

## **WHO PRODUCT INFORMATION**

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

## 1. NAME OF THE MEDICINAL PRODUCT

COVID-19 Vaccine Moderna dispersion for injection  
COVID-19 mRNA Vaccine (nucleoside modified)

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

This is a multidose vial which contains 10 doses of 0.5 mL.

One dose (0.5 mL) contains 100 micrograms of messenger RNA (mRNA) (embedded in SM-102 lipid nanoparticles).

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

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

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

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

COVID-19 Vaccine Moderna is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 18 years of age and older.

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

### 4.2 Posology and method of administration

#### Posology

##### *Individuals 18 years of age and older*

COVID-19 Vaccine Moderna is administered as a course of 2 doses (0.5 mL each). It is recommended to administer the second dose 28 days after the first dose (see sections 4.4 and 5.1).

There are no data available on the interchangeability of COVID-19 Vaccine Moderna with other COVID-19 vaccines to complete the vaccination course. Individuals who have received the first dose of COVID-19 Vaccine Moderna should receive the second dose of COVID-19 Vaccine Moderna to complete the vaccination course.

##### *Paediatric population*

The safety and efficacy of COVID-19 Vaccine Moderna in children and adolescents less than 18 years of age have not yet been established. No data are available.

### *Elderly population*

No dosage adjustment is required in elderly individuals  $\geq 65$  years of age.

### Method of administration

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

Do not administer this vaccine intravascularly, subcutaneously or intradermally.

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

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

For instructions regarding thawing, handling and disposal of the vaccine, see section 6.6.

### **4.3 Contraindications**

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

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

#### Traceability

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

#### Hypersensitivity and anaphylaxis

Anaphylaxis has been reported in individuals who have received COVID-19 Vaccine Moderna. Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following administration of the vaccine.

Close observation is recommended following vaccination as follows:

- 30 minutes:
  - People with a history of an immediate allergic reaction of any severity to another vaccine or injectable therapy.
  - People with a history of anaphylaxis due to any cause.
- 15 minutes:
  - All other persons.

The second dose of the vaccine should not be given to those who have experienced anaphylaxis to the first dose of COVID-19 Vaccine Moderna.

#### Myocarditis and pericarditis

There have been very rare reports of myocarditis and pericarditis occurring after vaccination with COVID-19 Vaccine Moderna. Although causality has not been established, the majority of the cases have been reported in young males, and shortly after the second dose of the vaccine. These are typically mild cases and individuals tend to recover within a short time following standard treatment and rest.

Healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis.

#### Anxiety-related reactions

Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related

reactions may occur in association with vaccination as a psychogenic response to the needle injection. It is important that precautions are in place to avoid injury from fainting.

#### Concurrent illness

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

#### Thrombocytopenia and coagulation disorders

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

#### Immunocompromised individuals

The efficacy, safety and immunogenicity of the vaccine has not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of COVID-19 Vaccine Moderna may be lower in immunosuppressed individuals.

#### Duration of protection

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

#### Limitations of vaccine effectiveness

Individuals may not be fully protected until 14 days after their second dose. As with all vaccines, vaccination with COVID-19 Vaccine Moderna may not protect all vaccine recipients.

#### Excipients with known effect

##### *Sodium*

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

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

No interaction studies have been performed.

Concomitant administration of COVID-19 Vaccine Moderna with other vaccines has not been studied.

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

##### Pregnancy

There is limited experience with use of COVID-19 Vaccine Moderna in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Administration of COVID-19 Vaccine Moderna in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus.

##### Breast-feeding

It is unknown whether COVID-19 Vaccine Moderna is excreted in human milk.

## Fertility

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

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

COVID-19 Vaccine Moderna has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section 4.8 may temporarily affect the ability to drive or use machines.

### **4.8 Undesirable effects**

#### Summary of the safety profile

The safety of COVID-19 Vaccine Moderna was evaluated in an ongoing Phase 3 randomised, placebo-controlled, observer-blind clinical trial conducted in the United States involving 30,351 participants 18 years of age and older who received at least one dose of COVID-19 Vaccine Moderna (n=15,185) or placebo (n=15,166) (NCT04470427). At the time of vaccination, the mean age of the population was 52 years (range 18-95); 22,831 (75.2%) of participants were 18 to 64 years of age and 7,520 (24.8%) of participants were 65 years of age and older.

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

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

#### Tabulated list of adverse reactions

The safety profile presented below is based on data generated in a placebo-controlled clinical study on 30,351 adults  $\geq$  18 years of age.

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

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

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

<b>MedDRA System Organ Class</b>	<b>Frequency</b>	<b>Adverse reactions</b>
<b>Blood and lymphatic system disorders</b>	Very common	Lymphadenopathy*
<b>Immune system disorders</b>	Not known	Anaphylaxis Hypersensitivity
<b>Nervous system disorders</b>	Very common	Headache

	Rare	Acute peripheral facial paralysis**
<b>Cardiac disorders</b>	Not known	Myocarditis Pericarditis
<b>Gastrointestinal disorders</b>	Very common	Nausea/vomiting
<b>Skin and subcutaneous tissue disorders</b>	Common	Rash
<b>Musculoskeletal and connective tissue disorders</b>	Very common	Myalgia Arthralgia
<b>General disorders and administration site conditions</b>	Very common	Injection site pain Fatigue Chills Pyrexia Injection site swelling
	Common	Injection site erythema Injection site urticaria Injection site rash Delayed injection site reactions***
	Uncommon	Injection site pruritus
	Rare	Facial swelling****

\*Lymphadenopathy was captured as axillary lymphadenopathy on the same side as the injection site.

\*\*Throughout the safety follow-up period, acute peripheral facial paralysis (or palsy) was reported by three participants in the COVID-19 Vaccine Moderna group and one participant in the placebo group. Onset in the vaccine group participants was 22 days, 28 days, and 32 days after Dose 2.

\*\*\*Delayed injection site reactions included pain, erythema and swelling.

\*\*\*\*There were two serious adverse events of facial swelling in vaccine recipients with a history of injection of dermatological fillers. The onset of swelling was reported on Day 1 and Day 3, respectively, relative to day of vaccination.

The reactogenicity and safety profile in 343 subjects receiving COVID-19 Vaccine Moderna, that were seropositive for SARS-CoV-2 at baseline, was comparable to that in subjects seronegative for SARS-CoV-2 at baseline.

#### Reporting of suspected adverse reactions

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

#### **4.9 Overdose**

No case of overdose has been reported.

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

### **5. PHARMACOLOGICAL PROPERTIES**

#### **5.1 Pharmacodynamic properties**

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

#### Mechanism of action

COVID-19 Vaccine Moderna contains mRNA encapsulated in lipid nanoparticles. The mRNA encodes for the full-length SARS-CoV-2 spike protein modified with 2 proline substitutions within the

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

#### Clinical efficacy

The randomised, placebo-controlled, observer-blind Phase 3 clinical study (NCT04470427) excluded individuals who were immunocompromised or had received immunosuppressants within 6 months, as well as participants who were pregnant, or with a known history of SARS-CoV-2 infection. Participants with stable HIV disease were not excluded. Influenza vaccines could be administered 14 days before or 14 days after any dose of COVID-19 Vaccine Moderna. Participants were also required to observe a minimum interval of 3 months after receipt of blood/plasma products or immunoglobulins prior to the study in order to receive either placebo or COVID-19 Vaccine Moderna.

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

The primary efficacy analysis population (referred to as the Per Protocol Set or PPS), included 28,207 subjects who received either COVID-19 Vaccine Moderna (n=14,134) or placebo (n=14,073) and had a negative baseline SARS-CoV-2 status. The PPS study population included 47.4% female, 52.6% male, 79.5% White, 9.7% African American, 4.6% Asian, and 6.2% other. 19.7% of participants identified as Hispanic or Latino. The median age of subjects was 53 years (range 18-94). A dosing window of -7 to +14 days for administration of the second dose (scheduled at day 29) was allowed for inclusion in the PPS. 98% of vaccine recipients received the second dose 25 days to 35 days after dose 1 (corresponding to -3 to +7 days around the interval of 28 days).

COVID-19 cases were confirmed by Reverse Transcriptase Polymerase Chain Reaction (RT PCR) and by a Clinical Adjudication Committee. Vaccine efficacy overall and by key age groups are presented in Table 2.

**Table 2: Vaccine Efficacy Analysis: confirmed COVID-19<sup>#</sup> regardless of severity starting 14 days after the 2<sup>nd</sup> dose – Per-Protocol Set**

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

<sup>#</sup>COVID-19: symptomatic COVID-19 requiring positive RT-PCR result and at least 2 systemic symptoms or 1 respiratory symptom. Cases starting 14 days after the 2<sup>nd</sup> dose.

\*Vaccine efficacy and 95% confidence interval (CI) from the stratified Cox proportional hazard model  
\*\* CI not adjusted for multiplicity. Multiplicity adjusted statistical analyses were carried out in an interim analysis based on less COVID-19 cases, not reported here.

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

The vaccine efficacy of COVID-19 Vaccine Moderna to prevent COVID-19, regardless of prior SARS-CoV-2 infection (determined by baseline serology and nasopharyngeal swab sample testing) from 14 days after Dose 2 was 93.6% (95% confidence interval 88.5, 96.4%).

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

#### Elderly population

COVID-19 Vaccine Moderna was assessed in individuals 18 years of age and older, including 3,768 subjects 65 years of age and older. The efficacy of COVID-19 Vaccine Moderna was consistent between elderly ( $\geq 65$  years) and younger adult subjects (18-64 years).

#### Paediatric population

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

#### Conditional approval

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

## **5.2 Pharmacokinetic properties**

Not applicable.

## **5.3 Preclinical safety data**

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

#### General toxicity

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

#### Genotoxicity/carcinogenicity

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

#### Reproductive toxicity

In a developmental toxicity study, 0.2 mL of a vaccine formulation containing the same quantity of

mRNA (100 micrograms) and other ingredients included in a single human dose of COVID-19 Vaccine Moderna was administered to female rats by the intramuscular route on four occasions: 28 and 14 days prior to mating, and on gestation days 1 and 13. SARS-CoV-2 antibody responses were present in maternal animals from prior to mating to the end of the study on lactation day 21 as well as in foetuses and offspring. There were no vaccine-related adverse effects on female fertility, pregnancy, embryo foetal or offspring development or postnatal development. No data are available of mRNA-1273 vaccine placental transfer or excretion in milk.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Lipid SM-102

Cholesterol

1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)

1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000 DMG)

Trometamol

Trometamol hydrochloride

Acetic acid

Sodium acetate trihydrate

Sucrose

Water for injections

### **6.2 Incompatibilities**

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

### **6.3 Shelf life**

#### Unopened vial

The vaccine can be stored 7 months at -25°C to -15°C.

The unopened vaccine may be stored refrigerated at 2°C to 8°C, protected from light, for maximum 30 days.

Once thawed the vaccine should not be re-frozen.

#### Storage after first opening (puncture) of the vial

The vaccine contains no preservatives. The product should preferably be used immediately after first puncture of the vial; however, it can be stored between 2°C to 8°C for a maximum of 6 hours otherwise discarded at the end of the immunization session, whichever comes first, in compliance with the WHO Multidose Vial Policy.

### **6.4 Special precautions for storage**

Store in a freezer frozen between -25°C to -15°C.

Store in the original carton to protect from light.

Do not store on dry ice or below -40°C.

For storage conditions after thawing and first opening see section 6.3.

### **6.5 Nature and contents of container**

5 ml dispersion in a vial (type 1 or type 1 equivalent glass) with a stopper (chlorobutyl rubber) and a flip-off plastic cap with seal (aluminium seal).

Each vial contains 10 doses of 0.5 mL.

Pack size: 10 multidose vials

## 6.6 Special precautions for disposal and other handling

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

The vaccine comes ready to use once thawed.

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

COVID-19 Vaccine Moderna vials are multidose.

Ten (10) doses (of 0.5 mL each) can be withdrawn from each vial.

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

### Frozen Storage

**Can be stored frozen until expiration date**

**-25° to -15°C**

Do not store on dry ice or below -40°C  
Store in the original carton to protect from light.



### Thaw Each Vial Before Use

Vial images for illustrative purposes only

**Maximum 6 hours in refrigerator after first opening**

**2° to 8°C**



Let vial sit at room temperature for 15 minutes before administering

### Instructions Once Thawed

**Unpunctured Vial**

**Maximum times**

**30 days**

Refrigerator

2° to 8°C



**After first dose has been withdrawn**

**Maximum time**

**6 hours**

2° to 8° C

Vial should be held between 2° to 8° C. Record the date and time of first use on the vial label.  
Discard punctured vial after 6 hours.



Withdraw each 0.5 mL dose of vaccine from the vial using a new sterile needle and syringe for each injection to prevent transmission of infectious agents from one person to another.

**The dose in the syringe should be used immediately.**

**Once the vial has been punctured to withdraw the initial dose, the vaccine should be used immediately and be discarded after 6 hours.**

Any unused vaccine or waste material should be disposed of in accordance with local requirements.

**NEVER** refreeze thawed vaccine

## Administration

Swirl vial gently after thawing and before each withdrawal.  
The vaccine comes ready to use once thawed. **Do not shake or dilute.**

### Prior to injection, inspect each dose to:

Confirm liquid is **white to off-white**  
in colour in both vial and syringe

Verify syringe volume of **0.5 mL**

The COVID-19 Vaccine Moderna may  
contain white or translucent  
product-related particulates.

If dosage is incorrect, or discolouration  
and other particulate matter is present,  
do not administer the vaccine.



### 7. MARKETING AUTHORISATION HOLDER

MODERNA BIOTECH SPAIN, S.L.  
Calle Monte Esquinza 30  
28010 Madrid  
Spain

### 8. MARKETING AUTHORISATION NUMBER(S)

EU/1/20/1507/001

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

Date of first authorisation: 30 April 2021

### 10. DATE OF REVISION OF THE TEXT

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

**WHO PACKAGE LEAFLET**