Manufacturer: Bharat Biotech International Limited

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICAL PRODUCT: Revac-Bmcf [Hepatitis B Vaccine (rDNA. Pichia pastoris) (Thiomersal Free)]

2. QUALITY AND QUANTITATIVE COMPOSITION

Revac-Bmcf is a sterile suspension containing purified, non-infectious major surface antigen of the hepatitis B virus and is manufactured using recombinant DNA technology. The antigen is adsorbed onto high affinity Aluminium hydroxide gel molecules, and hence the suspension appears almost white and translucent. The Vaccine fulfils WHO Requirements for Hepatitis-B Vaccine made by recombinant DNA techniques

Each 0.5 mL contains (Paediatric Single dose):	
Purified HBsAg	10.0 μg
Aluminum Hydroxide Gel as Al	0.25mg
Phosphate Buffered Saline Solution* q.s. to	0.5 mL
7-40 - 77	
Each 1.0 mL contains (Adult Single dose):	

3. PHARMACEUTICAL FORM

Sterile suspension for Injection.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Revac-Bmcf is indicated for immunization of persons against infection by hepatitis-B virus and its common sub-types. It can also be given to hepatitis C virus infected patients to protect them against co-infection with hepatitis-B virus. Revac-Bmcf is recommended primarily for neonates, infants and young adults for the prevention of the disease or to protect them from probable hepatitis-B virus-induced carrier state, cirrhosis and hepatocellular carcinoma. In addition, for various groups of individuals as listed below, Revac-Bmcf immunization is an essential requirement:

4.2 Posology and method of administration

Revac-Bmcf should be injected deep intramuscularly into the deltoid region in adults and in the antero-lateral aspect of the thigh in neonates, infants and young children.

Revac-Bmcf should NOT be injected into the gluteal muscle. This route of administration may result in lower immune response. Under no circumstances Revac-Bmcf should he given intravenously.

As indicated in the composition, an adult dose $(20\mu g/mL)$ is formulated for adults and children above 10 years of age. Paediatric dose is $(10\mu g/0.5mL)$ recommended for neonates, infants and children at and below 10 years of age.

A. Primary immunization schedule:

An interval of 30 days is given between the administration of the FIRST and SECOND doses, followed by the THIRD dose 180 days after the first dose.

1 dose On selected date

2nd dose 30 days after the first dose

3rd dose 180 days after the first dose

B. Special dosage recommendations:

B1 The recommended paediatric dose schedule to neonates born to HBV infected mothers:

1st dose

On selected date

2nd dose 3rd dose

30 days after the first dose

60 days after the first dose

Booster dose l year after the first dose

HBIG may also be given to compromised neonates on advice from the medical practitioner.

B2 To person involuntarily exposed by accident to HBV infection:

The schedule of the immunization stated at B1 is recommended at paediatric dosage level for children and as adult dose for others.

B3 Immuno-compromised patients will require additional dosage as per schedule given;

1st dose of 40 mcg (2mL) - On the first day

2nd dose of 40 mcg (2mL) - 30 days after the first dose

3rd dose of 40 mcg (2mL) - 60 days after the first dose

4th dose of 40 mcg (2mL) - 180 days after the first dose

4.3 Contraindication

Revac-Bmcf is generally well tolerated. However the vaccine should not be administered or repeated to persons known to be hypersensitive to any of the components of the vaccine. Avoid immunization during severe febrile illness

4.4 Special warning and precautions for use

It is suggested that the medical practitioners ascertain the pre-immunization hypersensitive status of the subject. In general, biologicals are known to cause reactions occasionally. Sympathomimetic drugs, such as adrenalin, may be kept readily available in case of any anaphylactic reactions due to the vaccine.

Before use, Revac-Bmcf should be well-shaken to obtain a uniform, whitish, translucent suspension. Vaccine should be visually checked for the presence of any particulate matter or other coloration, if any, prior to its administration. If in doubt, do not use the contents of the vial.

4.5 Interaction with other medicinal products and other forms of interactions

Revac-Bmcf can be administered at the same time as BCG, DPT, OPV and measles vaccines that are widely used in the Expanded Program of Immunization (EPI).

Revac-Bmcf should be administered at a different injection site in the event of its use along with EPI vaccines.

Revac- Bmcf should not he mixed with other vaccines.

NOTE: Because of the long incubation for hepatitis-B virus to manifest the symptoms, some subjects may receive the vaccine while the infection stays unrecognized. In such cases, the vaccine may not prevent the onset of hepatitis-B virus.

Revac-Bmcf will not prevent hepatitis caused by other viruses such as hepatitis A, hepatitis C and hepatitis D and other agents known to infect the liver.

4.6 Pregnancy and lactation

Routine vaccination of pregnant women/mothers with recombinant Hepatitis-B vaccine is not recommended due to inadequate data on its effects on the foetus. No contraindication was recorded for the use of the vaccine in the lactating mothers. However the decision to immunize pregnant and lactating mothers may be taken by the physician in the context of case-specific high risk factors.

4.7 Effects on ability to drive and use machine

Nil.

4.8 Undesirable effects

Revac-Bmcf has proven low reactogenicity and is well tolerated. Open and comparative trials did not show adverse reactions in the vaccines.

Inflammation at the site of injection or a febrile reaction may be observed in some subjects.

In rare cases of post-vaccinal hypersensitivity, the common symptoms that are quickly recognized by the physician are dizziness, headache, nausea, abdominal pain, rash, pruritis, urticaria, arthralgia, myalgia and similar associated symptoms and side effects.

Strict adherence to the above-mentioned precautions is advised to avoid untoward reactions.

4.9 Overdose

An overdose of this vaccine is unlikely to occur. In paediatric dose there is no question of overdose because it is a single dose vial of 0.5 mL. If an adult dose is given to children there is no concern as it is still safe. However there are no studies to prove it and we have not come across these cases in practice. There is no specific treatment for overdose of Hepatitis B vaccine in medical literature so far.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Not applicable

5.2 Pharmacokinetic Properties

Not applicable

5.3 Preclinical Safety Data

Hepatitis B vaccine, when tested for toxicity in mice and guinea pigs at different dosage levels, including at much higher levels used for administration into humans, was found to be safe.

6. IMMUNOLOGICAL PROPERTIES

In clinical trials, Revac-Bmcf induced specific antibodies in the vaccine against hepatitis B virus. Three doses of Revac-Bmcf immunization elicited high protective humoral antibody levels in 92 to 98 percent of the recipients.

7. PHARMACEUTICAL PRATICULARS

7.1 List of excipients

Aluminum Hydroxide, Disodium Hydrogen Orthophosphate, Sodium Dihydrogen Orthophosphate, Sodium Chloride

7.2 Incompatibilities

Not applicable

7.3 Shelf Life

3 years from the date of manufacture at recommended storage temperature of +2°C to +8°C.

7.4 Special precautions for storage

Experimental data, both at the production and R&D laboratories, have shown the formulation to be stable and potent for 36 months at $+2^{\circ}$ C to $+8^{\circ}$ C.

Exposure of vaccine to higher temperature, at 37°C for I month & 45°C for 1 week, did not result in the loss of its immunogenicity.

7.5 Nature and contents of container 0.5 mL/vial x 1 vial

7.6 Special precautions for disposal and other handling SHAKE WELL BEFORE USE.
DO NOTFREEZE. DISCARD IF FROZEN.
KEEP OUT OF REACH OF CHILDREN.

8. MARKETING AUTHORIZATION HOLDER

Biovalys Co., Ltd. Bangkok, Thailand.

9. MARKETING AUTHORIZATION NUMBERS 1C 6/57(B)

10. DATE OF AUTHORIZATION April 4, 2014

11. DATE OF REVISION OF THE TEXT May 9, 2018