Annex III

Product information

Note:

This product information is the outcome of the referral procedure to which this Commission decision relates.

The product information may be subsequently updated by the Member State competent authorities, in liaison with the reference Member State, as appropriate, in accordance with the procedures laid down in Chapter 4 of Title III of Directive 2001/83/EC.

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

[To be completed nationally]

3. PHARMACEUTICAL FORM

[To be completed nationally]

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Varilrix is indicated for active immunisation against varicella:
- In healthy individuals from 9 to 11 months of age (see section 5.1), under special circumstances;
- In healthy individuals from the age of 12 months (see section 5.1);
- For post-exposure prophylaxis if administered to healthy, susceptible individuals exposed to varicella within 72 hours of contact (see sections 4.4 and 5.1);
- In individuals at high risk of severe varicella (see sections 4.3, 4.4 and 5.1).

The use of Varilrix should be based on official recommendations.

4.2 Posology and method of administration

Posology

The immunisation schedules for Varilrix should be based on official recommendations.

Healthy individuals
Infants from 9 months to 11 months of age (inclusive)
Infants from 9 to 11 months of age (inclusive) receive two doses of Varilrix to ensure optimal protection against varicella (see section 5.1). The second dose should be given after a minimum interval of 3 months.

Children from 12 months of age, adolescents and adults
Children from the age of 12 months as well as adolescents and adults receive two doses of Varilrix to ensure optimal protection against varicella (see section 5.1). The second dose should generally be given at least 6 weeks after the first dose. Under no circumstances should the interval between the doses be less than 4 weeks.

Individuals at high risk of severe varicella
Individuals at high risk of severe varicella may benefit from re-vaccination following the 2-dose schedule (see section 5.1). Periodic measurement of varicella antibodies after immunisation may be indicated in order to identify those who may benefit from re-immunisation. Under no circumstances should the interval between the doses be less than 4 weeks.

Other paediatric population
The safety and efficacy of Varilrix in infants less than 9 months of age have not yet been established. No data are available.

Interchangeability
- A single dose of Varilrix may be administered to those who have already received a single dose of another varicella-containing vaccine.
- A single dose of Varilrix may be administered followed by a single dose of another varicella-containing vaccine.

Method of administration

Varilrix is to be injected subcutaneously (SC) or intramuscularly (IM) in the deltoid region or in the anterolateral area of the thigh.

Varilrix should be administered subcutaneously in individuals with bleeding disorders (e.g. thrombocytopenia or any coagulation disorder).

For instructions on reconstitution of the medicinal product before administration, see section 6.6.

4.3 Contraindications

Varilrix is contraindicated in individuals with severe humoral or cellular (primary or acquired) immunodeficiency such as (see also section 4.4.):
- subjects with immunodeficiency states with a total lymphocyte count less than 1,200 per mm^3;
- subjects presenting other evidence of lack of cellular immune competence (e.g. patients with leukaemias, lymphomas, blood dyscrasias, clinically manifest HIV infection);
- subjects receiving immunosuppressive therapy including high dose of corticosteroids;
- severe combined immunodeficiency;
- agammaglobulinemia;
- AIDS or symptomatic HIV infection or an age-specific CD4+ T-lymphocyte percentage in children below 12 months: CD4+ <25%; children between 12-35 months: CD4+ < 20%; children between 36-59 months: CD4+ < 15%.

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 or to neomycin. However, a history of contact dermatitis to neomycin, is not a contraindication.

Varilrix is contraindicated in subjects having shown signs of hypersensitivity after previous administration of varicella vaccine.

Pregnancy. Furthermore, pregnancy should be avoided for 1 month following vaccination (see section 4.6).

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.

As with other vaccines, the administration of Varilrix should be postponed in subjects suffering from acute severe febrile illness. However, the presence of a minor infection, such as a cold, should not result in the deferral of vaccination.

Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.

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

Alcohol and other disinfecting agents must be allowed to evaporate from the skin before injection of the vaccine since they can inactivate the attenuated viruses in the vaccine.

Limited protection against varicella may be obtained by vaccination up to 72 hours after exposure to natural disease (see section 5.1).

As with any vaccine, a protective immune response may not be elicited in all vaccinees.

As for other varicella vaccines, cases of varicella disease have been shown to occur in persons who have previously received Varilrix. These breakthrough cases are usually mild, with a fewer number of lesions and less fever as compared to cases in unvaccinated individuals.

Transmission
Transmission of the Oka varicella vaccine virus has been shown to occur at a very low rate in seronegative contacts of vaccinees with rash. Transmission of the Oka varicella vaccine virus from a vaccinee who does not develop a rash to seronegative contacts cannot be excluded.
Compared to healthy vaccinees, leukaemia patients are more likely to develop a papulovesicular rash (see also section 4.8). In these cases too, the course of the disease in the contacts was mild.
Vaccine recipients, even those who do not develop a varicella-like rash, should attempt to avoid contact, whenever possible, with high-risk individuals susceptible to varicella for up to 6 weeks following vaccination. In circumstances where contact with high-risk individuals susceptible to varicella is unavoidable, the potential risk of transmission of the varicella vaccine virus should be weighed against the risk of acquiring and transmitting wild-type varicella virus.
High-risk individuals susceptible to varicella include:
- Immunocompromised individuals (see sections 4.3 and 4.4);
- Pregnant women without documented positive history of varicella (chickenpox) or laboratory evidence of prior infection;
- Newborns of mothers without documented positive history of chickenpox or laboratory evidence of prior infection.

The mild nature of the rash in the healthy contacts indicates that the virus remains attenuated after passage through human hosts.

Individuals at high risk of severe varicella
There is only limited data from clinical trials available for Varilrix (+4°C formulation) in individuals at high risk of severe varicella.
Vaccination may be considered in patients with selected immune deficiencies where the benefits outweigh the risks (e.g. asymptomatic HIV subjects, IgG subclass deficiencies, congenital neutropenia, chronic granulomatous disease, and complement deficiency diseases).
Immunocompromised patients who have no contraindication for this vaccination (see section 4.3) may not respond as well as immunocompetent subjects, therefore some of these patients may acquire varicella in case of contact, despite appropriate vaccine administration. These patients should be monitored carefully for signs of varicella.
Should vaccination be considered in individuals at high risk of severe varicella, it is advised that:
- maintenance chemotherapy should be withheld one week before and one week after immunisation of patients in the acute phase of leukaemia. Patients under radiotherapy should normally not be vaccinated during the treatment phase. Generally, patients are immunised when they are in complete haematological remission from their disease.
- the total lymphocyte count should be at least 1,200 per mm^3 or no other evidence of lack of cellular immune competence exists.

- vaccination should be carried out a few weeks before the administration of the immunosuppressive treatment for patients undergoing organ transplantation (e.g. kidney transplant).

Very few reports exist on disseminated varicella with internal organ involvement following vaccination with Oka varicella vaccine strain mainly in immunocompromised subjects.

Varilrix must not be administered intravascularly or intradermally.

4.5 Interaction with other medicinal products and other forms of interaction

If tuberculin testing has to be done it should be carried out before or simultaneously with vaccination since it has been reported that live viral vaccines may cause a temporary depression of tuberculin skin sensitivity. As this anergy may last up to a maximum of 6 weeks, tuberculin testing should not be performed within that period after vaccination to avoid false negative results.

In individuals who have received immunoglobulins or a blood transfusion, vaccination should be delayed for at least three months because of the likelihood of vaccine failure due to passively acquired varicella antibodies.

Salicylates should be avoided for 6 weeks after varicella vaccination as Reye's Syndrome has been reported following the use of salicylates during natural varicella infection.

Use with other vaccines

Healthy individuals
Clinical studies with varicella-containing vaccines support concomitant administration of Varilrix with any of the following monovalent or combination vaccines: measles-mumps-rubella vaccine (MMR), diphtheria-tetanus-acellular pertussis vaccine (DTPa), reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa), *Haemophilus influenzae* type b vaccine (Hib), inactivated polio vaccine (IPV), hepatitis B vaccine (HBV), hexavalent vaccine (DTPa-HBV-IPV/Hib), hepatitis A vaccine (HAV), meningococcal serogroup B vaccine (Bexsero), meningococcal serogroup C conjugate vaccine (MenC), meningococcal serogroups A, C, W and Y conjugate vaccine (MenACWY) and pneumococcal conjugate vaccine (PCV).

Different injectable vaccines should always be administered at different injection sites.

If a measles vaccine is not given at the same time as Varilrix, there should be an interval of at least one month between the administration of these vaccines as the measles vaccine may lead to short-term suppression of the cellular immune response.

Individuals at high risk of severe varicella
Varilrix should not be administered at the same time as other live attenuated vaccines. Inactivated vaccines may be administered in any temporal relationship to Varilrix, given that no specific contraindication has been established. However, different injectable vaccines should always be administered at different injection sites.

4.6 Fertility, pregnancy and lactation

Pregnancy
Pregnant women should not be vaccinated with Varilrix.
However, foetal damage has not been documented when varicella vaccines have been given to pregnant women.

Women of childebearing potential

Pregnancy should be avoided for 1 month following vaccination. Women who intend to become pregnant should be advised to delay.

Breast-feeding
There are no data regarding use in breast-feeding women.
Due to the theoretical risk of transmission of the vaccine viral strain from mother to infant, Varilrix is generally not recommended for breast-feeding mothers (see also section 4.4). Vaccination of exposed women with negative history of varicella or known to be seronegative to varicella should be assessed on an individual basis.

Fertility
No data available.

4.7 Effects on ability to drive and use machines

No studies on the effects of Varilrix on the ability to drive and use machines have been performed. Varilrix 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

Clinical trial data

Healthy individuals
More than 7,900 individuals have participated in clinical trials evaluating the reactogenicity profile of the vaccine administered subcutaneously either alone or concomitantly with other vaccines.

The safety profile presented below is based on a total of 5,369 doses of Varilrix administered alone to infants, children, adolescents and adults.

Adverse reactions reported are listed according to the following frequency:
Very common (≥1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1,000 to <1/100)
Rare (≥1/10,000 to <1/1,000)
Very rare (<1/10,000)

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

System organ class*	**Frequency**	**Adverse reactions**
Infections and infestations	Uncommon	upper respiratory tract infection, pharyngitis
Blood and lymphatic system disorders	Uncommon	lymphadenopathy
Psychiatric disorders	Uncommon	irritability
Nervous system disorders	Uncommon	headache, somnolence
Eye disorders	Rare	conjunctivitis
Respiratory, thoracic and mediastinal disorders	Uncommon	cough, rhinitis
Gastrointestinal disorders	Uncommon	vomiting, nausea
	Rare	diarrhoea, abdominal pain
Skin and subcutaneous tissue disorders	Common	rash
	Uncommon	viral rash, pruritus

	Rare	urticaria
Musculoskeletal and connective tissue disorders	Uncommon	arthralgia, myalgia
General disorders and administration site conditions	Very common	pain, erythema
	Common	pyrexia (oral/axillary temperature ≥ 37.5°C or rectal temperature ≥ 38.0°C)†, injection site swelling†
	Uncommon	pyrexia (oral/axillary temperature > 39.0°C or rectal temperature > 39.5°C), fatigue, malaise

∗ According to MedDRA (Medical Dictionary for Regulatory Activities) terminology
† Injection site swelling and pyrexia were reported very commonly in studies conducted in adolescents and adults. Injection site swelling was also reported very commonly after the second dose in children under 13 years of age.

A trend for higher incidence of pain, erythema and injection site swelling after the second dose was observed as compared to the first dose.

No differences were seen in the reactogenicity profile between initially seropositive and initially seronegative subjects.

In a clinical trial, 328 children aged 11 to 21 months received GlaxoSmithKline (GSK)'s combined measles, mumps, rubella and varicella vaccine (containing the same varicella strain as Varilrix) either by subcutaneous or intramuscular route. A comparable safety profile was observed for both administration routes.

Individuals at high risk of severe varicella
There are limited data from clinical trials available in subjects at high risk of severe varicella. However, vaccine-associated reactions (mainly papulo-vesicular eruptions and pyrexia) are usually mild. As in healthy subjects, erythema, swelling and pain at the site of injection are mild and transient.

Post-marketing data

The following additional adverse reactions have been identified in rare occasions during post-marketing surveillance. Because they are reported voluntarily from a population of unknown size, a true estimate of frequency cannot be provided.

System organ class∗	**Adverse reactions**
Infections and infestations	herpes zoster
Blood and lymphatic system disorders	thrombocytopenia
Immune system disorders	anaphylactic reaction, hypersensitivity
Nervous system disorders	encephalitis, cerebrovascular accident, seizure, cerebellitis, cerebellitis-like symptoms (including transient gait disturbance and transient ataxia)
Vascular disorders	vasculitis (including Henoch Schonlein purpura and Kawasaki syndrome)
Skin and subcutaneous tissue disorders	erythema multiforme

∗ According to MedDRA (Medical Dictionary for Regulatory Activities) terminology

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Cases of accidental administration of more than the recommended dose of Varilrix have been reported. Amongst these cases, the following adverse events were reported: lethargy and convulsions. In the other cases reported as overdose there were no associated adverse events.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Viral vaccines, Varicella zoster vaccines, ATC code J07BK01.

Mechanism of action

Varilrix produces an attenuated clinically inapparent varicella infection in susceptible subjects.
The presence of antibodies is accepted as evidence of protection, however, there is no established limit of protection for varicella disease.

Pharmacodynamic effects

Efficacy and effectiveness

The efficacy of GlaxoSmithKline (GSK)'s Oka varicella vaccines in preventing confirmed varicella disease (by Polymerase Chain Reaction (PCR) or exposure to varicella case) has been evaluated in a large randomised multicountry clinical trial, which included GSK's combined measles-mumps-rubella vaccine (Priorix) as active control. The trial has been conducted in Europe where no routine varicella vaccination was implemented at that time. Children aged 12-22 months received one dose of Varilrix or two doses of GSK's combined measles-mumps-rubella-varicella vaccine (Priorix-Tetra) six weeks apart. Vaccine efficacy against confirmed varicella of any severity and against moderate or severe confirmed varicella was observed after a primary follow-up period of 2 years (median duration 3.2 years). Persistent efficacy was observed in the same study during the long-term follow-up periods of 6 years (median duration 6.4 years) and 10 years (median duration 9.8 years). The data are presented in the Table below.

Group	Timing	Efficacy against confirmed varicella of any severity	Efficacy against moderate or severe confirmed varicella
GSK's monovalent varicella (Oka) vaccine (Varilrix) **1 dose N = 2,487**	Year 2	65.4 % (97.5% CI: 57.2; 72.1)	90.7% (97.5% CI: 85.9; 93.9)
	Year 6(1)	67.0% (95% CI: 61.8; 71.4)	90.3% (95% CI: 86.9; 92.8)
	Year 10(1)	67.2% (95% CI: 62.3; 71.5)	89.5% (95% CI: 86.1; 92.1)
GSK's combined measles, mumps, rubella and varicella (Oka) vaccine (Priorix-Tetra) **2 doses N = 2,489**	Year 2	94.9% (97.5% CI: 92.4; 96.6)	99.5% (97.5% CI: 97.5; 99.9)
	Year 6(1)	95.0% (95% CI: 93.6; 96.2)	99.0% (95% CI: 97.7; 99.6)
	Year 10(1)	95.4% (95% CI: 94.0; 96.4)	99.1% (95% CI: 97.9; 99.6)

N = number of subjects enrolled and vaccinated
(1) descriptive analysis

In clinical trials, the majority of vaccinated subjects who were subsequently exposed to wild-type virus were either completely protected from clinical chickenpox or developed a milder form of the disease (i.e. low number of vesicles, absence of fever).

Effectiveness data, deriving from observation in different contexts (epidemic onset, case-control studies, observational studies, databases, models) suggest a higher level of protection and a decrease in the occurrence of cases of chickenpox following two doses of vaccine compared to a single dose.

The impact of one dose of Varilrix in reducing varicella hospitalisations and ambulatory visits among children were respectively 81% and 87% overall.

Post-Exposure Prophylaxis

Published data on the prevention of varicella following exposure to the varicella virus are limited.

In a randomised, double-blind, placebo-controlled study including 42 children aged between 12 months and 13 years, 22 children received one dose of Varilrix and 20 children received one dose of placebo within 3 days after exposure. Similar percentages (41% and 45%, respectively) of children contracted varicella, but the risk of developing a moderate to severe form of the disease was 8 times higher in the placebo group compared with the vaccinated group (relative risk = 8.0; 95% CI: 1.2; 51.5; P=0.003).

In a controlled study including 33 children aged between 12 months and 12 years, 15 received varicella vaccine (13 subjects received Varilrix and 2 subjects received another Oka strain varicella vaccine) up to 5 days after exposure and 18 subjects were not vaccinated. When considering the 12 children vaccinated within 3 days after exposure, vaccine effectiveness was 44% (95% CI: -1; 69) in preventing any disease and 77% (95% CI: 14; 94) in preventing moderate or severe disease.

In a prospective cohort study (with historic attack rates as control), 67 children, adolescents or adults received varicella vaccine (55 subjects received Varilrix and 12 subjects received another Oka strain varicella vaccine) within 5 days after exposure. Vaccine effectiveness was 62.3% (95% CI: 47.8; 74.9) in preventing any type of disease and 79.4% (95% CI: 66.4; 88.9) in preventing moderate and severe disease.

Individuals at high risk of severe varicella

Patients suffering from leukaemia, patients under immunosuppressive treatment (including corticosteroid therapy) for malignant solid tumour, for serious chronic diseases (such as chronic renal failure, auto-immune diseases, collagen diseases, severe bronchial asthma) or following organ transplantation, are predisposed to severe natural varicella. Vaccination with the Oka-strain has been shown to reduce the complications of varicella in these patients.

Immune response after subcutaneous administration

Healthy individuals

In children aged 11 months to 21 months the seroresponse rate, when measured by ELISA 6 weeks after vaccination, was 89.6% after one vaccine dose and 100% after the second vaccine dose.

In children aged 9 months to 12 years the overall seroconversion rate, when measured by Immunofluorescence Assay (IFA) 6 weeks after vaccination, was >98% after one vaccine dose.

In children aged 9 months to 6 years the seroconversion rate, when measured by IFA 6 weeks after vaccination, was 100% after a second vaccine dose. A marked increase of antibody titres was observed following the administration of a second dose (5 to 26-fold increase of geometric mean titres).

In subjects aged 13 years and above the seroconversion rate, when measured by IFA 6 weeks after vaccination, was 100% after the second vaccine dose. One year after vaccination, all subjects tested were still seropositive.

Individuals at high risk of severe varicella

Limited data from clinical trials have shown immunogenicity in subjects at high risk of severe varicella.

Immune response after intramuscular administration

The immunogenicity of Varilrix administered intramuscularly is based on a comparative study where 283 healthy children aged 11 to 21 months received GSK's combined measles, mumps, rubella and varicella vaccine (containing the same varicella strain as Varilrix) either by subcutaneous or intramuscular route. Comparable immunogenicity was demonstrated for both administration routes.

5.2 Pharmacokinetic properties

Evaluation of pharmacokinetic properties is not required for vaccines.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on general safety tests performed in animals.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

[To be completed nationally]

6.2 Incompatibilities

[To be completed nationally]

6.3 Shelf life

[To be completed nationally]

6.4 Special precautions for storage

[To be completed nationally]

6.5 Nature and contents of container

[To be completed nationally]

6.6 Special precautions for disposal and other handling

[To be completed nationally]

7. MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

8. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

[To be completed nationally]

10. DATE OF REVISION OF THE TEXT

[To be completed nationally]

LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

VIAL + PRE-FILLED SYRINGE WITHOUT NEEDLES, PACK OF 1, 10
VIAL + PRE-FILLED SYRINGE WITH 1 SEPARATE NEEDLE, PACK OF 1, 10
VIAL + PRE-FILLED SYRINGE WITH 2 SEPARATE NEEDLES, PACK OF 1, 10

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]

varicella vaccine (live)

2. STATEMENT OF ACTIVE SUBSTANCE(S)

[To be completed nationally]

3. LIST OF EXCIPIENTS

[To be completed nationally]

4. PHARMACEUTICAL FORM AND CONTENTS

[To be completed nationally]

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Subcutaneous or intramuscular use.

[To be completed nationally]

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

[To be completed nationally]

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

[To be completed nationally]

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

[To be completed nationally]

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]

16. INFORMATION IN BRAILLE

[To be completed nationally]

17. UNIQUE IDENTIFIER – 2D BARCODE

[To be completed nationally]

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

[To be completed nationally]

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER PACKAGING INCLUDING PACK OF 10 VIALS AND PACK OF 10 AMPOULES (PRESENTATION VIAL + AMPOULE)

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]

varicella vaccine (live)

2. STATEMENT OF ACTIVE SUBSTANCE(S)

[To be completed nationally]

3. LIST OF EXCIPIENTS

[To be completed nationally]

4. PHARMACEUTICAL FORM AND CONTENTS

[To be completed nationally]

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Subcutaneous or intramuscular use.

[To be completed nationally]

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

[To be completed nationally]

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

[To be completed nationally]

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

[To be completed nationally]

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]

16. INFORMATION IN BRAILLE

[To be completed nationally]

17. UNIQUE IDENTIFIER – 2D BARCODE

[To be completed nationally]

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

[To be completed nationally]

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

VIAL WITH POWDER, PACK OF 10 (PRESENTATION VIAL + AMPOULE)

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]

varicella vaccine (live)

2. STATEMENT OF ACTIVE SUBSTANCE(S)

[To be completed nationally]

3. LIST OF EXCIPIENTS

[To be completed nationally]

4. PHARMACEUTICAL FORM AND CONTENTS

[To be completed nationally]

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Subcutaneous or intramuscular use.

[To be completed nationally]

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

[To be completed nationally]

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

[To be completed nationally]

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

[To be completed nationally]

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]

16. INFORMATION IN BRAILLE

[To be completed nationally]

17. UNIQUE IDENTIFIER – 2D BARCODE

[To be completed nationally]

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

[To be completed nationally]

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

AMPOULES WITH SOLVENT, PACK OF 10 (PRESENTATION VIAL + AMPOULE)

1. NAME OF THE MEDICINAL PRODUCT

[See Annex I - To be completed nationally]

water for injection

2. STATEMENT OF ACTIVE SUBSTANCE(S)

[To be completed nationally]

3. LIST OF EXCIPIENTS

[To be completed nationally]

4. PHARMACEUTICAL FORM AND CONTENTS

[To be completed nationally]

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.
Subcutaneous or intramuscular use.

[To be completed nationally]

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

[To be completed nationally]

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

[To be completed nationally]

9. SPECIAL STORAGE CONDITIONS

[To be completed nationally]

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

[To be completed nationally]

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

[To be completed nationally]

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]

16. INFORMATION IN BRAILLE

[To be completed nationally]

17. UNIQUE IDENTIFIER – 2D BARCODE

[To be completed nationally]

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

[To be completed nationally]

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL WITH POWDER

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

[See Annex I - To be completed nationally]

powder for solution for injection
SC/IM

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

[To be completed nationally]

4. BATCH NUMBER

[To be completed nationally]

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

[To be completed nationally]

6. OTHER

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

SYRINGE WITH SOLVENT
AMPOULE WITH SOLVENT

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

[See Annex I - To be completed nationally]

water for injection

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

[To be completed nationally]

4. BATCH NUMBER

[To be completed nationally]

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

[To be completed nationally]

6. OTHER

PACKAGE LEAFLET

Package leaflet: Information for the user

Varilrix, powder and solvent for solution for injection
[See Annex I - To be completed nationally]

varicella vaccine (live)

Read all of this leaflet carefully before you or your child receive this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you or your child only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you or your child get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Varilrix is and what it is used for

Varilrix is a vaccine for use in individuals from 12 months of age to protect them against chickenpox (varicella). In some circumstances, Varilrix can also be given to infants as from 9 months of age.

Vaccination within 3 days of exposure to someone with chickenpox may help prevent chickenpox or reduce the severity of disease.

How Varilrix works
When a person is vaccinated with Varilrix, the immune system (the body's natural defence system) will make antibodies to protect the person from being infected by chickenpox (varicella) virus.
Varilrix contains weakened viruses that are highly unlikely to cause chickenpox in healthy individuals.

As with all vaccines, Varilrix may not fully protect all individuals who are vaccinated.

2. What you need to know before you or your child receive Varilrix

Do not use Varilrix

- if you or your child have any illness (such as blood disorders, cancer, Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS)) or take any medicine (including high dose corticosteroids) that weakens the immune system.
  Whether you or your child receive the vaccine will depend upon level of your immune defences. See section 2 “Warnings and precautions”.
- if you or your child are allergic to any of the ingredients of this vaccine (listed in section 6). Signs of an allergic reaction may include itchy skin rash, shortness of breath and swelling of the face or tongue.

- if you or your child are known to be allergic to neomycin (an antibiotic agent). A known contact dermatitis (skin rash when the skin is in direct contact with allergens such as neomycin) should not be a reason not to be vaccinated but talk to your doctor first.
- if you or your child have previously had an allergic reaction to any vaccine against varicella.
- if you are pregnant. In addition, pregnancy should be avoided for 1 month following vaccination.

Warnings and precautions
Talk to your doctor, pharmacist or nurse before you or your child receive Varilrix
- if you or your child have a severe infection with a high temperature. It might be necessary to postpone the vaccination until recovery. A minor infection such as a cold should not require postponement of the vaccination but talk to your doctor first.
- if you or your child have a weakened immune system due to diseases (e.g. such as HIV infection) and/or treatments. You or your child should be closely monitored as the responses to the vaccines may not be sufficient to ensure a protection against the illness (see section 2 "Do not use Varilrix").
- if you have bleeding problems or bruise easily.

Fainting can occur (mostly in adolescents) following, or even before, any needle injection. Therefore, tell the doctor or nurse if you or your child fainted with a previous injection.

Like other vaccines, Varilrix may not completely protect you or your child against catching chickenpox. However, individuals who have been vaccinated and catch chickenpox usually have a very mild disease, compared with individuals who have not been vaccinated.

In rare cases the weakened virus can be passed on from a vaccinated person to others. This has usually occurred when the person vaccinated had some spots or blisters. Healthy individuals who become infected in this way usually only develop a mild rash, which is not harmful.

Once vaccinated, you or your child should attempt to avoid for up to 6 weeks after vaccination, whenever possible, close association with the following individuals:
- individuals with a weakened immune system;
- pregnant women who either have not had chickenpox or have not been vaccinated against chickenpox;
- new-born infants of mothers who either have not had chickenpox or have not been vaccinated against chickenpox.

Other medicines and Varilrix
Tell your doctor or pharmacist if you or your child are taking, have recently taken or might take any other vaccines and/or medicines.

Tell your doctor if you or your child are due to have a skin test for possible tuberculosis. If this test is done within 6 weeks after receiving Varilrix, the result may not be reliable.

Vaccination should be delayed for at least 3 months if you or your child have received a blood transfusion or human antibodies (immunoglobulins).

The use of aspirin or other salicylates (a substance present in some medicines used to lower fever and relieve pain) should be avoided for 6 weeks following vaccination with Varilrix as this may cause a serious disease called Reye's Syndrome which can affect all body organs.

Varilrix can be administered at the same time as other vaccines. A different injection site will be used for each vaccine.

Pregnancy and breast-feeding

Varilrix should not be administered to pregnant women.

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist before the vaccination is given. Also, it is important that you do not become pregnant within one month after having the vaccine. During this time you should use an effective method of birth control to avoid pregnancy.

Inform your doctor if you are breast-feeding or if you intend to breast-feed. Your doctor will decide if you should receive Varilrix.

Driving and using machines
Varilrix has no or negligible influence on the ability to drive and use machines. However, some of the effects mentioned under section 4 "Possible side effects" may temporarily affect the ability to drive or use machines.

[To be completed nationally]

3. How Varilrix is given

Varilrix is injected under the skin or into the muscle either in the upper arm or in the outer thigh.

Individuals from 12 months of age should be administered 2 doses of Varilrix at least 6 weeks apart. The time between the first and second dose **must not** be less than 4 weeks.

In some circumstances, the first dose of Varilrix may be administered to infants from 9 to 11 months of age. In these cases, two doses are needed and should be given at least 3 months apart.

Individuals who are at risk of severe chickenpox such as those receiving treatment for cancer, may receive additional doses. The time between doses **must not** be less than 4 weeks.

The appropriate time and number of doses will be determined by your doctor on the basis of appropriate official recommendations.

If you or your child receive more Varilrix than you or your child should
Overdose is very unlikely because the vaccine is provided in a single dose vial and is administered by a doctor or nurse. Few cases of accidental administration were reported and only in some of them abnormal drowsiness and fits (seizures) were reported.

If you think you or your child have missed a dose of Varilrix
Contact your doctor who will decide if a dose is required and when to give it.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following side effects may happen with this vaccine:
- Very common (may affect more than 1 in 10 people):
  - pain and redness at the injection site

- Common (may affect up to 1 in 10 people):
  - rash (spots and/or blisters)
  - swelling at the injection site*

- fever of 38°C or higher (rectal)*

♦ Uncommon (may affect up to 1 in 100 people):
- upper respiratory tract infection
- sore throat and discomfort when swallowing (pharingitis)
- swollen lymph glands
- irritability
- headache
- feeling drowsy
- cough
- itchy, runny or blocked nose, sneezing (rhinitis)
- nausea
- vomiting
- chickenpox-like rash
- itching
- joint pain
- muscle pain
- fever higher than 39.5°C (rectal)
- lack of energy (fatigue)
- generally feeling unwell

♦ Rare (may affect up to 1 in 1,000 people):
- inflammation of eye (conjunctivitis)
- stomach pain
- diarrhoea
- itchy, bumpy rash (hives)

* Swelling at the injection site and fever may happen very commonly in adolescents and adults. Swelling may also happen very commonly after the second dose in children under 13 years of age.

The following side effects have been reported on a few occasions during routine use of Varilrix:
- shingles (herpes zoster).
- small spotted bleeding or bruising more easily than normal due to a drop in a type of blood cells called platelets.
- allergic reactions. Rashes that may be itchy or blistering, swelling of the eyes and face, difficulty in breathing or swallowing, a sudden drop in blood pressure and loss of consciousness. Such reactions may occur before leaving the doctor's surgery. However, if you or your child get any of these symptoms you should contact a doctor urgently.
- infection or inflammation of the brain, spinal cord and peripheral nerves resulting in temporary difficulty when walking (unsteadiness) and/or temporary loss of control of bodily movements, stroke (damage to the brain caused by an interruption to its blood supply).
- fits or seizures.
- inflammation, narrowing or blockage of blood vessels. This may include unusual bleeding or bruising under the skin (Henoch Schonlein purpura) or fever which lasts for more than five days, associated with a rash on the trunk sometimes followed by a peeling of the skin on the hands and fingers, red eyes, lips, throat and tongue (Kawasaki disease).
- erythema multiforme (symptoms are red, often itchy spots, similar to the rash of measles, which starts on the limbs and sometimes on the face and the rest of the body).

Reporting of side effects
If you or your child get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Varilrix

[To be completed nationally]

6. Contents of the pack and other information

What Varilrix contains

[To be completed nationally]

What Varilrix looks like and contents of the pack

[To be completed nationally]

Marketing Authorisation Holder and Manufacturer

[See Annex I - To be completed nationally]

This leaflet was last revised in

[To be completed nationally]

Other sources of information

Detailed information on this medicine is available on the website of

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The following information is intended for healthcare professionals only:

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

Alcohol and other disinfecting agents must be allowed to evaporate from the skin before injection of the vaccine since they can inactivate the attenuated viruses in the vaccine.

Varilrix must not be administered intravascularly or intradermally.

[To be completed nationally]