

This being a conditional marketing authorisation and pursuant to Article 14-a of Regulation (EC) No 726/2004, the MAH shall complete, within the stated timeframe, the following measures:

Description	Due date
In order to confirm the efficacy and safety of Spikevax, the MAH should submit the final Clinical Study Report for the randomised, placebo-controlled, observer-blind study mRNA-1273-P301.	30 June 2023
In order to confirm the efficacy and safety of Spikevax, the MAH should submit the final Clinical Study Report for the randomised, placebo-controlled, observer-blind study mRNA-1273-P203, including the full bioanalytical report.	31 July 2024
In order to confirm the efficacy of Spikevax, the MAH should submit the final Clinical Study Report for the randomised, placebo-controlled, observer-blind study mRNA-1273-P204.	31 March 2024

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (MULTIDOSE VIAL)

1. NAME OF THE MEDICINAL PRODUCT

Spikevax 0.2 mg/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each multidose vial contains 5 mL.
One dose (0.5 mL) contains 100 micrograms of elasomeran.
One dose (0.25 mL) contains 50 micrograms of elasomeran.

3. LIST OF EXCIPIENTS

Excipients: SM-102, cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Dispersion for injection
10 multidose vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Intramuscular use.
Read the package leaflet before use.

Scan here for package leaflet or visit www.modernacovid19global.com.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store frozen at -50°C to -15°C.
Read the package leaflet for the shelf life after first opening and for additional storage information.
Keep the vial in the outer carton to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local requirement.

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

MULTIDOSE VIAL LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Spikevax 0.2 mg/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran
IM

2. METHOD OF ADMINISTRATION

Intramuscular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Multidose vial
5 mL

6. OTHER

Scan here for package leaflet or visit www.modernacovid19global.com.
Discard date/time:

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (MULTIDOSE VIAL)

1. NAME OF THE MEDICINAL PRODUCT

Spikevax 0.1 mg/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each multidose vial contains 2.5 mL. One dose (0.5 mL) contains 50 micrograms of elasomeran.

3. LIST OF EXCIPIENTS

Excipients: SM-102, cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Dispersion for injection
10 multidose vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Intramuscular use.
Read the package leaflet before use.

Scan here for package leaflet or visit www.modernacovid19global.com.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store frozen at -50°C to -15°C.
Read the package leaflet for the shelf life after first opening and for additional storage information.
Keep the vial in the outer carton to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local requirement.

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/002

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

MULTIDOSE VIAL LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Spikevax 0.1 mg/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran
IM

2. METHOD OF ADMINISTRATION

Intramuscular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Multidose vial
2.5 mL

6. OTHER

Scan here for package leaflet or visit www.modernacovid19global.com.
Discard date/time:

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (PRE-FILLED SYRINGE)

1. NAME OF THE MEDICINAL PRODUCT

Spikevax 50 micrograms dispersion for injection in pre-filled syringe
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled syringe contains 0.5 mL. One dose (0.5 mL) contains 50 micrograms of elasomeran.

3. LIST OF EXCIPIENTS

Excipients: SM-102, cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Dispersion for injection
10 pre-filled syringes

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Intramuscular use.
Read the package leaflet before use.
Single use

Scan here for package leaflet or visit www.modernacovid19global.com.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store frozen at -50°C to -15°C.
Read the package leaflet for the shelf life and for additional storage information.
Keep the pre-filled syringe in the outer carton to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local requirement.

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/003

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

PRE-FILLED SYRINGE VIAL LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Spikevax 50 micrograms dispersion for injection
elasomeran
IM

2. METHOD OF ADMINISTRATION

Intramuscular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

0.5 mL

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (MULTIDOSE VIAL)

1. NAME OF THE MEDICINAL PRODUCT

Spikevax bivalent Original/Omicron BA.1 (50 micrograms/50 micrograms)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran/imelasomeran

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each multidose vial contains 2.5 mL. One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of imelasomeran.

3. LIST OF EXCIPIENTS

Excipients: SM-102, cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Dispersion for injection
10 multidose vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Intramuscular use.
Read the package leaflet before use.

Scan here for package leaflet or visit www.modernacovid19global.com.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store frozen at -50°C to -15°C.
Read the package leaflet for the shelf life after first opening and for additional storage information.
Keep the vial in the outer carton to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local requirement.

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/005

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

MULTIDOSE VIAL LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Spikevax bivalent Original/Omicron BA.1 (50 mcg/50 mcg)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran/imelasomeran
IM

2. METHOD OF ADMINISTRATION

Intramuscular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Multidose vial
2.5 mL

6. OTHER

Scan here for package leaflet or visit www.modernacovid19global.com.
Discard date/time:

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (MULTIDOSE VIAL)

1. NAME OF THE MEDICINAL PRODUCT

Spikevax bivalent Original/Omicron BA.1 (50 micrograms/50 micrograms)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran/imelasomeran

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each multidose vial contains 5 mL. One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of imelasomeran.

3. LIST OF EXCIPIENTS

Excipients: SM-102, cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Dispersion for injection
10 multidose vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Intramuscular use.
Read the package leaflet before use.

Scan here for package leaflet or visit www.modernacovid19global.com.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store frozen at -50°C to -15°C.
Read the package leaflet for the shelf life after first opening and for additional storage information.
Keep the vial in the outer carton to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

Dispose of in accordance with local requirement.

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/004

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

MULTIDOSE VIAL LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Spikevax bivalent Original/Omicron BA.1 (50 mcg/50 mcg)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran/imelasomeran
IM

2. METHOD OF ADMINISTRATION

Intramuscular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Multidose vial
5 mL

6. OTHER

Scan here for package leaflet or visit www.modernacovid19global.com.
Discard date/time:

ANNEX III

B. PACKAGE LEAFLET

Package leaflet: Information for the user

Spikevax 0.2 mg/mL dispersion for injection
Spikevax 0.1 mg/mL dispersion for injection
Spikevax 50 micrograms dispersion for injection in pre-filled syringe
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran

▼This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you receive this vaccine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Spikevax is and what it is used for

Spikevax is a vaccine used to prevent COVID-19 caused by SARS-CoV-2. It is given to adults and children aged 6 years and older. The active substance in Spikevax is mRNA encoding the SARS-CoV-2 Spike protein. The mRNA is embedded in SM-102 lipid nanoparticles.

As Spikevax does not contain the virus, it cannot give you COVID-19.

How the vaccine works
Spikevax stimulates the body's natural defences (immune system). The vaccine works by causing the body to produce protection (antibodies) against the virus that causes COVID-19. Spikevax uses a substance called messenger ribonucleic acid (mRNA) to carry instructions that cells in the body can use to make the spike protein that is also on the virus. The cells then make antibodies against the spike protein to help fight off the virus. This will help to protect you against COVID-19.

2. What you need to know before you are given Spikevax

The vaccine must not be given if you are **allergic** to the active substance or any of the other ingredients of this vaccine (listed in section 6).

Warnings and precautions
Talk to your doctor, pharmacist or nurse before you are given Spikevax if:

- you have previously had a severe, life-threatening **allergic** reaction after any other vaccine injection or after you were given Spikevax in the past.

- you have a very weak or compromised immune system
- you have ever fainted following any needle injection.
- you have a bleeding disorder
- you have a high fever or severe infection; however, you can have your vaccination if you have a mild fever or upper airway infection like a cold
- you have any serious illness
- if you have anxiety related to injections

There is an increased risk of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) after vaccination with Spikevax (see section 4).

These conditions can develop within just a few days after vaccination and have primarily occurred within 14 days. They have been observed more often after the second dose compared to the first dose, and more often in younger males.

Following vaccination, you should be alert to signs of myocarditis and pericarditis, such as breathlessness, palpitations and chest pain, and seek immediate medical attention should these occur.

If any of the above apply to you (or you are not sure), talk to your doctor, pharmacist or nurse before you are given Spikevax.

Capillary leak syndrome (CLS) flare-ups
A few cases of capillary leak syndrome flare-ups (causing fluid leakage from small blood vessels (capillaries) resulting in rapid swelling of the arms and legs, sudden weight gain and feeling faint, low blood pressure) have been reported following vaccination with Spikevax. If you have previously had episodes of CLS, talk to a doctor before you are given Spikevax.

Duration of protection
As with any vaccine, the primary 2-dose vaccination course of Spikevax may not fully protect all those who receive it and it is not known how long you will be protected.

Children
Spikevax is not recommended for children aged under 6 years.

Other medicines and Spikevax
Tell your doctor or pharmacist if you are taking, have recently taken, or might take any other medicines. Spikevax may affect the way other medicines work, and other medicines may affect how Spikevax works.

Immunocompromised individuals
If you are immunocompromised, you may receive a third dose of Spikevax. The efficacy of Spikevax even after a third dose may be lower in people who are immunocompromised. In these cases, you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate. Discuss appropriate individual recommendations with your doctor.

Pregnancy and breast-feeding
If you are pregnant or think you may be pregnant, tell your doctor, nurse or pharmacist before you receive this vaccine. Spikevax can be used during pregnancy. A large amount of information from pregnant women vaccinated with Spikevax during the second and third trimester have not shown negative effects on the pregnancy or the newborn baby. While information on effects on pregnancy or the newborn baby after vaccination during the first trimester is limited, no change to the risk for miscarriage has been seen.

Spikevax can be given during breastfeeding.

Driving and using machines
Do not drive or use machines if you are feeling unwell after vaccination. Wait until any effects of the vaccine have worn off before you drive or use machines.

Spikevax contains sodium
This medicine contains less than 1 mmol (23 mg) sodium per dose and, that is to say, essentially 'sodium-free'.

3. How you will be given Spikevax

Table 1. Spikevax dosing for primary series, a third dose in severely immunocompromised and booster doses

Vaccination	**Spikevax 0.2 mg/mL dispersion for injection**	**Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe**
Primary series It is recommended to get the second dose of the same vaccine 28 days after the first dose to complete the vaccination course.	Individuals 12 years of age and older two 0.5 mL injections	Not applicable*
	Children 6 through 11 years of age two 0.25 mL injections	Children 6 through 11 years of age two 0.5 mL injections
Third dose in severely immunocompromised individuals at least 1 month after the second dose	Individuals 12 years of age and older 0.5 mL	Not applicable†
	Children 6 through 11 years of age 0.25 mL	Children 6 through 11 years of age 0.5 mL
Booster dose may be given at least 3 months after the second dose	Individuals 12 years of age and older 0.25 mL	Individuals 12 years of age and older 0.5 mL

*For primary series for individuals 12 years of age and older, the 0.2 mg/mL strength vial should be used.
†For the third dose in severely immunocompromised patients 12 years of age and older, the 0.2 mg/mL strength vial should be used.

If you miss an appointment for your primary 2nd dose of Spikevax
- If you miss an appointment, arrange another visit as soon as possible with your doctor, pharmacist or nurse.
- If you miss a scheduled injection, you may not be fully protected against COVID-19.

Your doctor, pharmacist or nurse will inject the vaccine into a muscle (intramuscular injection) in your upper arm.

After each injection of the vaccine, your doctor, pharmacist or nurse will watch over you for at least **15 minutes** to monitor for signs of an allergic reaction.

If you have any further questions on the use of this vaccine, ask your doctor, pharmacist or nurse.

4. Possible side effects

Like all medicines, this vaccine can cause side effects, although not everybody gets them.

Get **urgent** medical attention if you get any of the following signs and symptoms of an allergic reaction:
- feeling faint or light-headed;
- changes in your heartbeat;
- shortness of breath;
- wheezing;
- swelling of your lips, face, or throat;
- hives or rash;
- nausea or vomiting;
- stomach pain.

Talk to your doctor or nurse if you develop any other side effects. These can include:

Very common (may affect more than 1 in 10 people):
- swelling/tenderness in the underarm
- headache
- nausea
- vomiting
- muscle ache, joint aches, and stiffness
- pain or swelling at the injection site
- redness at the injection site (some of which may occur approximately 9 to 11 days after the injection)
- feeling very tired
- chills
- fever

Common (may affect up to 1 in 10 people):
- diarrhoea
- rash
- rash or hives at the injection site (some of which may occur approximately 9 to 11 days after the injection)

Uncommon (may affect up to 1 in 100 people):
- itchiness at the injection site
- dizziness
- stomach pain

Rare (may affect up to 1 in 1 000 people)
- temporary one-sided facial drooping (Bell's palsy)
- swelling of the face (swelling of the face may occur in patients who have had facial cosmetic injections.)
- decreased sense of touch or sensation
- unusual feeling in the skin, such as tingling or a crawling feeling (paraesthesia)

Very rare (may affect up to 1 in 10 000 people)
- inflammation of the heart muscle (myocarditis) or inflammation of the lining outside the heart (pericarditis) which can result in breathlessness, palpitations or chest pain

Frequency unknown
- severe allergic reactions with breathing difficulties (anaphylaxis)
- reaction of increased sensitivity or intolerance by the immune system (hypersensitivity)

- a skin reaction that causes red spots or patches on the skin that may look like a target or "bulls-eye" with a dark red centre surrounded by paler red rings (erythema multiforme)
- extensive swelling of the vaccinated limb

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this vaccine.

5. How to store Spikevax

Keep this vaccine out of the sight and reach of children.

Do not use this vaccine after the expiry date which is stated on the label after EXP. The expiry date refers to the last day of that month.

Information about storage, expiry, and use and handling are described in the section intended for healthcare professionals at the end of the package leaflet.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Spikevax contains

Table 2. Composition by container type

Strength	Container	Dose(s)	Composition
Spikevax 0.2 mg/mL dispersion for injection			
	Multidose vial	Maximum 10 doses of 0.5 mL each	One dose (0.5 mL) contains 100 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).
		Maximum 20 doses of 0.25 mL each	One dose (0.25 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).
Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe			
	Multidose vial	5 doses of 0.5 mL each	One dose (0.5 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).

Strength	Container	Dose(s)	Composition
	Pre-filled syringe	1 dose of 0.5 mL For single-use only.	One dose (0.5 mL) contains 50 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).

Single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free in *vitro* transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

The other ingredients are SM-102 (heptadecan-9-yl 8-{(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino}octanoate), cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

What Spikevax looks like and contents of the pack

Spikevax 0.2 mg/mL dispersion for injection

Spikevax is a white to off white dispersion supplied in a 5 mL glass vial with a rubber stopper and red flip-off plastic cap with aluminium seal.

Pack size: 10 multidose vials

Spikevax 0.1 mg/mL dispersion for injection

Spikevax is a white to off white dispersion supplied in a 2.5 mL glass vial with a rubber stopper and blue flip-off plastic cap with aluminium seal.

Pack size: 10 multidose vials

Spikevax 50 micrograms dispersion for injection in pre-filled syringe

Spikevax is a white to off white dispersion supplied in a pre-filled syringe (polymeric) with plunger stopper and a tip cap (without needle).

The pre-filled syringe is packaged in 5 clear blisters containing 2 pre-filled syringes in each blister.

Pack size: 10 pre-filled syringes

Marketing Authorisation Holder
MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

Manufacturer

For multidose vials

Rovi Pharma Industrial Services, S.A.
Paseo de Europa, 50
28703. San Sebastián de los Reyes
Madrid, Spain

Recipharm Monts
18 Rue de Montbazon
Monts, France 37260

Moderna Biotech Spain S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

For pre-filled syringe

Rovi Pharma Industrial Services, S.A.
Calle Julián Camarillo n°35
28037 Madrid Spain

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder.

België/Belgique/Belgien
Tél/Tel: 0800 81 460

България
Тел: 00800 115 4477

Česká republika
Tel: 800 050 719

Danmark
Tlf: 80 81 06 53

Deutschland
Tel: 0800 100 9632

Eesti
Tel: 800 0044 702

Ελλάδα
Τηλ: 008004 4149571

España
Tel: 900 031 015

France
Tél: 0805 54 30 16

Hrvatska
Tel: 08009614

Ireland
Tel: 1800 800 354

Ísland
Sími: 800 4382

Italia
Tel: 800 928 007

Lietuva
Tel: 88 003 1114

Luxembourg/Luxemburg
Tél/Tel: 800 85 499

Magyarország
Tel: 06 809 87488

Malta
Tel: 8006 5066

Nederland
Tel: 0800 409 0001

Norge
Tlf: 800 31 401

Österreich
Tel: 0800 909636

Polska
Tel: 800 702 406

Portugal
Tel: 800 210 256

România
Tel: 0800 400 625

Slovenija
Tel: 080 083082

Slovenská republika
Tel: 0800 191 647

Suomi/Finland
Puh/Tel: 0800 774198

Κύπρος
Τηλ: 80091080

Latvija
Tel: 80 005 898

Sverige
Tel: 020 10 92 13

United Kingdom (Northern Ireland)
Tel: 0800 085 7562

This leaflet was last revised in

This vaccine has been given 'conditional approval'. This means that there is more evidence to come about this vaccine.

The European Medicines Agency will review new information on this vaccine at least every year and this leaflet will be updated as necessary.

Scan the code with a mobile device to get the package leaflet in different languages.

Or visit the URL https://www.ModernaCovid19Global.com

Detailed information on this vaccine is available on the European Medicines Agency web site: http://www.ema.europa.eu.

This leaflet is available in all EU/EEA languages on the European Medicines Agency website.

The following information is intended for healthcare professionals only:

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Storage and preparation for administration

Spikevax should be administered by a trained healthcare professional.

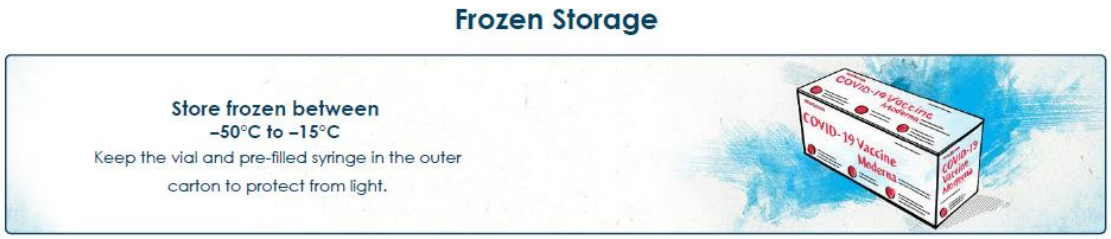
The vaccine comes ready to use once thawed.

Do not shake or dilute.

The vaccine should be inspected visually for particulate matter and discolouration prior to administration.

Spikevax is a white to off-white dispersion. It may contain white or translucent product-related particulates. Do not administer if vaccine is discoloured or contains other particulate matter.

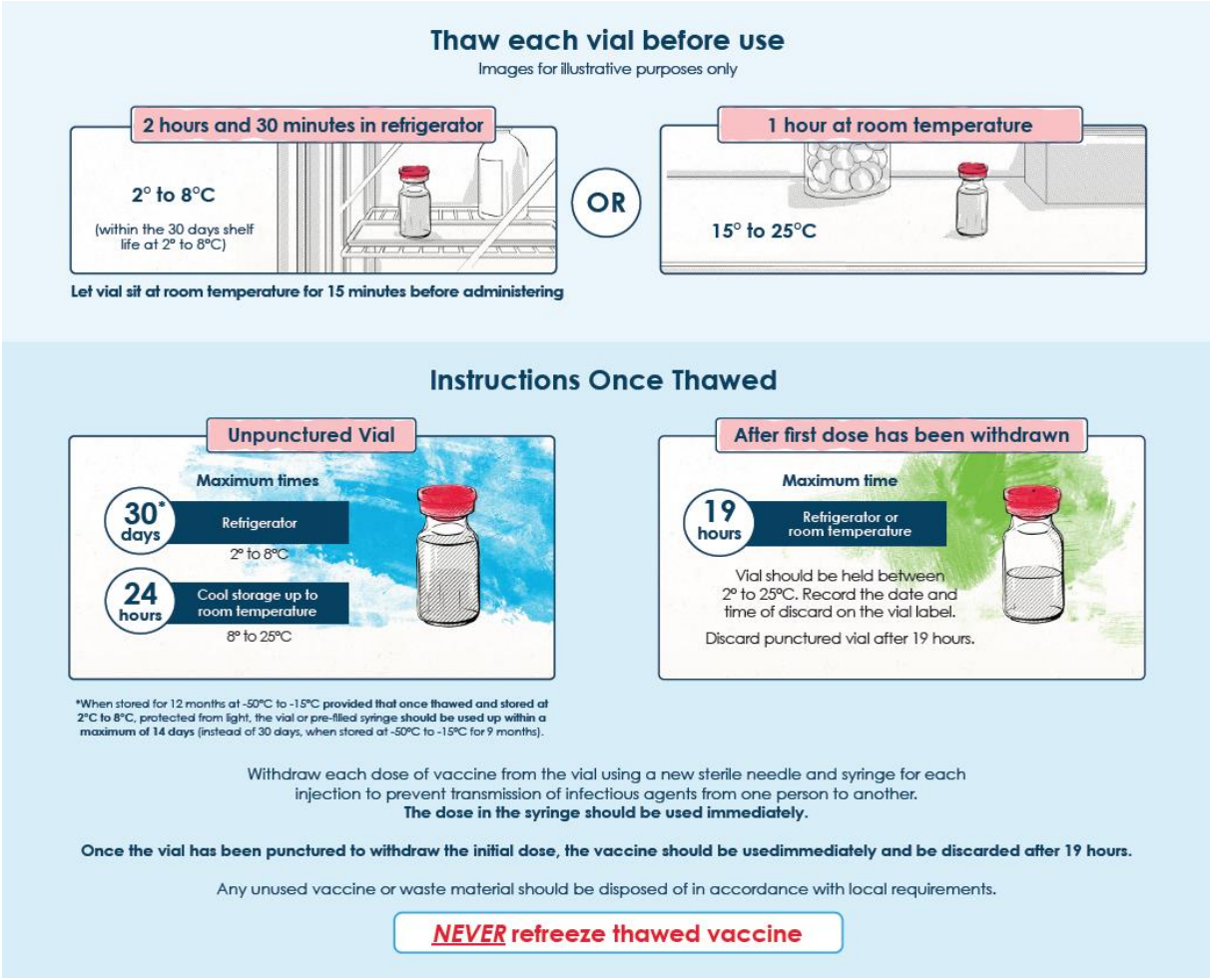
Vials and pre-filled syringes are stored frozen between -50ºC to -15ºC.



Spikevax 0.2 mg/mL dispersion for injection (multidose vials with a red flip-off cap)

Ten (10) doses (of 0.5 mL each) or a maximum of twenty (20) doses (of 0.25 mL each) can be withdrawn from each multidose vial.

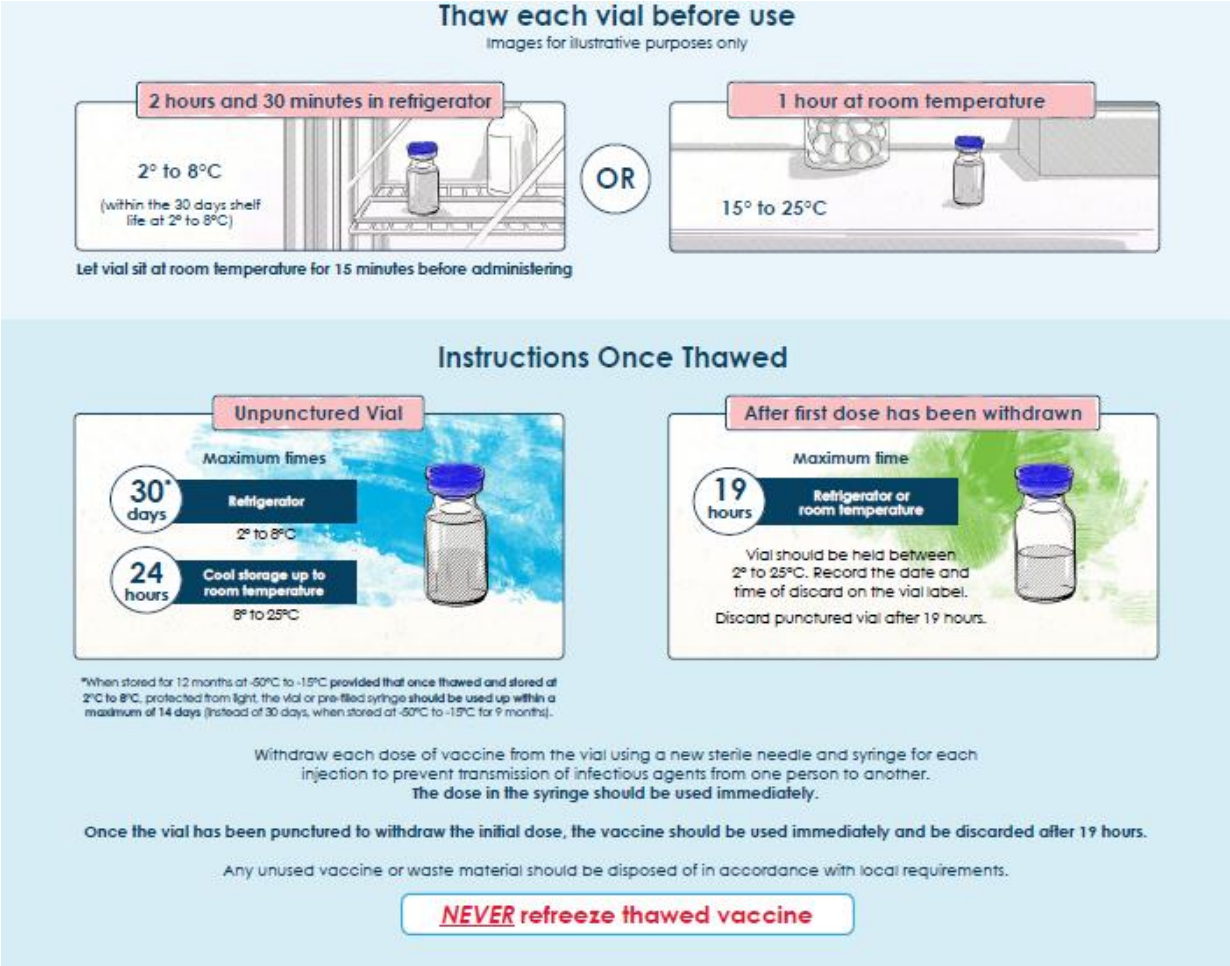
Pierce the stopper preferably at a different site each time. Do not puncture the red-cap vial more than 20 times.



Spikevax 0.1 mg/mL dispersion for injection (multidose vials with a blue flip-off cap)

Five (5) doses (of 0.5 mL each) can be withdrawn from each multidose vial.

Pierce the stopper preferably at a different site each time.



Spikevax 50 micrograms dispersion for injection in pre-filled syringe

Do not shake or dilute the contents of the pre-filled syringe.

Each pre-filled syringe is for single use only. The vaccine comes ready to use once thawed.

One (1) dose of 0.5 mL can be administered from each pre-filled syringe.

Spikevax is supplied in a single-dose, pre-filled syringe (without needle) containing 0.5 mL (50 micrograms) mRNA and must be thawed prior to administration.

During storage, minimise exposure to room light, and avoid exposure to direct sunlight and ultraviolet light.

Thaw each pre-filled syringe before use following the instructions below. Syringes may be thawed in the blister packs (each blister containing 2 pre-filled syringes) or in the carton itself, either in the refrigerator or at room temperature (Table 3).

Table 3. Thawing instructions for pre-filled syringes and cartons before use

Configuration	Thaw instructions and duration			
	Thaw Temperature (in a refrigerator) (°C)	**Thaw Duration (minutes)**	**Thaw Temperature (at room temperature) (°C)**	**Thaw Duration (minutes)**
Pre-filled syringe in blister pack	2 – 8	55	15 – 25	45
Carton	2 – 8	155	15 – 25	140

Handling instructions for the pre-filled syringes

- Let each pre-filled syringe stand at room temperature (15°C to 25°C) for 15 minutes before administering.
- Do not shake.
- Pre-filled syringe should be inspected visually for particulate matter and discolouration prior to administration.
- Spikevax is a white to off-white dispersion. It may contain white or translucent product-related particulates. Do not administer if vaccine is discoloured or contains other particulate matter.
- Needles are not included in the pre-filled syringe cartons.
- Use a sterile needle of the appropriate size for intramuscular injection (21-gauge or thinner needles).
- Remove tip cap from syringe by twisting in a counter-clockwise direction.
- Attach the needle by twisting in a clockwise direction until the needle fits securely on the syringe.
- Uncap the needle when ready for administration.
- Administer the entire dose intramuscularly.
- After thawing, do not refreeze.
- Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Dosing and schedule

Table 4. Spikevax dosing for primary series, a third dose in severely immunocompromised and booster doses

Vaccination	**Spikevax 0.2 mg/mL dispersion for injection**	**Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe**
Primary series It is recommended to get the second dose of the same vaccine 28 days after the first dose to complete the vaccination course.	Individuals 12 years of age and older two 0.5 mL injections	Not applicable*
	Children 6 through 11 years of age two 0.25 mL injections	Children 6 through 11 years of age two 0.5 mL injections

Vaccination	Spikevax 0.2 mg/mL dispersion for injection	Spikevax 0.1 mg/mL dispersion for injection and Spikevax 50 micrograms dispersion for injection in pre-filled syringe
Third dose in severely immunocompromised at least 1 month after the second dose	Individuals 12 years of age and older 0.5 mL	Not applicable†
	Children 6 through 11 years of age 0.25 mL	Children 6 through 11 years of age 0.5 mL
Booster dose may be given at least 3 months after the second dose	Individuals 12 years of age and older 0.25 mL	Individuals 12 years of age and older 0.5 mL

*For primary series for individuals 12 years of age and older, the 0.2 mg/mL strength vial should be used.
†For the third dose in severely immunocompromised patients 12 years of age and older, the 0.2 mg/mL strength vial should be used.

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

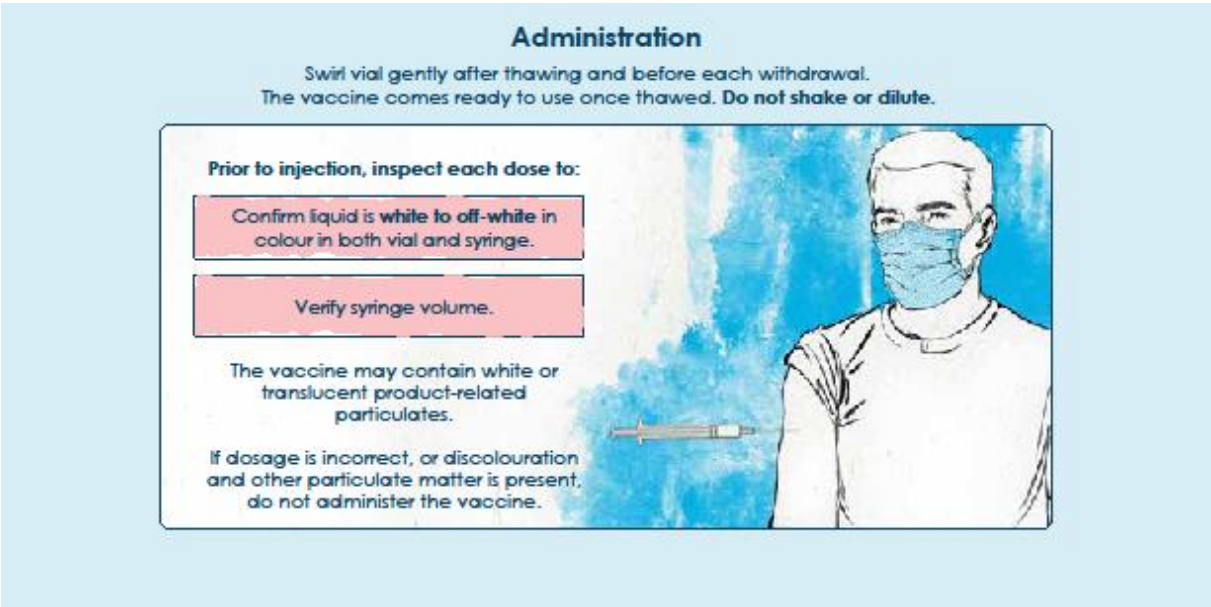
Individuals should be observed by a healthcare professional for at least 15 minutes after vaccination.

There are no data to assess the concomitant administration of Spikevax with other vaccines. Spikevax must not be mixed with other vaccines or medicinal products in the same syringe.

Administration

The vaccine must be administered intramuscularly. The preferred site is the deltoid muscle of the upper arm. Do not administer this vaccine intravascularly, subcutaneously or intradermally.

Multidose vials



Pre-filled syringes

Use a sterile needle of the appropriate size for intramuscular injection (21-gauge or thinner). Remove tip cap from pre-filled syringe by twisting in a counter-clockwise direction. Attach the needle by twisting in a clockwise direction until the needle fits securely on the syringe. Uncap the needle when ready for administration. Administer the entire dose intramuscularly. Discard syringe after use. For single-use only.

Package leaflet: Information for the user

Spikevax bivalent Original/Omicron BA.1
(50 micrograms/50 micrograms)/mL dispersion for injection
COVID-19 mRNA Vaccine (nucleoside modified)
elasomeran/imelasomeran

▼This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you receive this vaccine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Spikevax bivalent Original/Omicron BA.1 is and what it is used for

Spikevax bivalent Original/Omicron BA.1 is a vaccine used to prevent COVID-19 caused by SARS-CoV-2. It is given to individuals aged 12 years and older. The active substance in Spikevax bivalent Original/Omicron BA.1 is mRNA encoding the SARS-CoV-2 Spike protein. The mRNA is embedded in SM-102 lipid nanoparticles.

Spikevax bivalent Original/Omicron BA.1 is only for individuals who have previously received at least a primary vaccination course against COVID-19.

As Spikevax bivalent Original/Omicron BA.1 does not contain the virus, it cannot give you COVID-19.

How the vaccine works

Spikevax bivalent Original/Omicron BA.1 stimulates the body's natural defences (immune system). The vaccine works by causing the body to produce protection (antibodies) against the virus that causes COVID-19. Spikevax bivalent Original/Omicron BA.1 uses a substance called messenger ribonucleic acid (mRNA) to carry instructions that cells in the body can use to make the spike protein that is also on the virus. The cells then make antibodies against the spike protein to help fight off the virus. This will help to protect you against COVID-19.

2. What you need to know before you are given Spikevax bivalent Original/Omicron BA.1

The vaccine must not be given if you are **allergic** to the active substance or any of the other ingredients of this vaccine (listed in section 6).

Warnings and precautions

Talk to your doctor, pharmacist or nurse before you are given Spikevax bivalent Original/Omicron BA.1 if:

- you have previously had a severe, life-threatening **allergic** reaction after any other vaccine injection or after you were given Spikevax (original) in the past.
- you have a very weak or compromised immune system
- you have ever fainted following any needle injection.
- you have a bleeding disorder
- you have a high fever or severe infection; however, you can have your vaccination if you have a mild fever or upper airway infection like a cold
- you have any serious illness
- if you have anxiety related to injections

There is an increased risk of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) after vaccination with Spikevax (original) (see section 4).

These conditions can develop within just a few days after vaccination and have primarily occurred within 14 days. They have been observed more often after the second dose compared to the first dose, and more often in younger males.

Following vaccination, you should be alert to signs of myocarditis and pericarditis, such as breathlessness, palpitations and chest pain, and seek immediate medical attention should these occur.

If any of the above apply to you (or you are not sure), talk to your doctor, pharmacist or nurse before you are given Spikevax bivalent Original/Omicron BA.1.

Capillary leak syndrome (CLS) flare-ups
A few cases of capillary leak syndrome flare-ups (causing fluid leakage from small blood vessels (capillaries) resulting in rapid swelling of the arms and legs, sudden weight gain and feeling faint, low blood pressure) have been reported following vaccination with Spikevax (original). If you have previously had episodes of CLS, talk to a doctor before you are given Spikevax bivalent Original/Omicron BA.1.

Duration of protection
As with any vaccine, the third dose of Spikevax bivalent Original/Omicron BA.1 may not fully protect all those who receive it and it is not known how long you will be protected.

Children
Spikevax bivalent Original/Omicron BA.1 is not recommended for children aged under 12 years.

Other medicines and Spikevax bivalent Original/Omicron BA.1
Tell your doctor or pharmacist if you are taking, have recently taken, or might take any other medicines. Spikevax bivalent Original/Omicron BA.1 may affect the way other medicines work, and other medicines may affect how Spikevax bivalent Original/Omicron BA.1 works.

Immunocompromised individuals
The efficacy of Spikevax bivalent Original/Omicron BA.1 may be lower in people who are immunocompromised. In these cases, you should continue to maintain physical precautions to help prevent COVID-19. In addition, your close contacts should be vaccinated as appropriate. Discuss appropriate individual recommendations with your doctor.

Pregnancy and breast-feeding
If you are pregnant or think you may be pregnant, tell your doctor, nurse or pharmacist before you receive this vaccine. No data are available yet regarding the use of Spikevax bivalent Original/Omicron BA.1 during pregnancy. However, a large amount of information from pregnant

women vaccinated with Spikevax (original) during the second and third trimester have not shown negative effects on the pregnancy or the newborn baby. While information on effects on pregnancy or the newborn baby after vaccination during the first trimester is limited, no increased risk for miscarriage has been seen. Since differences between the two products are only related to the spike protein in the vaccine, and there are no clinically meaningful differences, Spikevax bivalent Original/Omicron BA.1 can be used during pregnancy.

No data are available yet regarding the use of Spikevax bivalent Original/Omicron BA.1 during breast feeding.

However, no effects on the breastfed newborn/infant are anticipated. Data from women who were breastfeeding after vaccination with Spikevax (original) have not shown a risk for adverse effects in breastfed newborns/infants. Spikevax bivalent Original/Omicron BA.1 can be given during breastfeeding.

Driving and using machines
Do not drive or use machines if you are feeling unwell after vaccination. Wait until any effects of the vaccine have worn off before you drive or use machines.

Spikevax bivalent Original/Omicron BA.1 contains sodium
This medicine contains less than 1 mmol (23 mg) sodium per dose and, that is to say, essentially 'sodium-free'.

3. How you will be given Spikevax bivalent Original/Omicron BA.1

The dose of Spikevax bivalent Original/Omicron BA.1 is 0.5 mL, given at least 3 months after the last prior dose of a COVID-19 vaccine.

Your doctor, pharmacist or nurse will inject the vaccine into a muscle (intramuscular injection) in your upper arm.

After each injection of the vaccine, your doctor, pharmacist or nurse will watch over you for at least **15 minutes** to monitor for signs of an allergic reaction.

If you have any further questions on the use of this vaccine, ask your doctor, pharmacist or nurse.

Spikevax bivalent Original/Omicron BA.1 is only for individuals who have previously received at least a primary vaccination course against COVID-19.

For details on the primary vaccination course in individuals 12 years of age and older, see the Package Leaflet for Spikevax 0.2. mg/mL

4. Possible side effects

Like all medicines, this vaccine can cause side effects, although not everybody gets them.

Get **urgent** medical attention if you get any of the following signs and symptoms of an allergic reaction:
- feeling faint or light-headed;
- changes in your heartbeat;
- shortness of breath;
- wheezing;
- swelling of your lips, face, or throat;
- hives or rash;
- nausea or vomiting;
- stomach pain.

Talk to your doctor or nurse if you develop any other side effects. These can include:

Very common (may affect more than 1 in 10 people):
- swelling/tenderness in the underarm
- headache
- nausea
- vomiting
- muscle ache, joint aches, and stiffness
- pain or swelling at the injection site
- redness at the injection site (some of which may occur approximately 9 to 11 days after the injection)
- feeling very tired
- chills
- fever

Common (may affect up to 1 in 10 people):
- diarrhoea
- rash
- rash or hives at the injection site (some of which may occur approximately 9 to 11 days after the injection)

Uncommon (may affect up to 1 in 100 people):
- itchiness at the injection site
- dizziness
- stomach pain

Rare (may affect up to 1 in 1 000 people)
- temporary one-sided facial drooping (Bell's palsy)
- swelling of the face (swelling of the face may occur in patients who have had facial cosmetic injections.)
- decreased sense of touch or sensation
- unusual feeling in the skin, such as tingling or a crawling feeling (paraesthesia)

Very rare (may affect up to 1 in 10 000 people)
- inflammation of the heart muscle (myocarditis) or inflammation of the lining outside the heart (pericarditis) which can result in breathlessness, palpitations or chest pain

Frequency unknown
- severe allergic reactions with breathing difficulties (anaphylaxis)
- reaction of increased sensitivity or intolerance by the immune system (hypersensitivity)
- a skin reaction that causes red spots or patches on the skin that may look like a target or "bulls-eye" with a dark red centre surrounded by paler red rings (erythema multiforme)
- extensive swelling of the vaccinated limb

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this vaccine.

5. How to store Spikevax bivalent Original/Omicron BA.1

Keep this vaccine out of the sight and reach of children.

Do not use this vaccine after the expiry date which is stated on the label after EXP. The expiry date refers to the last day of that month.

Information about storage, expiry, and use and handling are described in the section intended for healthcare professionals at the end of the package leaflet.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Spikevax bivalent Original/Omicron BA.1 contains

Table 1. Composition by container type

Strength	Container	Dose(s)	Composition
Spikevax bivalent Original/Omicron BA.1 (50 mcg/50 mcg)/mL dispersion for injection	Multidose 2.5 mL vial	5 doses of 0.5 mL each	One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of imelasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).
	Multidose 5 mL vial	10 doses of 0.5 mL each	

Elasomeran is a single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free in *vitro* transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

Imelasomeran is mRNA, 5'-capped, encoding a full-length, codon-optimised pre-fusion stabilised conformation variant (K983P and V984P) of the SARS-CoV-2 spike (S) glycoprotein (Omicron variant, B.1.1.529).

The other ingredients are SM-102 (heptadecan-9-yl 8-{(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino}octanoate), cholesterol, 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), 1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG), trometamol, trometamol hydrochloride, acetic acid, sodium acetate trihydrate, sucrose, water for injections.

What Spikevax bivalent Original/Omicron BA.1 looks like and contents of the pack

Spikevax bivalent Original/Omicron BA.1 is a white to off white dispersion supplied in a 2.5 mL or 5 mL glass multi-dose vial with a rubber stopper and blue flip-off plastic cap with aluminium seal.

Pack size: 10 multidose vials

Marketing Authorisation Holder

MODERNA BIOTECH SPAIN, S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

Manufacturer

Rovi Pharma Industrial Services, S.A.
Paseo de Europa, 50
28703. San Sebastián de los Reyes
Madrid, Spain

Recipharm Monts
18 Rue de Montbazon
Monts, France 37260

Moderna Biotech Spain S.L.
Calle del Príncipe de Vergara 132 Plt 12
Madrid 28002
Spain

Patheon Italia S.p.a.
Viale G.B. Stucchi
110 20900 Monza, Italy

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder.

België/Belgique/Belgien
Tél/Tel: 0800 81 460

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Тел: 00800 115 4477

Česká republika
Tel: 800 050 719

Danmark
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Deutschland
Tel: 0800 100 9632

Eesti
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Ελλάδα
Τηλ: 008004 4149571

España
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France
Tél: 0805 54 30 16

Hrvatska
Tel: 08009614

Ireland
Tel: 1800 800 354

Ísland
Sími: 800 4382

Lietuva
Tel: 88 003 1114

Luxembourg/Luxemburg
Tél/Tel: 800 85 499

Magyarország
Tel: 06 809 87488

Malta
Tel: 8006 5066

Nederland
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Norge
Tlf: 800 31 401

Österreich
Tel: 0800 909636

Polska
Tel: 800 702 406

Portugal
Tel: 800 210 256

România
Tel: 0800 400 625

Slovenija
Tel: 080 083082

Slovenská republika
Tel: 0800 191 647

Italia
Tel: 800 928 007

Κύπρος
Τηλ: 80091080

Latvija
Tel: 80 005 898

Suomi/Finland
Puh/Tel: 0800 774198

Sverige
Tel: 020 10 92 13

United Kingdom (Northern Ireland)
Tel: 0800 085 7562

This leaflet was last revised in

This vaccine has been given 'conditional approval'. This means that there is more evidence to come about this vaccine.

The European Medicines Agency will review new information on this vaccine at least every year and this leaflet will be updated as necessary.

Scan the code with a mobile device to get the package leaflet in different languages.

Or visit the URL https://www.ModernaCovid19Global.com

Detailed information on this vaccine is available on the European Medicines Agency web site: http://www.ema.europa.eu.

This leaflet is available in all EU/EEA languages on the European Medicines Agency website.

The following information is intended for healthcare professionals only:

Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.

Storage and preparation for administration

Spikevax bivalent Original/Omicron BA.1 should be administered by a trained healthcare professional.

The vaccine comes ready to use once thawed.

Do not shake or dilute.

The vaccine should be inspected visually for particulate matter and discolouration prior to administration.

Spikevax bivalent Original/Omicron BA.1 is a white to off-white dispersion. It may contain white or translucent product-related particulates. Do not administer if vaccine is discoloured or contains other particulate matter.

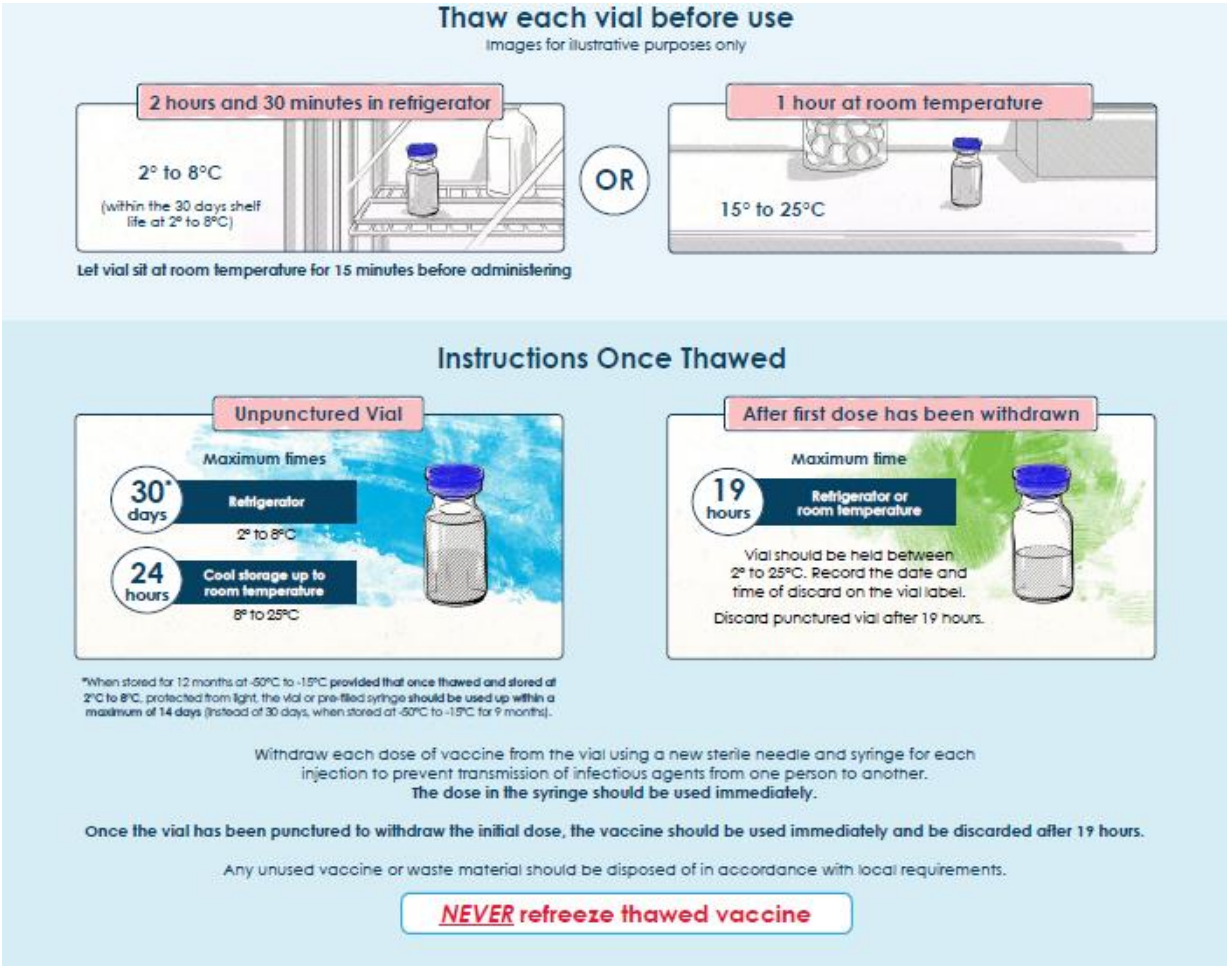
Vials are stored frozen between -50ºC to -15ºC .

<u>Spikevax bivalent Original/Omicron BA.1 (50 mcg/50 mcg)/mL dispersion for injection (multidose vials with a blue flip-off cap)</u>

Five (5) or ten (10) doses (of 0.5 mL each) can be withdrawn from each multidose vial, depending on vial size.

Verify that the vial has a blue flip-off cap and the product name is Spikevax bivalent Original/Omicron BA.1. If the vial has a blue flip-off cap and the product name is Spikevax 0.1 mg/mL dispersion for injection, please make reference to the Summary of Product Characteristics for this formulation.

Pierce the stopper preferably at a different site each time.



<u>Dosing and schedule</u>

The dose of Spikevax bivalent Original/Omicron BA.1 is 0.5 mL, given at least 3 months after the last prior dose of a COVID-19 vaccine.

As with all injectable vaccines, appropriate medical treatment and supervision must always be readily available in the event of an anaphylactic reaction following the administration of Spikevax bivalent Original/Omicron BA.1.

Individuals should be observed by a healthcare professional for at least 15 minutes after vaccination.

There are no data to assess the concomitant administration of Spikevax bivalent Original/Omicron BA.1 with other vaccines. Spikevax bivalent Original/Omicron BA.1 must not be mixed with other vaccines or medicinal products in the same syringe.

Administration

The vaccine must be administered intramuscularly. The preferred site is the deltoid muscle of the upper arm. Do not administer this vaccine intravascularly, subcutaneously or intradermally.