## 1. NAME OF THE MEDICINAL PRODUCT

SARS-CoV-2 (Covid-19) Vaccine

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each dose of 0.5 mL Contains

| | |
| --- | --- |
| RBD antigen of SARS-CoV-2 (Covid-19)[1] | 25 µg |
| Aluminium Hydroxide gel as $Al^{+++}$ | 750 µg |
| CpG 1018 | 750 µg |
| Buffer (Tris and NaCl in WFI) | q.s to 0.5 mL |

[1] Produced in *Pichia pastoris* (Yeast)

## 3. PHARMACEUTICAL FORM

SARS-CoV-2 (Covid-19) Vaccine is a whitish or almost white translucent liquid in which the mineral carrier tends to settle down slowly and should be free from particulate matter.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

CORBEVAX™ is indicated for active immunization against Covid-19 disease in Adolescents and Adults aged ≥ 12 years and above for restricted use in emergency situation.

### 4.2 Posology and Method of Administration

**Posology:** CORBEVAX™ vaccination course consists of two separate doses of 0.5 mL. The second dose should be administered at least 4 weeks after the first dose. The vaccine should be administered intramuscularly in the deltoid muscle of upper arm.

### 4.3 Contraindications

- Hypersensitivity to any constituents of the vaccine
- Pregnant and lactating women
- During fever or severe infection
- Individuals below 12 years
- Have received another Covid-19 vaccine
- Are immunocompromised or are on a medicine that affects your immune system
- Have a bleeding disorder or are on a blood thinner

### 4.4 Special Warning and Precautions for Use

- Do not administer intravenously, intradermally, or subcutaneously.
- Like all other vaccines, supervision and appropriate medical treatment should always be available to treat any anaphylactic reactions following immunization
- The vaccinee should remain under medical supervision for at least 30 minutes after vaccination

CORBEVAX™ should be shaken well to obtain a uniform, whitish translucent suspension before use. Prior to administration, the vaccine vial should be visually checked for complete suspension and presence of any particulate matter or other coloration, if any. If in doubt, do not use the contents of the vial. Sterile needle and syringe should be used for withdrawal of the vaccine.

### 4.5 Interaction with other Medicinal Products/ other Forms of Interaction

No interaction studies have been performed. Concomitant administration of CORBEVAX™ with other vaccines has not been studied.

### 4.6 Use in Special Populations (such as pregnant women, lactating women, pediatrics)

Safety and effectiveness have not been established in pregnant women, nursing mothers and pediatrics. It is not known whether the vaccine is excreted in human milk.

### 4.7 Effect on Ability to Drive and Use Machines

No studies on the effect of CORBEVAX™ on the ability to drive and use machines have been performed.

### 4.8 Undesirable Effects

Clinical Trial Experience: The safety of CORBEVAX™ was established in a controlled clinical trials in adults aged 12 years to 80 years. Within each system organ class (SOC) the adverse reactions were ranked under headings using the following convention:

| | |
| --- | --- |
| Very common | ≥ 10% |
| Common | ≥ 1% and < 10% |
| Uncommon | ≥ 0.1% and < 1% |
| Rare | ≥ 0.01% and < 0.1% |

Systemic:

Common (may affect up to 1 in 10 people)

- Fever/Pyrexia
- Headache
- Fatigue
- Body pain
- Myalgia
- Nausea

Uncommon (may affect up to 1 in 100 people)

- Arthralgia
- Urticaria
- Chills
- Lethargy

Local:

Very common (may affect up to ≥1 in 10 people)

- Injection site pain

Common (may affect up to 1 in 10 people)

- Injection site erythema

Uncommon (may affect up to 1 in 100 people)

- Injection site swelling
- Injection site rash
- Injection site pruritus

Rare (may affect up to 1 in 1000 people)

- Injection site irritation

**Summary of safety profile:**

In a phase I / II clinical study (BECT062) conducted in 360 subjects aged ≥18 to ≤65 years to assess the safety, reactogenicity and immunogenicity and to select the optimum formulation of BE's SARS-CoV-2 (Covid-19), all the four formulations were found to be safe and well tolerated.

In a phase II/III Clinical study (BECT069) conducted in 1268 subjects aged 18-80 years, a total of 51 adverse events were reported in 27 (27%) study subjects (phase II) and 532 adverse events were reported in 255 (21.8%) study subjects (phase III). In which 34 solicited adverse events were reported in 20 (20%) subjects and 455 solicited adverse events reported in 229 (19.6%) subjects in Phase II and phase III parts of the study respectively. Majority of adverse events are mild to moderate in intensity and no severe AEs were reported in the study. No SAEs and AESI were reported in the study (See Table 1).

**Table 1: Adverse drug reactions from Phase II & III study**

| MedDRA SOC | Frequency | Adverse reactions |
| --- | --- | --- |
| General disorders and administration site conditions | Very common | Injection site pain |
| | Common | Fatigue, Pyrexia[b], Chills |
| | Uncommon | Injection site swelling, Pain, Injection site erythema |
| Nervous system disorders | Common | Headache |
| | Rare | Lethargy |
| Musculoskeletal and connective tissue disorders | Common | Myalgia, Arthralgia |
| | Uncommon | Pain in extremity[a] |
| | Rare | Back pain[a] |
| Respiratory, thoracic and mediastinal disorders | Uncommon | Cough[a], Dyspnoea[a], Oropharyngeal pain (Sore throat)[a] |
| Infections and infestations | Uncommon | Nasopharyngitis (Common cold)[a] |
| | Rare | Pharyngitis (Throat infection)[a] |
| Gastrointestinal disorders | Uncommon | Nausea, Diarrhoea |
| Metabolism and nutrition disorders | Rare | Decreased appetite[a] |
| Skin and subcutaneous tissue disorders | Rare | Urticaria[a] |

[a] : Unsolicited event

[b] : Pyrexia includes feverishness (very common) and fever ≥100.4ºF (common)

All the unsolicited events were unrelated to the Vaccine.

In a phase III active comparator study (BECT074) conducted in 2140 subjects aged 18 to 80 years, the safety of CORBEVAX™ was found comparable to the comparator vaccine (Covishield™). All the adverse events were mild to moderate in intensity and no severe AEs were reported in the study. No AESI were reported in the study. Most of the solicited adverse events were related to the study vaccine (See Table 2).

**Table 2: Adverse drug Reactions from Phase III Superiority Study**

| MedDRA SOC | Frequency | Adverse reactions |
| --- | --- | --- |
| General disorders and administration site conditions | Very common | Injection site pain, Pyrexia[b] |
| | Common | Injection site erythema, Injection site pruritus, Headache, Injection site swelling, Fatigue |
| | Uncommon | Injection site warmth, Chills, Injection site rash, Pain |
| | Rare | Irritability, Injection site irritation |
| Nervous system disorders | Common | Headache |
| Musculoskeletal and connective tissue disorders | Very common | Myalgia |
| | Common | Arthralgia |
| | Rare | Back pain[a] |
| Respiratory, thoracic and mediastinal disorders | Uncommon | Cough[a], Oropharyngeal pain (Sore throat)[a] |
| | Rare | Rhinorrhoea (running nose), Throat irritation[a], Sneezes[a] |
| Infections and infestations | Uncommon | Nasopharyngitis (Common cold)[a] |
| Gastrointestinal disorders | Common | Nausea, |
| | Uncommon | Upper abdominal pain[a], Diarrhoea[a], Vomiting[a], |
| Skin and subcutaneous tissue disorders | Uncommon | Urticaria |
| | Rare | Acne[a], Rash |

[a] : Unsolicited event

[b] : Pyrexia includes feverishness (very common) and fever ≥100.4°F (common)

In a phase II/III study (BECT072) conducted in 624 subjects aged ≥ 5 to < 18 years in two age cohorts (≥ 5 to < 12 and ≥ 12 to < 18 years) to prove safety, tolerability and reactogenicity of the vaccine against placebo, the interim results from 200 subjects (150 in vaccine arm and 50 in placebo arm) indicated that, there was no difference in the safety profile when compared to the data of earlier clinical trials conducted in adults.

All the unsolicited events were unrelated to the vaccine.

### 4.9 Overdose

No case of overdose has been reported. There is no specific treatment for an overdose with CORBEVAX™. In the event of an overdose, the individual should be monitored and provided with symptomatic treatment as appropriate.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Mechanism of Action

The receptor-binding domain (RBD) in the S1 subunit of the SARS-CoV-2 spike (S) protein binds to the ACE-2 receptor on human cells which initiates the virus infection and is the most important target for developing a SARS vaccine. In particular, RBD of S protein contains the critical neutralizing domain (CND), which is able to induce highly potent neutralizing antibody response and cross-protection against divergent SARS-CoV-2 strains. RBD-based subunit vaccine is expected to be safer than other vaccines that may induce Th2-type immunopathology. CORBEVAX™ targets the S1 subunit of the SARS-CoV-2 spike (S) protein leading to induction of protective immunity against severe Covid-19 infection.

### 5.2 Pharmacodynamic Properties

Covid-19 disease is caused due to SARS-CoV-2 virus infection. CORBEVAX™ is based on classical vaccine technology of a protein antigen, SARS-CoV-2 Spike RBD, adsorbed to the adjuvants, has been studied in Phase I/II, II/III and III clinical studies for safety, reactogenicity and immunogenicity and found to be safe and immunogenic.

In a Phase I/II clinical study (BECT062) is conducted in 360 subjects aged ≥18 to ≤65 years to assess the safety, reactogenicity and immunogenicity and to select the optimum formulation of BE's SARS-CoV-2 (Covid-19) Vaccine. The immunogenicity testing indicated the optimum formulation elicited a significant humoral and cellular immune response.

In a Phase II/III Clinical study (BECT069) conducted in 1268 subjects aged 18-80 years, the immunogenicity was evaluated in 100 subjects in Phase II part in 18-55 year cohort and in a subset of population (elderly cohort aged >45 Year) in Phase III trial. Similar overall immune response was observed in both younger population (18-45 Year) and elderly population (45-80 Year) in terms of increase in anti-RBD IgG concentrations and Neutralizing Antibody Titers post-vaccination. Significant nAb titers were observed against both Wuhan and Delta and Beta strains which has also been consistently noted in Phase I/II studies of CORBEVAX™. The interim Wuhan-nAb GMT was indicative > 90% vaccine effectiveness in preventing symptomatic infection as shown by the Correlates of Protection evaluation from Covid-19 vaccine efficacy trial analysis. In the Phase III part of the study, pre-vaccination Anti-RBD IgG and nAb titers were higher than the Phase II study. However, significant increase in IgG and

nAb titers were still observed post vaccination which indicates excellent immune response generated by CORBEVAX™ (See Table 3). The sub-set of subjects assessed for immunogenicity also elicited a significant humoral and cellular immune response.

**Table 3: Summary of Immunogenicity from Phase II/III Study**

**a)Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ | % SCR |
| --- | --- | --- | --- |
| **Phase II part** | | | |
| Base Line (Day 0) | N<br>GMC (EU/mL)<br>95% CI | 98<br>945<br>788-1134 | NA |
| Day-42 | N<br>GMC (EU/mL)<br>95% CI | 98<br>26448<br>19858-35223 | 95% |
| **Phase III part** | | | |
| Base Line (Day 0) | N<br>GMC (EU/mL)<br>95% CI | 65<br>4287<br>3137-5857 | NA |
| Day-42 | N<br>GMC (EU/mL)<br>95% CI | 65<br>61138<br>47485-78715 | 89 % |

N: Number of subjects GMC: Geometric Mean Concentration
CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

**b)Summary of Neutralizing Antibody (nAb) Titers against Wuhan**

| Time point | Statistic | CORBEVAX™ |
| --- | --- | --- |
| **Phase II part** | | |
| Base Line (Day-0) | N<br>GMT<br>95% CI | 98<br>67<br>52-88 |
| Day-42 | N<br>GMT<br>95% CI | 98<br>1338<br>917-1954 |
| **Phase III part** | | |
| Base Line (Day-0) | N<br>GMT<br>95% CI | 65<br>470<br>330-670 |
| Day-42 | N<br>GMT<br>95% CI<br>% SCR | 65<br>5166<br>3830-6967<br>86 % |

N: Number of subjects GMT: Geometric Mean Titre
CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

The sub-set of 20 subjects from Phase II part were tested for Neutralizing Antibody (nAb) Titers against Wuhan, Delta and Beta variants. The GMT was found to be 2351, 1487 and 511 respectively against Wuhan, Delta and Beta variants in this sub-set. The Sub-set of 65 subjects aged in elderly cohort (> 45 years age) from Phase III part were also tested for Neutralizing Antibody (nAb) Titers against Delta variant, in which the GMT was found to be 2341 (1614-3395).

In a Phase III superiority study (BECT074) conducted in 2140 subjects aged 18 to 80 years to prove the immunogenic superiority and safety, CORBEVAX™ demonstrated superior immune response in comparison to Covishield™ when assessed for Neutralizing Antibody Titers against the Wuhan and Delta variants in terms of GMT's (See Table 4). The sub-set of subjects assessed for immunogenicity also elicited a significant humoral and cellular immune response. CORBEVAX™ nAb GMT against Wuhan strain was indicative of vaccine effectiveness of >90% for prevention of symptomatic infections based on the Correlates of Protection assessment performed as part of Covid-19 vaccine efficacy trial analysis.

**Table 4: Summary of Phase III Immunogenic Superiority Study**

**a) Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ | COVISHIELD™ |
| --- | --- | --- | --- |
| Base Line (Day-0) | N<br>GMC (EU/mL)<br>95% CI | 304<br>1439<br>1268-1633 | 307<br>1503<br>1316-1716 |
| Day-42 | N<br>GMC (EU/mL)<br>95 % CI<br>% SCR | 304<br>24478<br>21075-28431<br>91% | 307<br>16203<br>14428-18196<br>88% |

N: Number of subjects GMC: Geometric Mean Concentration
CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

**b) Summary of Neutralizing Antibody (nAb) Titers**

| Time point | Statistic | CORBEVAX™ | | COVISHIELD™ | |
| --- | --- | --- | --- | --- | --- |
| | | Wuhan | Delta | Wuhan | Delta |
| Base Line (Day-0) | N<br>GMT<br>95% CI | 303<br>85<br>75-96 | ND | 307<br>75<br>65-86 | ND |
| Day-42 | N<br>GMT<br>95% CI<br>% SCR | 301<br>2123<br>1801-2514<br>95% | 301<br>874<br>724-1055<br>NA | 304<br>1833<br>1632-2089<br>94% | 304<br>562<br>482-657<br>NA |

N: Number of subjects GMT: Geometric Mean Titre ND: Not Done

CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

CORBEVAX™ showed comparable seroconversion and higher anti-RBD IgG concentration in comparison to Covishield™ post vaccination.

In a Phase II/III clinical study (BECT072) conducted in 624 subjects aged ≥ 5 to < 18 years in two age cohorts (≥ 5 to < 12 and ≥ 12 to < 18 years) to prove the safety, tolerability and immunogenicity, the interim results indicated that significant increase in IgG and nAb titers (Wuhan and Delta variants) were observed post vaccination (at Day-42) which indicates excellent immune response generated by CORBEVAX™ in this age group and is inline with IgG and nAb titers observed in earlier clinical trials observed in Adults (See Table 5).

**Table 5: Summary of Interim study results of Phase II/III study in ≥ 12 to < 18 years**

**a) Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ |
| --- | --- | --- |
| **≥ 12 to < 18 years** | | |
| Base Line (Day-0) | N<br>GMC (EU/mL) | 191<br>939 |
| Day-42 | N<br>GMC (EU/mL)<br>% SCR | 191<br>18991<br>93% |

N: Number of subjects GMC: Geometric Mean Concentration SCR: Seroconversion Rate

**b) Summary of Neutralizing Antibody (nAb) Titers**

| Time point | Statistic | CORBEVAX™ | |
| --- | --- | --- | --- |
| | | Wuhan | Delta |
| **≥ 12 to < 18 years** | | | |
| Base Line (Day-0) | N<br>GMT | 169<br>50 | 169<br>NA |
| Day-42 | N<br>GMT | 169<br>1034 | 169<br>420 |

N: Number of subjects GMT: Geometric Mean Titre NA: Not Applicable

CORBEVAX™ nAb titres in terms of GMT were indicative of vaccine effectiveness of > 90% based on the Correlates of Protection assessment performed as part of Covid-19 vaccine efficacy trial analysis.

### 5.3 Pharmacokinetic Properties

Evaluation of pharmacokinetic properties is not required for vaccines.

### 5.4 Preclinical Safety Data

Single dose toxicity studies in Rats and repeat dose toxicity studies in Rats and Rabbits were conducted. Based on the toxicity studies conducted, it is concluded that the vaccine formulation did not produce any adverse effects at dose level of 0.5 mL.

Immunogenicity studies are also conducted with the vaccine in Rats and Mice. Based on the immunogenicity studies, the vaccine shown higher antibody titre (IgG and $NT_{50}$) when compared to Pre immune sera group and Placebo's groups. CORBEVAX™ efficacy in prevention of SARS-CoV-2 infection was also demonstrated in virus challenge studies conducted in Non-Human Primates which showed absence or significant reduction of viral RNA in lung tissue or nasal/throat swabs in vaccinated animals in comparison to unvaccinated controls.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of Excipients

The vaccine contains RBD antigen of SARS-CoV-2 (Covid-19) and is produced in *Pichia pastoris (Yeast).*

List of excipients:

- Aluminium Hydroxide gel as $Al^{+++}$
- CpG 1018
- Buffer (Tris and NaCl in WFI)

### 6.2 Incompatibilities

The product should not be mixed with any other medicinal products or active immunizing agents.

### 6.3 Shelf Life

Shelf life of CORBEVAX™ is 12 months from the date of manufacturing. The manufacturing date of the vaccine is indicated on the label and carton of the product.

### 6.4 Special Precautions for Storage

Store at +2°C to +8°C. DO NOT FREEZE. Discard if found frozen. Shake well before use. Keep out of reach of children. Multi dose vials should be used within 6 hours once opened. Do not use the vaccine after the expiry date as mentioned in the label.

### 6.5 Nature and Contents of Container

The CORBEVAX™ is supplied as liquid and is filled in USP type I glass vials, closed using bromobutyl rubber stoppers and sealed with aluminum flip-off seals. The vaccine is offered in the following presentations:

- Single dose vial (0.5 mL)
- Ten dose vial (5 mL)
- Twenty dose vial (10 mL)

### 6.6 Special Precautions for Disposal

Any unused product or waste material should be disposed as per local regulatory requirements

## 7. MARKETING AUTHORISATION HOLDER

Biological E. Limited

**Regd. office:**

18/1 & 3, Azamabad, Hyderabad,

Telangana - 500 020, INDIA.

**Manufacturing Site Address:**

| **BE's Shameerpet site.** | **BE's Azamabad site:** |
| --- | --- |
| Plot No. 1, Biotech Park, Phase II,<br>Kolthur Village - 500 078, Shameerpet,<br>Medchal-Malkajgiri District, Telangana, INDIA.<br>Web site: www.biologicale.com | M/s. Biological E. Limited<br>18/1&3, Azamabad, Hyderabad,<br>Telangana -500020<br>Tel: 91-40-3021 3999; Fax: 91-40-2761 5309 |

## 8. MARKETING AUTHORISATION NUMBER(S)

MF/BIO/21/000136

## 9. DATE OF FIRST AUTHORISATION

Date of Approval for adults aged ≥ 18 years and above : 28-Dec-2021

Date of Approval for adolescents aged ≥ 12 years to < 18 years : 21-Feb-2022

## FACT SHEET FOR VACCINE RECIPIENTS AND CAREGIVERS APPROVED FOR RESTRICTED USE IN EMERGENCY SITUATION IN PUBLIC INTEREST

## THE BIOLOGICAL E. LIMITED, SARS-CoV-2 (Covid-19) Vaccine

## CORBEVAX™

## IN PREVENTION OF COVID-19 DISEASE IN ADOLESCENTS AND ADULTS AGED ≥ 12 YEARS AND ABOVE

This vaccine has been approved for restricted use in emergency situation. It does not have a marketing authorization, however, this approval for the restricted use in emergency situation grants permission for the vaccine to be used for active immunization in Adolescents and Adults aged ≥ 12 years old for the prevention of coronavirus disease 2019 (COVID-19).

**Reporting of Side Effects**

As with any new medicine, this vaccine will be closely monitored to allow quick identification of new safety information. You can help by reporting any side effects, you may get after vaccination to the Biological E. Limited (BE) who is the manufacturer of CORBEVAX™ on 24x7 Contact Number: +914071216242 or at pharmacovigilance@biologicale.com.
For more information, read this fact sheet carefully.

You are being offered the SARS-CoV-2 (Covid-19) Vaccine [**CORBEVAX™**] of Biological E. Limited. to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the **CORBEVAX™**, which you may receive because there is currently a pandemic of COVID-19 disease.

The **CORBEVAX™** is a vaccine and may prevent you from getting COVID-19 disease.

Read this Fact Sheet for information about the **CORBEVAX™**. Talk to the vaccinator / healthcare provider if you have questions. It is your choice to receive the Biological E. Limited Covid-19 Vaccine [**CORBEVAX™**].

The **CORBEVAX™** vaccination course consists of two separate doses of 0.5 mL each. The second dose should be administered at least 4 weeks after the first dose.

After the vaccine is administered, the patient should be monitored by a healthcare professional for 30 minutes. The vaccine should be administered by intramuscular (IM) injection only. The **CORBEVAX™** may not protect everyone.

### WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE

### WHAT IS COVID-19?

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

### WHAT IS THE BE's CORBEVAX™ VACCINE?

The **CORBEVAX ™** is approved for restricted use in emergency situation that may prevent COVID-19 disease in individuals ≥ 12 years of age and older.

### WHAT SHOULD YOU MENTION TO YOUR HEALTHCARE PROVIDER BEFORE YOU GET CORBEVAX™ VACCINE?

- Tell the healthcare provider/Doctor about all of your medical conditions, including:
- If you have ever had a severe allergic reaction (anaphylaxis) after any drug, food, any vaccine or any ingredients of **CORBEVAX™**
- If you have fever or severe infection
- If you have a bleeding disorder or are on a blood thinner
- If you are immunocompromised or are on a medicine that affects your immune system
- If you are pregnant or plan to become pregnant and lactating women
- If you have received another COVID-19 vaccine

If you have any of the above conditions, you should consult your healthcare provider/Doctor before deciding to take the vaccine.

### WHO SHOULD GET THE CORBEVAX™ VACCINE?

**CORBEVAX™** has been approved for restricted use in emergency situation in individuals ≥ 12 years of age and older.

### WHO SHOULD NOT GET THE CORBEVAX™ VACCINE?

You should not get the **CORBEVAX™** if you:

- Had a severe allergic reaction after a previous dose of this vaccine
- Hypersensitivity to any component of a vaccine or a vaccine containing similar components
- History of severe allergic reactions
- If you are suffering from common cold, runny nose, fever, cough, body ache or loose motions etc
- Pregnancy and the period of lactation
- Individuals aged below 12 years

### WHAT ARE THE INGREDIENTS IN THE CORBEVAX™ VACCINE?

The **CORBEVAX™** includes the following ingredients:

- Aluminium Hydroxide gel as $Al^{+++}$
- CpG 1018
- Buffer (Tris and NaCl in WFI)

### HOW IS THE CORBEVAX™ GIVEN?

The **CORBEVAX™** will be given to you as an intramuscular (IM) injection only, preferably in the deltoid muscle. The **CORBEVAX™** vaccination course consists of two separate doses of 0.5 mL each.

If you receive one dose of the **CORBEVAX™**, then the second dose should be administered at least 4 weeks after the first dose. After the vaccine is administered, you will be monitored by a healthcare professional for 30 minutes.

### If you miss your second dose;

If you forget to go back at the scheduled time, ask your healthcare provider/Doctor for advice. It is important that you return for your second dose of **CORBEVAX™**.

### HAS THE CORBEVAX™ BEEN USED BEFORE?

The **CORBEVAX™** is used in clinical trials, a number of participants received one or two doses in Indian trials.

### WHAT ARE THE BENEFITS OF THE CORBEVAX™ VACCINE?

In ongoing clinical trials, the **CORBEVAX™** has been shown to prevent COVID-19 disease following 2 doses given at 4 weeks' interval. The duration of protection against COVID-19 disease is currently unknown. You may get protective immune response 4 weeks after the second dose of **CORBEVAX™**.

It is important to appreciate that receiving the vaccine does not mean that other precautions related to COVID-19 need not be followed. All Covid-19 precautions such as maintaining physical distance from others, wearing mask in public and cleaning your hands frequently with alcohol-based hand rub or soap and water need to followed even after receiving the vaccine dose.

### WHAT ARE THE RISKS OF THE CORBEVAX™ VACCINE?

Side effects that have been reported with the **CORBEVAX™** include:

Systemic:

Common (may affect up to 1 in 10 people)
- Fever/Pyrexia
- Headache
- Fatigue
- Body pain
- Myalgia
- Nausea

Uncommon (may affect up to 1 in 100 people)
- Arthralgia
- Urticaria
- Chills
- Lethargy

Local:

Very common (may affect up to 1 in 10 people)
- Injection site pain

Common (may affect up to 1 in 100 people)
- Injection site erythema

Uncommon (may affect up to 1 in 100 people)
- Injection site swelling
- Injection site rash
- Injection site pruritus

Rare (may affect up to 1 in 1000 people)
- Injection site irritation

These may not be all the possible side effects of the **CORBEVAX™**. Serious and unexpected side effects may occur. The **CORBEVAX™** vaccinated subjects will be followed-up as per protocol specified scheduled visits.

### WHAT SHOULD I DO ABOUT SIDE EFFECTS?

If you experience a severe allergic reaction, call or go to the nearest hospital. Call the healthcare provider if you have any side effects that bother you or do not go away.

In addition, you can report side effects after vaccination to Biological E. Limited, who is the manufacturer of **CORBEVAX™** as below.

- 24x7 Contact Number (For Medical and Adverse Event Related Queries Only): +914071216242 or pharmacovigilance@biologicale.com.

All adverse events reported will be entered in COWIN App by the health care provider.

### WHAT IF I DECIDE NOT TO GET THE CORBEVAX™ VACCINE?

It is your choice to receive or not receive the **CORBEVAX™**. You may prefer to consult your healthcare provider.

### CAN I RECEIVE THE CORBEVAX™ VACCINE WITH OTHER VACCINES?

There is no information on the use of the **CORBEVAX™** with other vaccines.

### WHAT IF I AM PREGNANT OR BREASTFEEDING?

You may discuss your options with the healthcare provider/Doctor.

### WILL THE CORBEVAX™ VACCINE GIVE ME COVID-19 INFECTION?

No. The **CORBEVAX™** COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19 infection.

### KEEP YOUR VACCINATION CARD

When you get your dose, please discuss with your healthcare provider regarding the option of your vaccination record on digital platform, if available.

### HOW CAN I LEARN MORE?

- Ask the healthcare provider/Doctor.
- Consult your local or state public health department.

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**Manufactured by:**
*Biological E. Limited*

**Registered office:**
18/1 & 3, Azamabad, Hyderabad,
Telangana - 500 020, INDIA.
Tel: 91-40-3021 3999;
Fax: 91-40-2761 5309
Email: info@biologicale.com

**Corporate Office Address:**
Road No. 35, Jubilee Hills,
Hyderabad, Telangana -500033
Tel: 91-40-7121 6000;
Fax: 91-40-7121 6128/ 6030
Email: info@biologicale.com

TM - Trademark

Black

320 X 285 mm

# SARS-CoV-2 (Covid-19) Vaccine

# CORBEVAX™

**1. Generic Name**

SARS-CoV-2 (Covid-19) Vaccine

**2. Qualitative and quantitative composition**

Each dose of 0.5 mL Contains:

| | |
|---|---|
| RBD antigen of SARS-CoV-2 (Covid-19)[1] | 25 µg |
| Aluminium Hydroxide gel as Al*** | 750 µg |
| CpG 1018 | 750 µg |
| Buffer (Tris and NaCl in WFI) | q.s to 0.5 mL |

[1] Produced in *Pichia pastoris* (Yeast)

**3. Dosage form and strength**

SARS-CoV-2 (Covid-19) Vaccine (CORBEVAX™) is a suspension for intramuscular injection. Each dose contains 25 µg of RBD antigen of SARS-CoV-2 (Covid-19).

**4. Clinical particulars**

**4.1 Therapeutic indication**

CORBEVAX™ is indicated for active immunization against Covid-19 disease in Adolescents and Adults aged ≥ 12 years and above.

**4.2 Posology and method of administration**

CORBEVAX™ vaccination course consists of two separate doses of 0.5 mL. The second dose should be administered at least 4 weeks after the first dose. The vaccine should be administered intramuscularly in the deltoid muscle of upper arm.

**4.3 Contraindications**

- Hypersensitivity to any constituents of the vaccine
- Pregnant and lactating women
- During fever or severe infection
- Individuals below 12 years
- Have received another COVID-19 vaccine
- Are immunocompromised or are on a medicine that affects your immune system
- Have a bleeding disorder or are on a blood thinner

**4.4 Special warnings and precautions for use**

- Do not administer intravenously, intradermally or subcutaneously.
- Like all other vaccines, supervision and appropriate medical treatment should always be available to treat any anaphylactic reactions following immunization
- The vaccinee should remain under medical supervision for at least 30 minutes after vaccination

CORBEVAX™ should be shaken well to obtain a uniform, whitish translucent suspension before use. Prior to administration, the vaccine vial should be visually checked for complete suspension and presence of any particulate matter or other coloration, if any. If in doubt, do not use the contents of the vial. Sterile needle and syringe should be used for withdrawal of the vaccine.

**4.5 Drugs interactions**

No interaction studies have been performed. Concomitant administration of CORBEVAX™ with other vaccines has not been studied.

**4.6 Use in special populations (such as pregnant women, lactating women, pediatrics)**

Safety and effectiveness have not been established in pregnant women, nursing mothers, pediatrics. It is not known whether the vaccine is excreted in human milk.

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

No studies on the effect of CORBEVAX™ on the ability to drive and use machines have been performed.

**4.8 Undesirable effects**

Clinical Trial Experience: The safety of CORBEVAX™ was established in controlled clinical trials in Adolescents and adults aged 12 years to 80 years. Within each system organ class (SOC) the adverse reactions were ranked under headings using the following convention:

| | |
|---|---|
| Very common | ≥ 10% |
| Common | ≥ 1% and < 10% |
| Uncommon | ≥ 0.1% and < 1% |
| Rare | ≥ 0.01% and < 0.1% |

Systemic:

Common (may affect up to 1 in 10 people)
- Fever/Pyrexia
- Headache
- Fatigue
- Body pain
- Myalgia
- Nausea

Uncommon (may affect up to 1 in 100 people)
- Arthralgia
- Urticaria
- Chills
- Lethargy

Local:

Very common (may affect up to ≥1 in 10 people)
- Injection site pain

Common (may affect up to 1 in 10 people)
- Injection site erythema

Uncommon (may affect up to 1 in 100 people)
- Injection site swelling
- Injection site rash
- Injection site pruritus

Rare (may affect up to 1 in 1000 people)
- Injection site irritation

**Summary of safety profile:**

In a phase I / II clinical study (BECT062) conducted in 360 subjects aged ≥18 to ≤65 years to assess the safety, reactogenicity and immunogenicity and to select the optimum formulation of BE's SARS-CoV-2 (Covid-19) Vaccine, all the four formulations were found to be safe and well tolerated.

In a phase II/III Clinical study (BECT069) conducted in 1268 subjects aged 18-80 years, a total of 51 adverse events were reported in 27 (27%) study subjects (phase II) and 532 adverse events were reported in 255 (21.8%) study subjects (phase III). In which 34 solicited adverse events were reported in 20 (20%) subjects and 455 solicited adverse events reported in 229 (19.6%) subjects in Phase II and phase III parts of the study respectively. Majority of adverse events are mild to moderate in intensity and no severe AEs were reported in the study. No SAEs and AESI were reported in the study (See Table 1).

**Table 1: Adverse drug reactions from Phase II & III study**

| MedDRA SOC | Frequency | Adverse reactions |
|---|---|---|
| General disorders and administration site conditions | Very common | Injection site pain |
| | Common | Fatigue, Pyrexia[b], Chills |
| | Uncommon | Injection site swelling, Pain, Injection site erythema |
| Nervous system disorders | Common | Headache |
| | Rare | Lethargy |
| Musculoskeletal and connective tissue disorders | Common | Myalgia, Arthralgia |
| | Uncommon | Pain in extremity[a] |
| | Rare | Back pain[a] |
| Respiratory, thoracic and mediastinal disorders | Uncommon | Cough[a], Dyspnoea[a], Oropharyngeal pain (Sore throat)[b] |
| Infections and infestations | Uncommon | Nasopharyngitis (Common cold)[a] |
| | Rare | Pharyngitis (Throat infection)[a] |
| Gastrointestinal disorders | Uncommon | Nausea, Diarrhoea |
| Metabolism and nutrition disorders | Rare | Decreased appetite[a] |
| Skin and subcutaneous tissue disorders | Rare | Urticaria[a] |

[a] : Unsolicited event
[b] : Pyrexia includes feverishness (very common) and fever ≥100.4°F (common)

All the unsolicited events were unrelated to the Vaccine.

In a phase III active comparator study (BECT074) conducted in 2140 subjects aged 18 to 80 years, the safety of the vaccine was comparable to the comparator vaccine (Covishield™). All the adverse events were mild to moderate in intensity and no severe AEs were reported in the study. No AESI were reported in the study. Most of the solicited adverse events were related to the study vaccine (See Table 2).

**Table 2: Adverse drug reactions from Phase III superiority study**

| MedDRA SOC | Frequency | Adverse reactions |
|---|---|---|
| General disorders and administration site conditions | Very common | Injection site pain, Pyrexia[b] |
| | Common | Injection site erythema, Injection site pruritus, Headache, Injection site swelling, Fatigue |
| | Uncommon | Injection site warmth, Chills, Injection site rash, Pain |
| | Rare | Irritability, Injection site irritation |
| Nervous system disorders | Common | Headache |
| Musculoskeletal and connective tissue disorders | Very common | Myalgia |
| | Common | Arthralgia |
| | Rare | Back pain[a] |
| Respiratory, thoracic and mediastinal disorders | Uncommon | Cough[a], Oropharyngeal pain (Sore throat)[a] |
| | Rare | Rhinorrhoea (running nose), Throat irritation[a], Sneezes[a] |
| Infections and infestations | Uncommon | Nasopharyngitis (Common cold)[a] |
| Gastrointestinal disorders | Common | Nausea |
| | Uncommon | Upper abdominal pain[a], Diarrhoea[a], Vomiting[a] |
| Skin and subcutaneous tissue disorders | Uncommon | Urticaria |
| | Rare | Acne[a], Rash |

[a] : Unsolicited event
[b] : Pyrexia includes feverishness (very common) and fever ≥100.4°F (common)

All the unsolicited events were unrelated to the Vaccine.

In a phase II/III study (BECT072) conducted in 624 subjects aged ≥ 5 to < 18 years in two age cohorts (≥ 5 to < 12 and ≥ 12 to < 18 years) to prove safety, tolerability and reactogenicity of the vaccine against placebo, the interim results from 200 subjects (150 in vaccine arm and 50 in placebo arm) in ≥ 12 to < 18 years age group indicated that, there was no difference in the safety profile when compared to the data of earlier clinical trials conducted in adults.

**4.9 Overdose**

No case of overdose has been reported.
There is no specific treatment for an overdose with CORBEVAX™. In the event of an overdose, the individual should be monitored and provided with symptomatic treatment as appropriate.

**5. Pharmacological properties**

**5.1 Mechanism of Action**

The receptor-binding domain (RBD) in the S1 subunit of the SARS-CoV-2 spike (S) protein binds to the ACE-2 receptor on human cells which initiates the virus infection and is the most important target for developing a SARS vaccine. In particular, RBD of S protein contains the critical neutralizing domain (CND), which is able to induce highly potent neutralizing antibody response and cross-protection against divergent SARS-CoV-2 strains. RBD-based subunit vaccine is expected to be safer than other vaccines that may induce Th2-type immunopathology. CORBEVAX™ targets the S1 subunit of the SARS-CoV-2 spike (S) protein leading to induction of protective immunity against severe Covid-19 infection.

**5.2 Pharmacodynamic properties**

COVID-19 disease is caused due to SARS-CoV-2 virus infection. CORBEVAX™ is based on classical vaccine technology of a protein antigen, SARS-CoV-2 Spike RBD, adsorbed to the adjuvants, has been studied in Phase I/II, II/III and III clinical studies for safety, reactogenicity and immunogenicity and found to be safe and immunogenic.

In a Phase I/II clinical study (BECT062) conducted in 360 subjects aged ≥18 to ≤65 years to assess the safety, reactogenicity and immunogenicity and to select the optimum formulation of BE's SARS-CoV-2 (Covid-19) Vaccine. The immunogenicity testing indicated the optimum formulation elicited a significant humoral and cellular immune response.

In a Phase II/III Clinical study (BECT069) conducted in 1268 subjects aged 18-80 years, the immunogenicity was evaluated in 100 subjects in Phase II part in 18-55 year cohort and in a subset of population (elderly cohort aged >45 Year) in Phase III trial. Similar overall immune response was observed in both younger population (18-45 Year) and elderly population (45-80 Year) in terms of increase in anti-RBD IgG concentrations and Neutralizing Antibody (nAb) Titers post-vaccination. Significant nAb titers were observed against both Wuhan and Delta and Beta strains which has also been consistently noted in Phase I/II studies of CORBEVAX™. The interim Wuhan-nAb GMT was indicative > 90% vaccine effectiveness in preventing symptomatic infection as shown by the Correlates of Protection evaluation from Moderna and Astra-Zeneca Phase III clinical trials. In the Phase III part of the study, pre-vaccination Anti-RBD IgG and nAb titers were higher than the Phase II study. However, significant increase in IgG and nAb titers were still observed post vaccination which indicates excellent immune response generated by CORBEVAX™ (See Table 3). The sub-set of subjects assessed for immunogenicity also elicited a significant humoral and cellular immune response.

**Table 3: Summary of Immunogenicity from Phase II/III Study**

**a) Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ | % SCR |
|---|---|---|---|
| **Phase II part** | | | |
| Base Line (Day 0) | N<br>GMC (EU/mL)<br>95% CI | 98<br>945<br>788-1134 | NA |
| Day-42 | N<br>GMC (EU/mL)<br>95% CI | 98<br>26448<br>19858-35223 | 95% |
| **Phase III part** | | | |
| Base Line (Day 0) | N<br>GMC (EU/mL)<br>95% CI | 65<br>4287<br>3137-5857 | NA |
| Day-42 | N<br>GMC (EU/mL)<br>95% CI | 65<br>61138<br>47485-78715 | 89% |

N: Number of subjects GMC: Geometric Mean Concentration
CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

**b) Summary of Neutralizing Antibody (nAb) Titers against Wuhan**

| Time point | Statistic | CORBEVAX™ |
|---|---|---|
| **Phase II part** | | |
| Base Line (Day 0) | N<br>GMT<br>95% CI | 98<br>67<br>52-88 |
| Day-42 | N<br>GMT<br>95% CI | 98<br>1338<br>917-1954 |
| **Phase III part** | | |
| Base Line (Day 0) | N<br>GMT<br>95% CI | 65<br>470<br>330-670 |
| Day-42 | N<br>GMT<br>95% CI<br>% SCR | 65<br>5166<br>3830-6967<br>86% |

N: Number of subjects GMT: Geometric Mean Titre
CI: Confidence Interval SCR: Seroconversion Rate

The sub-set of 20 subjects from Phase II part were tested for Neutralizing Antibody (nAb) Titers against Wuhan, Delta and Beta variants. The GMT was found to be 2351, 1487 and 511 respectively against Wuhan, Delta and Beta variants in this sub-set. The Sub-set of 65 subjects aged in elderly cohort (> 45 years age) from Phase III part were also tested for Neutralizing Antibody (nAb) Titers against Delta variant, in which the GMT was found to be 2341 (1614-3395).
In a Phase III superiority study (BECT074) conducted in 2140 subjects aged 18 to 80 years to prove the immunogenic superiority and safety, CORBEVAX™ demonstrated superior immune response in comparison to Covishield™ when assessed for Neutralizing Antibody Titers against the Wuhan and Delta variants in terms of GMT's (See Table 4). The sub-set of subjects assessed for immunogenicity also elicited a significant humoral and cellular immune response. CORBEVAX™ nAb GMT against Wuhan strain was indicative of vaccine effectiveness of >90% for prevention of symptomatic infections based on the Correlates of Protection assessment performed as part of Covid-19 vaccine efficacy trial analysis.

**Table 4: Summary of Phase III immunogenic superiority study**

**a) Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ | COVISHIELD™ |
|---|---|---|---|
| Base Line (Day 0) | N<br>GMC (EU/mL)<br>95% CI | 304<br>1439<br>1268-1633 | 307<br>1503<br>1316-1716 |
| Day-42 | N<br>GMC (EU/mL)<br>95% CI<br>% SCR | 304<br>24478<br>21075-28431<br>91% | 307<br>16203<br>14428-18196<br>88% |

N: Number of subjects GMC: Geometric Mean Concentration
CI: Confidence Interval SCR: Seroconversion Rate

**b) Summary of Neutralizing Antibody (nAb) Titers**

| Time point | Statistic | CORBEVAX™ | | COVISHIELD™ | |
|---|---|---|---|---|---|
| | | Wuhan | Delta | Wuhan | Delta |
| Base Line (Day 0) | N<br>GMT<br>95% CI | 303<br>85<br>75-96 | ND | 307<br>75<br>65-86 | ND |
| Day-42 | N<br>GMT<br>95% CI<br>% SCR | 301<br>2123<br>1801-2514<br>95% | 301<br>874<br>724-1055<br>NA | 304<br>1833<br>1632-2089<br>94% | 304<br>562<br>482-657<br>NA |

N: Number of subjects GMT: Geometric Mean Titre ND: Not Done
CI: Confidence Interval SCR: Seroconversion Rate NA: Not Applicable

CORBEVAX™ showed comparable seroconversion and higher anti-RBD IgG concentration in comparison to Covishield™ post vaccination.

In a Phase II/III clinical study (BECT072) conducted in 624 subjects aged ≥ 5 to < 18 years in two age cohorts (≥ 5 to < 12 and ≥ 12 to < 18 years) to prove the safety, tolerability and immunogenicity, the interim results from ≥ 12 to < 18 years age group showed significant increase in IgG and nAb titers post vaccination (at Day-42) against Wuhan and Delta variants, which indicates excellent immune response generated by CORBEVAX™ and is inline with IgG and nAb titers observed in earlier clinical trials in Adults (See Table 5).

**Table 5: Summary of Interim study results of Phase II/III study**

**a) Summary of Anti-RBD IgG concentration**

| Time point | Statistic | CORBEVAX™ |
|---|---|---|
| Base Line (Day 0) | N<br>GMC (EU/mL) | 191<br>939 |
| Day-42 | N<br>GMC (EU/mL)<br>% SCR | 191<br>18991<br>93% |

N: Number of subjects GMC: Geometric Mean Concentration
SCR: Seroconversion Rate

**b) Summary of Neutralizing Antibody (nAb) Titers**

| Time point | Statistic | CORBEVAX™ | |
|---|---|---|---|
| | | Wuhan | Delta |
| Base Line (Day 0) | N<br>GMT<br>95% CI | 169<br>50 | NA |
| Day-42 | N<br>GMT | 169<br>1034 | 169<br>420 |

N: Number of subjects GMT: Geometric Mean Titre NA: Not Applicable

CORBEVAX™ nAb titres in terms of GMT were indicative of vaccine effectiveness of > 90% based on the Correlates of Protection assessment performed as part of Covid-19 vaccine efficacy trial analysis.

**5.3 Pharmacokinetic properties**

Evaluation of pharmacokinetic properties is not required for vaccines.

**6. Nonclinical properties**

**6.1 Animal Toxicology or Pharmacology**

Single dose toxicity studies in Rats and repeat dose toxicity studies in Rats and Rabbits were conducted. Based on the toxicity studies conducted, it is concluded that the vaccine formulation did not produce any adverse effects at dose level of 0.5 mL.
Immunogenicity studies are also conducted with the vaccine in Rats and Mice. Based on the immunogenicity studies, the vaccine shown higher antibody titre (IgG and NT50) when compared to Pre immune sera group and Placebo's groups. CORBEVAX™ efficacy in prevention of SARS-CoV-2 infection was also demonstrated in virus challenge studies conducted in Non Human Primates which showed absence or significant reduction of viral RNA in lung tissue or nasal/throat swabs in vaccinated animals in comparison to unvaccinated controls.

**7. Description**

SARS-CoV-2 (Covid-19) Vaccine is a whitish or almost white translucent liquid in which the mineral carrier tends to settle down slowly and should be free from particulate matter.

The vaccine is formulated with RBD antigen of SARS-CoV-2 (Antigen), Aluminium Hydroxide as Al*** (as Adjuvant), CpG 1018 (as Co-adjuvant) in formulation buffer containing tris and NaCl in WFI.

**8. Pharmaceutical particulars**

The vaccine contains RBD antigen of SARS-CoV-2 (Covid-19), Produced in *Pichia pastoris* (Yeast)
List of excipients:
- Aluminium Hydroxide gel as Al***
- CpG 1018
- Buffer (Tris and NaCl in WFI)

**8.1 Incompatibilities**

The product should not be mixed with any other medicinal products or active immunizing agents.

**8.2 Shelf-life**

Shelf life of CORBEVAX™ is 12 months from the date of manufacturing. The manufacturing date of the vaccine is indicated on the label and carton of the product.

**8.3 Packaging information**

The SARS-CoV-2 (Covid-19) vaccine is filled in USP type I glass vials and closed using bromobutyl rubber stoppers and sealed with aluminium flip-off seals.

The vaccine is filled into single dose, ten dose and twenty dose vial presentations. The single dose presentation is packed into a box of 48 vials, the ten dose presentation is packed into a box of 24 vials and the twenty dose presentation is packed into a box of 30 vials. The container and the box are labelled with appropriate product labels.

**8.4 Storage and handling instructions**

Store at +2°C to +8°C. DO NOT FREEZE. Discard if found frozen. Shake well before use. Keep out of reach of children. Multi dose vials should be used within 6 hours once opened. Do not use the vaccine after the expiry date as mentioned in the label.

**9. Patient Counselling Information**

CORBEVAX™ is a "recombinant protein sub-unit" vaccine, made up of a specific part of SARS-CoV-2 spike protein on the virus's surface. The body is expected to develop an immune response against the injected spike protein which would help in prevention of severe Covid-19 infection. Most common adverse events that have been reported with the Biological E.'s CORBEVAX™ are injection site pain, injection site swelling. Other common systemic adverse events reported are fever and headache. There is a remote chance that Biological E.'s CORBEVAX™ could cause a severe allergic reaction. A severe allergic reaction may very rarely occur after getting a dose of CORBEVAX™. For this reason, your vaccination provider will ask you to stay for 30 minutes after each dose of vaccination at the place where you received your vaccine for monitoring after vaccination.

Signs of a severe allergic reaction can include:
- Difficulty in breathing
- Swelling of your face and throat
- A fast heart beat
- Rash all over your body
- Dizziness and weakness

If you experience any side effect(s), please contact/visit your health provider/Vaccinator/ Officer supervising your vaccination or immediately go to the nearest hospital.

It is important to appreciate that receiving the vaccine does not mean that other precautions related to Covid-19 need not be followed. All Covid-19 precautions such as maintaining physical distance from others, wearing mask in public and cleaning your hands frequently with alcohol-based hand rub or soap and water need to be followed even after receiving the vaccine dose.

**10. Details of manufacturer**

BE *Biological E. Limited*

**Registered office:**

18/1 & 3, Azamabad, Hyderabad, Telangana - 500 020, INDIA.

**Manufacturing Site Address:**

Plot No. 1, Biotech Park, Phase II, Kolthur Village - 500 078,
Shameerpet, Medchal-Malkajgiri District, Telangana, INDIA.
Web site: www.biologicale.com

**11. Details of permission or licence number with date**

**Permission No:** MF/BIO/21/000136

Date of Approval for adults aged ≥ 18 years and above : 28-Dec-2021

Date of Approval for adolescents aged ≥ 12 years to < 18 years : 21-Feb-2022

**12. Date of revision**

21-Feb-2022

TM - Trade Mark