Bio-PCV

Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)

(10-Valent)

DESCRIPTION:
Bio-PCV [Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)] (10-valent) is a sterile suspension of saccharides of the capsular antigens of Streptococcus pneumoniae serotypes 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F and 23F individually conjugated by using 1-cyano-4-dimethylamino pyridinium tetrafluoroborate chemistry (CDAP) to non-toxic diphtheria CRM197 protein. The polysaccharides are chemically activated and then covalently linked to the protein carrier CRM197 to form the glycoconjugate.
Individual conjugates are compounded and then polysorbate 20 and aluminium phosphate are added to formulate the vaccine.
The potency of the vaccine is determined by the quantity of the saccharide antigens and the saccharide-to-protein ratios in the individual glycoconjugates. The vaccine meets the requirements of WHO, IP and BP when tested by the methods outlined in WHO TRS 977, IP and BP.

COMPOSITION:

Bio-PCV (10-valent) 0.5 ml - 1 dose
Each dose of 0.5 ml contains:

Saccharide for serotypes	
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A	2 mcg each
Saccharide for serotype 6B	4 mcg
Conjugated to CRM197 carrier protein	19 to 48 mcg
Aluminium (as Aluminium phosphate)	0.125 mg

Dose : 0.5 ml by intramuscular injection.

Bio-PCV **(10-valent) 2.5 ml - 5 dose**
Each dose of 0.5 ml contains:

Saccharide for serotypes	
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A	2 mcg each
Saccharide for serotype 6B	4 mcg
Conjugated to CRM197 carrier protein	19 to 48 mcg
Aluminium (as Aluminium phosphate)	0.125 mg
Thiomersal:	0.005 %

Excipients:
- Aluminium Phosphate gel 2%
- L-Histidine
- Succinic acid
- Sodium Chloride
- Water for injection (WFI)
- Polysorbate-20
- Sodium Hydroxide
- Hydrochloric Acid
- Thiomersal (only for Multidose formulation)

INDICATIONS:
Active immunization against invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumoniae serotypes 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F and 23F in infants and toddlers from 6 weeks up to 15 months of age.
The use of vaccine should be determined on the basis of relevant recommendations and take into consideration the disease impact by age and regional epidemiology.

DOSAGE AND ADMINISTRATION: For Intramuscular use only :
The dose is 0.5 ml given intramuscularly, with care to avoid Injection into or near nerves and blood vessels. The product is a suspension containing an adjuvant, shake vigorously immediately prior to use to obtain a homogenous, whitish turbid liquid in the vaccine container. The vaccine should be given by intramuscular injection. The preferred sites are anterolateral aspect of the thigh in infants or the deltoid muscle of the upper arm in young children. The vaccine should not be injected in the gluteal area. Do not administer Bio-PCV (10-valent) intravascularly. The vaccine should not be injected intradermally, subcutaneously or intravenously, since the safety and immunogenicity of these routes have not been evaluated.
Once opened, multi-dose vials should be kept between +2°C and +8°C. Multi-dose vials of Bio-PCV (10-valent) from which one or more doses of vaccine have been removed during an immunization session may be used in subsequent immunization sessions for up to a maximum of 28 days, provided that all of the following conditions are met (as described in the WHO policy statement: Handling of multi dose vaccine vials after opening, WHO/IVB/14.07):
- The vaccine is currently prequalified by WHO;
- The vaccine is approved for use for up to 28 days after opening the vial, as determined by WHO;
- The expiry date has not passed;
- The vaccine vial has been, and will continue to be, stored at WHO - or manufacturer recommended temperatures; furthermore, the vaccine vial monitor, if one is attached, is visible on the vaccine label and is not past its discard point, and the vaccine has not been damaged by freezing.

The vaccine should be visually inspected for any foreign particulate matter and / or variation of physical aspect prior to administration. In event of either being observed, discard the vaccine.

Vaccination Schedule:
Bio-PCV (10-valent) is to be administered as a three-dose primary series at 6, 10, and 14 weeks of age, with or without, depending on recommended dosing schedule, a booster dose at 9-10 or 12-15 months of age. The minimum interval between doses should be 4 weeks. If a booster dose is given, it should be at least 6 months after the last primary dose.

Table 1: Vaccination Schedule for Infants and Toddlers

Dosage Schedules	Dose 1 [a, b]	Dose 2 [b]	Dose 3 [b]	Dose 4 [c]
3p+1	6 weeks	10 weeks	14 weeks	9 - 10 months or 12-15 months
3p+0	6 weeks	10 weeks	14 weeks	

[a] Dose 1 may be given as early as 6 weeks
[b] The recommended dosing interval is 4 weeks
[c] A booster (fourth) dose is recommended at least 6 months after the last primary dose and may be given from the age of 9 months onwards (preferably between 12 and 15 months of age)

For children who are beyond the age of routine infant schedule, the following Bio-PCV (10-valent) schedule is proposed:
The catch-up schedule, for children 7 months through 15 months of age who have not received Bio-PCV (10-valent):

Table 2: Vaccination Schedules for Unvaccinated Children 7 Through 15 Months of Age

Age at first dose	Total Number of 0.5 ml doses
7-11 months of age	3[a]
12-15 months of age	2[b]

[a] The vaccination schedule consists of two primary doses of 0.5 ml with an interval of at least 1 month between doses. A booster (third) dose is recommended in the second year of life (12 to 15 months) with an interval of at least 2 months after the last primary dose.
[b] The vaccination schedule consists of two doses of 0.5 ml with an interval of at least 2 months between doses.

CONTRAINDICATIONS:
Hypersensitivity to any component of the vaccine, including diphtheria toxoid.

SPECIAL WARNINGS:
As with all injectable vaccines, appropriate medical treatment and supervision must always be readily available in case of a rare anaphylactic event following the administration of the vaccine.
This vaccine should not be given to individuals with thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injection or to those receiving anticoagulant therapy, unless the potential benefit Clearly outweighs the risk of administration.

PRECAUTIONS:
ADRENALINE INJECTION (1:1000) MUST BE IMMEDIATELY AVAILABLE SHOULD AN ACUTE ANAPHYLACTIC REACTION OCCUR DUE TO ANY COMPONENT OF THE VACCINE. For treatment of severe anaphylaxis, the initial dose of adrenaline is 0.1- 0.5 mg (0.1- 0.5 ml of 1:1000 injection) given s/c or i/m. Single dose should not exceed 1 mg (1 ml). For infants and children, the recommended dose of adrenaline is 0.01 mg/kg (0.01 ml/kg of 1:1000 injection). Single paediatric dose should not exceed 0.5 mg (0.5 ml). The mainstay in the treatment of severe anaphylaxis is the prompt use of adrenaline, which can be lifesaving. It should be used at the first suspicion of anaphylaxis.
As with the use of all vaccines the vaccine should remain under observation for not less than 30 minutes for possibility of occurrence of immediate or early allergic reactions. Hydrocortisone and antihistaminic should also be available in addition to supportive measures such as oxygen inhalation and IV fluids.
Special care should be taken to ensure that the injection does not enter a blood vessel. IT IS EXTREMELY IMPORTANT WHEN THE PARENT, GUARDIAN RETURNS FOR THE NEXT DOSE IN THE SERIES, THE PARENT and GUARDIAN SHOULD BE QUESTIONED CONCERNING OCCURRENCE OF ANY SYMPTOMS AND/OR SIGNS OF AN ADVERSE REACTION AFTER THE PREVIOUS DOSE.
Minor illnesses, such as mild respiratory infection, with or without low grade fever, are not generally contraindications to vaccination. The decision to administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. The administration of Bio-PCV (10-valent) should be postponed in subjects suffering from acute severe febrile illness. As with any intramuscular injection, Bio-PCV (10-valent) should be given with, caution to infants or children with thrombocytopenia or any coagulation disorder, or to those receiving anticoagulant therapy.
This vaccine is not intended to be used for treatment of active infection. As with any vaccine, Bio-PCV (10-valent) may not protect all individuals receiving the vaccine from pneumococcal disease.

SPECIAL POPULATIONS:
Safety and immunogenicity data on Bio-PCV (10-valent) are not available for children in specific groups at higher risk for invasive pneumococcal disease (e.g., children with congenital or acquired splenic dysfunction, HIV infection, malignancy, nephrotic syndrome). Children in these groups may have reduced antibody response to active immunization due to impaired immune responsiveness. Limited data have demonstrated that other pneumococcal conjugate vaccines induce an immune response in children with HIV, sickle cell disease, and children born prematurely with a safety profile similar to that observed in non-high-risk groups. The use of Bio-PCV (10-valent) in high-risk groups should be considered on an individual basis.
Apnoea in Premature Infants: Based on experience with use of other pneumococcal conjugate vaccines, the potential risk of apnoea and the need for respiratory monitoring for 48-72 hours should be considered when administering the primary immunization series to very premature infants (born ≤ 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity. As the benefit of vaccination is high in this group of infants, vaccination with Bio-PCV (10-valent) should not be withheld or delayed.

PREGNANCY & LACTATION:
Human data on the use during pregnancy or lactation are not available.

PEDIATRIC USE:
Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) is not intended for use in children below the age of 6 weeks. The safety and effectiveness in children below the age of 6 weeks has not been established.

INTERACTIONS:
Bio-PCV (10-valent) can be given with any of the following vaccine antigens, either as monovalent or combination vaccines: diphtheria, tetanus, whole-cell pertussis, Haemophilus influenzae type b, inactivated or oral poliomyelitis, rotavirus, yellow fever, hepatitis B, measles and rubella. Clinical studies demonstrated that the immune responses and the safety profiles of the administered vaccines were unaffected. Studies with other pneumococcal conjugate vaccines co-administered with mumps, varicella, meningococcal ACWY, and rotavirus vaccines have demonstrated that the immune responses of the other pneumococcal conjugate vaccines and the co-administered vaccines were unaffected.
In clinical trials, when other pneumococcal conjugate vaccines were given concomitantly but at a different site/route, with rotavirus vaccine or hepatitis A vaccine, no change in the safety profiles for these infants was observed.
Different injectable vaccines should always be given at different injection-sites. Till date Bio-PCV (10-valent) clinical studies have been conducted in India and The Gambia in toddlers and infants.
In the Gambia Phase ½ study, there was no evidence that administration of Bio-PCV (10-valent) interfered with the immune response to any component of co-administered pentavalent vaccine.
In the Gambia Phase 3 study, non-inferiority of the immune responses induced by EPI vaccines between treatment groups was demonstrated for all EPI vaccines co-administered during the 3-dose primary vaccination series (6 weeks, 10 weeks and 14 weeks) - namely, whole-cell pentavalent vaccine (DTwP-HepB-Hib) oral polio vaccine, inactivated polio vaccine, and oral rotavirus vaccine. Standard EPI vaccines based on the Gambian EPI schedule (measles-rubella vaccine and yellow fever virus vaccine) were co-administered with the booster dose of study vaccine. Non-inferiority of the immune responses was demonstrated for these co-administered EPI vaccines. While there are no known published data on co-administration of other pneumococcal conjugate vaccine with yellow fever virus vaccine, the high seroresponse rate to yellow fever in the Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) group indicates that Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) does not interfere with the immune response to yellow fever virus vaccine.
This section will continue to be updated along with further studies.

ADVERSE REACTIONS:
Summary of the safety profile
Safety assessment of Bio-PCV (10-valent) was based on clinical trials involving the administration of 5,416 doses to 1,828 healthy children as primary immunisation. Furthermore, 428 children received a booster dose of Bio-PCV (10-valent) following a primary vaccination course. Bio-PCV (10-valent) was administered concomitantly with recommended childhood vaccines, as appropriate.
Safety was also assessed in 57 previously unvaccinated children during the second year of life; all children received 2 doses of vaccine. Bio-PCV (10-valent) has also been used for booster vaccination in 56 children who received another

Pantone 7442 C
Pantone 072 C
Cyan
Magenta
Yellow
Black

Reason for issue: New		Specification: Printed on bible 40 gsm.
Customer: Indonesia	Pack insert	
Product: Bio-PCV		Colour: C M Y K Pantone 7442 C and Pantone 072 C
Item Code number: 200XXXXX/0	Specification No.:	Artwork made to: 100%
Supercedes Item Code:		Dimensions: 237 x 236 mm

PACKAGING DEVELOPMENT	QUALITY CONTROL	REGULATORY AFFAIRS	MEDICAL DEPARTMENT	QUALITY ASSURANCE

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pneumococcal conjugate vaccine for the primary course.
The vast majority of the reactions observed following vaccination were of mild or moderate severity and were of short duration.
In the largest Gambian Phase 3 study (VAC-056) in 2250 infants of 6-8 weeks of age, the most common adverse reactions observed after primary vaccination were tenderness at the injection site, fever and irritability, which were reported for approximately 49%, 52% and 32% of all infants, respectively. No increase in the incidence or severity was observed following subsequent doses of the primary vaccination course. Following booster vaccination, the most common adverse reaction was tenderness at the injection site, which was reported for approximately 8% of all infants.
The Indian Phase 3 licensure study (PCV-10-003) in 448 infants of 6-8 weeks of age, similarly showed tenderness at the injection site, fever and irritability as the most common adverse reactions observed after primary vaccination, with no change in the incidence or severity observed following subsequent doses of the primary vaccination course. Majority of the solicited AEs were of mild to moderate intensity and resolved completely.
The injection site and systemic reactions following catch-up vaccination or booster vaccination during the second year of life were similar to those reported after primary vaccination.
In all studies, the incidence and severity of local and general adverse reactions reported within 7 days of vaccination were similar to those after vaccination with the licensed comparator PCV.

Tabulated list of adverse reactions
Adverse reactions (i.e. events considered as related to vaccination) have been categorised by frequency for all age groups.
Frequencies are reported as:
Very common (≥ 1/10 vaccinees)
Common (≥ 1/100 vaccinees but < 1/10 vaccinees)
Uncommon (≥ 1/1000 vaccinees but < 1/100 vaccinees)
Rare (≥ 1/10,000 vaccinees but < 1/1,000 vaccinees)

System Organ Class	Frequency	Adverse reactions
Gastrointestinal disorders	Uncommon	Diarrhoea
General disorders and administration site conditions	Very common	Pain, Fever ≥ 37.5°C (axillary)
	Common	Erythema, Swelling/induration
	Uncommon	Fever > 39°C (axillary)
Metabolism and nutrition disorders	Common	Decreased appetite
Nervous system disorders	Common	Drowsiness
Psychiatric disorders	Very common	Irritability
Skin and subcutaneous tissue disorders	Common	Rash

CLINICAL DATA

Study No. / Phase / Location	Study Population	Schedule of vaccination / Control	No. Subjects	
			Bio-PCV	Comparator
PCV-10-001 / Phase 1 / India	PCV-naïve adults (18-40 years inclusive)	Single dose / Pneumovax®23	17	17
	In a Prospective, Randomized, Two-Arm, Active Controlled, Double-Blind Study; • A single dose of Bio-PCV was well tolerated and showed no safety concerns in healthy Indian adults, demonstrating a safety profile comparable with the licensed comparator.			
VAC-017 / Phase 1/2 / The Gambia	PCV-naïve adults (18-40 years inclusive)	Single dose / Pneumovax®23	17	17
	PCV-primed toddlers (12-15 months inclusive)	Single dose / Prevenar 13®	56	56
	PCV-naïve infants (6 to 8 weeks inclusive)	3-dose primary vaccination series (at 6, 10 and 14 weeks of age) / Prevenar 13®	100	100
		Booster vaccination at 10-14 months of age in a subset / Prevenar 13®	49	47
	In a Phase 1/2, Prospective, Single Centre, Randomized, Active-Controlled, Double-Blind, Age De-escalation Study; • Bio-PCV demonstrated similar safety and tolerability profile in all three age groups to the licensed comparator/s. • Bio-PCV was immunogenic in all three age groups as measured both with IgG antibody level and functional activity (OPA). • IgG GMCs were > 1µg/ml for all serotypes in both Bio-PCV and the licensed comparator group. Post booster GMCs were comparable between groups. • Bio-PCV elicited a strong booster response for all 10 serotypes, comparable to the licensed comparator. • Bio-PCV did not appear to interfere with the responses to concomitantly administered vaccinations. • Pre booster vaccination IgG GMCs were generally comparable between both Bio-PCV and licensed comparator groups and were lower than the respective post primary series GMCs for both groups.			
PCV-10-002 / Phase 2 / India	PCV-naïve toddlers (12-15 months inclusive)	Two dose Catch-up schedule, 8 weeks apart / Prevenar 13®	57	57
	In a Phase 2, Prospective, Multi-centre, Randomized, Two-arm, Active Controlled, Double-blind Study; • Bio-PCV was well tolerated and no safety signals were identified, demonstrating a similar safety and tolerability profile to the licensed comparator • Overall immune responses (both IgG by ELISA, as well as functional responses by OPA) following Bio-PCV were robust and comparable to those following the licensed comparator, with IgG GMCs > 1µg/ml for all 10 serotypes in both treatment groups.			
VAC-056 / Phase 3 / The Gambia (3+1)	PCV-naïve infants (6 to 8 weeks inclusive on Day 0)	3-dose primary vaccination series (at 6, 10 and 14 weeks of age) / Synflorix®	1,503	747
		Booster vaccination at 9-10 months of age in a subset / Synflorix®	428	213
	In a Pivotal Phase 3, Randomized, Double-Blind Study; • Lot-to-Lot consistency was established with equivalence demonstrated for the 3 lots of Bio-PCV evaluated in the study. • Non-inferiority was demonstrated for all 10 serotypes in Bio-PCV in comparison to the immune responses induced by the licensed comparator, after a 3-dose primary series, on the basis of both % IgG responders (> 0.35 µg/mL) as well as IgG GMC ratios. • Robust functional responses were demonstrated for all 10 serotypes in Bio-PCV by both % OPA responders (> 1:8) as well as OPA GMT ratios, favourably comparable to those induced by the licensed comparator. • Robust booster IgG and OPA responses were demonstrated for all 10 serotypes in Bio-PCV, favourably comparable to those induced by the licensed comparator. • Non-inferior non-interference to all co-administered EPI vaccines was established in comparison to the licensed comparator group. • Bio-PCV had an acceptable safety and tolerability profile, with no notable difference in comparison with the licensed comparator. • Antibodies elicited by the booster dose were shown to persist at least as well following Bio-PCV as following the licensed comparator for all serotypes over the 1 year follow-up period post booster.			
PCV-10-003 / Phase 3 / India (3+0)	PCV-naïve infants (6 to 8 weeks inclusive on Day 0)	3-dose vaccination series (at 6,10 and 14 weeks of age) / Prevenar 13® and Synflorix®	225	223
	In a Phase 3, Randomized, Double-Blind Study; • Bio-PCV was highly immunogenic in Indian infants and induced robust serotype specific IgG and functional OPA responses for all 10 serotypes. • The study data indicates comparable immunogenicity of Bio-PCV to both licensed comparators using either of the WHO defined IgG endpoints and/or OPA endpoints for all 10 serotypes and thus demonstrates comparability of Bio-PCV with both currently licensed PCVs in India, in Indian infants. • The robust OPA results are clinically significant in light of increasing clinical importance assumed by OPA over IgG, as opsonophagocytosis is considered as the primary mechanism of host defence against pneumococcal disease and is being increasingly observed to correlate well with protection offered against IPD. • Bio-PCV was safe and well tolerated in a 3+0 vaccination schedule in Indian infants, with a safety and reactogenicity profile favourably comparable to both licensed comparators.			

PRECLINICAL SAFETY DATA:
Single and multiple administration of the Bio-PCV (10-valent) to rats and rabbits were well tolerated and revealed no evidence of any significant local or systemic toxic effects. Observed changes were not considered adverse but rather a consequence of the pharmacological activity of Bio-PCV (10-valent) and licensed pneumococcal conjugate vaccine comparator.

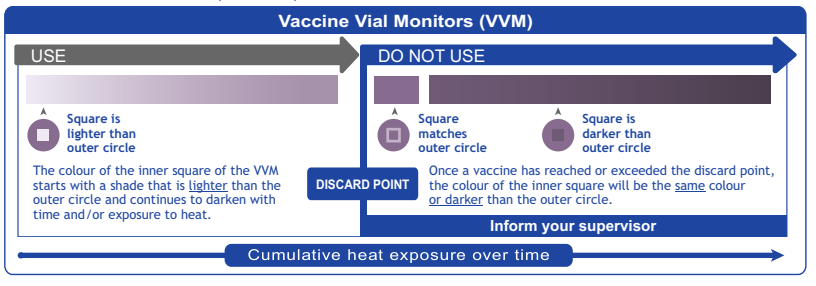
COMPATIBILITIES, INCOMPATIBILITIES:
The vaccine is not to be mixed with other vaccines/products in the same syringe.

STORAGE:
Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) should be stored at 2 - 8°C. DO NOT FREEZE. Discard if the vaccine has been frozen. A fine white deposit with clear colourless supernatant may be observed upon storage of the vial. This does not constitute a sign of deterioration.

SHELF LIFE:
36 months from the date of manufacture.

PRESENTATION:
Box, 1 vial @ 1 dose (0.5 ml)
Box, 50 vials @ 5 doses (2.5 ml)

THE VACCINE VIAL MONITOR (OPTIONAL)



Vaccine Vial Monitors (VVMs) are on the cap of the vial / part of the label on Bio-PCV (10-valent) supplied through Serum Institute of India Pvt. Ltd. This is a time-temperature sensitive dot that provides an indication of the cumulative heat to which the vial has been exposed. It warns the end user when exposure to heat is likely to have degraded the vaccine beyond an acceptable level.
The interpretation of the VVM is simple. Focus on the central square. Its colour will change progressively. As long as the colour of this square is lighter than the colour of the outer circle, then the vaccine can be used. As soon as the colour of the central square is the same colour as the outer circle or of a darker colour than the outer circle, then the vial should be discarded.

Harus Dengan Resep Dokter

Manufactured by:
SERUM INSTITUTE OF INDIA PVT. LTD.
212/2, Hadapsar, Pune 411028, INDIA
Protection from birth onwards

Imported by:
bioFarma
PT Bio Farma (Persero)
Jl. Pasteur No. 28, Bandung
Indonesia

Pantone 7442 C
Pantone 072 C
Cyan
Magenta
Yellow
Black

Reason for issue: New	Specification: Printed on bible 40 gsm.
Customer: Indonesia Pack insert	
Product: Bio-PCV	Colour: C M Y K Pantone 7442 C and Pantone 072 C
Item Code number: 200XXXXX/0	Specification No.: / Artwork made to: 100%
Supercedes Item Code:	Dimensions: 237 x 236 mm

PACKAGING DEVELOPMENT	QUALITY CONTROL	REGULATORY AFFAIRS	MEDICAL DEPARTMENT	QUALITY ASSURANCE

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SERUM INSTITUTE OF INDIA PVT. LTD.
Cyrus Poonawalla Group

Corporate Plant
Format

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

PATIENT INFORMATION LEAFLET

Bio-PCV

Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)

(10-Valent)

1. Deskripsi
Bio-PCV adalah vaksin pneumococcal polisakarida yang terkonjugasi. Bio-PCV mengandung polisakarida dari 10 serotipe bakteri Streptococcus pneumonia.

2. Bentuk Sediaan
Suspensi untuk injeksi.

3. Pemerian Obat
Cairan keruh keputihan cenderung mengendap dan bebas dari partikel/flokula asing

4. Komposisi

Bio-PCV (10-valent) 0.5 ml - 1 dose
Tiap dosis (0,5 ml) mengandung:
Sakarida untuk serotipe
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A 2 mcg each
Sakarida untuk serotipe 6B 4 mcg
Konjugasi dengan protein pembawa CRM197 19 to 48 mcg
Aluminium (sebagai Aluminium fosfat) sebanyak 0,125 mg
Dosis : 0,5 ml dengan injeksi intramuskular.

Bio-PCV (10-valent) 2.5 ml - 5 dose
Tiap dosis (0,5 ml) mengandung:
Sakarida untuk serotipe
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A 2 mcg each
Sakarida untuk serotipe 6B 4 mcg
Konjugasi dengan protein pembawa CRM197 19 to 48 mcg
Aluminium (sebagai Aluminium fosfat) sebanyak 0,125 mg
Thimerosal sebanyak 0,005 %

Zat tambahan:
- Aluminium fosfat gel 2%
- L-Histidine
- Asam suksinat
- Natrium klorida
- Water for injection (WFI)
- Polisorbat-20
- Natrium Hidroksida
- Asam Hidroklorik
- Thimerosal (untuk formulasi multidosis)

5. Indikasi:
Bio-PCV digunakan pada bayi mulai usia 6 minggu hingga balita usia15 bulan, untuk memberikan perlindungan terhadap penyakit invasif, pneumonia, dan otitis media akut yang disebabkan oleh Streptococcus pneumoniae serotipe 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F dan 23F.

6. Jadwal vaksinasi
Vaksinasi diberikan sebanyak 3 dosis primer dengan jadwal penyuntikkan pada usia 6, 10, dan 14 minggu, dengan atau tanpa, tergantung pada jadwal pemberian dosis yang direkomendasikan, dosis booster pada usia 9-10 atau 12-15 bulan. Interval minimum antara dosis harus 4 minggu. Jika dosis booster diberikan, harus setidaknya 6 bulan setelah dosis primer terakhir.

Tabel 1: Jadwal Vaksinasi untuk Bayi dan Balita

Jadwal Dosis	Dosis 1 [a, b]	Dosis 2 [b]	Dosis 3 [b]	Dosis 4 [c]
3p+1	6 minggu	10 minggu	14 minggu	9 - 10 bulan or 12 - 15 bulan
3p+0	6 minggu	10 minggu	14 minggu	

[a] Dosis 1 dapat diberikan saat usia 6 minggu
[b] Interval dosis yang disarankan adalah 4 minggu
[c] Dosis booster (keempat) direkomendasikan setidaknya 6 bulan setelah dosis primer terakhir dan dapat diberikan mulai usia 9 bulan dan seterusnya (sebaiknya antara usia 12 dan 15 bulan)

Untuk anak-anak yang melampaui usia jadwal bayi rutin, jadwal Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent) berikut diusulkan:
Jadwal lanjutan, untuk anak-anak usia 7 bulan sampai 15 bulan yang belum menerima Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent):

Tabel 2: Jadwal Vaksinasi untuk Anak Usia 7 Sampai 15 bulan yang Tidak Divaksinasi

Usia saat dosis pertama	Jumlah Total dosis 0,5 ml
usia 7-11 bulan	3[a]
usia 12-15 bulan	2[b]

[a] Jadwal vaksinasi terdiri dari dua dosis primer 0,5 ml dengan interval minimal 1 bulan antar dosis. Dosis booster (ketiga) direkomendasikan pada tahun kedua kehidupan (12 hingga 15 bulan) dengan interval minimal 2 bulan setelah dosis primer terakhir.
[b] Jadwal vaksinasi terdiri dari dua dosis 0,5 ml dengan interval minimal 2 bulan antar dosis.

7. Kontraindikasi
Jangan gunakan Bio-PCV jika anak anda alergi (hipersensitif) terhadap komponen vaksin ini, termasuk toksoid difteri.

8. Peringatan dan Perhatian
Konsultasikan kepada dokter atau perawat sebelum vaksinasi, jika anak anda sedang sakit ringan dengan atau tanpa demam. Vaksinasi mungkin perlu ditunda sampai anak anda pulih. Perawatan dan pengawasan medis yang tepat harus selalu tersedia jika terjadi reaksi alergi parah dan serius yang jarang terjadi setelah pemberian vaksin.
Vaksin ini tidak boleh diberikan kepada individu dengan trombositopenia atau gangguan koagulasi yang merupakan kontraindikasi injeksi intramuskular atau mereka yang menerima antikoagulan terapi, kecuali jika manfaat potensial sedikit lebih besar daripada risiko pemberian.
Informasikan kepada dokter atau perawat jika anak anda dalam kelompok tertentu yang berisiko lebih tinggi untuk penyakit pneumokokus invasif (anak yang memiliki disfungsi limpa kongenital, infeksi HIV, maligna, sindrom nefrotik).
Anak-anak dalam kelompok ini mungkin mengalami penurunan respon antibodi terhadap imunisasi aktif karena gangguan respon imun. Data terbatas telah menunjukkan bahwa vaksin konjugasi pneumokokus lainnya menginduksi respon imun pada anak dengan HIV, penyakit sel sabit, dan anak yang lahir prematur dengan profil keamanan yang serupa dengan yang diamati pada kelompok yang tidak berisiko tinggi. Dokter akan mempertimbangkan penggunaan vaksin ini secara individual pada kelompok berisiko tinggi tersebut.
Apnea pada Bayi Prematur: Berdasarkan pengalaman dengan penggunaan vaksin konjugat pneumokokus lainnya, potensi risiko apnea dan kebutuhan untuk pemantauan pernapasan selama 48-72 jam harus dipertimbangkan ketika memberikan rangkaian imunisasi primer pada bayi yang sangat prematur (lahir 28 minggu kehamilan) dan terutama bagi mereka yang memiliki riwayat imaturitas pernapasan sebelumnya. Karena manfaat vaksinasi tinggi pada kelompok bayi ini, vaksinasi dengan Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent) tidak boleh ditahan atau ditunda.

9. Interaksi Obat
Bio-PCV dapat diberikan bersamaan dengan vaksin lain selama disuntikkan pada lokasi berbeda. Vaksin lain yang dimaksud antara lain: difteri, tetanus, pertusis, Haemophilus influenzae tipe b, poliomielitis, rotavirus, demam kuning, hepatitis B, campak dan rubela. Studi klinis menunjukkan bahwa pemberian Bio-PCV bersamaan dengan vaksin lain tidak mempengaruhi respon imun dan keamanan vaksin.

10. Efek samping
Seperti semua vaksin dan obat-obatan, Bio-PCV dapat menyebabkan efek samping, walaupun tidak terjadi pada semua orang.
Reaksi paling umum yang pernah dilaporkan adalah nyeri pada lokasi penyuntikkan, demam (≥ 37,5°C), dan rewel.
Sementara reaksi umum yang terjadi antara lain eritema, pembengkakan di sekitar lokasi penyuntikan, nafsu makan berkurang, mengantuk, dan ruam.
Adapun reaksi yang jarang terjadi antara lain diare, dan demam tinggi hingga melebihi 39°C.
Jika anak anda menujukkan efek samping, termasuk kemungkinan efek samping yang tidak tercantum pada leaflet ini, maka konsultasikan dengan dokter anda.

11. Cara penyimpanan
Simpan di lemari es (2°C - 8°C). JANGAN DIBEKUKAN. Buang vaksin apabila ditemukan sudah beku.
Cairan putih halus dengan supernatan yang tidak berwarna dapat diamati pada saat penyimpanan vial. Ini bukan merupakan tanda kerusakan produk.

12. Petunjuk penggunaan
Jangan menggunakan vaksin apabila telah melewati tanggal kedaluwarsa yang tercantum pada kotak.
Dokter akan memastikan terlebih dahulu bahwa tidak ada partikel asing di dalam Bio-PCV sebelum menyuntikkannya kepada anak anda.
Vaksin ini diberikan dengan cara disuntikan ke otot atau jauh di bawah kulit. Dokter tidak akan menyuntikan ke kulit atau ke pembuluh darah.
Lokasi penyuntikkan yang disarankan adalah anterolateral paha pada bayi atau otot deltoid lengan atas pada balita.
Vaksin tidak boleh disuntikkan di daerah gluteal.

13. Kemasan dan Nomor Izin Edar
Dus, 1 vial @1 dosis (0,5 mL)
Dus, 50 vial @5 dosis (2,5 mL)

Harus Dengan Resep Dokter

Diproduksi oleh:
SERUM INSTITUTE OF INDIA PVT. LTD.
212/2, Hadapsar, Pune 411028, INDIA
Protection from birth onwards

Diimpor oleh:
biofarma
PT Bio Farma (Persero)
Jl. Pasteur No. 28, Bandung
Indonesia

200XXXXX/0

Pantone 7442 C
Pantone 072 C
Cyan
Magenta
Yellow
Black

Reason for issue: New		Specification: Printed on bible 40 gsm.
Customer: Indonesia PIL		
Product: Bio-PCV		Colour: C M Y K Pantone 7442 C and Pantone 072 C
Item Code number: 200XXXXX/0	Specification No.:	Artwork made to: 100%
Supercedes Item Code:		Dimensions: 123 x 236 mm

PACKAGING DEVELOPMENT	QUALITY CONTROL	REGULATORY AFFAIRS	MEDICAL DEPARTMENT	QUALITY ASSURANCE

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DISETUJUI OLEH BPOM: 06/06/2022 ID: EREG100409VR12200171

Bio-PCV

Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)

(10-Valent)

DESCRIPTION:
Bio-PCV [Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)] (10-valent) is a sterile suspension of saccharides of the capsular antigens of Streptococcus pneumoniae serotypes 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F and 23F individually conjugated by using 1-cyano-4-dimethylamino pyridinium tetrafluoroborate chemistry (CDAP) to non-toxic diphtheria CRM197 protein. The polysaccharides are chemically activated and then covalently linked to the protein carrier CRM197 to form the glycoconjugate.
Individual conjugates are compounded and then polysorbate 20 and aluminium phosphate are added to formulate the vaccine.
The potency of the vaccine is determined by the quantity of the saccharide antigens and the saccharide-to-protein ratios in the individual glycoconjugates. The vaccine meets the requirements of WHO, IP and BP when tested by the methods outlined in WHO TRS 977, IP and BP.

COMPOSITION:

Bio-PCV (10-valent) 0.5 ml - 1 dose
Each dose of 0.5 ml contains:

Saccharide for serotypes	
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A	2 mcg each
Saccharide for serotype 6B	4 mcg
Conjugated to CRM197 carrier protein	19 to 48 mcg
Aluminium (as Aluminium phosphate)	0.125 mg

Dose : 0.5 ml by intramuscular injection.

Bio-PCV **(10-valent) 2.5 ml - 5 dose**
Each dose of 0.5 ml contains:

Saccharide for serotypes	
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A	2 mcg each
Saccharide for serotype 6B	4 mcg
Conjugated to CRM197 carrier protein	19 to 48 mcg
Aluminium (as Aluminium phosphate)	0.125 mg
Thiomersal:	0.005 %

Excipients:
- Aluminium Phosphate gel 2%
- L-Histidine
- Succinic acid
- Sodium Chloride
- Water for injection (WFI)
- Polysorbate-20
- Sodium Hydroxide
- Hydrochloric Acid
- Thiomersal (only for Multidose formulation)

INDICATIONS:
Active immunization against invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumoniae serotypes 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F and 23F in infants and toddlers from 6 weeks up to 15 months of age.
The use of vaccine should be determined on the basis of relevant recommendations and take into consideration the disease impact by age and regional epidemiology.

DOSAGE AND ADMINISTRATION: For Intramuscular use only :
The dose is 0.5 ml given intramuscularly, with care to avoid Injection into or near nerves and blood vessels. The product is a suspension containing an adjuvant, shake vigorously immediately prior to use to obtain a homogenous, whitish turbid liquid in the vaccine container. The vaccine should be given by intramuscular injection. The preferred sites are anterolateral aspect of the thigh in infants or the deltoid muscle of the upper arm in young children. The vaccine should not be injected in the gluteal area. Do not administer Bio-PCV (10-valent) intravascularly. The vaccine should not be injected intradermally, subcutaneously or intravenously, since the safety and immunogenicity of these routes have not been evaluated.
Once opened, multi-dose vials should be kept between +2°C and +8°C. Multi-dose vials of Bio-PCV (10-valent) from which one or more doses of vaccine have been removed during an immunization session may be used in subsequent immunization sessions for up to a maximum of 28 days, provided that all of the following conditions are met (as described in the WHO policy statement: Handling of multi dose vaccine vials after opening, WHO/IVB/14.07):
- The vaccine is currently prequalified by WHO;
- The vaccine is approved for use for up to 28 days after opening the vial, as determined by WHO;
- The expiry date has not passed;
- The vaccine vial has been, and will continue to be, stored at WHO - or manufacturer recommended temperatures; furthermore, the vaccine vial monitor, if one is attached, is visible on the vaccine label and is not past its discard point, and the vaccine has not been damaged by freezing.

The vaccine should be visually inspected for any foreign particulate matter and / or variation of physical aspect prior to administration. In event of either being observed, discard the vaccine.

Vaccination Schedule:
Bio-PCV (10-valent) is to be administered as a three-dose primary series at 6, 10, and 14 weeks of age, with or without, depending on recommended dosing schedule, a booster dose at 9-10 or 12-15 months of age. The minimum interval between doses should be 4 weeks. If a booster dose is given, it should be at least 6 months after the last primary dose.

Table 1: Vaccination Schedule for Infants and Toddlers

Dosage Schedules	Dose 1 [a, b]	Dose 2 [b]	Dose 3 [b]	Dose 4 [c]
3p+1	6 weeks	10 weeks	14 weeks	9 - 10 months or 12-15 months
3p+0	6 weeks	10 weeks	14 weeks	

[a] Dose 1 may be given as early as 6 weeks
[b] The recommended dosing interval is 4 weeks
[c] A booster (fourth) dose is recommended at least 6 months after the last primary dose and may be given from the age of 9 months onwards (preferably between 12 and 15 months of age)

For children who are beyond the age of routine infant schedule, the following Bio-PCV (10-valent) schedule is proposed:
The catch-up schedule, for children 7 months through 15 months of age who have not received Bio-PCV (10-valent):

Table 2: Vaccination Schedules for Unvaccinated Children 7 Through 15 Months of Age

Age at first dose	Total Number of 0.5 ml doses
7-11 months of age	3[a]
12-15 months of age	2[b]

[a] The vaccination schedule consists of two primary doses of 0.5 ml with an interval of at least 1 month between doses. A booster (third) dose is recommended in the second year of life (12 to 15 months) with an interval of at least 2 months after the last primary dose.
[b] The vaccination schedule consists of two doses of 0.5 ml with an interval of at least 2 months between doses.

CONTRAINDICATIONS:
Hypersensitivity to any component of the vaccine, including diphtheria toxoid.

SPECIAL WARNINGS:
As with all injectable vaccines, appropriate medical treatment and supervision must always be readily available in case of a rare anaphylactic event following the administration of the vaccine.
This vaccine should not be given to individuals with thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injection or to those receiving anticoagulant therapy, unless the potential benefit Clearly outweighs the risk of administration.

PRECAUTIONS:
ADRENALINE INJECTION (1:1000) MUST BE IMMEDIATELY AVAILABLE SHOULD AN ACUTE ANAPHYLACTIC REACTION OCCUR DUE TO ANY COMPONENT OF THE VACCINE. For treatment of severe anaphylaxis, the initial dose of adrenaline is 0.1- 0.5 mg (0.1- 0.5 ml of 1:1000 injection) given s/c or i/m. Single dose should not exceed 1 mg (1 ml). For infants and children, the recommended dose of adrenaline is 0.01 mg/kg (0.01 ml/kg of 1:1000 injection). Single paediatric dose should not exceed 0.5 mg (0.5 ml). The mainstay in the treatment of severe anaphylaxis is the prompt use of adrenaline, which can be lifesaving. It should be used at the first suspicion of anaphylaxis.
As with the use of all vaccines the vaccine should remain under observation for not less than 30 minutes for possibility of occurrence of immediate or early allergic reactions. Hydrocortisone and antihistaminic should also be available in addition to supportive measures such as oxygen inhalation and IV fluids.
Special care should be taken to ensure that the injection does not enter a blood vessel. IT IS EXTREMELY IMPORTANT WHEN THE PARENT, GUARDIAN RETURNS FOR THE NEXT DOSE IN THE SERIES, THE PARENT and GUARDIAN SHOULD BE QUESTIONED CONCERNING OCCURRENCE OF ANY SYMPTOMS AND/OR SIGNS OF AN ADVERSE REACTION AFTER THE PREVIOUS DOSE.
Minor illnesses, such as mild respiratory infection, with or without low grade fever, are not generally contraindications to vaccination. The decision to administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. The administration of Bio-PCV (10-valent) should be postponed in subjects suffering from acute severe febrile illness. As with any intramuscular injection, Bio-PCV (10-valent) should be given with, caution to infants or children with thrombocytopenia or any coagulation disorder, or to those receiving anticoagulant therapy.
This vaccine is not intended to be used for treatment of active infection. As with any vaccine, Bio-PCV (10-valent) may not protect all individuals receiving the vaccine from pneumococcal disease.

SPECIAL POPULATIONS:
Safety and immunogenicity data on Bio-PCV (10-valent) are not available for children in specific groups at higher risk for invasive pneumococcal disease (e.g., children with congenital or acquired splenic dysfunction, HIV infection, malignancy, nephrotic syndrome). Children in these groups may have reduced antibody response to active immunization due to impaired immune responsiveness. Limited data have demonstrated that other pneumococcal conjugate vaccines induce an immune response in children with HIV, sickle cell disease, and children born prematurely with a safety profile similar to that observed in non-high-risk groups. The use of Bio-PCV (10-valent) in high-risk groups should be considered on an individual basis.
Apnoea in Premature Infants: Based on experience with use of other pneumococcal conjugate vaccines, the potential risk of apnoea and the need for respiratory monitoring for 48-72 hours should be considered when administering the primary immunization series to very premature infants (born ≤ 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity. As the benefit of vaccination is high in this group of infants, vaccination with Bio-PCV (10-valent) should not be withheld or delayed.

PREGNANCY & LACTATION:
Human data on the use during pregnancy or lactation are not available.

PEDIATRIC USE:
Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) is not intended for use in children below the age of 6 weeks. The safety and effectiveness in children below the age of 6 weeks has not been established.

INTERACTIONS:
Bio-PCV (10-valent) can be given with any of the following vaccine antigens, either as monovalent or combination vaccines: diphtheria, tetanus, whole-cell pertussis, Haemophilus influenzae type b, inactivated or oral poliomyelitis, rotavirus, yellow fever, hepatitis B, measles and rubella. Clinical studies demonstrated that the immune responses and the safety profiles of the administered vaccines were unaffected. Studies with other pneumococcal conjugate vaccines co-administered with mumps, varicella, meningococcal ACWY, and rotavirus vaccines have demonstrated that the immune responses of the other pneumococcal conjugate vaccines and the co-administered vaccines were unaffected.
In clinical trials, when other pneumococcal conjugate vaccines were given concomitantly but at a different site/route, with rotavirus vaccine or hepatitis A vaccine, no change in the safety profiles for these infants was observed.
Different injectable vaccines should always be given at different injection-sites. Till date Bio-PCV (10-valent) clinical studies have been conducted in India and The Gambia in toddlers and infants.
In the Gambia Phase ½ study, there was no evidence that administration of Bio-PCV (10-valent) interfered with the immune response to any component of co-administered pentavalent vaccine.
In the Gambia Phase 3 study, non-inferiority of the immune responses induced by EPI vaccines between treatment groups was demonstrated for all EPI vaccines co-administered during the 3-dose primary vaccination series (6 weeks, 10 weeks and 14 weeks) - namely, whole-cell pentavalent vaccine (DTwP-HepB-Hib) oral polio vaccine, inactivated polio vaccine, and oral rotavirus vaccine. Standard EPI vaccines based on the Gambian EPI schedule (measles-rubella vaccine and yellow fever virus vaccine) were co-administered with the booster dose of study vaccine. Non-inferiority of the immune responses was demonstrated for these co-administered EPI vaccines. While there are no known published data on co-administration of other pneumococcal conjugate vaccine with yellow fever virus vaccine, the high seroresponse rate to yellow fever in the Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) group indicates that Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) does not interfere with the immune response to yellow fever virus vaccine.
This section will continue to be updated along with further studies.

ADVERSE REACTIONS:
Summary of the safety profile
Safety assessment of Bio-PCV (10-valent) was based on clinical trials involving the administration of 5,416 doses to 1,828 healthy children as primary immunisation. Furthermore, 428 children received a booster dose of Bio-PCV (10-valent) following a primary vaccination course. Bio-PCV (10-valent) was administered concomitantly with recommended childhood vaccines, as appropriate.
Safety was also assessed in 57 previously unvaccinated children during the second year of life; all children received 2 doses of vaccine. Bio-PCV (10-valent) has also been used for booster vaccination in 56 children who received another

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Black

Reason for issue: New		Specification: Printed on bible 40 gsm.
Customer: Indonesia	Pack insert	
Product: Bio-PCV		Colour: C M Y K Pantone 7442 C and Pantone 072 C
Item Code number: 200XXXXX/0	Specification No.:	Artwork made to: 100%
Supercedes Item Code:		Dimensions: 237 x 236 mm

PACKAGING DEVELOPMENT	QUALITY CONTROL	REGULATORY AFFAIRS	MEDICAL DEPARTMENT	QUALITY ASSURANCE

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pneumococcal conjugate vaccine for the primary course.
The vast majority of the reactions observed following vaccination were of mild or moderate severity and were of short duration.
In the largest Gambian Phase 3 study (VAC-056) in 2250 infants of 6-8 weeks of age, the most common adverse reactions observed after primary vaccination were tenderness at the injection site, fever and irritability, which were reported for approximately 49%, 52% and 32% of all infants, respectively. No increase in the incidence or severity was observed following subsequent doses of the primary vaccination course. Following booster vaccination, the most common adverse reaction was tenderness at the injection site, which was reported for approximately 8% of all infants.
The Indian Phase 3 licensure study (PCV-10-003) in 448 infants of 6-8 weeks of age, similarly showed tenderness at the injection site, fever and irritability as the most common adverse reactions observed after primary vaccination, with no change in the incidence or severity observed following subsequent doses of the primary vaccination course. Majority of the solicited AEs were of mild to moderate intensity and resolved completely.
The injection site and systemic reactions following catch-up vaccination or booster vaccination during the second year of life were similar to those reported after primary vaccination.
In all studies, the incidence and severity of local and general adverse reactions reported within 7 days of vaccination were similar to those after vaccination with the licensed comparator PCV.

Tabulated list of adverse reactions
Adverse reactions (i.e. events considered as related to vaccination) have been categorised by frequency for all age groups.
Frequencies are reported as:
Very common (≥ 1/10 vaccinees)
Common (≥ 1/100 vaccinees but < 1/10 vaccinees)
Uncommon (≥ 1/1000 vaccinees but < 1/100 vaccinees)
Rare (≥ 1/10,000 vaccinees but < 1/1,000 vaccinees)

System Organ Class	Frequency	Adverse reactions
Gastrointestinal disorders	Uncommon	Diarrhoea
General disorders and administration site conditions	Very common	Pain, Fever ≥ 37.5°C (axillary)
	Common	Erythema, Swelling/induration
	Uncommon	Fever > 39°C (axillary)
Metabolism and nutrition disorders	Common	Decreased appetite
Nervous system disorders	Common	Drowsiness
Psychiatric disorders	Very common	Irritability
Skin and subcutaneous tissue disorders	Common	Rash

CLINICAL DATA

Study No. / Phase / Location	Study Population	Schedule of vaccination / Control	No. Subjects	
			Bio-PCV	Comparator
PCV-10-001 / Phase 1 / India	PCV-naïve adults (18-40 years inclusive)	Single dose / Pneumovax®23	17	17
	In a Prospective, Randomized, Two-Arm, Active Controlled, Double-Blind Study; • A single dose of Bio-PCV was well tolerated and showed no safety concerns in healthy Indian adults, demonstrating a safety profile comparable with the licensed comparator.			
VAC-017 / Phase 1/2 / The Gambia	PCV-naïve adults (18-40 years inclusive)	Single dose / Pneumovax®23	17	17
	PCV-primed toddlers (12-15 months inclusive)	Single dose / Prevenar 13®	56	56
	PCV-naïve infants (6 to 8 weeks inclusive)	3-dose primary vaccination series (at 6, 10 and 14 weeks of age) / Prevenar 13®	100	100
		Booster vaccination at 10-14 months of age in a subset / Prevenar 13®	49	47
	In a Phase 1/2, Prospective, Single Centre, Randomized, Active-Controlled, Double-Blind, Age De-escalation Study; • Bio-PCV demonstrated similar safety and tolerability profile in all three age groups to the licensed comparator/s. • Bio-PCV was immunogenic in all three age groups as measured both with IgG antibody level and functional activity (OPA). • IgG GMCs were > 1µg/ml for all serotypes in both Bio-PCV and the licensed comparator group. Post booster GMCs were comparable between groups. • Bio-PCV elicited a strong booster response for all 10 serotypes, comparable to the licensed comparator. • Bio-PCV did not appear to interfere with the responses to concomitantly administered vaccinations. • Pre booster vaccination IgG GMCs were generally comparable between both Bio-PCV and licensed comparator groups and were lower than the respective post primary series GMCs for both groups.			
PCV-10-002 / Phase 2 / India	PCV-naïve toddlers (12-15 months inclusive)	Two dose Catch-up schedule, 8 weeks apart / Prevenar 13®	57	57
	In a Phase 2, Prospective, Multi-centre, Randomized, Two-arm, Active Controlled, Double-blind Study; • Bio-PCV was well tolerated and no safety signals were identified, demonstrating a similar safety and tolerability profile to the licensed comparator • Overall immune responses (both IgG by ELISA, as well as functional responses by OPA) following Bio-PCV were robust and comparable to those following the licensed comparator, with IgG GMCs > 1µg/ml for all 10 serotypes in both treatment groups.			
VAC-056 / Phase 3 / The Gambia (3+1)	PCV-naïve infants (6 to 8 weeks inclusive on Day 0)	3-dose primary vaccination series (at 6, 10 and 14 weeks of age) / Synflorix®	1,503	747
		Booster vaccination at 9-10 months of age in a subset / Synflorix®	428	213
	In a Pivotal Phase 3, Randomized, Double-Blind Study; • Lot-to-Lot consistency was established with equivalence demonstrated for the 3 lots of Bio-PCV evaluated in the study. • Non-inferiority was demonstrated for all 10 serotypes in Bio-PCV in comparison to the immune responses induced by the licensed comparator, after a 3-dose primary series, on the basis of both % IgG responders (> 0.35 µg/mL) as well as IgG GMC ratios. • Robust functional responses were demonstrated for all 10 serotypes in Bio-PCV by both % OPA responders (> 1:8) as well as OPA GMT ratios, favourably comparable to those induced by the licensed comparator. • Robust booster IgG and OPA responses were demonstrated for all 10 serotypes in Bio-PCV, favourably comparable to those induced by the licensed comparator. • Non-inferior non-interference to all co-administered EPI vaccines was established in comparison to the licensed comparator group. • Bio-PCV had an acceptable safety and tolerability profile, with no notable difference in comparison with the licensed comparator. • Antibodies elicited by the booster dose were shown to persist at least as well following Bio-PCV as following the licensed comparator for all serotypes over the 1 year follow-up period post booster.			
PCV-10-003 / Phase 3 / India (3+0)	PCV-naïve infants (6 to 8 weeks inclusive on Day 0)	3-dose vaccination series (at 6,10 and 14 weeks of age) / Prevenar 13® and Synflorix®	225	223
	In a Phase 3, Randomized, Double-Blind Study; • Bio-PCV was highly immunogenic in Indian infants and induced robust serotype specific IgG and functional OPA responses for all 10 serotypes. • The study data indicates comparable immunogenicity of Bio-PCV to both licensed comparators using either of the WHO defined IgG endpoints and/or OPA endpoints for all 10 serotypes and thus demonstrates comparability of Bio-PCV with both currently licensed PCVs in India, in Indian infants. • The robust OPA results are clinically significant in light of increasing clinical importance assumed by OPA over IgG, as opsonophagocytosis is considered as the primary mechanism of host defence against pneumococcal disease and is being increasingly observed to correlate well with protection offered against IPD. • Bio-PCV was safe and well tolerated in a 3+0 vaccination schedule in Indian infants, with a safety and reactogenicity profile favourably comparable to both licensed comparators.			

PRECLINICAL SAFETY DATA:
Single and multiple administration of the Bio-PCV (10-valent) to rats and rabbits were well tolerated and revealed no evidence of any significant local or systemic toxic effects. Observed changes were not considered adverse but rather a consequence of the pharmacological activity of Bio-PCV (10-valent) and licensed pneumococcal conjugate vaccine comparator.

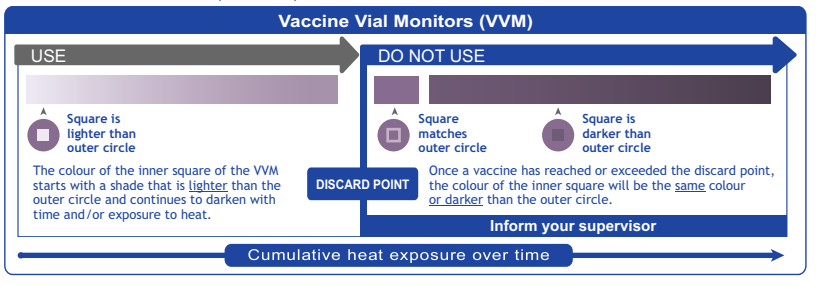
COMPATIBILITIES, INCOMPATIBILITIES:
The vaccine is not to be mixed with other vaccines/products in the same syringe.

STORAGE:
Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) (10-valent) should be stored at 2 - 8°C. DO NOT FREEZE. Discard if the vaccine has been frozen. A fine white deposit with clear colourless supernatant may be observed upon storage of the vial. This does not constitute a sign of deterioration.

SHELF LIFE:
36 months from the date of manufacture.

PRESENTATION:
Box, 1 vial @ 1 dose (0.5 ml)
Box, 50 vials @ 5 doses (2.5 ml)

THE VACCINE VIAL MONITOR (OPTIONAL)



Vaccine Vial Monitors (VVMs) are on the cap of the vial / part of the label on Bio-PCV (10-valent) supplied through Serum Institute of India Pvt. Ltd. This is a time-temperature sensitive dot that provides an indication of the cumulative heat to which the vial has been exposed. It warns the end user when exposure to heat is likely to have degraded the vaccine beyond an acceptable level.
The interpretation of the VVM is simple. Focus on the central square. Its colour will change progressively. As long as the colour of this square is lighter than the colour of the outer circle, then the vaccine can be used. As soon as the colour of the central square is the same colour as the outer circle or of a darker colour than the outer circle, then the vial should be discarded.

Harus Dengan Resep Dokter

Manufactured by:
SERUM INSTITUTE OF INDIA PVT. LTD.
212/2, Hadapsar, Pune 411028, INDIA
Protection from birth onwards

Imported by:
bioFarma
PT Bio Farma (Persero)
Jl. Pasteur No. 28, Bandung
Indonesia

Pantone 7442 C
Pantone 072 C
Cyan
Magenta
Yellow
Black

Reason for issue: New	Specification: Printed on bible 40 gsm.
Customer: Indonesia Pack insert	
Product: Bio-PCV	Colour: C M Y K Pantone 7442 C and Pantone 072 C
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Supercedes Item Code:	Dimensions: 237 x 236 mm

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SERUM INSTITUTE OF INDIA PVT. LTD.
Cyrus Poonawalla Group

Corporate Plant
Format

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

PATIENT INFORMATION LEAFLET

Bio-PCV

Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed)

(10-Valent)

1. Deskripsi
Bio-PCV adalah vaksin pneumococcal polisakarida yang terkonjugasi. Bio-PCV mengandung polisakarida dari 10 serotipe bakteri Streptococcus pneumonia.

2. Bentuk Sediaan
Suspensi untuk injeksi.

3. Pemerian Obat
Cairan keruh keputihan cenderung mengendap dan bebas dari partikel/flokula asing

4. Komposisi

Bio-PCV (10-valent) 0.5 ml - 1 dose
Tiap dosis (0,5 ml) mengandung:
Sakarida untuk serotipe
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A 2 mcg each
Sakarida untuk serotipe 6B 4 mcg
Konjugasi dengan protein pembawa CRM197 19 to 48 mcg
Aluminium (sebagai Aluminium fosfat) sebanyak 0,125 mg
Dosis : 0,5 ml dengan injeksi intramuskular.

Bio-PCV (10-valent) 2.5 ml - 5 dose
Tiap dosis (0,5 ml) mengandung:
Sakarida untuk serotipe
1, 5, 9V, 14, 19A, 19F, 23F, 7F, 6A 2 mcg each
Sakarida untuk serotipe 6B 4 mcg
Konjugasi dengan protein pembawa CRM197 19 to 48 mcg
Aluminium (sebagai Aluminium fosfat) sebanyak 0,125 mg
Thimerosal sebanyak 0,005 %

Zat tambahan:
- Aluminium fosfat gel 2%
- L-Histidine
- Asam suksinat
- Natrium klorida
- Water for injection (WFI)
- Polisorbat-20
- Natrium Hidroksida
- Asam Hidroklorik
- Thimerosal (untuk formulasi multidosis)

5. Indikasi:
Bio-PCV digunakan pada bayi mulai usia 6 minggu hingga balita usia15 bulan, untuk memberikan perlindungan terhadap penyakit invasif, pneumonia, dan otitis media akut yang disebabkan oleh Streptococcus pneumoniae serotipe 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F dan 23F.

6. Jadwal vaksinasi
Vaksinasi diberikan sebanyak 3 dosis primer dengan jadwal penyuntikkan pada usia 6, 10, dan 14 minggu, dengan atau tanpa, tergantung pada jadwal pemberian dosis yang direkomendasikan, dosis booster pada usia 9-10 atau 12-15 bulan. Interval minimum antara dosis harus 4 minggu. Jika dosis booster diberikan, harus setidaknya 6 bulan setelah dosis primer terakhir.

Tabel 1: Jadwal Vaksinasi untuk Bayi dan Balita

Jadwal Dosis	Dosis 1 [a, b]	Dosis 2 [b]	Dosis 3 [b]	Dosis 4 [c]
3p+1	6 minggu	10 minggu	14 minggu	9 - 10 bulan or 12 - 15 bulan
3p+0	6 minggu	10 minggu	14 minggu	

[a] Dosis 1 dapat diberikan saat usia 6 minggu
[b] Interval dosis yang disarankan adalah 4 minggu
[c] Dosis booster (keempat) direkomendasikan setidaknya 6 bulan setelah dosis primer terakhir dan dapat diberikan mulai usia 9 bulan dan seterusnya (sebaiknya antara usia 12 dan 15 bulan)

Untuk anak-anak yang melampaui usia jadwal bayi rutin, jadwal Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent) berikut diusulkan:
Jadwal lanjutan, untuk anak-anak usia 7 bulan sampai 15 bulan yang belum menerima Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent):

Tabel 2: Jadwal Vaksinasi untuk Anak Usia 7 Sampai 15 bulan yang Tidak Divaksinasi

Usia saat dosis pertama	Jumlah Total dosis 0,5 ml
usia 7-11 bulan	3[a]
usia 12-15 bulan	2[b]

[a] Jadwal vaksinasi terdiri dari dua dosis primer 0,5 ml dengan interval minimal 1 bulan antar dosis. Dosis booster (ketiga) direkomendasikan pada tahun kedua kehidupan (12 hingga 15 bulan) dengan interval minimal 2 bulan setelah dosis primer terakhir.
[b] Jadwal vaksinasi terdiri dari dua dosis 0,5 ml dengan interval minimal 2 bulan antar dosis.

7. Kontraindikasi
Jangan gunakan Bio-PCV jika anak anda alergi (hipersensitif) terhadap komponen vaksin ini, termasuk toksoid difteri.

8. Peringatan dan Perhatian
Konsultasikan kepada dokter atau perawat sebelum vaksinasi, jika anak anda sedang sakit ringan dengan atau tanpa demam. Vaksinasi mungkin perlu ditunda sampai anak anda pulih. Perawatan dan pengawasan medis yang tepat harus selalu tersedia jika terjadi reaksi alergi parah dan serius yang jarang terjadi setelah pemberian vaksin.
Vaksin ini tidak boleh diberikan kepada individu dengan trombositopenia atau gangguan koagulasi yang merupakan kontraindikasi injeksi intramuskular atau mereka yang menerima antikoagulan terapi, kecuali jika manfaat potensial sedikit lebih besar daripada risiko pemberian.
Informasikan kepada dokter atau perawat jika anak anda dalam kelompok tertentu yang berisiko lebih tinggi untuk penyakit pneumokokus invasif (anak yang memiliki disfungsi limpa kongenital, infeksi HIV, maligna, sindrom nefrotik).
Anak-anak dalam kelompok ini mungkin mengalami penurunan respon antibodi terhadap imunisasi aktif karena gangguan respon imun. Data terbatas telah menunjukkan bahwa vaksin konjugasi pneumokokus lainnya menginduksi respon imun pada anak dengan HIV, penyakit sel sabit, dan anak yang lahir prematur dengan profil keamanan yang serupa dengan yang diamati pada kelompok yang tidak berisiko tinggi. Dokter akan mempertimbangkan penggunaan vaksin ini secara individual pada kelompok berisiko tinggi tersebut.
Apnea pada Bayi Prematur: Berdasarkan pengalaman dengan penggunaan vaksin konjugat pneumokokus lainnya, potensi risiko apnea dan kebutuhan untuk pemantauan pernapasan selama 48-72 jam harus dipertimbangkan ketika memberikan rangkaian imunisasi primer pada bayi yang sangat prematur (lahir 28 minggu kehamilan) dan terutama bagi mereka yang memiliki riwayat imaturitas pernapasan sebelumnya. Karena manfaat vaksinasi tinggi pada kelompok bayi ini, vaksinasi dengan Vaksin Konjugat Polisakarida Pneumokokus (Adsorbed) (10-valent) tidak boleh ditahan atau ditunda.

9. Interaksi Obat
Bio-PCV dapat diberikan bersamaan dengan vaksin lain selama disuntikkan pada lokasi berbeda. Vaksin lain yang dimaksud antara lain: difteri, tetanus, pertusis, Haemophilus influenzae tipe b, poliomielitis, rotavirus, demam kuning, hepatitis B, campak dan rubela. Studi klinis menunjukkan bahwa pemberian Bio-PCV bersamaan dengan vaksin lain tidak mempengaruhi respon imun dan keamanan vaksin.

10. Efek samping
Seperti semua vaksin dan obat-obatan, Bio-PCV dapat menyebabkan efek samping, walaupun tidak terjadi pada semua orang.
Reaksi paling umum yang pernah dilaporkan adalah nyeri pada lokasi penyuntikkan, demam (≥ 37,5°C), dan rewel.
Sementara reaksi umum yang terjadi antara lain eritema, pembengkakan di sekitar lokasi penyuntikan, nafsu makan berkurang, mengantuk, dan ruam.
Adapun reaksi yang jarang terjadi antara lain diare, dan demam tinggi hingga melebihi 39°C.
Jika anak anda menujukkan efek samping, termasuk kemungkinan efek samping yang tidak tercantum pada leaflet ini, maka konsultasikan dengan dokter anda.

11. Cara penyimpanan
Simpan di lemari es (2°C - 8°C). JANGAN DIBEKUKAN. Buang vaksin apabila ditemukan sudah beku.
Cairan putih halus dengan supernatan yang tidak berwarna dapat diamati pada saat penyimpanan vial. Ini bukan merupakan tanda kerusakan produk.

12. Petunjuk penggunaan
Jangan menggunakan vaksin apabila telah melewati tanggal kedaluwarsa yang tercantum pada kotak.
Dokter akan memastikan terlebih dahulu bahwa tidak ada partikel asing di dalam Bio-PCV sebelum menyuntikkannya kepada anak anda.
Vaksin ini diberikan dengan cara disuntikan ke otot atau jauh di bawah kulit. Dokter tidak akan menyuntikan ke kulit atau ke pembuluh darah.
Lokasi penyuntikkan yang disarankan adalah anterolateral paha pada bayi atau otot deltoid lengan atas pada balita.
Vaksin tidak boleh disuntikkan di daerah gluteal.

13. Kemasan dan Nomor Izin Edar
Dus, 1 vial @1 dosis (0,5 mL)
Dus, 50 vial @5 dosis (2,5 mL)

Harus Dengan Resep Dokter

Diproduksi oleh:
SERUM INSTITUTE OF INDIA PVT. LTD.
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Protection from birth onwards

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Indonesia

200XXXXX/0

Pantone 7442 C
Pantone 072 C
Cyan
Magenta
Yellow
Black

Reason for issue: New		Specification: Printed on bible 40 gsm.
Customer: Indonesia PIL		
Product: Bio-PCV		Colour: C M Y K Pantone 7442 C and Pantone 072 C
Item Code number: 200XXXXX/0	Specification No.:	Artwork made to: 100%
Supercedes Item Code:		Dimensions: 123 x 236 mm

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