DENGVAXIA® (Dengue Tetravalent Vaccine, Live)
Suspension for Subcutaneous Injection

Initial U.S. Approval: 2019

INDICATIONS AND USAGE
DENGVAXIA is a vaccine indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. DENGVAXIA is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

Limitations of use:
- DENGVAXIA is not approved for use in individuals not previously infected by any dengue virus serotype or for whom this information is unknown. Those not previously infected are at increased risk for severe dengue disease when vaccinated and subsequently infected with dengue virus. (5.1) Previous dengue infection can be assessed through a medical record of a previous laboratory-confirmed dengue infection or through serological testing prior to vaccination. (1)
- The safety and effectiveness of DENGVAXIA have not been established in individuals living in dengue nonendemic areas who travel to dengue endemic areas. (1)

DOSAGE AND ADMINISTRATION
Three doses (0.5 mL each) 6 months apart (at month 0, 6, and 12). (2.1)

DOSAGE FORMS AND STRENGTHS
Suspension for injection (0.5 mL) supplied as a lyophilized powder to be reconstituted with the supplied diluent. (3)

CONTRAINDICATIONS
- A history of severe allergic reaction to a previous dose of DENGVAXIA or to any component of DENGVAXIA. (4.1)
- Immunocompromised individuals. (4.2)

WARNINGS AND PRECAUTIONS
- In persons not previously infected by dengue virus, an increased risk of severe dengue disease can occur following vaccination with DENGVAXIA and subsequent infection with any dengue virus serotype. (5.1)
- There is no FDA-cleared test available to determine a previous dengue infection. (5.1)

ADVERSE REACTIONS
The most frequently reported adverse reactions regardless of the dengue serostatus prior to vaccination were headache (40%), injection site pain (32%), malaise (25%), asthenia (29%), and myalgia (29%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Pharmacovigilance Department, Sanofi Pasteur Inc., Discovery Drive, Swiftwater, PA 18370 at 1-800-822-2463 (1-800-VACCINE) or VAERS at 1-800-822-7967 or http://vaers.hhs.gov.

DRUG INTERACTIONS
False negative tuberculin purified protein derivative (PPD) test results may occur within 1 month following vaccination with DENGVAXIA. (7.3)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 08/2019

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*Sections or subsections omitted from the full prescribing information are not listed

The safety and effectiveness of DENGVAXIA have not been established in individuals living in dengue nonendemic areas who travel to dengue endemic areas.

2 DOSAGE AND ADMINISTRATION
For subcutaneous use only.
2.1 Dose
Three doses (0.5 mL each) 6 months apart (at month 0, 6, and 12).

2.2 Preparation
The package contains a vial of lyophilized vaccine antigen and a vial of saline diluent (0.4% NaCl). After removing the “flip-off” caps, cleanse the lyophilized vaccine antigen and diluent vial stoppers with a suitable germicide. Do not remove the vial stoppers or metal seals holding them in place.
To reconstitute DENGVAXIA, use a sterile needle and syringe to withdraw 0.6 mL from the diluent vial and inject it into the vial of the lyophilized vaccine antigen. Swirl the vial gently. Changing needles between withdrawing the vaccine from the vial and injecting it into a recipient is not necessary unless the needle has been damaged or contaminated.

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To reconstitute DENGVAXIA, use a sterile needle and syringe to withdraw 0.6 mL from the diluent vial and inject it into the vial of the lyophilized vaccine antigen. Swirl the vial gently. Changing needles between withdrawing the vaccine from the vial and injecting it into a recipient is not necessary unless the needle has been damaged or contaminated.
After reconstitution, the suspension is colorless and may develop trace amounts of white and translucent particles.

After reconstitution, withdraw 0.5 mL of DENGVAXIA and administer subcutaneously.

After reconstitution, discard reconstituted vaccine if not used within 30 minutes.

DENGVAXIA should not be mixed in the same syringe with other parenteral products.

DENGVAXIA is a suspension for injection (supplied as a lyophilized powder to be reconstituted with the supplied diluent).

Do not administer DENGVAXIA by intramuscular injection.

Do not administer DENGVAXIA to individuals with severe immunodeficiency or immunosuppression due to disease or therapy.

In unvaccinated individuals, first dengue infections rarely cause severe dengue, while second dengue infections with different serotype are associated with an increased risk of severe dengue. DENGVAXIA administration to individuals not previously infected by dengue virus is associated with an increased risk of severe dengue disease when the vaccinated individual is subsequently infected with any dengue virus serotype. Therefore, healthcare professionals must evaluate individuals for prior dengue infection to avoid vaccinating individuals who have not been previously infected by dengue virus.

There is no FDA cleared test available to determine a previous dengue infection. Available non-FDA cleared tests may yield false positive results (e.g., due to cross-reactivity with other flaviviruses).

DENGVAXIA may cause hypersensitivity reactions, including anaphylaxis. Appropriate medical treatment and supervision must be available following administration of DENGVAXIA.

Vaccination with DENGVAXIA may not protect all individuals. It is recommended to continue personal protection measures against mosquito bites after vaccination.

Solicitation of adverse reactions were recorded daily for 14 days following each vaccination.

Table 1 presents the frequency and severity of solicited injection site reactions reported within 7 days and systemic adverse reactions reported within 14 days following receipt of DENGVAXIA or placebo.

Table 1: Percentages of Subjects with Solicited Injection Site Reactions within 7 Days and Systemic Adverse Reactions within 14 Days Following Receipt of Each Dose of DENGVAXIA or Placebo in Children and Adolescents 9 through 16 Years of Age in Study 1

<table>
<thead>
<tr>
<th>Injection Site Reactions</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain^</td>
<td>Any</td>
<td>32.4</td>
<td>25.6</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0.8</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26.3</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Erythema^</td>
<td>Any</td>
<td>4.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0.0</td>
<td>&lt;0.1</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.7</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Swelling^</td>
<td>Any</td>
<td>3.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0.0</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.7</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Systemic Adverse Reactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthenia^</td>
<td>Any</td>
<td>24.6</td>
<td>17.8</td>
</tr>
<tr>
<td>Grade 3</td>
<td>2.7</td>
<td>1.8</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.5</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Fever^</td>
<td>Any</td>
<td>6.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Grade 3</td>
<td>1.7</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.6</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Headache^</td>
<td>Any</td>
<td>39.9</td>
<td>29.8</td>
</tr>
<tr>
<td>Grade 3</td>
<td>5.1</td>
<td>2.1</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41.6</td>
<td>28.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.1</td>
<td>2.3</td>
</tr>
</tbody>
</table>

^ Any = Grade 1 or 2

DENGVAXIA is a suspension for injection (supplied as a lyophilized powder to be reconstituted with the supplied diluent, 0.4% NaCl). A single dose, after reconstitution, is 0.5 mL.

4.1 Hypersensitivity

Do not administer DENGVAXIA to individuals with a history of severe allergic reaction to a previous dose of DENGVAXIA or to any component of DENGVAXIA. [See Description (11).]

5. WARNINGS AND PRECAUTIONS

5.1 Increased Risk of Severe Dengue Disease Following DENGVAXIA in Persons Not Previously Infected with Dengue Virus

5.2 Management of Acute Allergic Reactions

5.3 Limitations of Vaccine Effectiveness

5.4 Syncope

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

6.2 Commonly Observed Adverse Reactions

6.3 Lab Tests

6.4 Notion of Antigenic Sensitization to Dengue Virus Antigen
Unsolicited Non-serious Adverse Reactions

In Study 1, 1.2% of subjects in the DENVAXIA group (16/1,333) and 0.8% of subjects in the placebo group (5/664) reported at least 1 unsolicited non-serious adverse reaction within 28 days following any dose. In this study, 0.7% of the subjects in the DENVAXIA group and 0.5% in the placebo group reported at least one unsolicited non-serious injection site adverse reaction. The unsolicited non-serious adverse reactions were injection site pain, hematoma, pruritus, and anaphylaxis in the vaccine group and pain and induration in the control group. In this study, 0.5% of the subjects in the DENVAXIA group and 0.3% in the placebo group reported at least one unsolicited non-serious systemic adverse reaction. The unsolicited non-serious systemic adverse reactions were malaise, abdominal pain, vomiting, dyspnea, generalized erythema, vertigo, asthma crisis and urticaria in the vaccine group and pruritus and lymphadenitis in the control group.

Most unsolicited non-serious adverse reactions started within 3 days of any injection and resolved within 3 days or less.

A total of 2 subjects (one subject with asthma crisis and urticaria occurring the day of the first dose, and one subject with malaise occurring 20 days after the first dose) in the serotype in persons not previously infected by dengue virus.

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Severe Dengue Follow-up Vaccination with DENVAXIA and Subsequent Dengue Infection

Subjects were monitored for severe dengue from Day 0 (day of first study vaccination) to Month 60–72 (after first study vaccination) in three multi-center, observer-blind, randomized (2:1), placebo-controlled trials conducted in Latin America and Puerto Rico (Study 1, NCT01374516) and the Asia-Pacific region (Study 2, NCT01373281; Study 3, NCT00842530). A subset of 3,203 subjects (80.1%) enrolled in Study 3 were re-consented from Month 13 to Month 60–72 in three multi-center, observer-blind, randomized (2:1), placebo-controlled trials performed in Latin America and Puerto Rico (Study 1, NCT01374516) and the Asia-Pacific region (Study 2, NCT01373281; Study 3, NCT00842530).

In this study, 0.7% of the subjects in the DENVAXIA group and 0.5% in the placebo group reported at least 1 unsolicited non-serious adverse reaction. The unsolicited non-serious adverse reactions were injection site pain, hematoma, pruritus, and anaphylaxis in the vaccine group and pain and induration in the control group.

In this study, 0.5% of the subjects in the DENVAXIA group and 0.3% in the placebo group reported at least 1 unsolicited non-serious systemic adverse reaction. The unsolicited non-serious systemic adverse reactions were malaise, abdominal pain, vomiting, dyspnea, generalized erythema, vertigo, asthma crisis and urticaria in the vaccine group and pruritus and lymphadenitis in the control group.

In the 9 studies conducted among subjects 9 through 16 years of age (NCT 01374516, NCT01373281, NCT00842530, Study 1–3, NCT00880893, NCT01187433, NCT01254422), subjects were monitored for serious adverse events (SAEs) for at least 6 months after the last dose of DENVAXIA. The proportions of subjects who reported at least 1 non-fatal SAE within 28 days following any dose were 0.0% (123/19,102) in the DENVAXIA group and 0.8% (739/4,848) in the placebo group.

The following events were considered related to DENVAXIA: asthma attack (day of Dose 1), urticaria (day of Dose 2) and convolution (day of Dose 1).

The proportions of subjects who reported at least 1 non-fatal SAE after 28 days and up to 6 months after any dose were similar in the 2 groups: 2.8% in the DENVAXIA group (534/19,102) and 3.2% in the placebo group (3078/4,848). None of these SAEs were considered related to the vaccination.

Table 1: Percentages of Subjects with Solicited Injection Site Reactions within 7 Days and Systemic Adverse Reactions within 14 Days Following Receipt of Each Dose of DENVAXIA or Placebo in Children and Adolescents 9 through 16 Years of Age in Study 1 (continued)

| Table 2: Number of Events and Incidence of Severe Dengue* From Month 13 to Month 60-72† in Children 9 through 16 Years of Age, by Previous Dengue Infection Status, in Studies 1, 2, 3, and 4 (continued) |
|-----------------|------------------|------------------|------------------|
| Dengue Infection Status at Month 13* | DENVAXIA n (Incidence3, %) | Placebo n (Incidence3, %) | Hazard Ratio of Severe Dengue (95% CI) |
| Previous Dengue Infection (Dengue seropositive at Month 13) | 10 (0.068) | 27 (0.401) | 0.18 (0.09; 0.37) |

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6.2 Data from Postmarketing Experience

In addition to events reported in clinical trials for DENGVAXIA, the following adverse events have been reported during postapproval use. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to the vaccine.

The following adverse events were included based on one or more of the following factors: severity, frequency of reporting, or strength of evidence for a causal relationship to DENGVAXIA:

Immunosuppressive Treatments

Immunosuppressive therapies, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs and corticosteroids (used in greater than physiologic doses), may reduce the immune response to DENGVAXIA.

7.3 Drug/Laboratory Test Interactions

DENGVAXIA may cause temporary depression of tuberculin purified protein derivative (PPD) test sensitivity, leading to false negative results. Tuberculin testing should be performed before DENGVAXIA is administered or at least 1 month following vaccination with DENGVAXIA.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

A number of pregnancy registries have been established to assess the effects of DENGVAXIA on pregnancy, embryo/fetal development, parturition and postnatal development.

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to DENGVAXIA during pregnancy. Women who receive DENGVAXIA during pregnancy are encouraged to contact directly, or have their healthcare professional contact, Safety and Administration at 1-800-922-2463 (1-800-VACCINE) to enroll in or obtain information from the registry.

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

No specific studies of DENGVAXIA have been performed among pregnant women. A limited number of cases of inadvertent exposure during pregnancy were reported during clinical studies. Isolated adverse pregnancy outcomes (e.g., stillbirth, intrauterine death, spontaneous abortion, blighted ovum) have been observed for these exposed pregnancies, with similar frequency and nature in the vaccinated individuals compared to the control group, and with risk factors identified for all cases. Available data in pregnant women are not sufficient to determine the effects of DENGVAXIA on pregnancy, embryo/fetal development, parturition and postnatal development.

In two developmental toxicity studies, the effect of DENGVAXIA on embryo-fetal and postnatal development was evaluated in pregnant rabbits and mice. A developmental toxicity study was performed in female rabbits given a 5 log{sub}10 50% cell culture infectious dose (CCID{sub}50) of DENGVAXIA (full human dose ranging from 4.5 log{sub}10 to 6.0 log{sub}10 CCID{sub}50) by intravenous injection prior to mating and during gestation. The study revealed no evidence of harm to the fetus due to DENGVAXIA. In another study, female mice were administered a single dose of 5 log{sub}10 CCID{sub}50, 6.5 log{sub}10 CCID{sub}50, and 8 log{sub}10 CCID{sub}50 of DENGVAXIA by intravenous injection during gestation. Fetal toxicities were observed at maternally toxic human dose) or 8 log{sub}10 CCID{sub}50.

Infections and infestations

Immunosuppressive reactions, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs and corticosteroids (used in greater than physiologic doses), may reduce the immune response to DENGVAXIA.

8.2 Lactation

Risk Summary

Human data are not available to assess the impact of DENGVAXIA on milk production, its presence in breast milk, or its effects on the breastfed child. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for and any potential adverse effects on the breastfeeding infant from DENGVAXIA or from the underlying maternal condition. For preventive vaccines, the underlying condition is susceptibility to disease prevented by the vaccine. A lactation study in which female mice were administered a single dose of DENGVAXIA on day 14 of lactation did not show the presence of DENGVAXIA in breast milk in mice when measured 24 hours after vaccine administration.

8.3 Pediatric Use

Safety and effectiveness of DENGVAXIA in children younger than 9 years of age have not been established.

8.5 Geriatric Use

Safety and effectiveness of DENGVAXIA in adults 65 years of age and older have not been established.

11 DESCRIPTION

DENGVAXIA (Dengue Tetravalent Vaccine, Live) is a sterile suspension for subcutaneous injection. DENGVAXIA is supplied as a vial of lyophilized vaccine antigen, which must be reconstituted with 0.9 ml of sterile wafer (0.4% sodium chloride). After reconstitution, DENGVAXIA is a clear, colorless suspension (trace amounts of white to translucent proteinaceous particles may be present). [See Dosage and Administration (2.3)].

After reconstitution, each 0.5 ml dose of DENGVAXIA contains 4.5 – 6.0 log{sub}10 CCID{sub}50 of each of the chimeric yellow fever dengue (CYD) virus serotypes 1, 2, 3, and 4. Each 0.5 ml dose is formulated to contain 2 mg sodium chloride and the following ingredients as sodium chloride: 0.56 mg essential amino acids (including L-phenylalanine), 0.2 mg non-essential amino acids, 2.5 mg L-arginine hydrochloride, 18.75 mg sucrose, 13.75 mg D-trehalose dihydrate, 9.38 mg D-sorbitol, 0.18 mg trehalomaltose, and 0.63 mg urea.

Each of the four CYD viruses (CYD-1, CYD-2, CYD-3, and CYD-4) in DENGVAXIA was produced using recombinant DNA technology by replacing the coding sequences encoding the pre-membrane (prM) and envelope (E) proteins in the yellow fever (YF) 17D204 vaccine genome with those encoding for the homologous sequences of dengue virus serotypes 1, 2, 3, and 4, respectively. Each CYD virus is cultured separately in Vero cells (African Green Monkey kidney) under serum-free conditions, harvested from the supernatant of the Vero cells and purified by membrane chromatography and ultrafiltration. The purified and concentrated harvest of each CYD virus is then diluted in a stabilizer solution to produce the four monovalent drug substances diluted in the stabilizer solution. The final bulk product is sterilized by filtration at 0.22 µm, filled into vials and freeze-dried. DENGVAXIA does not contain preservatives.

The vial stoppers for the Lyophilized Vaccine Antigen and Diluent vials of DENGVAXIA are made from natural rubber with natural rubber lubricant.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Following administration, DENGVAXIA elicits dengue-specific immune responses against the four dengue virus serotypes. The exact mechanism of protection has not been determined.

12.3 Pharmacokinetics

Viremia

In studies that evaluated the occurrence of vaccine viremia systematically at pre-specified timepoints, vaccine viremia (measured by genomic amplification methods) was observed following vaccination with DENGVAXIA in 5.6% of subjects, with 90% of these occurrences documented after the first injection. Vaccine viremia was observed 7 to 14 days after DENGVAXIA vaccination with a duration of <7 days.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

DENGVAXIA has not been evaluated for carcinogenic or mutagenic potential or impairment of male fertility. Exposure of female rabbits to DENGVAXIA prior to and during gestation did not impair fertility. [See Use in Specific Populations (8.1)].

14 CLINICAL STUDIES

14.1 Efficacy

The efficacy of DENGVAXIA was evaluated in two randomized, observer-blind, placebo-controlled, multi-center studies. Study 1 (N=20,869) was conducted in individuals 9 through 16 years of age in four Latin American countries and Puerto Rico; and Study 2 (N=10,275) was conducted in individuals 2 through 14 years of age in five Asia-Pacific countries. A subset of subjects in each study (10% in Study 1; 20% in Study 2) was enrolled in an initial phase of the study designed to detect dengue virus at the time of enrollment and at later time points.

Both studies enrolled subjects irrespective of evidence of previous dengue infection. Subjects were randomized 2:1 to receive either DENGVAXIA or saline placebo and were monitored for symptomatic virologically confirmed dengue (VCD) starting at Day 0. Per protocol, dengue vaccine efficacy was assessed beginning 28 days after the third vaccination for 12 months. VCD was defined as an acute febrile illness (temperature ≥38°C on at least 2 consecutive days) virologically confirmed by dengue RT-PCR and/or dengue nonstructural protein 1 (NS1) ELISA Antigen Test. For each study, in pre-specified vaccine
efficacy analyses including the full age range of subjects enrolled, the pre-specified criterion for demonstrating efficacy of DENGVAXIA against VCD due to any dengue virus serotype and irrespective of previous dengue virus infection, was met (lower bound of 95% CI for vaccine efficacy >25%). These studies were not designed to demonstrate efficacy of DENGVAXIA against individual dengue serotypes.

Given the identification of the increased risk for severe dengue following vaccination with DENGVAXIA and subsequent infection with dengue virus in persons not previously infected with dengue virus [see Adverse Reactions (6.1)], Table 3 presents analyses of vaccine efficacy against VCD due to any dengue virus serotype, limited to subjects who had baseline sera evaluated and who were dengue seropositive at baseline. These analyses include subjects 9 through 16 years of age from Study 1 and subjects 9 through 14 years of age from Study 2.

Table 3: Efficacy of DENGVAXIA against Symptomatic VCD in Subjects Seropositive for Dengue at Baseline from 28 Days Post Dose 3 for a Period of 12 months – Study 1 (Ages 9 through 16 Years) and Study 2 (Ages 9 through 14 Years) – mFASE – Subjects Included in the Immunogenicity Subset

|              | DENGVAXIA group Cases (Subjects) | Placebo group Cases (Subjects) | VE % (95% CI) *
|--------------|----------------------------------|-------------------------------|---------------------
| Study 1      | 7 (1034)                         | 17 (492)                      | 80.6 (50.7;93.2)    |
| (Subjects 9 through 16 years of age) |                                  |                               |                     |
| Study 2      | 4 (483)                          | 9 (250)                       | 77.2 (18.3;94.9)    |
| (Subjects 9 through 14 years of age) |                                  |                               |                     |

*mFASE (Modified Full Analysis Set): Set of the subjects who received 3 injections as per randomization including those with protocol deviations.
†VE is calculated as 1- ratio of density incidence of dengue between DENGVAXIA and Placebo groups.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

An outer package of 1 dose (NDC 49281-605-01) contains 1 single dose vial of Lyophilized Vaccine Antigen (NDC 49281-606-58) and 1 single dose vial of Saline Diluent (NDC 49281-549-58).

The vial stoppers for the Lyophilized Vaccine Antigen vials and the Saline Diluent vials of DENGVAXIA are not made with natural rubber latex.

16.2 Storage and Handling

Store Lyophilized Vaccine Antigen and Saline Diluent in a refrigerator at 2°C to 8°C (36°F to 46°F). Do not freeze. Protect from light.

Do not use after the expiration date shown on the vial labels of the Lyophilized Vaccine Antigen and Saline Diluent.

After reconstitution, administer DENGVAXIA immediately or store refrigerated at 2°C to 8°C (36°F to 46°F) and use within 30 minutes. Discard reconstituted vaccine if not used within 30 minutes.

17 PATIENT COUNSELING INFORMATION

Educate vaccine recipients regarding the most common adverse reactions that occur within 14 days following administration of DENGVAXIA (headache, injection site pain, malaise, asthenia, and myalgia).

Inform individuals to seek medical care if they develop signs and symptoms of dengue fever with particular attention to severe dengue warning signs (e.g., high fever, severe abdominal pain or tenderness, persistent vomiting, mucosal bleeding, somnolence and hyperactivity).

Register women who receive DENGVAXIA during pregnancy in the Pregnancy Registry by calling 1-800-822-2463 (1-800-VACCINE). [See Pregnancy (8.1).]

Instruct vaccine recipients to report adverse reactions to their healthcare provider.

Manufactured and distributed by:
Sanofi Pasteur Inc.
Swiftwater PA 18370 USA

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