Annexure - 2

## SUMMARY OF PRODUCT CHARACTERISTICS

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)

## **COVISHIELD<sup>TM</sup>**

## 1 NAME OF THE MEDICINAL PRODUCT

#### **COVISHIELD<sup>TM</sup>**

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)

#### 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

One dose (0.5 ml) contains:

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)  $5 \times 10^{10}$  viral particles (vp) \*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike (S) glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

For the full list of excipients, see section 6.1.

Both **COVISHIELD<sup>™</sup>** (manufactured by Serum Institute of India Pvt Ltd) and COVID-19 Vaccine AstraZeneca (manufactured by AstraZeneca) are ChAdOx1 nCoV- 19 Corona Virus Vaccines (Recombinant).

#### **3 PHARMACEUTICAL FORM**

Solution for injection

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

#### 4 CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

**COVISHIELD<sup>TM</sup>** is indicated for active immunisation of individuals  $\geq 18$  years old for the prevention of coronavirus disease 2019 (COVID-19).

#### 4.2 **Posology and method of administration**

Posology

**COVISHIELD<sup>™</sup>** vaccination course consists of two separate doses of 0.5 ml each. The second dose should be administered between 4 to 6 weeks after the first dose. However, there is data available for administration of the second dose up to 12 weeks after the first dose from the overseas studies (see section 5.1).

It is recommended that individuals who receive a first dose of **COVISHIELD<sup>TM</sup>** complete the vaccination course with **COVISHIELD<sup>TM</sup>** (see section 4.4).

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#### Special populations

#### Elderly population

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

#### Paediatric population

The safety and efficacy of **COVISHIELD<sup>™</sup>** in children and adolescents (aged <18 years old) have not yet been established. No data are available.

#### Method of administration

**COVISHIELD<sup>™</sup>** is for intramuscular (IM) injection only, preferably in the deltoid muscle.

For instructions on administration, see section 6.6.

## 4.3 Contraindications

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

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

#### Hypersensitivity

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

#### Concurrent illness

As with other vaccines, administration of **COVISHIELD<sup>TM</sup>** should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor infection, such as cold, and/or low-grade fever should not delay vaccination.

#### Thrombocytopenia and coagulation disorders

As with other intramuscular injections, **COVISHIELD<sup>™</sup>** should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to persons on anticoagulation therapy, because bleeding or bruising may occur following an intramuscular administration in these individuals.

#### Immunocompromised individuals

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

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#### Duration and level of protection

The duration of protection has not yet been established.

As with any vaccine, vaccination with **COVISHIELD<sup>™</sup>** may not protect all vaccine recipients (See section 5.1).

#### Interchangeability

No data are available on the use of ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant) in persons that have previously received partial vaccine series with another COVID-19 vaccine.

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

No interaction studies have been performed.

Concomitant administration of COVISHIELD<sup>TM</sup> with other vaccines has not been studied (see section 5.1)

## 4.6 Fertility, pregnancy and lactation

Fertility

Preliminary animal studies do not indicate direct or indirect harmful effects with respect to fertility.

Pregnancy

There is a limited experience with the use of ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) in pregnant women.

Preliminary animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryofetal development, parturition or postnatal development; definitive animal studies have not been completed yet. The full relevance of animal studies to human risk with vaccines for COVID-19 remains to be established.

Administration of **COVISHIELD<sup>TM</sup>** in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

Breastfeeding

It is unknown whether **COVISHIELD<sup>TM</sup>** is excreted in human milk.

## 4.7 Effects on ability to drive and use machines

ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant) has no or negligible influence on the ability to drive and use machines. However, some of the adverse reactions mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

#### ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)

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#### 4.8 Undesirable effects

#### Overall summary of the safety profile from the Overseas studies:

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

Demographic characteristics were generally similar among participants who received COVID-19 Vaccine AstraZeneca and those who received control. Overall, among the participants who received COVID-19 Vaccine AstraZeneca, 90.3% were aged 18 to 64 years and 9.7% were 65 years of age or older. The majority of recipients were White (75.5%), 10.1% were Black and 3.5% were Asian; 55.8% were female and 44.2% male.

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

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

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

#### Adverse drug reactions

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

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#### Table 1 – Adverse drug reactions

MedDRA SOC	Frequency	Adverse reactions
Blood and lymphatic system disorders	Uncommon	Lymphadenopathy <sup>a</sup>
Metabolism and nutrition disorders	Uncommon	Decreased appetite <sup>a</sup>
Nervous system disorders	Very common	Headache
	Uncommon	Dizziness <sup>a</sup>
Gastrointestinal disorders	Very common	Nausea
	Common	Vomiting
	Uncommon	Abdominal pain <sup>a</sup>
Skin and subcutaneous tissue disorders	Uncommon	Hyperhidrosisa, pruritisa, rash <sup>a</sup>
Musculoskeletal and connective tissue disorders	Very common	Myalgia, arthralgia
General disorders and administration site conditions	Very common	Injection site tenderness, injection site pain, injection site warmth, injection site erythema, injection site pruritus, injection site swelling, injection site bruising <sup>b</sup> , fatigue, malaise, pyrexia <sup>c</sup> , chills
	Common	Injection site induration, influenza like illness <sup>a</sup>

a Unsolicited adverse reaction

b Injection site bruising includes injection site haematoma (uncommon, unsolicited adverse reaction)

c Pyrexia includes feverishness (very common) and fever  ${\geq}38^{\circ}C$  (common)

Very rare events of neuroinflammatory disorders have been reported following vaccination with COVID 19 Vaccine AstraZeneca. A causal relationship has not been established.

#### **Overall summary of the safety profile from the Indian study:**

**COVISHIELD<sup>TM</sup>** was also safe and well tolerated in the phase II/III clinical trial in India. An interim analysis included data of all 1600 participants who received first dose [1200 in **COVISHIELD<sup>TM</sup>** group, 100 in Oxford/AZ-ChAdOx1 nCoV-19 vaccine group and 300 in Placebo group]. This interim analysis includes data collected until 14 Dec 2020 of all 1600 participants who received first dose and 1577 participants who received second dose.

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Demographic characteristics were generally similar among participants across the three groups. Overall, among the participants who received COVISHIELD, 87.33% were aged 18 to 59 years and 12.67% were 60 years of age or older.

Overall, the incidence of solicited reactions (injection site reactions such as pain, tenderness, redness, warmth, itch, swelling and induration; and systemic reactions include fever, chills, fatigue, malaise, headache, arthralgia and myalgia), unsolicited adverse events and serious adverse events (SAEs) was comparable in the study and control groups. No causally related SAE was caused by the study vaccine.

#### 4.9 Overdose

Experience of overdose is limited.

There is no specific treatment for an overdose with ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant). In the event of an overdose, the individual should be monitored and provided with symptomatic treatment as appropriate.

## 5 PHARMACOLOGICAL PROPERTIES

#### 5.1 Pharmacodynamic properties

Mechanism of action

**COVISHIELD<sup>TM</sup>** is a monovalent vaccine composed of a single recombinant, replication-deficient chimpanzee adenovirus (ChAdOx1) vector encoding the S glycoprotein of SARS-CoV-2. Following administration, the S glycoprotein of SARS-CoV-2 is expressed locally stimulating neutralizing antibody and cellular immune responses.

#### Efficacy and immunogenicity data from the Overseas studies:

#### Clinical efficacy

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

COVID-19 Vaccine AstraZeneca [ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant)] has been evaluated based on an interim analysis of pooled data from four on-going randomised, blinded, controlled trials: a Phase I/II Study, COV001 (NCT04324606), in healthy adults 18 to 55 years of age in the UK; a Phase II/III Study, COV002 (NCT04400838), in adults ≥18 years of age (including the elderly) in the UK; a Phase III Study, COV003 (ISRCTN89951424), in adults ≥18 years of age (including the elderly) in Brazil; and a Phase I/II study, COV005 (NCT04444674), in adults aged 18 to 65 years of age in South Africa. The studies excluded participants with history of anaphylaxis or angioedema; and/or uncontrolled cardiovascular, gastrointestinal, severe liver, renal, endocrine/metabolic disease, and neurological illnesses; as well as those with immunosuppression. In

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studies COV001 and COV002, licensed seasonal influenza and pneumococcal vaccinations were permitted (at least 7 days before or after their study vaccine). All participants are planned to be followed for up to 12 months, for assessments of safety and efficacy against COVID-19 disease.

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

In the pooled analysis for efficacy (COV002 and COV003), participants  $\geq$ 18 years of age received two doses of COVID-19 Vaccine AstraZeneca (N=5,807) or control (meningococcal vaccine or saline) (N=5,829). Because of logistical constraints, the interval between dose 1 and dose 2 ranged from 4 to 26 weeks.

Baseline demographics were well balanced across COVID-19 Vaccine AstraZeneca and control treatment groups. Overall, among the participants who received COVID-19 Vaccine AstraZeneca, 94.1% of participants were 18 to 64 years old (with 5.9% aged 65 or older); 60.7% of subjects were female; 82.8% were White, 4.6% were Asian, and 4.4% were Black. A total of 2,070 (35.6%) participants had at least one pre-existing comorbidity (defined as a BMI  $\geq$  30 kg/m<sup>2</sup>, cardiovascular disorder, respiratory disease or diabetes). At the time of interim analysis the median follow up time post-dose 1 and post-dose 2 was 132 days and 63 days, respectively.

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

		OVID-19 Vaccine AstraZeneca Control		Vaccine efficacy		
Population	Ν	Number of COVID-19 cases <sup>b</sup> , n (%)	Number of COVID-19 cases <sup>b</sup> , n (%)		% (95.84% CI)	
Primary (see above)	5807		5829			
COVID-19 cases		30 (0.52)		101 (1.73)	70.42 (58.84, 80.63) <sup>a</sup>	

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Hospitalisations <sup>b</sup>		0		5 (0.09)	
Severe disease <sup>c</sup>		0		1 (0.02)	-
Any dose	10,014		10,000		
COVID-19 cases after dose 1		108 (1.08)		227 (2.27)	52.69 (40.52, 62.37) <sup>d</sup>
Hospitalisations after dose 1 <sup>b</sup>		2 (0.02) <sup>e</sup>		16 (0.16)	
Severe disease after dose 1 <sup>°</sup>		0		2 (0.02)	

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N = Number of subjects included in each group; n = Number of subjects having a confirmed event; CI = Confidence Interval; \* This is a pooled data of LDSD + SDSD regimen with second dose given at dose intervals ranging from 4 to 12 weeks. LD – Low Dose, SD – Standard Dose.

<sup>a</sup> 95.84% CI; <sup>b</sup> WHO severity grading  $\geq$ 4; <sup>c</sup> WHO severity grading  $\geq$ 6; <sup>d</sup> 95% CI; <sup>e</sup> Two cases of hospitalisation occurred on Days 1 and 10 post vaccination.

		D-19 Vaccine traZeneca	Control		Vaccine			
Population	Ν	Number of COVID-19 cases, n (%)	N	Number of COVID-19 cases, n (%)	efficacy % (95.84% CI)			
Primary analysis po	Primary analysis population							
Overall (SDSD + LDSD)	5807	30 (0.52)	5829	101 (1.73)	70.42 (58.84, 80.63)			
Licensing regimen								
SDSD	4440	27 (0.61)	4455	71 (1.59)	62.10 (39.96, 76.08)			
Exploratory analysis								
LDSD	1367	3 (0.22)	1374	30 (2.18)	90.05 (65.84, 97.10)			

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

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Dose	Participants with events, n (%)		Vaccine	95% CI (%)	P-value
interval	AZD1222	Control	efficacy		
	n / N (%)	n / N (%)	%		
< 6 weeks	9 / 1702 (0.53)	19 / 1698 (1.12)	53.28	(-3.21, 8.86)	0.060
6-8 weeks	5 / 562 (0.88)	9 / 521 (1.73)	51.08	(-45.57, 3.56)	0.199
9-11 weeks	9 / 1056 (0.85)	24 / 1110 (2.16)	60.55	(15.23, 81.64)	0.017
≥12 weeks	4 / 1120 (0.36)	19 / 1126 (1.69)	78.79	(37.63, 92.79)	0.005

# Table 2c - COVID-19 Vaccine AstraZeneca efficacy against COVID-19 by Dose Interval (SDSD)

The level of protection gained from single dose of COVID-19 Vaccine AstraZeneca was assessed in an exploratory analysis that included participants who had received one dose. Participants were censored from the analysis at the earliest time point of when they received a second dose or at 12 weeks post-dose 1. In this population, vaccine efficacy from 22 days post dose 1 was 73.00% (95% CI: 48.79; 85.76 [COVID-19 Vaccine AstraZeneca 12/7,998 vs control 44/7,982]).

Exploratory analyses showed that increased immunogenicity was associated with a longer dose interval (see *Immunogenicity* Table 3). Efficacy is currently demonstrated with more certainty for dose intervals from 8 to 12 weeks. and a similar trend for efficacy. Data for intervals longer than 12 weeks are limited.

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

The number of COVID-19 cases (2) in 660 participants  $\geq$  65 years old were too few to draw conclusions on efficacy. However, in this subpopulation, immunogenicity data are available, see below.

#### Immunogenicity

Following vaccination with COVID-19 Vaccine AstraZeneca, in participants who were seronegative at baseline, seroconversion (as measured by a  $\geq$ 4 fold increase from baseline in S-binding antibodies) was demonstrated in  $\geq$ 98% of participants at 28 days after the first dose and  $\geq$ 99% at 28 days after the second. Higher S-binding antibodies were observed with increasing dose interval (Table 3).

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

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	Baseline	sponse to COVID-19 Vacc 28 days after dose 1	28 days after dose 2
Population	GMT	GMT	GMT
	(95% CI)	(95% CI)	(95% CI)
	(N=882)	(N=817)	(N=819)
Overall	57.18	8386.46	29034.74
	(52.8, 62.0)	(7758.6, 9065.1)	(27118.2, 31086.7)
Dose Interval			
	(N=481)	(N=479)	(N=443)
<6 weeks	60.51	8734.08	22222.73
	(54.1, 67.7)	(7883.1, 9676.9)	(20360.50, 24255.3)
	(N=137)	(N=99)	(N=116)
6-8 weeks	58.02	7295.54	24363.10
	(46.3, 72.6)	(5857.4, 9086.7)	(20088.5, 29547.3)
	(N=110)	(N=87)	(N=106)
9-11 weeks	48.79	7492.98	34754.10
	(39.6, 60.1)	(5885.1, 9540.2)	(30287.2, 39879.8)
	(N=154)	(N=152)	(N=154)
$\geq 12$ weeks	52.98	8618.17	63181.59
	(44.4, 63.2)	(7195.4, 10322.3)	(55180.1, 72343.4)

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

<sup>a</sup> Immune response evaluated using a multiplex immunoassay. <sup>b</sup> in individuals who received two recommended doses of vaccine.

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

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

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

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

#### Immunogenicity data from the Indian study:

GMTs of IgG antibodies against spike (S) protein were comparable between the groups at baseline – Day 1. GMTs increased significantly after each dose of vaccine in both the groups and were comparable. There was 100% seroconversion in both the groups on Day 57. The immunogenicity data indicates that COVISHIELD is comparable in terms of anti-S IgG antibody titers and seroconversion rates to Oxford/AZ-ChAdOx1 nCoV-19 vaccine (see Tables 4 and 5).

#### Table 4 Summary of Anti-S IgG antibodies

		COVISHIELD	Oxford/AZ-ChAdOx1 nCoV-19
Fimepoint	Statistic	(N=291)	(N=97)
		n (%)	n (%)
Baseline	N	291	97
	GMT	95.4	80.7
	95% CI	(77.8, 117.0)	(59.0, 110.4)
Visit 3 – Day 29 (+14)	N	289	97
$v_{1SR} = Day 29 (+14)$	GMT	9988.1	6738.5
	95% CI	(8395.0, 11883.7)	(4880.4, 9304.1)
V: : ( ) D ( ) ( ) ( ) ( )		140	
Visit 4 – Day 57 (+14)	n	140	46
	GMT	33331.6	33263.6
	95% CI	(27756.0, 40027.2)	(24383.1, 45378.3)

Table 5 Summary of Pr	roportion of	Participants	with	Seroconversion	for	Anti-S I	<b>g</b> G
Antibodies							

	COVISHIELD	Oxford/AZ-ChAdOx1 nCoV-19
	(N=291)	(N=97)
	n (%)	n (%)
Timepoint	95(%) CI	95(%) CI
Visit 3 – Day 29 (+14)	279 (96.5)	89 (91.8)
	(93.7, 98.3)	(84.4, 96.4)
Visit 4 – Day 57 (+14)	140 (100.0)	46 (100.0)
	(97.4, 100.0)	(92.3, 100.0)

## 5.2 Pharmacokinetic properties

Not applicable.

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#### 5.3 Preclinical safety data

Toxicity and local tolerance studies

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

## 6 PHARMACEUTICAL PARTICULARS

## 6.1 List of excipients

L-Histidine L-Histidine hydrochloride monohydrate Magnesium chloride hexahydrate Polysorbate 80 Ethanol Sucrose Sodium chloride Disodium edetate dihydrate (EDTA) Water for injection

(The names of inactive ingredients may vary according to geographical region)

## 6.2 Incompatibilities

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

## 6.3 Shelf-life

The expiry date of vaccine is indicated on the label and packaging.

Once opened, multi-dose vials should be used as soon as practically possible and within 6 hours when kept between +2°C and +25°C. All opened multidose vials of COVISHIELD<sup>TM</sup> should be discarded at the end of immunization session or within six hours whichever comes first.

#### 6.4 Special precautions for storage

Store in a refrigerator (+2°C to +8°C).

Do not freeze. Protect from light.

Opened multidose vial

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

#### 6.5 Nature and contents of container

**COVISHIELD<sup>™</sup>** is supplied as ready for use liquid in rubber-stoppered multidose vial and single dose vial in below listed presentations

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1 dose – 0.5 mL per vial 2 dose – 1.0 mL per vial 5 dose – 2.5 mL per vial 10 dose – 5.0 mL per vial 20 dose – 10 mL per vial

#### 6.6 Instructions for use, handling and disposal

#### Administration

**COVISHIELD<sup>™</sup>** is a colourless to slightly brown, clear to slightly opaque solution. The vaccine should be inspected visually prior to administration and discarded if particulate matter or differences in the described appearance are observed.

#### Do not shake the vial.

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

The vaccine does not contain any preservative. Aseptic technique should be used for withdrawing the dose for administration.

Once opened, multi-dose vials should be used as soon as practically possible and within 6 hours when kept between +2°C and +25°C. Discard any unused vaccine.

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

#### **Disposal**

**COVISHIELD<sup>™</sup>** contains genetically modified organisms (GMOs). Any unused vaccine or waste material should be disposed of in accordance with local requirements. Spills should be disinfected with an appropriate antiviral disinfectant (e.g. Hydrogen peroxide based disinfectants).

#### 7 MARKETING AUTHORIZATION

#### Serum Institute of India Pvt. Ltd.

212/2, Hadapsar, Pune 411028, India.

#### Marketed by:

SERUM INSTITUTE LIFE SCIENCES PVT. LTD. 401, Sarosh Bhavan, 16-B/1, Dr. Ambedkar Road, Pune - 411 001, INDIA

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#### 8 **MARKETING AUTHORISATION NUMBER (S)**

#### 9 DATE OF FIRST AUTHORISATION/ RENEWAL OF THE **AUTHORISATION**

Trademark under registration

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#### SERUM INSTITUTE OF INDIA PVT. LTD. Cyrus Poonawalla Group Corporate Plant Format

Format				
Title	Artwork Format			
Format No.	2002-0001-F0003-000			
Effective Date	09/11/2020	Page No.	1 of 1	

For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.										
(SII) For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.	N - Number of subj pooled data of LDSI Date.									
$\smile$	a 95.84% CI; b WHO post vaccination. Table 2b-CDVID-1			severity grading 26		Two cases of ho	spitalisation occurs	red on Days 1 and 1		
ChAdOx1 nCoV- 19 Corona Virus Vaccine (Recombinant)			COVID- AstraZo	19 Vaccine eneca		iontrol				
	Population	n	N	Number of COVID-19 cases, n (%)	н	Number o COVID-15 Cases, n (7	f Vaccini (95	e efficacy % i.84% CI)		
NAME OF THE MEDICINAL PRODUCT Ngangtuor Addunt (cdv) 19 Corona Vinus Vaccine (Recombinant)	Primary analys	sis population	5807	30 (0.52)	5829	101 (1.73		70.43		
	Overall (SDSD + LDSD) Licensing regim	nen		20 (0.04)		101 (1170)	(58.8	70.42 84, 80.63)		
Qui, Qui Pri Ale SQUARTEST CONTREST Qui Ale Pri Ale SQUARTEST CONTREST Networks and a square sector differentiation of the square sector of the Networks and a square sector of the square sector of the SRP5CaV2 Spike Of gycopetein. Produce I in productions provided profile approximation (SVD) 2016.	SDSD		444)	27 (0.61)	4455	71 (1.59)	09.5	62.10 96, 76.08)		
his productionation genetically immoffled organisms (SWO). In the full list of exploring, association for the full list of explored and the full list of exploring association of the full list of explored as full list of the full list of explored as full list of the full list of explored as full list of the full list of explored as full list full list of the full list of explored as full list full list of the full list of explored as full list of explored as full list of explored as full list full list of explored as full list of explored a	Exploratory an LDSD	ratory analysis		3 (0.22)	1374	30 (2.18)		10.05		
traZeneco) are Childfoxt nCdV-19 Corona Virus Vooc'ines (Recombinant). PHARMACEUTICAL FORM Lucian for interction	N – Number of subj dose: SD – Standard	ects included in	each group;	n – Number of sub;	jects having	a confirmed ev		84, 97.10) :e Interval; LD – Lo		
volution is role uters to digitaly brown, clear to slightly ensure and particle free with a pli of 6.6.	Table 2c - COVID-1	9 Vaccine Astrai	Zeneca effi	acy against COVID		Interval (SDSD				
CLIPELAIANTICULUUS Thraneadic Matatatatas WEINFULP is indicated for active immunisation of individuals ±18 years old for the prevention of concerning disease 2019 WIN-YU.	Dose Interval	AZD123 n / N C		Control n / N (II)		Vaccine efficacy %	95% CJ (%)	P-value		
Posology and method of administration	< 6 weeks	9 / 1702 (0	0.53)	19 / 1698 (1.		53.28	(-3.21, 8.86)	0.060		
WBHILD® vaccination course consists of two separate doses of 0.5 mL each. The second dose should be administered between of weeks after the first dose. However, there is data available for administration of the second dose up to 12 weeks after the first as from the oversats studies (see as close 5.1).	6-8 weeks 9-11 weeks	5 / 562 (0. 9 / 1056 (0	0.85)	24 / 1110 (2	.16)	51.08 60.55	(15.23, 81.64)	0.199		
ar from the oversions studies (see section 5.1). recommended that individuals who receive a first dose of CO/TSHELD* complete the veccination course with CO/TSHED* (see tion 4.6).	2 12 weeks The level of prote	4 / 1120 (C action gained fro	0.36) om single d	19 / 1126 (1. se of COVID-19 Vo	69) socine Astra	78.79 Zeneca was as	(37.63, 92.79) assed in an explor	0.005 ratory analysis the		
anlypopulacium licacy and safety data are currently limited in individuals a 65 years of age (see sections 4.8 and 5.1). No dosage adjustment is gured in obtery individuals a 65 years of age.	they received a sec CI: 48.79; 85.76 [00	nts who had reci cond dose or at 12 OVID-19 Vaccine.	erved one di Z weeks post AstraZeneci	ze. Participants w odose 1. In this pop s 12/7,998 vs contri	ere censores ulation, vec x 64/7,982]	d from the anal cine efficacy fr  -	ysis at the earliest on 72 days post dos	time point of whe se 1 was 73.00% (95		
a room in y contrastic to practice gas. Generic copulation e safety and efficacy of COMISHELD* in children and adolescents (aged ~18 years old) have not yet been established. No dota are uitable.	Table 3). Efficacy efficacy. Data for in	is currently den ntervals longer ti	nonstrated han 12 week	with more certains s are limited.	as associate y for dose i	ntervals from 8	to 12 weeks, and	tee Immunogenicit La similar trend fo		
thed of administration VISHELD*Is for intramuscular (IW) intection only, preferably in the deltoid muscle.	2 12 weeks The level of prote- included participant they received a sec Cl (48,79; 83,76 (00) Exploratory analys Table 3). Efficacy efficacy, bata for if Participants who in COVID 19 Naccies A the overall populat The sumber of COV	ad one or more o AstraZeneca (N-3 tion.	comorbiditie 2,070) and c	s had a vaccine eff ontrol (N+2,113), n	icacy of 73.4 espectively;	Which was simi	49; 86.29]; 11 (0.5) lar to the vaccine o	35) vs 43 (2.025) fi efficacy observed		
i estructions en administration, see section 6.6. 6 Centraind cadens personalizing to the active substance or to any of the encipients listed in section 6.1.	subpopulation, imm	munogenicity dat	ka are avalla	ble, see below.				A.J. CALCOLO IN C.		
Special warnings and special precautions for use sensets/tv/tv	Following vecchast measured by a 24.5 first cose and 299%	tion with COVID- fold increase from at 28 days after	<ul> <li>Waccine - m baseline i the second.</li> </ul>	latesZeneca, in pa 55-binding antibod Higher 5-binding ar nen analyses, of ner d; therefore, the le	rticipants w les) was der tibodies we	ho were serone nonstrated in 2 <sup>1</sup> re observed wit	gative at baseline. RN of participants h increasing dose in	, seroconversion () at 28 days after th Iterval (Table 3).		
with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an aphysicitic event following the administration of the vaccine.							brinding antibodies t provides protection	<ul> <li>An Immunologic ion against COVID-</li> </ul>		
With other vaccines, administration of COVERELD <sup>®</sup> should be postpored in individuals suffering from an acute severe febrile ess. However, the presence of a minor infection, such as cold, and/or low-grade fever should not delay voccination.	Table 3 - SARS Cov	-25-binding ant		inse to COVID- 19 V		Zeneca <sup>#,b</sup> ys after dose	1 79.4~~	s after dose 2		
azzene bien. Wei niet werden schwinzersche der Geschlerung der Bestehlte seinsche Ein inderkass aufereng freim er auste werver ferbel wei niet werden der Begreinzer dir nieter interfactur, auch so odie, and on in-geschlerterer behalt od obty vocchraften. Umschlerung der Bestehlter der Bestehlter auch so odie and on in-geschlerterer behalt od obty vocchraften. Beglanten derderfart in Spanser on anterscapitation therage, besause bleiertig er bestehlter, nieg sozier Bestehlter Beglanten derderfart in Spanser on anterscapitation therage, besause bleiertig er bestehlter, nieg sozier Bestehlter Bestehlter der der der der Bestehlter eine Bestehlter der der bestehlter nieg sozier Belstening an interansozieht mit installen. Der Bestehlter der der der bestehlter der Bestehlter der Bestehlter der bestehlter, nieg sozier Belstening an interansozieht mit installen. Der Bestehlter der	Population			GMT 5% CB		GMT (95% CI)	-	GMT (95% CI)		
ministration in these individuals. monomerosities (MAAb)) a not known shefter individuals with impaired immure responsiveness, including intividuals monowing immuneurpresent spaps, will exist the same response as the munocompetent individuals to the vaccher regimen. Immunocompositied individuals plane (value) washed immune response to the vacche regimen.	Overall			N+882) 57.18 .8, 62.0)		(N+817) 8386.46 58.6, 9065.1)				
	Dose Interv	val	(52	.8, 62.0)	(77	58.6, 9065.1)	(N+819) 25034.74 (27118.2, 31086.7)			
ration and/used of networking. deviation of protection has not yet been established. with any sectors, vaccination with COMSHELD*may not protect all vaccine recipients (See section 5.1), end-manufally	< 6 weeks			N=481) 60.51		(N=479) 8734.08	2	(8+443) 22222.73		
data are available on the use of ChAdOx1 nCoV+ 19 Corora Virus Vaccine (Recombinant) in persons that have previously received tial vaccine series with another COVID-19 vaccine.			(54.1, 67.7) (N+137)		(78	83.1, 9576.9) (N=99)	(20340	(N=116)		
5 Internacion with other modicinal products and other forms of interaction interaction its/deplaced performed, increased and internation of COMPHED with other vaccines has not been studied (see section 5.1)	6-8 week		58.02 (46.3, 72.6) (N-110)		7295.54 (5857.4, 9086.7) (N=87)		24363.10 (20088.5, 29547.3)			
<ul> <li>Fertility, pregnancy and lactation title; timinary animal studies do not indicate direct or indirect harmful effects with respect to fertility;</li> </ul>	9-11 wee	93	48.79 (39.6, 60.1)			7492.98 85.1, 9540.2)	(3028)	(N=105) 34754.10 37.2, 39879.8)		
1000	z 12 week	ks	0	N-154) 52.98 .4, 63.2)	<i>a</i>	(N+152) 8618.17 85.4, 10322.3)	6	(N=154) 53181.59 0.1, 72343.4)		
ere na kinnte degenisere with the use of CMADIA nGAP 10 Corece Visa Vaccine (Beomitanti in preparat weren, thromay anisal subset of an of tacket of erec or index to main effects with respect to preparate, enterpoletal devisionent, furthis or protocol and ensignment, of infinitive anisal subset how not been completed yet. The Lift means of a simal studies to main and with working COMOP imprime to entablished, ministration of OCOPPERD <sup>ID</sup> in pregnancy should only be cores devised when the potential benefits outweigh any potential indicion ministration of OCOPPERD <sup>ID</sup> in pregnancy should only be cores devised when the potential benefits outweigh any potential indicion ministration of OCOPPERD <sup>ID</sup> in pregnancy should only be cores devised.	N = Number of subj	ects included in a	each group;	GMT = Geometric m Immunoessay. <sup>1</sup> in 1	een titre; C	Confidence I	rtenial; S = Solice	resolvacibe.		
ministration of CONEX-MELD* in pregnancy should only be considered when the potential benefits outweigh any potential risks for a mother and fetus.										
vasificacilina Isulikizaran vihether COVISHELD®'s excreted in human mille. 7. Effects on a shiftle- for doite a modeline.	recommended desi 265 years old (28 d 18-64 years (28 da	e (100.0% [N=111 lays after second as after second d	1, 95% CE 96 I dose: GMT- Iose: GMT-1	.7; NE]). The incre 20,727.02 [N=116, 0.695.30 [N=703.99]	ase in S-bins 93% Q: 17.6 95% CI: 28.49	ling ant/bodies (46.6; 24,345.2 (7: 33,064,11)	was numerically los  ) when compared I The majority of pa-	wer for participant to perticipants age uticipants >65 year		
2.7 Effects an ability to drive and use machines Ih400at (role) +9 Consta Virus Vaccine (Recombinism) has no or negligible influence on the ability to drive and use machines. Instances, usered drive adversemention and under section 4.8 may tempararily affect the ability to drive or use machines.	High seroconversio recommended dos 255 years old (28 d 18-64 years (28 d) old hold a dose inten in participants will 23, 194, 1]), S-antib	rval of <6 weeks, th serological e	which may reldence of	have contributed to prior SARS-Cell-2	the numerior infection a	cally lower titre t baseline (GM	s observed. T=13,137.97 [N=25	9; 95% CE 7,441.		
1.8 Undesirable effects Sverall unmary of the softwarfet profile from the Oversees studies: Desanced and out of COMM 18 Noteins actual cours if had had a CMM 18 Course Mary Noteins (Besterbinger II) is based on an interview.	spike-specific 1 ce	est responses as i	measured b	/ Fres enzymeern	sed immune	shoe (sripboc)	assay are mouced a	after a first cose i		
Incoments survey on COME by Auction Association and a constraint of the anti-anti-anti-anti-anti-anti-anti-anti-	Environmentative di GMTs of IgG antib significantib after i on Day 57. The is senoconversion rate	lata from the Ind codies against sp each dose of yar	han study: pike (S) pro	tein were compar-	able betwe	en the groups	at baseline - Day	1. GNTS increase		
1.4 Substantiant, Ministriant, Ministrian	on Day 57. The is seroconversion rate	immuniquericity es to Oxford/AZ	data indica ChadQe1 n0	ites that COMSHE XV-19 vaccine (see	Tables 4 and	sarable in terr (5).	ns of anti-S lgG a	antibody liters an		
Control control, or team, anong the particularity was received control + Muccine an accenticity, secar were special to complete an and Tax were 69 years to age or coller. The majority of recipients were WH to (75,38), 10.18, were Back and 3.58 were Asian; 55.88 were smale and 64.28 male.	Table 4 Summary o Timepoint	a waa a go are		Statistic	cov	SHIELD*	Oxford/AZ-ChJ	AdOx1 nCoV-19 +97)		
(B): mysliga, major toporto increase of the status of the process in a status of the status of th	ild ne		_	0	"	=291) n (%) 291	n (	(%)		
period controls. The start period by period by a structure of COD-PT Wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-PT wave that has been as the structure of COD-P	Baseline			GMT 95% CI	(17.)	291 95.4 3, 117.0)	9 8( (59.0,	0.7 110.4)		
sign equivalent de la construction de la constructi	Visit 3 - Day 29 (+14) Visit 4 - Day 57 (+14)		t 3 - Day 29 (+14) 0 05% CI t 4 - Day 37 (+14) 0 0WT		(8395.0	289 988.1 ), 11883.7)	9 673 (4880.4)	97 38.5 , 9304.1)		
rutamic relief from pro-vect-induced and where reactions. wind during actions mining during the reaction and the relief of the second during and the reaction of the second during actions with the reaction of the relief of the second during action of the second during action of the second during action mining of the reaction of the second during action of the second during action of the second during action mining of the second during action of the second during action of the second during action of the second during action from the second during action of the second during action of the second during action of the second during action from the second during action of the second during action of the second during action of the second during action from the second during action of the second during action of the second during action of the second during action during action of the second during action during action of the second during action of the second dur					140 33331.6		332	46 163.6		
le 1-Adverse drug reactions NedDRA SOC Frequency Adverse reactions	Table 5 Summary o	of Proportion of	Participant	95% Cl s with Seroconvers		0, 40027.2) 5 IgGAntibodie		, 45378.3)		
lood and lymphatic system disorders Uncommon Lymphaderopathy*	Timepoint		Timepoint CO		COVISHELD* (N=291)		0xford/AZ-ChAd0x1 nCoV-19 (N+97) n (%) 95(%) C			
Wetabolism and nutritism disorders         Uncommon         Decreated appelite <sup>24</sup> Nervous system disorders         Wery common         Headsche           Uncommon         Dazimasi         Dazimasi				Visit 3 - Day 29 (+14)		(H=291) n (S) 95(%) Cl V3% 3 - Day 29 (+14) (0(3,7, 96,3)			n (%) 95(%) C 89 (91.8)	
Gastrointestinei disorders Very common Nauee Common Very common Nauee				(93.7, 5	5.3) (6.3)	_	89 (91.8 (84.4, 96.	.4)		
Uncommon Absorbation pain* Uncommon Moormal pain* Skin and subcutamenas tissue disorders Uncommon Myperhidrouisa*, practica*, main*	Visit 4 - Day 5.2 Pharmacokin Not applicable.			140 (10 (97.4, 10	0.00)		46 (100.) (92.3, 100	1.0)		
Washingteneral and connective tissue disorders. Were common Washingt anthraliata	E. 2. Department of a	distant distant								
General deproducts and administration site conditions were conditioned administration were conditioned administrationed were con	Toxicity and local to Non-clinical, data in potential toxicity b	neveal no special to reproduction a	i I hazard for and develops	humans based on nent have not yet b	a conventio con complet	nal study of rep red.	peat dose toxicity.	Animal studies in		
maarse, pyrexes, crans		TICAL PARTICUL.								
Common Hylection site Industion, Influenza like Illness <sup>a</sup>	Lefissidine hy Magnesium ch	drochloride mon kloride hexabydri 0	sohydrate ste							
issolicited adverse reaction opjection site braiding includes tojection site haematomo (uncommon, unsolicited adverse reaction) yeasta Includes Exercitaness (very common) and Sever 218° C (common)	Ethenol Sucrose Sodium chierie	in a start and a start								
ry rare events of neurofifammatory disorders have been reported following vaccination with COVID 19 Veccine AstraZeneca. A usal relationship has not been established. erail summary of the safety confile from the <b>Indian study:</b>	Sucrose Sodium chlorie Disodium edet Water for inje (The names of inac	tate dihydrate (E ection the incredients	EDTA) IDBX VBCV BD	cordina to appendic	rical region)					
prevantational meteo in the one (London and Marce 20 A. Summan). The enterest of excerning and another the been reported following successful with CZPID 17 Success Advancement. A successful and another and the successful	6.2 Incompatibili In the absence of co	ities		cine must not be m		her medicinal p	roducts.			
To participants who received sector data concentration in the participants are concentration of the concentration of the participants encropraphy in the intervention of the participants are concentration of the participants are concentration of the participants encreased of the participants are set of the participants are concentration of the participants on received COMPRECIPY #7.1312 were aged 18 to Soversa and 12.673 were do version age or older.	6.3 Shelf-life The expiry date of a Once opened, mul	vaccine is indical	ted on the la	bel and packaging.	cally possible	le and within 4	bours when kent	between +210		
72 participants who nockneckscence lowe. Interpretation of the second s	Once opened, mul +25°C, All, opened whichever comes fi	d multiclose viala Irst.	of COVER	CLD** should be d	iscarded at	the end of im	nunization session	or within six hou		
9 Overdate	6.4 Special preca Store in a refrigeral Do not freeze. Prot	ect from light.	97 D.							
periesce of overdose is limited. serve is no specific treatment for an overdose with ChAdOx1 nGO/F19 Corors Virus Vaccine (Recombinant). In the event of an erosis, the lidit/kulsi/sould be monitored and provided with symptometic treatment as appropriate.	Epened multickne For storage condition	<u>viel</u> lors after first op								
PHARMACOLOGICAL PROPERTIES 1 Pharmacodynamic properties	6.5 Nature and co COMSHELD <sup>IN</sup> is sup 1 doze - 0.5 millions	ontents of conta pptied as ready fr	siner ior use liquid	in rubber-scoppere	d multidose	vial and single (	dose vial in below li	isted presentation		
seamment existing. VMIIILD*1s a menovient vacation composed of a single recombinant, replication-deficient chimaenzes admissions (DAdDa1) core encoding the 5 glycoproteint of SARS-CVPL to Toloving administration, the 5 glycoprotein of SARS-CVPL is expressed locally instarting encritation grantbody of a class immune resonance.	1 dose = 0.5 mLper 2 dose = 1.0 mLper 5 cose = 2.5 mLper 10 cose = 5.0 mLper	vial vial								
ficacy and immunopenicity data from the Oversees studies:	20 dose - 10 mL per	vial. for use, handling	g and dispos	al						
	Administration COVEHELD <sup>IN</sup> is a administration and Do not shake the v	colourtess to slip	gitly brown	clear to slightly o	paque solut	ion. The vaccin	e should be inspect	ted visually prior I		
urup- v secure autraZences [Ch4dki in GC/-19 Cores Yins Veccine Recombinant]] has been exoluted based an interim shipts of poole data from for exo-polys andomized, billined, controlled tritls a Patee HI Study, COVIDI (HCTH412460), in altify adults 18 to 55 years of age in the UK: a Prace II HI Study, COVID2 (HCT0440838), in adults 18 years of age including the	Do not shake the v Each vaccine dose	i uncarated if part rial. r of 0.5 ml is wit	ucurate mat	ass or otherences? a syninge for inje	ction to be	administered is	are observed. stramuscularly: Us	e a separate sterf		
oenzy m ne ucc, az vesielli Study, CCV000 304X: NBY051420, is nadžís a Tšyvanor d age (including the elderly in Bozzi, and a Phase Il kudy, CCM026 (INCT04444054), is nadžísanjez (IB kod žyvasor d age in South Arica, The studies excluded participanics with history i osaphylaxis or angloedena; severe and or uncontrolled cardiovascular, gastrolintestina), liver, renal, endocrine/metabolic	Each vaccine dose needle and syringe The vaccine does n Once opened, mult	t Edose viala shou	ual. It is non reservative, uld be used	nal for liquid to rem Aseptic techniques Is soon as practical	ain in the vi hould be use hy possible -	al after withdra ad for withdraw od within 6 ber	wing the final dose ing the dose for adr is when kent har	ninistration. een +2°C and +3***		
There are no ways of interacting as ways a unservery minimum protection. In studies UPUM and UPUMU, footised search filteratia and previncedul vaccinations were permitted (at least 7 days before or 17 their study vaccin). All participants are lament to be follower (for up to 12 months, for assessments of skirly and efficacy and interactions). All participants are and as the search and individual term to the transmission of the search and the study and the search and	Discard any unused To facilitate the tra recipient.	Ivaccine.								
saves us use prevent red contents for interminient cacy analysis, LOVI02 and COVI03 esceeded the timehold of 24 Vitolgically continued COVID-H caces per study and therefore controlluted to the definicary analysis (COVID1 and COVIDA) were excluded, in the peeled analysis for efficacy (COVID2 and COVID0), participants rits (saves of age received two doses of COVID-19 Viacche tarta? Isometh. add WPTI are insteaded (controllated to the definition of the saves of age received two doses of COVID-19 Viacche tarta? Isometh. add WPTI are insteaded (controllated to the definition of the saves) and the saves of age received two doses of COVID-19 Viacche tarta?	COVERING ACCORD	tains genetically	y modified o	organisms (GMOs).	Any unused	vaccine or wa	ste material shoul	d be disposed of a		
non-normal sub-start or control interrepresentation values of starting (N=5,029). Because of logistical constraints, the interval externed tool and one 2 range from 410 28 version. Sub-starting external control brokenering groups. Overall, among the assistication shore-one of COTO-10 Version areas of the control brokenering groups. Overall, among the assistications and even of the COTO-10 Version areas of the control brokenering of COTO-10 Version areas of the control brokenering groups. Overall, among the assistications and even of the COTO-10 Version areas of the control brokenering groups. Overall, among the assistications and even of the COTO-10 Version areas of the control brokenering groups. Overall, among the assistications and even of the COTO-10 Version areas of the control brokenering groups.	accordance with to based disinfectants	x at requirement a).	o, spils sto	uid be disinfected v	with an appr	opriate antivira	a usinfectant (e.g.	. nydrogen perceid		
aroupenia wno recened UUUU-P Maccine Astroaceness, W. in te participants were lik to 64 yeers old (wich 5, %) aged 65 or older); O' Xief orbigless were fennise 12,8 were White, Fel,6 were Asian, and 4,4 were Reisca, Antoni of L20015, 60) participantshai at nat ene pre-oxisting comorbidity (cellined as a BHI = 30 kg/m2, cardiovascular disorder, respiratory disease er diabetes). At the										
ness investionalises the memory transport proposition in and point-done zives 132 days and 63 days, respectively, nal determination of COVID-19 cause were made by an inductation committee, who also assigned disease severity according to the 10 clained progression scale. A total of 131 periclicants had SASS-COV2 virologically confirmed by nucleic acid amplification										
ests (COVID-19 occurring a 15 days post second dose with at least one COVID-19 symptom (objective fewer (defined as a37.8°C), augh, storences of breath, anomali, or againatia and were without evidence of provisios SASE-COV2 (infection, COVID-19 Vaccine trazeneca significantly decruised the incidence of COVID-19 compared to centrol (see Table 2a).										
so: DDI-19 docuring: 15 days post second daw with a least one CDI-19 ayruppon (b)ective few (ddired as 27.8 G), so: portical of towards, marinis, or a quarking and were without ordinations of provisos SARA/21 intesting to the chaines all printing of towards and the relationse of CDI-19 argument to central pare histo 22.0 bit 24-CDI-19 fractione Anticenter and CDI-19 fractione of the constant										
COVID-19 Viaccine Control AstraZeneca Control										
COVID-19 Vaccine         Control           AstroZencea         Control           Population         N         Number of COVID-19         N         Number of COVID-19         Vaccine efficacy % (95.44% (1))										
Application         Convert         Annume           Application         R         Number of CONE-17         Number of CONE-17         Structure of CONE-17           rimary (see allown)         502         602         F         Structure CONE-17         Structure CONE-17           rimary (see allown)         502         502         Structure CONE-17         Structure CONE-17         Structure CONE-17           rimary (see allown)         502         502         Structure CONE-17         Structure CONE-17										
Importation         GMPA-1* Vactor         Convert           Vision         2000mm         2000mm         Vision         Vision <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
Imputation and production         Imputation (CPU-F) reaction (CPU-F)         Imputation (CPU-F)         Imputation (CPU-F)         Imputation (CPU-F)<		INSTITUTE	OF IND!	A PVT. LTD.	Machener		LIFE SCIENCE!	S PVT. LTD.		
Population         P         Reader of control v(r)         P         Number of control v(r)         Wester of control v(r)           Primary (see down)         8/07         8/07         6/07	Microferna SERUM @Trademic.under		OF INDIA	A PVT. LTD.	Machetes SERUN 401, Sar Pune - 4	I INSTITUTE Sth Bharvan, 1 11 001, INDIA	LIFE SCIENCES	S PVT, LTD. arr Road. 20017402 (1		

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