ENGLISH LEAFLET

FOR 12 YEARS OF AGE AND OLDER
DO NOT DILUTE

COMIRNATY™

1. NAME OF THE MEDICINAL PRODUCT
Comirnaty™
JN.1 (30 micrograms)/dose
Dispersion for injection
Dispersion for injection in pre-filled syringe
COVID-19 mRNA Vaccine

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
This is a single dose or a multidose vial, or a single dose pre-filled syringe. The single dose vial and multidose vial have a grey cap. Do not dilute prior to use.

Table 1: Comirnaty JN.1 30 micrograms/dose qualitative and quantitative composition

Product presentation	**Container**	**Dose(s) per container (see sections 4.2 and 6.6)**	**Contents per dose**
Comirnaty JN.1 30 micrograms/dose dispersion for injection	Single dose vial	1 dose of 0.3 mL	One dose (0.3 mL) contains 30 micrograms of bretovameran, a COVID 19 mRNA Vaccine (nucleoside modified, embedded in lipid nanoparticles).
	Multidose vial (2.25 mL)	6 doses of 0.3 mL	
Comirnaty JN.1 30 micrograms/dose dispersion for injection in pre-filled syringe	Pre-filled syringe	1 dose of 0.3 mL	

Bretovameran is a single-stranded, 5'-capped messenger RNA (mRNA) produced using a cell-free *in vitro* transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2 (JN.1).

For the full list of excipients, see section **6.1. List of Excipients**.

3. PHARMACEUTICAL FORM
Dispersion for injection.
The vaccine is a white to off-white suspension (pH: 6.9 - 7.9).

4. CLINICAL PARTICULARS
4.1. Therapeutic Indications
Comirnaty JN.1 (30 micrograms)/dose dispersion for injection is indicated for active immunisation to prevent COVID-19 caused by SARS-CoV-2, in individuals 12 years of age and older.

4.2. Posology and Method of Administration

Posology

Individuals 12 years of age and older
Comirnaty JN.1 (30 micrograms)/dose is administered intramuscularly as a single dose of 0.3 mL for individuals 12 years of age and older regardless of prior COVID-19 vaccination status (see sections **4.4. Special Warnings and Precautions for Use** and **5.1. Pharmacodynamic Properties**).

For individuals who have previously been vaccinated with a COVID-19 vaccine, Comirnaty JN.1 should be administered at least 3 months after the most recent dose of a COVID-19 vaccine.

Severely immunocompromised aged 12 years and older
Additional doses may be administered to individuals who are severely immunocompromised in accordance with national recommendations (see section **4.4. Special Warnings and Precautions for Use**).

Paediatric population
There are paediatric formulations available for infants aged 6 months and above and children below 12 years of age. For details, please refer to the product leaflet for other formulations.

The safety and efficacy of the vaccine in infants aged less than 6 months have not yet been established.

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

Method of administration
Comirnaty JN.1 (30 micrograms)/dose dispersion for injection should be administered intramuscularly (see section **6.6. Special Precautions for Disposal and Other Handling**). Do not dilute prior to use.

The preferred site is the deltoid muscle of the upper arm (see section **6.6. Special Precautions for Disposal and Other Handling**).

Do not inject the 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. Special Warnings and Precautions for Use**.

For instructions regarding thawing, handling and disposal of the vaccine, see section **6.6. Special Precautions for Disposal and Other Handling**.

Single dose vials
Single dose vials of Comirnaty JN.1 contain 1 dose of 0.3 mL of vaccine.
- Withdraw a single 0.3 mL dose of Comirnaty JN.1.
- Discard vial and any excess volume.
- Do not pool excess vaccine from multiple vials.

Multidose vials
Multidose vials of Comirnaty JN.1 contain 6 doses of 0.3 mL of vaccine. In order to extract 6 doses from a single vial, low dead-volume syringes and/or needles should be used. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial.

Irrespective of the type of syringe and needle:
- Each dose must contain 0.3 mL of vaccine.
- If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume.
- Do not pool excess vaccine from multiple vials.

Pre-filled syringes

- Each single dose pre-filled syringe of Comirnaty JN.1 contains 1 dose of 0.3 mL of vaccine.
- Attach a needle appropriate for intramuscular injection and administer the entire volume.

4.3. Contraindications

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

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

Events of anaphylaxis have been reported. Appropriate medical treatment and supervision should always be readily available in case of an anaphylactic reaction following the administration of the vaccine.

Close observation for at least 30 minutes is recommended following vaccination. No further dose of the vaccine should be given to those who have experienced anaphylaxis after a prior dose of Comirnaty.

Myocarditis and pericarditis

There is an increased risk of myocarditis and pericarditis following vaccination with Comirnaty. These conditions can develop within just a few days after vaccination, and have primarily occurred within 14 days. They have been observed more often after the second vaccination, and more often in younger males (see section **4.8. Undesirable Effects**). Available data indicate that most cases recover. Some cases required intensive care support and fatal cases have been observed.

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

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

Anxiety-related reactions

Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions (e.g., dizziness, palpitations, increases in heart rate, alterations in blood pressure, paraesthesia, hypoaesthesia and sweating) may occur in association with the vaccination process itself. Stress-related reactions are temporary and resolve on their own. Individuals should be advised to bring symptoms to the attention of the vaccination provider for evaluation. 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 and safety of the vaccine has not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of Comirnaty JN.1 may be lower in immunocompromised individuals.

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

Limitations of vaccine effectiveness
As with any vaccine, vaccination with Comirnaty JN.1 may not protect all vaccine recipients. Individuals may not be fully protected until 7 days after their vaccination.

4.5. Interaction with Other Medicinal Products and Other Forms of Interaction
Comirnaty may be administered concomitantly with seasonal influenza vaccine, see section **5.1. Pharmacodynamic Properties**.

Different injectable vaccines should be given at different injection sites.

4.6. Fertility, Pregnancy and Lactation

Pregnancy
No data are available yet regarding the use of Comirnaty JN.1 during pregnancy.

However, a large amount of observational data from pregnant women vaccinated with the initially approved Comirnaty vaccine during the second and third trimester have not shown an increase in adverse pregnancy outcomes. While data on pregnancy outcomes following vaccination during the first trimester are presently limited, no increased risk for miscarriage has been seen. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section **5.3. Preclinical Safety Data**). Based on data available with other vaccine variants, Comirnaty JN.1 can be used during pregnancy.

Breast-feeding
No data are available yet regarding the use of Comirnaty JN.1 during breast-feeding.

However, no effects on the breast-fed newborn/infant are anticipated since the systemic exposure of breast-feeding woman to the vaccine is negligible. Observational data from women who were breast-feeding after vaccination with the initially approved Comirnaty vaccine have not shown a risk for adverse effects in breast-fed newborns/infants. Comirnaty JN.1 can be used during breast-feeding.

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

4.7. Effects on Ability to Drive and Use Machines
Comirnaty JN.1 has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section **4.8. Undesirable Effects** may temporarily affect the ability to drive or use machines.

4.8. Undesirable Effects

Summary of safety profile
The safety of Comirnaty JN.1 is inferred from safety data of the prior Comirnaty vaccines.

Comirnaty 30 mcg

Participants 16 years of age and older – after 2 doses
In Study 2, a total of 22026 participants 16 years of age or older received at least 1 dose of the initially approved Comirnaty vaccine and a total of 22021 participants 16 years of age or older received placebo (including 138 and 145 adolescents 16 and 17 years of age in the vaccine and placebo groups, respectively). A total of 20519 participants 16 years of age or older received 2 doses of Comirnaty.

At the time of the analysis of Study 2 with a data cut-off of 13 March 2021 for the placebo-controlled blinded follow-up period up to the participants' unblinding dates, a total of 25651 (58.2%) participants (13031 Comirnaty and 12620 placebo) 16 years of age and older were followed up for ≥ 4 months after the second dose. This included a total of 15111 (7704 Comirnaty and 7407 placebo) participants 16 to 55 years of age and a total of 10540 (5327 Comirnaty and 5213 placebo) participants 56 years of age and older.

The most frequent adverse reactions in participants 16 years of age and older that received 2 doses were injection site pain (> 80%), fatigue (> 60%), headache (> 50%), myalgia (> 40%), chills (> 30%), arthralgia (> 20%), pyrexia and injection site swelling (> 10%) and 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.

The safety profile in 545 participants 16 years of age and older receiving Comirnaty, that were seropositive for SARS-CoV-2 at baseline, was similar to that seen in the general population.

Adolescents 12 to 15 years of age – after 2 doses
In an analysis of long-term safety follow-up in Study 2, 2260 adolescents (1131 Comirnaty and 1129 placebo) were 12 to 15 years of age. Of these, 1559 adolescents (786 Comirnaty and 773 placebo) have been followed for ≥ 4 months after the second dose of Comirnaty.

The overall safety profile of Comirnaty in adolescents 12 to 15 years of age was similar to that seen in participants 16 years of age and older. The most frequent adverse reactions in adolescents 12 to 15 years of age that received 2 doses were injection site pain (> 90%), fatigue and headache (> 70%), myalgia and chills (> 40%), arthralgia and pyrexia (> 20%).

Participants 12 years of age and older – after booster dose
A subset from Study 2 Phase 2/3 participants of 306 adults 18 to 55 years of age who completed the original Comirnaty 2-dose course, received a booster dose of Comirnaty approximately 6 months (range of 4.8 to 8.0 months) after receiving Dose 2. Overall, participants who received a booster dose, had a median follow-up time of 8.3 months (range 1.1 to 8.5 months) and 301 participants had been followed for ≥ 6 months after the booster dose to the cut-off date (22 November 2021).

The overall safety profile for the booster dose was similar to that seen after 2 doses. The most frequent adverse reactions in participants 18 to 55 years of age were injection site pain (> 80%), fatigue (> 60%), headache (> 40%), myalgia (> 30%), chills and arthralgia (> 20%).

In Study 4, a placebo-controlled booster study, participants 16 years of age and older recruited from Study 2 received a booster dose of Comirnaty (5081 participants), or placebo (5044 participants) at least 6 months after the second dose of Comirnaty. Overall, participants who received a booster dose, had a median follow-up time of 2.8 months (range 0.3 to 7.5 months) after the booster dose in the blinded placebo-controlled follow-up period to the cut-off date (8 February 2022). Of these, 1281 participants (895 Comirnaty and 386 placebo) have been followed for ≥ 4 months after the booster dose of Comirnaty. No new adverse reactions of Comirnaty were identified.

A subset from Study 2 Phase 2/3 participants of 825 adolescents 12 to 15 years of age who completed the original Comirnaty 2-dose course, received a booster dose of Comirnaty approximately 11.2 months (range of 6.3 to 20.1 months) after receiving Dose 2. Overall, participants who received a booster dose, had a median follow-up time of 9.5 months (range 1.5 to 10.7 months) based on data up to the cut-off date (3 November 2022). No new adverse reactions of Comirnaty were identified.

Participants 12 years of age and older – after subsequent booster doses
The safety of a booster dose of Comirnaty in participants 12 years of age and older is inferred from safety data from studies of a booster dose of Comirnaty in participants 18 years of age and older.

A subset of 325 adults 18 to ≤ 55 years of age who had completed 3 doses of Comirnaty, received a booster (fourth dose) of Comirnaty 90 to 180 days after receiving Dose 3. Participants who received a booster

(fourth dose) of Comirnaty had a median follow-up time of 1.4 months up to a data cut-off date of 11 March 2022. The most frequent adverse reactions in these participants were injection site pain (> 70%), fatigue (> 60%), headache (> 40%), myalgia and chills (> 20%), and arthralgia (> 10%).

In a subset from Study 4 (Phase 3), 305 adults > 55 years of age who had completed 3 doses of Comirnaty, received a booster (fourth dose) of Comirnaty 5 to 12 months after receiving Dose 3. Participants who received a booster (fourth dose) of Comirnaty had a median follow-up time of at least 1.7 months up to a data cut-off date of 16 May 2022. The overall safety profile for the Comirnaty booster (fourth dose) was similar to that seen after the Comirnaty booster (third dose). The most frequent adverse reactions in participants > 55 years of age were injection site pain (> 60%), fatigue (> 40%), headache (> 20%), myalgia and chills (> 10%).

Booster dose following primary vaccination with another authorised COVID-19 vaccine
In 5 independent studies on the use of a Comirnaty booster dose in individuals who had completed primary vaccination with another authorised COVID-19 vaccine (heterologous booster dose), no new safety issues were identified (see section **5.1. Pharmacodynamic Properties**).

Omicron-adapted Comirnaty

Participants 12 years of age and older – after a booster dose of Comirnaty Original/Omicron BA.4-5 (fourth dose)
In a subset from Study 5 (Phase 2/3), 107 participants 12 to 17 years of age, 313 participants 18 to 55 years of age and 306 participants 56 years of age and older who had completed 3 doses of Comirnaty, received a booster (fourth dose) of Comirnaty Original/Omicron BA.4-5 (15/15 micrograms) 5.4 to 16.9 months after receiving Dose 3. Participants who received a booster (fourth dose) of Comirnaty Original/Omicron BA.4-5 had a median follow-up time of at least 1.5 months.

The overall safety profile for the Comirnaty Original/Omicron BA.4-5 booster (fourth dose) was similar to that seen after 3 doses. The most frequent adverse reactions in participants 12 years of age and older were injection site pain (> 60%), fatigue (> 50%), headache (> 40%), muscle pain (> 20%), chills (> 10%), and joint pain (> 10%).

Tabulated list of adverse reactions from clinical studies of Comirnaty and Comirnaty Original/Omicron BA.4-5 and post-authorisation experience of Comirnaty in individuals 12 years of age and older
Adverse reactions observed during clinical studies are listed below according to the following frequency categories:

Very common (≥ 1/10),
Common (≥ 1/100 to < 1/10),
Uncommon (≥ 1/1000 to < 1/100),
Rare (≥ 1/10000 to < 1/1000),
Very rare (< 1/10000),
Not known (cannot be estimated from the available data).

Table 2: Adverse reactions from Comirnaty and Comirnaty Original/Omicron BA.4-5 clinical trials and Comirnaty post-authorisation experience in individuals 12 years of age and older

System Organ Class	Frequency	Adverse reactions
Blood and lymphatic system disorders	Common	Lymphadenopathy[a]
Immune system disorders	Uncommon	Hypersensitivity reactions (e.g., rash, pruritus, urticaria[b], angioedema[b])
	Not known	Anaphylaxis
Metabolism and nutrition disorders	Uncommon	Decreased appetite
Psychiatric disorders	Uncommon	Insomnia
Nervous system disorders	Very common	Headache

System Organ Class	Frequency	Adverse reactions
	Uncommon	Dizziness[d]; lethargy
	Rare	Acute peripheral facial paralysis[c]
	Not known	Paraesthesia[d]; hypoaesthesia[d]
Cardiac disorders	Very rare	Myocarditis[d]; pericarditis[d]
Gastrointestinal disorders	Very common	Diarrhoea[d]
	Common	Nausea; vomiting[d]
Skin and subcutaneous tissue disorder	Uncommon	Hyperhidrosis; night sweats
	Not known	Erythema multiforme[d]
Musculoskeletal and connective tissue disorders	Very common	Arthralgia; myalgia
	Uncommon	Pain in extremity[e]
Reproductive system and breast disorders	Not known	Heavy menstrual bleeding[h]
General disorders and administration site conditions	Very common	Injection site pain; fatigue; chills; pyrexia[f]; injection site swelling
	Common	Injection site redness
	Uncommon	Asthenia; malaise; injection site pruritus
	Not known	Extensive swelling of vaccinated limb[d]; facial swelling[g]

a. In participants 5 years of age and older, a higher frequency of lymphadenopathy was reported after a booster (≤ 2.8%) dose than after primary (≤ 0.9%) doses of the vaccine.
b. The frequency category for urticaria and angioedema was rare.
c. Through the clinical trial safety follow-up period to 14 November 2020, acute peripheral facial paralysis (or palsy) was reported by four participants in the COVID-19 mRNA Vaccine group. Onset was Day 37 after Dose 1 (participant did not receive Dose 2) and Days 3, 9, and 48 after Dose 2. No cases of acute peripheral facial paralysis (or palsy) were reported in the placebo group.
d. Adverse reaction determined post-authorisation.
e. Refers to vaccinated arm.
f. A higher frequency of pyrexia was observed after the second dose compared to the first dose.
g. Facial swelling in vaccine recipients with a history of injection of dermatological fillers has been reported in the post-marketing phase.
h. Most cases appeared to be non-serious and temporary in nature.

Safety with concomitant vaccine administration

In Study 8, a Phase 3 study, participants 18 through 64 years of age who received Comirnaty co-administered with seasonal inactivated influenza vaccine (SIIV), quadrivalent followed 1 month later by placebo, were compared to participants who received an inactivated influenza vaccine with placebo followed 1 month later by Comirnaty alone (n=553 to 564 participants in each group). Reactogenicity events were reported more frequently by participants who received Comirnaty co-administered with SIIV, quadrivalent, compared to participants who received Comirnaty alone, but overall the reactogenicity events were mostly mild to moderate in severity. The most common adverse reactions reported in the co-administration group and after Comirnaty alone were injection site pain (86.2% and 84.4%, respectively), fatigue (64.0% and 50.8%, respectively) and headache (47.2% and 37.8%, respectively).

Description of selected adverse reactions

Myocarditis and pericarditis

The increased risk of myocarditis after vaccination with Comirnaty is highest in younger males (see section **4.4. Special Warnings and Precautions for Use**).

Two large European pharmacoepidemiological studies have estimated the excess risk in younger males following the second dose of Comirnaty. One study showed that in a period of 7 days after the second dose there were about 0.265 (95% CI 0.255 - 0.275) extra cases of myocarditis in 12-29 year-old males per 10000 compared to unexposed persons. In another study, in a period of 28 days after the second dose there were 0.56 (95% CI 0.37 - 0.74) extra cases of myocarditis in 16-24 year-old males per 10000 compared to unexposed persons.

Limited data indicate that the risk of myocarditis and pericarditis after vaccination with Comirnaty in children aged 5 to 11 years seems lower than in ages 12 to 17 years.

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.

4.9. Overdose
Overdose data is available from 52 study participants included in the clinical trial that due to an error in dilution received 58 micrograms of Comirnaty. The vaccine recipients did not report an increase in reactogenicity or adverse reactions.

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

5. PHARMACOLOGICAL PROPERTIES
5.1. Pharmacodynamic Properties
Pharmacotherapeutic group: vaccines, viral vaccines, ATC code: J07BN01

Mechanism of action
The nucleoside-modified messenger RNA in Comirnaty is formulated in lipid nanoparticles, which enable delivery of the non-replicating RNA into host cells to direct transient expression of the SARS-CoV-2 S antigen. The mRNA codes for membrane-anchored, full-length S with two-point mutations within the central helix. Mutation of these two amino acids to proline locks S in an antigenically preferred prefusion conformation. The vaccine elicits both neutralising antibody and cellular immune responses to the spike (S) antigen, which may contribute to protection against COVID-19.

Efficacy

Omicron-adapted Comirnaty

Immunogenicity in participants 12 years of age and older – after the booster (fourth dose)
In an analysis of a subset from Study 5, 105 participants 12 to 17 years of age, 297 participants 18 to 55 years of age, and 286 participants 56 years of age and older who had previously received a 2-dose primary series and booster dose with Comirnaty received a booster (fourth dose) of Comirnaty Original/Omicron BA.4-5. In participants 12 to 17 years of age, 18 to 55 years of age, and 56 years of age and older, 75.2%, 71.7% and 61.5% were positive for SARS-CoV-2 at baseline, respectively.

Analyses of 50% neutralising antibody titres (NT50) against Omicron BA.4-5 and against reference strain among participants 56 years of age and older who received a booster (fourth dose) of Comirnaty Original/Omicron BA.4-5 in Study 5 compared to a subset of participants from Study 4 who received a booster (fourth dose) of Comirnaty demonstrated superiority of Comirnaty Original/Omicron BA.4-5 to Comirnaty based on geometric mean ratio (GMR) and noninferiority based on difference in seroresponse rates with respect to anti-Omicron BA.4-5 response, and noninferiority of anti-reference strain immune response based on GMR (**Table 3**).

Analyses of NT50 against Omicron BA.4/BA.5 among participants 18 to 55 years of age compared to participants 56 years of age and older who received a booster (fourth dose) of Comirnaty Original/Omicron BA.4-5 in Study 5 demonstrated noninferiority of anti-Omicron BA.4-5 response among participants 18 to 55 years of age compared to participants 56 years of age and older for both GMR and difference in seroresponse rates (**Table 3**).

The study also assessed the level of NT50 of the anti-Omicron BA.4-5 SARS-CoV-2 and reference strains pre-vaccination and 1 month after vaccination in participants who received a booster (fourth dose) (**Table 4**).

Table 3: SARS-CoV-2 GMTs (NT50) and difference in percentages of participants with seroresponse at 1 month after vaccination course – Comirnaty Original/Omicron BA.4-5 from Study 5 and Comirnaty from subset of Study 4 – participants with or without evidence of SARS-CoV-2 infection – evaluable immunogenicity population

SARS-CoV-2 GMTs (NT50) at 1 month after vaccination course								
	Study 5 Comirnaty Original/Omicron BA.4-5				**Subset of Study 4 Comirnaty**		**Age group comparison**	**Vaccine group comparison**
	18 through 55 years of age		**56 years of age and older**		**56 years of age and older**		**Comirnaty Original/ Omicron BA.4-5 18 through 55 years of age/≥ 56 years of age**	**≥ 56 years of age Comirnaty Original/ Omicron BA.4-5 /Comirnaty**
SARS-CoV-2 neutralisation assay	**n[a]**	**GMT[c] (95% CI[c])**	**n[a]**	**GMT[b] (95% CI[b])**	**n[a]**	**GMT[b] (95% CI[b])**	**GMR[c] (95% CI[c])**	**GMR[c] (95% CI[c])**
Omicron BA.4-5 - NT50 (titre)[d]	297	4455.9 (3851.7, 5154.8)	284	4158.1 (3554.8, 4863.8)	282	938.9 (802.3, 1098.8)	0.98 (0.83, 1.16)[e]	2.91 (2.45, 3.44)[f]
Reference Strain – NT50 (titre)[d]	-	-	286	16250.1 (14499.2, 18212.4)	289	10415.5 (9366.7, 11581.8)	-	1.38 (1.22, 1.56)[g]
Difference in percentages of participants with seroresponse at 1 month after vaccination course								
	Comirnaty Original/Omicron BA.4-5				**Subset of Study 4 Comirnaty**		**Age group comparison**	**Vaccine group comparison ≥ 56 years of age**
	18 through 55 years of age		**56 years of age and older**		**56 years of age and older**		**Comirnaty Original/Omicron BA.4-5 18 through 55 years of age/≥ 56**	**Comirnaty Original/ Omicron BA.4-5 /Comirnaty**
SARS-CoV-2 neutralisation assay	**N[h]**	**n[i] (%) (95% CI[k])**	**N[h]**	**n[i] (%) (95% CI[k])**	**N[h]**	**n[i] (%) (95% CI[j])**	**Difference[k] (95% CI[l])**	**Difference[k] (95% CI[l])**
Omicron BA.4-5 - NT50 (titre)[d]	294	180 (61.2) (55.4, 66.8)	282	188 (66.7) (60.8, 72.1)	273	127 (46.5) (40.5, 52.6)	-3.03 (-9.68, 3.63)[m]	26.77 (19.59, 33.95)[n]

Abbreviations: CI = confidence interval; GMR = geometric mean ratio; GMT = geometric mean titre; LLOQ = lower limit of quantitation; LS = least square; NT50 = 50% neutralising titre; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.
Note: Seroresponse is defined as achieving a ≥4-fold rise from baseline. If the baseline measurement is below the LLOQ, a postvaccination assay result ≥4 × LLOQ is considered a seroresponse.

a. n = Number of participants with valid and determinate assay results for the specified assay at the given sampling time point.
b. GMTs and 2-sided 95% CIs were calculated by exponentiating the mean logarithm of the titres and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ.
c. GMRs and 2-sided 95% CIs were calculated by exponentiating the difference of LS means and corresponding CIs based on analysis of logarithmically transformed neutralising titres using a linear regression model with terms of baseline neutralising titre (log scale) and vaccine group or age group.
d. SARS-CoV-2 NT50 were determined using a validated 384-well assay platform (original strain [USA-WA1/2020, isolated in January 2020] and Omicron B.1.1.529 subvariant BA.4/BA.5).
e. Noninferiority is declared if the lower bound of the 2-sided 95% CI for the GMR is greater than 0.67.
f. Superiority is declared if the lower bound of the 2-sided 95% CI for the GMR is greater than 1.
g. Noninferiority is declared if the lower bound of the 2-sided 95% CI for the GMR is greater than 0.67 and the point estimate of the GMR is ≥ 0.8.
h. N = Number of participants with valid and determinate assay results for the specified assay at both the prevaccination time point and the given sampling time point. This value is the denominator for the percentage calculation.
i. n = Number of participants with seroresponse for the given assay at the given sampling time point.
j. Exact 2-sided CI, based on the Clopper and Pearson method.
k. Difference in proportions, expressed as a percentage.
l. 2-sided CI based on the Miettinen and Nurminen method stratified by baseline neutralising titre category (< median, ≥ median) for the difference in proportions. The median of baseline neutralising titres was calculated based on the pooled data in 2 comparator groups.
m. Noninferiority is declared if the lower bound of the 2-sided 95% CI for the difference in percentages of participants with seroresponse is > -10%.

n. Noninferiority is declared if the lower bound of the 2-sided 95% CI for the difference in percentages of participants with seroresponse is > -5%.

Table 4: Geometric mean titres – Comirnaty Original/Omicron BA.4-5 subsets of Study 5 –prior to and 1 month after booster (fourth dose) – participants 12 years of age and older – with or without evidence of infection - evaluable immunogenicity population

SARS-CoV-2 neutralisation assay	Sampling time point[a]	Comirnaty Original/Omicron BA.4-5					
		12 through 17 years of age		18 through 55 years of age		56 years of age and older	
		n[b]	GMT[c] (95% CI[c])	n[b]	GMT[c] (95% CI[c])	n[b]	GMT[c] (95% CI[c])
Omicron BA.4-5 - NT50 (titre)[d]	Pre-vaccination	104	1105.8 (835.1, 1464.3)	294	569.6 (471.4, 688.2)	284	458.2 (365.2, 574.8)
	1 month	105	8212.8 (6807.3, 9908.7)	297	4455.9 (3851.7, 5154.8)	284	4158.1 (3554.8, 4863.8)
Reference Strain – NT50 (titre)[d]	Pre-vaccination	105	6863.3 (5587.8, 8430.1)	296	4017.3 (3430.7, 4704.1)	284	3690.6 (3082.2, 4419.0)
	1 month	105	23641.3 (20473.1, 27299.8)	296	16323.3 (14686.5, 18142.6)	286	16250.1 (14499.2, 18212.4)

Abbreviations: CI = confidence interval; GMT = geometric mean titre; LLOQ = lower limit of quantitation; NT50 = 50% neutralising titre; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.

a. Protocol-specified timing for blood sample collection.
b. n = Number of participants with valid and determinate assay results for the specified assay at the given sampling time point.
c. GMTs and 2-sided 95% CIs were calculated by exponentiating the mean logarithm of the titres and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ.
d. SARS-CoV-2 NT50 were determined using a validated 384-well assay platform (original strain [USA-WA1/2020, isolated in January 2020] and Omicron B.1.1.529 subvariant BA.4-5).

Comirnaty 30 mcg

Study 2 is a multicentre, multinational, Phase 1/2/3 randomised, placebo-controlled, observer-blind dose-finding, vaccine candidate selection and efficacy study in participants 12 years of age and older. Randomisation was stratified by age: 12 to 15 years of age, 16 to 55 years of age, or 56 years of age and older, with a minimum of 40% of participants in the ≥ 56-year stratum. The study excluded participants who were immunocompromised and those who had previous clinical or microbiological diagnosis of COVID-19. Participants with pre-existing stable disease, defined as disease not requiring significant change in therapy or hospitalization for worsening disease during the 6 weeks before enrolment, were included as were participants with known stable infection with human immunodeficiency virus (HIV), hepatitis C virus (HCV) or hepatitis B virus (HBV).

Efficacy in participants 16 years of age and older – after 2 doses

In the Phase 2/3 portion of Study 2, based on data accrued through 14 November 2020, approximately 44000 participants were randomised equally and were to receive 2 doses of the initially approved COVID-19 mRNA Vaccine or placebo. The efficacy analyses included participants that received their second vaccination within 19 to 42 days after their first vaccination. The majority (93.1%) of vaccine recipients received the second dose 19 days to 23 days after Dose 1. Participants are planned to be followed for up to 24 months after Dose 2, for assessments of safety and efficacy against COVID-19. In the clinical study, participants were required to observe a minimum interval of 14 days before and after administration of an influenza vaccine in order to receive either placebo or COVID-19 mRNA Vaccine. In the clinical study, participants were required to observe a minimum interval of 60 days before or after receipt of blood/plasma products or immunoglobulins within through conclusion of the study in order to receive either placebo or COVID-19 mRNA Vaccine.

The population for the analysis of the primary efficacy endpoint included, 36621 participants 12 years of age and older (18242 in the COVID-19 mRNA Vaccine group and 18379 in the placebo group) who did not have evidence of prior infection with SARS-CoV-2 through 7 days after the second dose. In addition, 134 participants were between the ages of 16 to 17 years of age (66 in the COVID-19 mRNA Vaccine group and 68 in the placebo group) and 1616 participants 75 years of age and older (804 in the COVID-

19 mRNA Vaccine group and 812 in the placebo group).

At the time of the primary efficacy analysis, participants had been followed for symptomatic COVID-19 for in total 2214 person-years for the COVID-19 mRNA Vaccine and in total 2222 person-years in the placebo group.

There were no meaningful clinical differences in overall vaccine efficacy in participants who were at risk of severe COVID-19 including those with 1 or more comorbidities that increase the risk of severe COVID-19 (e.g., asthma, body mass index (BMI) $\geq$ 30 kg/m^2, chronic pulmonary disease, diabetes mellitus, hypertension).

The vaccine efficacy information is presented in **Table 5**.

Table 5: Vaccine efficacy – First COVID-19 occurrence from 7 days after Dose 2, by age subgroup – participants without evidence of infection prior to 7 days after Dose 2 – evaluable efficacy (7 days) population

First COVID-19 occurrence from 7 days after Dose 2 in participants without evidence of prior SARS-CoV-2 infection*			
Subgroup	**COVID-19 mRNA Vaccine N[a] = 18198 Cases n1[b] Surveillance time[c] (n2[d])**	**Placebo N[a] = 18325 Cases n1[b] Surveillance time[c] (n2[d])**	**Vaccine efficacy % (95% CI)[e]**
All participants	8 2.214 (17411)	162 2.222 (17511)	95.0 (90.0, 97.9)
16 to 64 years	7 1.706 (13549)	143 1.710 (13618)	95.1 (89.6, 98.1)
65 years and older	1 0.508 (3848)	19 0.511 (3880)	94.7 (66.7, 99.9)
65 to 74 years	1 0.406 (3074)	14 0.406 (3095)	92.9 (53.1, 99.8)
75 years and older	0 0.102 (774)	5 0.106 (785)	100.0 (-13.1, 100.0)

Note: Confirmed cases were determined by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and at least 1 symptom consistent with COVID-19 [*Case definition: (at least 1 of) fever, new or increased cough, new or increased shortness of breath, chills, new or increased muscle pain, new loss of taste or smell, sore throat, diarrhoea or vomiting.]

* Participants who had no serological or virological evidence (prior to 7 days after receipt of the last dose) of past SARS-CoV-2 infection (i.e., N-binding antibody [serum] negative at Visit 1 and SARS-CoV-2 not detected by nucleic acid amplification tests (NAAT) [nasal swab] at Visits 1 and 2), and had negative NAAT (nasal swab) at any unscheduled visit prior to 7 days after Dose 2 were included in the analysis.

a. N = Number of participants in the specified group.
b. n1 = Number of participants meeting the endpoint definition.
c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.
d. n2 = Number of participants at risk for the endpoint.
e. Two-sided confidence interval (CI) for vaccine efficacy is derived based on the Clopper and Pearson method adjusted to the surveillance time. CI not adjusted for multiplicity.

Efficacy of COVID-19 mRNA Vaccine in preventing first COVID-19 occurrence from 7 days after Dose 2 compared to placebo was 94.6% (95% confidence interval of 89.6% to 97.6%) in participants 16 years of age and older with or without evidence of prior infection with SARS-CoV-2.

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.

Updated efficacy analyses were performed with additional confirmed COVID-19 cases accrued during blinded placebo-controlled follow-up, representing up to 6 months after Dose 2 in the efficacy population.

The updated vaccine efficacy information is presented in **Table 6**.

Table 6: Vaccine efficacy – First COVID-19 occurrence from 7 days after Dose 2, by age subgroup – participants without evidence of prior SARS-CoV-2 infection* prior to 7 days after Dose 2 – evaluable efficacy (7 days) population during the placebo-controlled follow-up period

Subgroup	COVID-19 mRNA Vaccine N[a]=20998 Cases n1[b] Surveillance time[c] (n2[d])	Placebo N[a]=21096 Cases n1[b] Surveillance time[c] (n2[d])	Vaccine efficacy % (95% CI[e])
All participants[f]	77 6.247 (20712)	850 6.003 (20713)	91.3 (89.0, 93.2)
16 to 64 years	70 4.859 (15519)	710 4.654 (15515)	90.6 (87.9, 92.7)
65 years and older	7 1.233 (4192)	124 1.202 (4226)	94.5 (88.3, 97.8)
65 to 74 years	6 0.994 (3350)	98 0.966 (3379)	94.1 (86.6, 97.9)
75 years and older	1 0.239 (842)	26 0.237 (847)	96.2 (76.9, 99.9)

Note: Confirmed cases were determined by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and at least 1 symptom consistent with COVID-19 (symptoms included: fever; new or increased cough; new or increased shortness of breath; chills; new or increased muscle pain; new loss of taste or smell; sore throat; diarrhoea; vomiting).

* Participants who had no evidence of past SARS-CoV-2 infection (i.e., N-binding antibody [serum] negative at Visit 1 and SARS-CoV-2 not detected by NAAT [nasal swab] at Visits 1 and 2), and had negative NAAT (nasal swab) at any unscheduled visit prior to 7 days after Dose 2 were included in the analysis.

a. N = Number of participants in the specified group.
b. n1 = Number of participants meeting the endpoint definition.
c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.
d. n2 = Number of participants at risk for the endpoint.
e. Two-sided 95% confidence interval (CI) for vaccine efficacy is derived based on the Clopper and Pearson method adjusted to the surveillance time.
f. Included confirmed cases in participants 12 to 15 years of age: 0 in the COVID-19 mRNA Vaccine group; 16 in the placebo group.

In the updated efficacy analysis, efficacy of COVID-19 mRNA Vaccine in preventing first COVID-19 occurrence from 7 days after Dose 2 compared to placebo was 91.1% (95% CI of 88.8% to 93.0%) during the period when Wuhan/Wild type and Alpha variants were the predominant circulating strains in participants in the evaluable efficacy population with or without evidence of prior infection with SARS-CoV-2.

Additionally, the updated efficacy analyses by subgroup showed similar efficacy point estimates across sexes, ethnic groups, geography and participants with medical comorbidities and obesity associated with high risk of severe COVID-19.

Efficacy against severe COVID-19
Updated efficacy analyses of secondary efficacy endpoints supported benefit of the COVID-19 mRNA Vaccine in preventing severe COVID-19.

As of 13 March 2021, vaccine efficacy against severe COVID-19 is presented only for participants with or without prior SARS-CoV-2 infection (**Table 7**) as the COVID-19 case counts in participants without prior SARS-CoV-2 infection were the same as those in participants with or without prior SARS-CoV-2 infection in both the COVID-19 mRNA Vaccine and placebo groups.

Table 7: Vaccine efficacy – First severe COVID-19 occurrence in participants with or without prior SARS-CoV-2 infection based on the Food and Drug Administration (FDA)* after Dose 1 or from 7 days after Dose 2 in the placebo-controlled follow-up

	COVID-19 mRNA Vaccine Cases n1[a] Surveillance time (n2[b])	**Placebo Cases n1[a] Surveillance time (n2[b])**	**Vaccine efficacy % (95% CI[c])**
After Dose 1[d]	1 8.439[e] (22505)	30 8.288[e] (22435)	96.7 (80.3, 99.9)
7 days after Dose 2[f]	1 6.522[g] (21649)	21 6.404[g] (21730)	95.3 (70.9, 99.9)

Note: Confirmed cases were determined by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and at least 1 symptom consistent with COVID-19 (symptoms included: fever; new or increased cough; new or increased shortness of breath; chills; new or increased muscle pain; new loss of taste or smell; sore throat; diarrhoea; vomiting).

* Severe illness from COVID-19 as defined by FDA is confirmed COVID-19 and presence of at least 1 of the following:

- Clinical signs at rest indicative of severe systemic illness (respiratory rate ≥ 30 breaths per minute, heart rate ≥ 125 beats per minute, saturation of oxygen ≤ 93% on room air at sea level, or ratio of arterial oxygen partial pressure to fractional inspired oxygen < 300 mm Hg);
- Respiratory failure [defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation or extracorporeal membrane oxygenation (ECMO)];
- Evidence of shock (systolic blood pressure < 90 mm Hg, diastolic blood pressure < 60 mm Hg, or requiring vasopressors);
- Significant acute renal, hepatic, or neurologic dysfunction;
- Admission to an Intensive Care Unit;
- Death.

a. n1 = Number of participants meeting the endpoint definition.
b. n2 = Number of participants at risk for the endpoint.
c. Two-side confidence interval (CI) for vaccine efficacy is derived based on the Clopper and Pearson method adjusted to the surveillance time.
d. Efficacy assessed based on the Dose 1 all available efficacy (modified intention-to-treat) population that included all randomised participants who received at least 1 dose of study intervention.
e. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from Dose 1 to the end of the surveillance period.
f. Efficacy assessed based on the evaluable efficacy (7 Days) population that included all eligible randomised participants who receive all dose(s) of study intervention as randomised within the predefined window, have no other important protocol deviations as determined by the clinician.
g. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.

Efficacy and immunogenicity in adolescents 12 to 15 years of age – after 2 doses

In an initial analysis of Study 2 in adolescents 12 to 15 years of age (representing a median follow-up duration of > 2 months after Dose 2) without evidence of prior infection, there were no cases in 1005 participants who received the vaccine and 16 cases out of 978 who received placebo. The point estimate for efficacy is 100% (95% confidence interval 75.3, 100.0). In participants with or without evidence of prior infection there were 0 cases in the 1119 who received vaccine and 18 cases in 1110 participants who received placebo. This also indicates the point estimate for efficacy is 100% (95% confidence interval 78.1, 100.0).

Updated efficacy analyses were performed with additional confirmed COVID-19 cases accrued during blinded placebo-controlled follow-up, representing up to 6 months after Dose 2 in the efficacy population.

In the updated efficacy analysis of Study 2 in adolescents 12 to 15 years of age without evidence of prior infection, there were no cases in 1057 participants who received the vaccine and 28 cases out of 1030 who received placebo. The point estimate for efficacy is 100% (95% confidence interval 86.8, 100.0) during the period when Alpha variant was the predominant circulating strain. In participants with or without evidence of prior infection there were 0 cases in the 1119 who received vaccine and 30 cases in 1109 participants who received placebo. This also indicates the point estimate for efficacy is 100% (95% confidence interval 87.5, 100.0).

In Study 2, an analysis of SARS-CoV-2 neutralising titres 1 month after Dose 2 was conducted in a randomly selected subset of participants who had no serological or virological evidence of past SARS-CoV-2 infection up to 1 month after Dose 2, comparing the response in adolescents 12 to 15 years of age (n = 190) to participants 16 to 25 years of age (n = 170).

The ratio of the geometric mean titres (GMT) in the 12 to 15 years of age group to the 16 to 25 years of age group was 1.76, with a 2-sided 95% CI of 1.47 to 2.10. Therefore, the 1.5-fold noninferiority criterion was met as the lower bound of the 2-sided 95% CI for the geometric mean ratio [GMR] was > 0.67.

Immunogenicity in participants 18 years of age and older – after booster dose
Effectiveness of a booster dose of Comirnaty was based on an assessment of 50% neutralising antibody titres (NT50) against SARS-CoV-2 (USA_WA1/2020) in Study 2. In this study, the booster dose was administered 5 to 8 months (median 7 months) after the second dose. In Study 2, analyses of NT50 1 month after the booster dose compared to 1 month after the primary series in individuals 18 through 55 years of age who had no serological or virological evidence of past SARS-CoV-2 infection up to 1 month after the booster vaccination demonstrated noninferiority for both geometric mean ratio (GMR) and difference in seroresponse rates. Seroresponse for a participant was defined as achieving a ≥ 4-fold rise in NT50 from baseline (before primary series). These analyses are summarized in **Table 8**.

Table 8: SARS-CoV-2 neutralisation assay - NT50 (titre)[†] (SARS-CoV-2 USA_WA1/2020) – GMT and seroresponse rate comparison of 1 month after booster dose to 1 month after primary series – participants 18 through 55 years of age without evidence of infection up to 1 month after booster dose* – booster dose evaluable immunogenicity population[±]

	n	1 month after booster dose (95% CI)	1 month after primary series (95% CI)	1 month after booster dose - 1 month after primary series (97.5% CI)	Met noninferiority objective (Y/N)
Geometric mean 50% neutralising titre (GMT[b])	212[a]	2466.0[b] (2202.6, 2760.8)	755.7[b] (663.1, 861.2)	3.26[c] (2.76, 3.86)	Y[d]
Seroresponse rate (%) for 50% neutralising titre[†]	200[e]	199[f] 99.5% (97.2%, 100.0%)	190[f] 95.0% (91.0%, 97.6%)	4.5%[g] (1.0%, 7.9%[h])	Y[i]

Abbreviations: CI = confidence interval; GMR = geometric mean ratio; GMT = geometric mean titre; LLOQ = lower limit of quantitation; N-binding = SARS-CoV-2 nucleoprotein-binding; NAAT = nucleic acid amplification test; NT50 = 50% neutralising titre; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2; Y/N = yes/no.

† SARS-CoV-2 NT50 were determined using the SARS-CoV-2 mNeonGreen Virus Microneutralisation Assay. The assay uses a fluorescent reporter virus derived from the USA_WA1/2020 strain and virus neutralisation is read on Vero cell monolayers. The sample NT50 is defined as the reciprocal serum dilution at which 50% of the virus is neutralised.

* Participants who had no serological or virological evidence (up to 1 month after receipt of a booster dose of Comirnaty) of past SARS-CoV-2 infection (i.e., N-binding antibody [serum] negative and SARS-CoV-2 not

	n	1 month after booster dose (95% CI)	1 month after primary series (95% CI)	1 month after booster dose - 1 month after primary series (97.5% CI)	Met noninferiority objective (Y/N)

detected by NAAT [nasal swab]) and had a negative NAAT (nasal swab) at any unscheduled visit up to 1 month after the booster dose were included in the analysis.

± All eligible participants who had received 2 doses of Comirnaty as initially randomized, with Dose 2 received within the predefined window (within 19 to 42 days after Dose 1), received a booster dose of Comirnaty, had at least 1 valid and determinate immunogenicity result after booster dose from a blood collection within an appropriate window (within 28 to 42 days after the booster dose), and had no other important protocol deviations as determined by the clinician.

a. n = Number of participants with valid and determinate assay results at both sampling time points within specified window.
b. GMTs and 2-sided 95% CIs were calculated by exponentiating the mean logarithm of the titres and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ.
c. GMRs and 2-sided 97.5% CIs were calculated by exponentiating the mean differences in the logarithms of the assay and the corresponding CIs (based on the Student t distribution).
d. Noninferiority is declared if the lower bound of the 2-sided 97.5% CI for the GMR is > 0.67 and the point estimate of the GMR is ≥ 0.80.
e. n = Number of participants with valid and determinate assay results for the specified assay at baseline, 1 month after Dose 2 and 1 month after the booster dose within specified window. These values are the denominators for the percentage calculations.
f. Number of participants with seroresponse for the given assay at the given dose/sampling time point. Exact 2-sided CI based on the Clopper and Pearson method.
g. Difference in proportions, expressed as a percentage (1 month after booster dose – 1 month after Dose 2).
h. Adjusted Wald 2-sided CI for the difference in proportions, expressed as a percentage.
i. Noninferiority is declared if the lower bound of the 2-sided 97.5% CI for the percentage difference is > -10%.

Relative vaccine efficacy in participants 16 years of age and older – after booster dose

An interim efficacy analysis of Study 4, a placebo-controlled booster study performed in approximately 10000 participants 16 years of age and older who were recruited from Study 2, evaluated confirmed COVID-19 cases accrued from at least 7 days after booster vaccination up to a data cut-off date of 5 October 2021, which represents a median of 2.5 months post-booster follow-up. The booster dose was administered 5 to 13 months (median 11 months) after the second dose. Vaccine efficacy of the Comirnaty booster dose after the primary series relative to the placebo booster group who only received the primary series dose was assessed.

The relative vaccine efficacy information for participants 16 years of age and older without prior evidence of SARS-CoV-2 infection is presented in **Table 9**. Relative vaccine efficacy in participants with or without evidence of prior SARS-CoV-2 infection was 94.6% (95% confidence interval of 88.5% to 97.9%), similar to that seen in those participants without evidence of prior infection. Primary COVID-19 cases observed from 7 days after booster vaccination were 7 primary cases in the Comirnaty group, and 124 primary cases in the placebo group.

Table 9: Vaccine efficacy – First COVID-19 occurrence from 7 days after booster vaccination – participants 16 years of age and older without evidence of infection – evaluable efficacy population

First COVID-19 occurrence from 7 days after booster dose in participants without evidence of prior SARS-CoV-2 infection*			
	Comirnaty **N[a]=4695** **Cases** **n1[b]** **Surveillance Time[c] (n2[d])**	**Placebo** **N[a]=4671** **Cases** **n1[b]** **Surveillance Time[c] (n2[d])**	**Relative Vaccine Efficacy[e] %** **(95% CI[f])**
First COVID-19 occurrence from 7 days after booster vaccination	6 0.823 (4659)	123 0.792 (4614)	95.3 (89.5, 98.3)

Note: Confirmed cases were determined by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and at least 1 symptom consistent with COVID-19 (symptoms included: fever; new or increased cough; new or increased shortness of breath; chills; new or increased muscle pain; new loss of taste or smell; sore throat; diarrhoea; vomiting).

* Participants who had no serological or virological evidence (prior to 7 days after receipt of the booster vaccination) of past SARS-CoV-2 infection (i.e., N-binding antibody [serum] negative at Visit 1 and SARS-CoV-2 not detected by NAAT [nasal swab] at Visit 1, and had a negative NAAT [nasal swab] at any unscheduled visit prior to 7 days after booster vaccination) were included in the analysis.

a. N = Number of participants in the specified group.
b. n1 = Number of participants meeting the endpoint definition.
c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after the booster vaccination to the end of the surveillance period.
d. n2 = Number of participants at risk for the endpoint.
e. Relative vaccine efficacy of the Comirnaty booster group relative to the placebo group (non-booster).
f. Two-sided confidence interval (CI) for relative vaccine efficacy is derived based on the Clopper and Pearson method adjusted for surveillance time.

Immunogenicity of a booster dose following primary vaccination with another authorised COVID-19 vaccine

Effectiveness of a Comirnaty booster dose (30 mcg) in individuals who completed primary vaccination with another authorised COVID-19 vaccine (heterologous booster dose) is inferred from immunogenicity data from an independent National Institutes of Health (NIH) study phase 1/2 open-label clinical trial (NCT04889209) conducted in the United States. In this study, adults (range 19 to 80 years of age) who had completed primary vaccination with Moderna 100 mcg 2-dose series (N = 51, mean age 54±17), Janssen single dose (N = 53, mean age 48±14), or Comirnaty 30 mcg 2-dose series (N = 50, mean age 50±18) at least 12 weeks prior to enrolment and who reported no history of SARS-CoV-2 infection received a booster dose of Comirnaty (30 mcg). The boost with Comirnaty induced a 36, 12, and 20 GMR-fold rise in neutralising titres following the Janssen, Moderna, and Comirnaty primary doses, respectively.

Heterologous boosting with Comirnaty was also evaluated in the CoV-BOOST study (EudraCT 2021-002175-19), a multicentre, randomised, controlled, phase 2 trial of third dose booster vaccination against COVID-19, in which 107 adult participants (median age 71 years of age, interquartile range 54 to 77 years of age) were randomised at least 70 days post 2 doses of AstraZeneca COVID-19 Vaccine. After the AstraZeneca COVID-19 Vaccine primary series, pseudovirus (wild-type), neutralising antibody NT50 GMR-fold change increased 21.6-fold with heterologous Comirnaty booster (n = 95).

Immunogenicity in participants > 55 years of age – after a booster dose (fourth dose) of Comirnaty (30 mcg)

In an interim analysis of a subset from Study 4 (Substudy E), 305 participants > 55 years of age who had completed a series of 3 doses of Comirnaty received Comirnaty (30 mcg) as a booster dose (fourth dose) 5 to 12 months after receiving Dose 3. For the Immunogenicity subset data see **Table 10**.

Immunogenicity in participants 18 to ≤ 55 years of age – after a booster dose (fourth dose) of Comirnaty (30 mcg)

In Substudy D [a subset from Study 2 (Phase 3) and Study 4 (Phase 3)], 325 participants 18 to ≤ 55 years of age who had completed 3 doses of Comirnaty received Comirnaty (30 mcg) as a booster dose (fourth dose) 90 to 180 days after receiving Dose 3. For the Immunogenicity subset data see **Table 10**.

Table 10: Summary of immunogenicity data from participants in C4591031 Substudy D (cohort 2 full expanded set) and Substudy E (expanded cohort immunogenicity subset) who received Comirnaty 30 mcg as booster (fourth dose) – participants without evidence of infection up to 1 month after booster dose – evaluable immunogenicity population

	Dose/ sampling time point[a]	Substudy D (18 to ≤ 55 years of age) Comirnaty 30 mcg		Substudy E (> 55 years of age) Comirnaty 30 mcg	
GMT		**N[b]**	**GMT (95% CI[d])**	**N[b]**	**GMT (95% CI[d])**
SARS-CoV-2 neutralisation assay – Omicron BA.1 – NT50 (titre)	1/Prevax	226	315.0 (269.0, 368.9)	167	67.5 (52.9, 86.3)
	1/1 Month	228	1063.2 (935.8, 1207.9)	163	455.8 (365.9, 567.6)
SARS-CoV-2 neutralisation assay – reference strain – NT50 (titre)	1/Prevax	226	3999.0 (3529.5, 4531.0)	179	1389.1 (1142.1, 1689.5)
	1/1 Month	227	12009.9 (10744.3, 13424.6)	182	5998.1 (5223.6, 6887.4)
Seroresponse rate at 1 month post-Dose 4		**N[c]**	**n[e] (%) (95% CI[f])**	**N[c]**	**n[e] (%) (95% CI[f])**
SARS-CoV-2 neutralisation assay – Omicron BA.1 – NT50 (titre)	1/1 Month	226	91 (40.3%) (33.8, 47.0)	149	85 (57.0%) (48.7, 65.1)
SARS-CoV-2 neutralisation assay – reference strain – NT50 (titre)	1/1 Month	225	76 (33.8%) (27.6, 40.4)	179	88 (49.2%) (41.6, 56.7)

Abbreviations: CI = confidence interval; GMT = geometric mean titre; LLOQ = lower limit of quantitation; N-binding = SARS-CoV-2 nucleoprotein–binding; NAAT = nucleic acid amplification test; NT50 = 50% neutralising titre; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.

Note: Median time from Dose 3 to Dose 4 of Comirnaty 30 mcg is 4.0 months for Substudy D Cohort 2 and 6.3 months for Substudy E expanded cohort.

Note: Substudy D Full Expanded Set = Cohort 2 excluding the sentinel group; Substudy E Immunogenicity Subset = a random sample of 230 participants in each vaccine group selected from the expanded cohort.

Note: Participants who had no serological or virological evidence (prior to the 1-month post–study vaccination blood sample collection) of past SARS-CoV-2 infection (i.e., N-binding antibody [serum] result negative at the study vaccination and the 1-month post–study vaccination visits, negative NAAT [nasal swab] result at the study vaccination visit, and any unscheduled visit prior to the 1-month post–study vaccination blood sample collection) and had no medical history of COVID-19 were included in the analysis.

Note: Seroresponse is defined as achieving ≥ 4-fold rise from baseline (before the study vaccination). If the baseline measurement is below the LLOQ, the post-vaccination measure of ≥ 4 × LLOQ is considered a seroresponse.

a. Protocol-specified timing for blood sample collection.
b. N = Number of participants with valid and determinate assay results for the specified assay at the given sampling time point.
c. N = Number of participants with valid and determinate assay results for the specified assay at both the pre-vaccination time point and the given sampling time point.
d. GMTs and 2-sided 95% CIs were calculated by exponentiating the mean logarithm of the titres and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ.
e. n = Number of participants with seroresponse for the given assay at the given sampling time point.
f. Exact 2-sided CI, based on the Clopper and Pearson method.

Concomitant vaccine administration with influenza vaccine

In Study 8, a Phase 3 multicenter, randomized, observer-blind study, 1134 participants 18 through 64 years of age who had received 3 doses of Comirnaty at least 3 months prior were randomized in a 1:1 ratio to

receive either Comirnaty co-administered with a SIIV, quadrivalent (Afluria Quad) followed 1 month later by placebo (Group 1, n=568) or an inactivated influenza vaccine with placebo followed 1 month later with Comirnaty (Group 2, n=566).

The immune responses to Comirnaty and SIIV were similar after Comirnaty administered concomitantly with SIIV compared with those elicited by either vaccine administered alone. The non inferiority criterion was achieved for both full-length S-binding immunoglobulin G (IgG) and all 4 influenza strain-specific hemagglutination inhibition (HAI) titres.

The immunogenicity results are presented in **Table 11** and **Table 12**.

Table 11: Geometric mean ratio for full-length S-binding IgG levels (U/mL) at 1 month after BNT162b2 vaccination – evaluable BNT162b2 immunogenicity population

	Vaccine group (as randomized)				
	Coadministration group		Separate administration group		Coadministration group/Separate administration group
Assay	n[a]	GMC[b] (95% CI[b])	n[a]	GMC[b] (95% CI[b])	GMR[c] (95% CI[c])
Full-length S-binding IgG (U/mL)	499	13806.5 (12838.9, 14847.0)	413	16254.6 (15035.5, 17572.5)	0.83 (0.77, 0.89)

Abbreviations: CI = confidence interval; GMC = geometric mean concentration; GMR = geometric mean ratio; IgG = immunoglobulin G; LLOQ = lower limit of quantitation; LS Means = least squares means; S = spike protein.
Note: The baseline was defined as Visit 1 for the coadministration group and Visit 2 for the separate-administration group.

a. n = Number of participants with valid and determinate assay results for the specified assay at the given sampling time point.
b. GMC and the 2-sided 95% CI were calculated by exponentiating the concentrations and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ.
c. GMR and the corresponding 2-sided 95% CI were calculated by exponentiating the difference in LS Means and the corresponding CIs based on analysis of logarithmically transformed assay results using a linear regression model with terms of vaccine group, age group, and the corresponding baseline assay results (log scale). Noninferiority is declared if the lower bound of the 2-sided 95% CI for the GMR is greater than 0.67.

Table 12: Geometric mean ratio for strain-specific HAI titres at 1 month after SIIV vaccination – evaluable SIIV immunogenicity population

	Vaccine group (as randomized)				
	Coadministration group		Separate administration group		Coadministration group/Separate administration group
Strain	n[a]	GMT[b] (95% CI[b])	n[a]	GMT[b] (95% CI[b])	GMR[c] (95% CI[c])
B/Austria	514	72.4 (64.2, 81.7)	491	78.3 (69.3, 88.5)	0.89 (0.77, 1.04)
B/Phuket	520	87.4 (79.7, 95.7)	496	86.3 (78.4, 94.9)	1.00 (0.89, 1.13)
H1N1 A/Victoria	516	344.3 (312.4, 379.3)	492	362.3 (326.3, 401.6)	0.95 (0.83, 1.09)
H3N2 A/Darwin	519	230.6 (209.5, 253.8)	491	242.2 (221.2, 265.2)	0.96 (0.85, 1.09)

Abbreviations: CI = confidence interval; GMR = geometric mean ratio; GMT = geometric mean titre; HAI = hemagglutination inhibition; LLOQ = lower limit of quantitation; LS Means = least squares means; SIIV = seasonal inactivated influenza vaccine; ULOQ = upper limit of quantitation.
Note: The baseline for the SIIV assay was defined at Visit 1.

a. n = Number of participants with valid and determinate assay results for the specified assay at the given sampling time point.
b. GMTs and the 2-sided 95% CIs were calculated by exponentiating the titres and the corresponding CIs (based on the Student t distribution). Assay results below the LLOQ were set to 0.5 × LLOQ, and results above the ULOQ were set to ULOQ + 1.

c. GMRs and the corresponding 2-sided 95% CI were calculated by exponentiating the difference in LS Means and the corresponding CIs based on analysis of logarithmically transformed assay results using a linear regression model with terms of vaccine group, age group, and the corresponding baseline assay results (log scale). Noninferiority is declared if the lower bound of the 2-sided 95% CI for the GMR is greater than 0.67.

In a retrospective database study conducted among U.S. individuals 18 years of age and older, effectiveness of coadministration of Comirnaty Original/Omicron BA.4-5 and seasonal influenza vaccines (standard or high doses of inactivated and recombinant vaccines) against COVID-19 and influenza related outcomes was generally similar to that of each vaccine given alone.

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
Rats intramuscularly administered Comirnaty (receiving 3 full human doses once weekly, generating relatively higher levels in rats due to body weight differences) demonstrated some injection site oedema and erythema and increases in white blood cells (including basophils and eosinophils) consistent with an inflammatory response as well as vacuolation of portal hepatocytes without evidence of liver injury. All effects were reversible.

Genotoxicity/Carcinogenicity
Neither genotoxicity nor carcinogenicity studies were performed. The components of the vaccine (lipids and mRNA) are not expected to have genotoxic potential.

Reproductive toxicity
Reproductive and developmental toxicity were investigated in rats in a combined fertility and developmental toxicity study where female rats were intramuscularly administered Comirnaty prior to mating and during gestation (receiving 4 full human doses that generate relatively higher levels in rat due to body weight differences, spanning between pre-mating day 21 and gestational day 20). SARS-CoV-2 neutralising antibody responses were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in foetuses and offspring. There were no vaccine-related effects on female fertility, pregnancy, or embryo-foetal or offspring development. No Comirnaty data are available on vaccine placental transfer or excretion in milk.

6. PHARMACEUTICAL PARTICULARS
6.1. List of Excipients
((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate) (ALC-0315)
2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
1,2-Distearoyl-sn-glycero-3-phosphocholine (DSPC)
Cholesterol
Trometamol
Trometamol hydrochloride
Sucrose
Water for injections

6.2. Incompatibilities
This medicinal product must not be mixed with other medicinal products.

6.3. Shelf Life

Vials

Unopened vial

Frozen vial
18 months when stored at -90 °C to -60 °C.

The vaccine will be received frozen at -90 °C to -60 °C. Frozen vaccine can be stored either at -90 °C to -60 °C or 2 °C to 8 °C upon receipt.

Single dose vials: When stored frozen at -90 °C to -60 °C, 10-vial packs of single dose vials of the vaccine can be thawed at 2 °C to 8 °C for 2 hours or individual vials can be thawed at room temperature (up to 30 °C) for 30 minutes.

Multidose vials: When stored frozen at -90 °C to -60 °C, 10-vial packs of multidose vials of the vaccine can be thawed at 2 °C to 8 °C for 6 hours or individual vials can be thawed at room temperature (up to 30 °C) for 30 minutes.

Thawed vial
10 weeks storage and transportation at 2 °C to 8 °C within the 18-month shelf life.

- Upon moving the vaccine to 2 °C to 8 °C storage, the updated expiry date must be written on the outer carton and the vaccine should be used or discarded by the updated expiry date. The original expiry date should be crossed out.
- If the vaccine is received at 2 °C to 8 °C it should be stored at 2 °C to 8 °C. The expiry date on the outer carton should have been updated to reflect the refrigerated expiry date and the original expiry date should have been crossed out.

Prior to use, the unopened vials can be stored for up to 12 hours at temperatures between 8 °C and 30 °C.

Thawed vials can be handled in room light conditions.

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

Handling of temperature excursions during refrigerated storage
- Stability data indicate that the unopened vial is stable for up to 10 weeks when stored at temperatures from -2 °C to 2 °C, within the 10-week storage period between 2 °C and 8 °C.
- Stability data indicate the vial can be stored for up to 24 hours at temperatures of 8 °C to 30 °C, including up to 12 hours following first puncture.

This information is intended to guide healthcare professionals only in case of temporary temperature excursion.

Opened vial
Chemical and physical in-use stability has been demonstrated for 12 hours at 2 °C to 30 °C, which includes up to 6 hours transportation time. From a microbiological point of view, unless the method of opening precludes the risks of microbial contamination, the product should be used immediately. If not used immediately, in-use storage times and conditions are the responsibility of the user.

Pre-filled syringes

Glass pre-filled syringes
The vaccine will be received and stored at 2 °C to 8 °C (refrigerated only).
8 months when stored at 2 °C to 8 °C.

Prior to use, pre-filled syringes can be stored for up to 12 hours at temperatures between 8 °C and 30 °C and can be handled in room light conditions.

6.4. Special Precautions for Storage

Vials
Store single dose vials and multidose vials in a freezer at −90 °C to −60 °C.

Glass pre-filled syringes
Store glass pre-filled syringes at 2 °C to 8 °C. DO NOT FREEZE.

Vials and pre-filled syringes
Store in the original package in order to protect from light.
During storage, minimise exposure to room light, and avoid exposure to direct sunlight and ultraviolet light.

For storage conditions after thawing and first opening, see section **6.3. Shelf Life**.

6.5. Nature and Contents of Container

Single dose and multidose vial
Supplied in a 2 mL clear vial (type I glass) with a stopper (synthetic bromobutyl rubber) and a grey flip off plastic cap with aluminium seal.

One single dose vial contains 1 dose of 0.3 mL, see sections **4.2. Posology and Method of Administration** and **6.6. Special Precautions for Disposal and Other Handling**.

One multidose vial (2.25 mL) contains 6 doses of 0.3 mL, see sections **4.2. Posology and Method of Administration** and **6.6. Special Precautions for Disposal and Other Handling**.

Single dose vial pack size: 10 vials.
Multidose vial pack size: 10 vials.

Not all pack sizes may be marketed.

Pre-filled syringes

Glass pre-filled syringes
Supplied in a single dose glass pre-filled syringe (type I glass syringe) with plunger stopper (synthetic bromobutyl rubber) and a tip cap (synthetic bromobutyl rubber) without needle.

Pack size: 10 pre-filled syringes.

6.6. Special Precautions for Disposal and Other Handling

Handling instructions prior to use
Comirnaty JN.1 should be prepared by a healthcare professional using aseptic technique to ensure the sterility of the prepared dispersion.

Instructions applicable to single dose and multidose vials
- **Verify** that the vial has a **grey plastic cap** and the **product name is Comirnaty JN.1 (30 micrograms)/dose dispersion for injection** (12 years and older).
- If the vial has another product name on the label, please make reference to the product leaflet for that formulation.
- If the vial is stored frozen it must be thawed prior to use. Frozen vials should be transferred to an environment of 2 °C to 8 °C to thaw. Ensure vials are completely thawed prior to use.
  - Single dose vials: A 10-vial pack of single dose vials may take 2 hours to thaw.
  - Multidose vials: A 10-vial pack of multidose vials may take 6 hours to thaw.
- Upon moving vials to 2 °C to 8 °C storage, update the expiry date on the carton.
- Unopened vials can be **stored for up to 10 weeks at 2 °C to 8 °C**; not exceeding the printed expiry date (EXP).
- Alternatively, individual frozen vials may be thawed for 30 minutes at temperatures up to 30 °C.

- Prior to use, the unopened vial can be stored for up to 12 hours at temperatures up to 30 °C. Thawed vials can be handled in room light conditions.

Preparation of 0.3 mL doses

- Gently mix by inverting vials 10 times prior to use. Do not shake.
- Prior to mixing, the thawed dispersion may contain white to off-white opaque amorphous particles.
- After mixing, the vaccine should present as a white to off-white dispersion with no particulates visible. Do not use the vaccine if particulates or discolouration are present.
- Check whether the vial is a single dose vial or a multidose vial and follow the applicable handling instructions below:
  - Single dose vials
    - Withdraw a single 0.3 mL dose of vaccine.
    - Discard vial and any excess volume.
  - Multidose vials
    - Multidose vials contain 6 doses of 0.3 mL each.
    - Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab.
    - Withdraw 0.3 mL of Comirnaty JN.1.
      Low dead-volume syringes and/or needles should be used in order to extract 6 doses from a single vial. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial.
- Each dose must contain 0.3 mL of vaccine.
- If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume.
- Record the appropriate date/time on the multidose vial. Discard any unused vaccine 12 hours after first puncture.

Instructions applicable to pre-filled syringes

Glass pre-filled syringes

- Prior to use, pre-filled syringes can be stored for up to 12 hours at temperatures between 8 °C to 30 °C and can be handled in room light conditions.
- Remove tip cap by slowly turning the cap counterclockwise. Do not shake. Attach a needle appropriate for intramuscular injection and administer the entire volume.

Disposal

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

7. MARKETING AUTHORISATION HOLDER

Pfizer (Thailand) Limited

8. MARKETING AUTHORISATION NUMBERS

1C 8/64 (NBC)

9. DATE OF AUTHORIZATION

24 June 2021

10. DATE OF REVISION OF THE TEXT

29 May 2024

Country: Thailand

LABELING INFORMATION

COMIRNATY™ **JN.1 (30 micrograms)/dose** Dispersion for injection Dispersion for injection in pre-filled syringe Adults and adolescents from 12 years COVID-19 mRNA Vaccine Bretovameran	10 Single dose Vials 10 Multidose Vials 10 Pre-filled syringes

Statement of active substance(s)

One dose (0.3 mL) contains 30 micrograms of bretovameran.
Single dose vials: each vial contains 1 dose of 0.3 mL.
Multidose vials: each vial contains 6 doses of 0.3 mL.
Pre-filled syringes: each pre-filled syringe contains 1 dose of 0.3 mL.

List of Excipients

ALC-0315, ALC-0159, DSPC, Cholesterol, Trometamol, Trometamol hydrochloride, Sucrose, Water for injections.

Method and route(s) of administration

Intramuscular Use.

For vials: Do not dilute prior to use.

For pre-filled syringe: Single use.

Read the package leaflet before use.

Keep out of the sight and reach of children.

Scan QR code for more information.

Scan QR code for more information

Storage condition

Store at 2 °C to 8 °C after receipt. Do not refreeze.

Store in the original package in order to protect from light.

Multidose vials: After first puncture, store at 2 °C to 30 °C and use within 12 hours.

ยาควบคุมพิเศษ ใช้เฉพาะสถานพยาบาล

Reg. No. 1C 8/64 (NBC)

PC:

Lot/EXP /SN/mfg

(ยาสิ้นอายุ)

Expiry date at 2°C to 8°C ..…… (Cross out the former expiry date.)

Manufactured by (For single dose vials and multidose vials):

- Pfizer Manufacturing Belgium NV, Puurs-Sint-Amands, Belgium
- BioNTech Manufacturing Marburg GmbH, Marburg, Germany
- mibe GmbH Arzneimittel, Brehna, Germany

Manufactured by (For glass pre-filled syringe):

- Pfizer Manufacturing Belgium NV, Puurs-Sint-Amands, Belgium

Released by (For single dose vials and multidose vials and glass pre-filled syringe):

- Pfizer Manufacturing Belgium NV, Puurs-Sint-Amands, Belgium
- BioNTech Manufacturing GmbH, Mainz, Germany

Imported by:

Pfizer (Thailand) Limited
Bangkok, Thailand