SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Desmopressin Newbury 60 micrograms sublingual tablets
Desmopressin Newbury 120 micrograms sublingual tablets
Desmopressin Newbury 240 micrograms sublingual tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

[Product Name] 60 micrograms
Each sublingual tablet contains 60 micrograms desmopressin (as desmopressin acetate).

[Product Name] 120 micrograms
Each sublingual tablet contains 120 micrograms desmopressin (as desmopressin acetate).

[Product name] 240 micrograms
Each sublingual tablet contains 240 micrograms desmopressin (as desmopressin acetate).

Excipient with known effect
Each sublingual tablet contains 62 mg lactose (as monohydrate).

For a full list of excipients see section 6.1.

3. PHARMACEUTICAL FORM

Sublingual tablet

[Product Name] 60 micrograms sublingual tablet
White or almost white, round, biconvex tablet debossed with 'I' on one side and plain on other side, with 6.5 mm diameter and 2 mm thickness.

[Product Name] 120 micrograms sublingual tablet
White or almost white, octagonal, biconvex tablet debossed with 'II' on one side and plain on other side, with 6.5 mm length/ width and 2 mm thickness.

[Product Name] 240 micrograms sublingual tablet
White or almost white, square, biconvex tablet debossed with 'III' on one side and plain on other side with 6 mm length/ width and 2 mm thickness.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Treatment of central diabetes insipidus.
- Treatment of primary nocturnal enuresis in children from 5 years of age with a normal ability to concentrate urine.
- Symptomatic treatment of nocturia in adults aged below 65, associated with nocturnal polyuria, i.e. nocturnal urine production exceeding functional bladder capacity.

4.2 Posology and method of administration

Desmopressin causes renal water reabsorption in the kidneys with consequent fluid retention. Consequently, during desmopressin treatment, it is advisable:
- to start the treatment at the lowest recommended dosage
- to increase the dosage gradually and cautiously (without exceeding the maximum recommended dosage)
- to respect the fluid intake restriction
- to ensure that, in paediatrics, the administration is under the supervision of an adult.

Posology
Generally
If signs of water retention/hyponatremia (headache, nausea/vomiting, weight gain and, in severe cases, convulsions and coma) occur, treatment should be temporarily discontinued until the patient is fully recovered.

When re-initiating treatment, strict adherence to fluid intake restrictions should be maintained and serum sodium levels monitored (see section 4.4). The dose may need to be adjusted. In all cases, a dose adjustment should be progressively performed with respect of a sufficient period between each dosage level.

If adequate clinical effect is not achieved within 4 weeks, with weekly dose titration, treatment should be discontinued.

Central diabetes insipidus
Adults and children: a suitable initial dose is 60 micrograms sublingually 3 times daily. The dosage is then adjusted according to the patient's response. Clinical experience has shown that the daily dose varies between 120 micrograms and 720 micrograms sublingually. For most patients, the maintenance dose is 60-120 micrograms sublingually 3 times daily.

Primary nocturnal enuresis
A suitable initial dose is 120 micrograms sublingually at night. The dose can be increased up to 240 micrograms sublingually if the lower dose is not sufficiently effective. Fluid restriction should be observed.
This medicinal product is intended for a treatment period of up to 3 months. The necessity of additional treatment should be verified following interruption of administration for at least one week.

Nocturia in adults
To determine nocturnal polyuria, nocturia patients should note the time and volume of each micturition in a schedule for at least 2 days before starting treatment. A nocturnal urine production that exceeds functional bladder capacity or exceeds 1/3 of the 24-hour urine production is considered nocturnal polyuria.
The recommended initial dose is 60 micrograms desmopressin sublingually at bedtime. If this dose is not sufficiently effective, the dose can be increased to 120 micrograms and subsequently to 240 micrograms sublingually by weekly dose escalations. Fluid restriction should be observed. Plasma sodium levels should be measured before start of treatment and also 3 days after start of treatment. The same applies in the event of an increase in the dose and at other times during treatment when the treating physician deems it necessary, see section 4.4.
If adequate clinical effect is not achieved within 4 weeks, with weekly dose titration, treatment should be discontinued.

Special populations
Elderly
Treatment of nocturia should not be initiated in patients> 65 years of age (see section 4.3).

Renal impairment
No dose reduction is needed in patients with mild renal impairment.
[Product name] is contraindicated in patients with moderate and severe renal insufficiency (see section 4.3).

Hepatic impairment
No dose adjustment is needed for patients with hepatic impairment (see section 5.2).

Paediatric population
This medicinal product is indicated for central diabetes insipidus and primary nocturnal enuresis in children. For diabetes insipidus, dosage recommendations in paediatric patients are the same as for adults. This medicinal product should not be used for primary nocturnal enuresis in children below 5 years of age.

Method of administration
[Product Name] is for sublingual use.
This medicinal product is placed sublingually where it dissolves without water.

Effect of food
[Product Name] should always be taken at the same time in relation to food intake, because food reduces absorption and could therefore impact the effect of desmopressin, see section 4.5.

In the treatment of primary nocturnal enuresis and nocturia, fluid intake should be reduced to a minimum from 1 hour before the administration of the evening dose to at least 8 hours after administration (see section 4.4).

4.3 Contraindications

- Hypersensitivity to desmopressin or any of the other ingredients of the medicinal product
- Persistent or psychogenic polydipsia (resulting in a urine production exceeding 40 ml/kg/24 hours).
- Known or suspected cardiac insufficiency and other conditions requiring treatment with diuretics.
- Moderate to severe renal insufficiency (creatinine clearance less than 50 ml/min)..
- Known hyponatremia.
- Syndrome of inappropriate secretion of antidiuretic hormone (SIADH).
- Patients below 5 years of age, if the medicinal product is used to treat primary nocturnal enuresis.
- Patients older than 65 years, if the medicinal product is used to treat primary nocturnal enuresis or nocturia.
- Patients unable to respect fluid restriction.

4.4 Special warnings and precautions for use

Before initiation of treatment
Before initiating treatment with desmopressin for indications of isolated nocturnal enuresis in children and nocturia in adults, any organic vesico-sphincter anomaly must be ruled out.

Desmopressin should be administered with caution and its dosage should be reduced if necessary in elderly subjects and patients with cardiovascular disorders (coronary insufficiency, arterial hypertension) as well as in patients at risk of intracranial hypertension.

Desmopressin should be administered with caution and the dose reduced if necessary, in patients suffering from asthma, cystic fibrosis, epilepsy, migraine or conditions characterized by fluid disturbances and/or electrolyte balance.

At high doses, especially in the case of diabetes insipidus, desmopressin can sometimes cause a slight increase of blood pressure, which disappears with dose reduction.

In the event of corticotropic or thyroid insufficiency this must be corrected before the start of treatment with desmopressin and throughout its duration, in order to avoid the occurrence of water intoxication.

In patients with nocturia, a voiding diary which evaluates the frequency and the volume of the urinations should be set out for the diagnosis of a nocturnal polyuria during at least 2 days before the start of the treatment.

Paediatric population
Therapeutic management of children's nocturnal enuresis generally begins with lifestyle measures and night-time wetting alarm. It is important that healthcare professionals consider these measures before the initiation of desmopressin.

In children with isolated nocturnal enuresis, before the start of treatment, the patient should record the frequency of urination and drinking hours for 48 hours, and the number of wet nights for 7 days.

Treatment monitoring
Hyponatremia/Water poisoning
In patients with urge/urge incontinence, organic causes of increased micturition frequency or nocturia (eg benign prostatic hyperplasia, urinary tract infections, gallstones/tumors, polydipsia or maladaptic diabetes mellitus), the specific cause of the problem should be addressed primarily.

In the treatment of primary nocturnal enuresis and nocturia, fluid intake should be reduced to a minimum from 1 hour before the administration of evening dose to at least 8 hours after administration (see section 4.2).

Monitoring of the patient's weight is recommended in the days following initiation of treatment or dose increase. A rapid and significant increase in weight may be a sign of excessive fluid retention.

Without concomitant reduction of fluid intake, treatment can lead to water retention and/or hyponatremia (headache, nausea/vomiting, rapid weight gain and, in severe cases convulsions and coma). In the event of the appearance of these symptoms, in the indications isolated nocturnal enuresis in children and nocturia in adults, the treatment must be interrupted and a blood ionogram performed to measure the sodium level. If treatment is resumed, fluid restriction should be stricter.

All patients or their caregivers should be carefully instructed regarding fluid restriction.

There is an increased risk of hyponatremia in the elderly and in patients with low plasma sodium levels and patients with a high volume of diurnal urine (over 2.8 to 3 liters).

To avoid hyponatremia, special care must be taken with fluid retention and frequent monitoring of plasma sodium levels in the following conditions:
- concomitant treatment with drugs known to induce disorders of ADH secretion (SIADH), such as tricyclic antidepressants, SSRIs, chlorpromazine and carbamazepine
- concomitant treatment with NSAIDs.

In addition
In the indications isolated nocturnal enuresis in children and nocturia in adults, treatment with desmopressin must be discontinued during intercurrent conditions characterized by a water and/or electrolyte imbalance such as: infectious episode, fever, gastroenteritis.

Excipients with known effect
[Product name] contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

This medicinal product contains less than 1 mmol sodium (23 mg) per sublingual tablet, that is to say essentially ‘sodium-free’.

4.5 Interaction with other medicinal products and other forms of interaction

Substances known to induce disturbed ADH secretion, e.g. tricyclic antidepressants, SSRIs, chlorpromazine and carbamazepine, as well as antidiabetics of the sulphonylurea group, especially chloropropamide, may cause an additive antidiuretic effect with increased risk of fluid retention, see section 4.4.

NSAIDs may induce water retention/hyponatremia, see section 4.4.

Concomitant treatment with diuretic agents is contraindicated (see section 4.3)

Concomitant treatment with loperamide may result in a 3-fold increase in plasma concentrations of desmopressin, which may lead to an increased risk of water retention and/or hyponatremia. Other medicinal products which slow down the intestinal transport may have the same effect. However, this has not been investigated.

Concomitant treatment with dimethicone may result in decreased absorption of desmopressin.

Desmopressin is unlikely to interact with medicinal products that affect the metabolism of the liver, as desmopressin does not show significant hepatic metabolism in *in vitro* studies with human microsomes. However, formal *in vivo* interaction studies have not been performed.

Concomitant food intake has not been studied with desmopressin sublingual tablets. A standardized meal containing 27% fat, taken concomitantly with or 1.5 hours before desmopressin tablet decreased absorption rate of desmopressin by 40%. No significant effect was observed with respect to pharmacodynamics (urine production or osmolality). It cannot be ruled out that some patients may experience a reduced antidiuretic effect with concomitant food intake.

4.6 Fertility, pregnancy and breast-feeding

Fertility
Fertility studies have not been performed. *In vitro* analysis of the cotyledon model showed that at a therapeutic concentration corresponding to the recommended dose, desmopressin did not cross the placenta.

Pregnancy
The available data from a limited number (n=53) of pregnant women treated for diabetes insipidus, as well as data from a limited number (n=54) of pregnant women with von Willebrand's disease, show no adverse effects of desmopressin on pregnancy or the health of the fetus/newborn. No other relevant epidemiological data are available.
Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/fetal development, parturition or postnatal development.
This medicinal product should be given with caution during pregnancy.

Breastfeeding
Results from analyzes of breast milk from mothers who received high doses of desmopressin (300 µg intranasally), show that desmopressin passes into breast milk but the amount of desmopressin that can

be transferred to the baby is low, and probably lower than the amounts required to affect diuresis. Whether desmopressin accumulates in breast milk with repeated dosing has not been studied.

4.7 Effects on ability to drive and use machines

[Product Name] has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile
The most serious side effect with desmopressin is hyponatremia, see below under “Description of selected side effects”.

Adults
Headache (12%) was the most reported adverse reaction. Other common side effects were hyponatremia (6%), dizziness (3%), hypertension (2%) and gastrointestinal disorders (nausea (4%), vomiting (1%), abdominal pain (3%), diarrhoea (2%) and constipation (1%)). Less common is an influence of the sleep pattern/consciousness level presenting itself as e.g. insomnia (0.96%), somnolence (0.4%) or asthenia (0.06%).
Anaphylactic reactions have not been observed in clinical trials but spontaneous reports have been obtained.

Paediatric population
Headache (1%) was the most reported adverse reaction. Less common were psychiatric disorders (affect lability (0.1%), aggression (0.1%), anxiety (0.05%), mood swings (0.05%), nightmare (0.05%)) which usually subsided after cessation of treatment and gastrointestinal disorders (abdominal pain (0.65%), nausea (0.35%), vomiting (0.2%) and diarrhoea (0.15%)).
Anaphylactic reactions have not been observed in clinical trials but spontaneous reports have been obtained.

Nocturia
Adverse effects of desmopressin have been described in patients, including the population aged 65 year and over, treated for nocturia during clinical trials. In total, approximately 35% of patients experienced adverse effects during the titration phase. The majority of cases of clinically significant hyponatremia (serum sodium <130 mmol/L) occurred in patients 65 years of age or older (see section 4.3). The hyponatremia appeared either early after the initiation of the treatment, or during a dose increase. Adverse effects other than hyponatremia are mostly minor. During the long-term treatment period, 24% of patients experienced adverse effects.

Tabulated list of adverse reactions
Adults
The frequency of adverse reactions reported in clinical trials with oral desmopressin performed in adults in the treatment of nocturia (N=1557) combined with post-marketing reports for all indications in adults (including central diabetes insipidus) is presented in Table 1. Post-marketing adverse reactions are presented in the column "Frequency not known”

Table 1 Tabulated list of adverse reactions in adults

System Organ Class	Very common (≥1/10)	Common (≥1/100 to <1/10)	Uncommon (≥1/1000 to <1/100)	Rare (≥1/10000 to <1/1000)	Not known (cannot be estimated from available data)
Immune system disorders					Anaphylactic reaction

System Organ Class	Very common (≥1/10)	Common (≥1/100 to <1/10)	Uncommon (≥1/1000 to <1/100)	Rare (≥1/10000 to <1/1000)	Not known (cannot be estimated from available data)
Metabolism and nutrition disorders		Hyponatremia			Dehydration** Hypernatremia**
Psychiatric disorders			Insomnia	Confusion state*	
Nervous system disorders	Headache*	Dizziness*	Somnolence Paresthesias		Convulsions* Asthenia** Coma*
Eye disorders			Visual disturbances		
Ears and labyrinth disorders			Vertigo*		
Cardiac disorders			Palpitations		
Vascular disorders		Hypertension	Orthostatic hypotension		
Respiratory, thoracic and mediastinal disorders			Dyspnoea		
Gastrointestinal disorders		Nausea* Abdominal pain* Diarrhoea Constipation Vomiting*	Dyspepsia Flatulence, bloating and distension		
Skin and subcutaneous disorders			Sweating Pruritus Rash Urticaria	Allergic dermatitis	
Musculoskeletal and connective tissue disorders			Muscle spasms Myalgia		
Renal and urinary disorders		Bladder and urethral discomfort			
General disorders and administration site conditions		Oedema Fatigue	Feeling sick* Chest pain Influenza-like symptoms		
Investigations			Weight gain* Increase in liver enzymes Hypokalemia		

* Hyponatremia can cause headache, abdominal pain, nausea, vomiting, weight gain, dizziness, confusion, malaise, vertigo and, in severe cases, convulsion and coma

** Only observed in central diabetes insipidus

Pediatric population
The frequency of adverse reactions reported in clinical trials with oral desmopressin performed in children and adolescents in the treatment of primary nocturnal enuresis (N=1923) is presented in Table 2. Post-marketing adverse reactions are presented in the column "Frequency not known".

Table 2 Tabulated list of adverse reactions in paediatric population

System Organ Class	Common (≥1/100 to <1/10)	Uncommon (≥1/1000 to <1/100)	Rare (≥1/10000 to <1/1000)	Not known (cannot be estimated from available data)
Immune system disorders				Anaphylactic reaction
Metabolism and nutrition disorders				Hyponatremia****
Psychiatric disorders		Affect lability** Aggression***	Anxiety symptoms Nightmares**** Mood swings****	Abnormal behavior Emotional disturbances Depression Hallucinations Insomnia
Central and peripheric nervous system disorders	Headache*		Somnolence	Attention Deficit Disorder Psychomotor hyperactivity Convulsions*
Vascular disorders			Hypertension	
Respiratory, thoracic and mediastinal disorders				Nasal bleeding
Gastrointestinal disorders		Abdominal pain* Nausea* Vomiting* Diarrhoea		
Skin and subcutaneous disorders				Rash Allergic dermatitis Sweating Urticaria
Renal and urinary disorders		Bladder and urethral discomfort		
General disorders and administration site conditions		Peripheral oedema Fatigue	Irritation	

* Hyponatremia can cause headache, abdominal pain, nausea, vomiting and in severe cases convulsions and coma
** Reported post-marketing, same frequency in children and adolescents (<18 years)
*** Reported post-marketing, almost exclusively in children and adolescents (<18 years)
**** Reported post-marketing, mainly in children (<12 years)

Special population
Elderly patients and patients with low plasma sodium levels may be at increased risk of developing hyponatremia, see section 4.2 and 4.4.

Description of selected adverse reactions
The most serious side effect with desmopressin is hyponatremia which can cause headache, abdominal pain, nausea, vomiting, weight gain, dizziness, confusion, malaise, vertigo and, in severe cases convulsions and coma. The cause of potential hyponatremia is the expected antidiuretic effect. Hyponatremia is reversible and in children it often occurs in connection with changes in daily routines that affect fluid intake and/or sweating. The majority of adults treated for nocturia who developed hyponatremia showed low plasma sodium levels after 3 days of dosing or after increasing the dose. Special care should be taken in both children and adults, see section 4.4.

Reporting of suspected side effects
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

In the event of a major overdose with a major risk of water intoxication, specific measures are required, in a hospital environment, with strict clinical and biological monitoring.

Toxicity
Overdose of desmopressin leads to prolonged duration of action with an increased risk of water retention and hyponatremia.
Even normal doses, together with a large fluid intake, can cause water intoxication. Doses from 0.3 micrograms/kg iv and 2.4 micrograms/kg intranasally, together with fluid intake, have resulted in hyponatremia and seizures in children and adults. However, 40 micrograms intranasally to a 5-month-old child and 80 micrograms intranasally to a 5-year-old did not cause any symptoms. 4 micrograms parenterally to neonate gave oliguria and weight gain.

Symptoms
An overdose of desmopressin leads to increased risk of water retention with symptoms such as headache, nausea, hyponatremia, hypoosmolality, oliguria, CNS depression, seizures, pulmonary oedema. See also section 4.8.

Treatment
Although the treatment of hyponatremia should be individualised, the following general recommendations can be given:
- Hyponatremia is treated by discontinuing the desmopressin treatment and fluid restriction.
- If the patient has symptoms, infusion of isotonic or hypertonic sodium chloride can be given.
- Severe fluid retentions (seizures and unconsciousness) are treated with furosemide.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Pituitary and hypothalamic hormones and analogues, vasopressin and analogues ATC code: H01BA02.

[Product name] contains desmopressin, a structural analogue of the natural antidiuretic hormone, vasopressin.

It differs from this in that the amino group in cysteine is removed and *L*-arginine is replaced by *D*-arginine. This results in a significantly extended duration of action and a total lack of pressor effect in clinically current dosing.

Compared to the natural hormone, desmopressin is characterized by an increased and prolonged antidiuretic activity, while its vasopressor activity is very reduced. Desmopressin acts as a selective agonist at vasopressin V2 receptors, located primarily on the collecting duct cells of the kidney. Oral administration of a dose of 0.1 to 0.2 mg of desmopressin tablet (corresponding to 60 micrograms and 120 micrograms of oral lyophilisate) causes an antidiuretic effect which lasts approximately 8 hours with significant inter- individual variations.

Clinical studies with desmopressin tablets in the treatment of nocturia showed the following:
- The mean number of nocturia episodes decreased by at least 50% in 39% of patients in the desmopressin group compared with 5% in the placebo group ($p < 0.0001$).
- The mean number of nocturia episodes per night decreased by 44% in the desmopressin group compared with 15% in the placebo group ($p < 0.0001$).
- The median duration of the first undisturbed sleep period increased by 64% in the desmopressin group compared with 20% in the placebo group ($p < 0.0001$).
- The mean duration of the first undisturbed sleep episode increased by 2 hours in the desmopressin group compared with 31 minutes in the placebo group ($p < 0.0001$).

Due to adverse effects, 8% of the 448 patients on desmopressin discontinued their treatment during the titration phase, and 2% of the 295 patients during the double-blind period (0.63% on desmopressin and 1.45% under placebo).

5.2 Pharmacokinetic properties

Absorption
Concomitant food intake has not been studied with desmopressin lyophilised tablet, but food intake with desmopressin tablet reduces the rate of absorption and the degree of absorption by 40%. Desmopressin shows a moderate to high variation in bioavailability, both within and between individuals. Plasma concentrations of desmopressin increase in proportion to the given dose and after administration of doses of 200, 400 and 800 micrograms, C_{max} was 14, 30 and 65 pg/ml, respectively. T_{max} was reached after 0.5-2 hours.

The absolute bioavailability of desmopressin via the sublingual route is on average 0.25% (0.21%-0.31%). The table below presents an equivalence between the tablets and the oral lyophilisates of desmopressin:

Desmopressin acetate Tablet	Desmopressin base oral lyophilisate	Desmopressin base tablet	Desmopressin acetate oral lyophilisate
0.1 mg	60 µg	89 µg	About 67 µg*
0.2 mg	120 µg	178 µg	About 135 µg*
0.4 mg	240 µg	356 µg	About 270 µg*

*calculated to compare

Distribution
The distribution of desmopressin is best described using a two-compartment distribution model with a volume of distribution during the elimination phase of 0.3-0.5 L/kg.
Desmopressin does not cross the blood-brain barrier.

Metabolism
In vitro studies with human liver microsomes have shown that no significant amount of desmopressin is metabolised in the liver. Therefore, desmopressin is unlikely to be metabolised in the human liver.

Elimination
The total clearance of desmopressin was calculated to be 7.6 l/h. The terminal half-life is estimated to be 2.8 hours. In healthy subjects 52% (44%-60%) of the amount of desmopressin administered is excreted unchanged in the urine.

Linearity/non-linearity
There are no indications of non-linearity in any of the pharmacokinetic parameters of desmopressin.

Pediatric population
The population pharmacokinetics of desmopressin tablets has been studied in children with primary nocturnal enuresis and no significant difference from adults were detected.

5.3 Preclinical safety data

Current studies on pharmacological safety, repeated dose toxicity, genotoxicity and reproductive toxicity did not reveal any special hazard for humans.

Carcinogenicity studies have not been performed because desmopressin is closely related to the naturally occurring peptide hormone, vasopressin.

In vitro analysis of human cotyledon models showed no placental transfer of desmopressin when administered at therapeutic concentrations consistent with recommended doses.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate
Maize starch
Citric acid (E 330)
Croscarmellose sodium (E 468)
Magnesium stearate (E 470b)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

30 months.

6.4 Special precautions for storage

For blisters
Store in the original blister in order to protect from moisture. This medicinal product does not require any special temperature storage conditions.

For HDPE containers
Store in the original package. Keep the bottle tightly closed in order to protect from moisture. Do not store above 30°C.

6.5 Nature and contents of container

Carton box containing OPA/Al/PVC/PE-AL standard blisters or unit dose blisters with integrated desiccant layer with 10 tablets each.

Pack sizes:
10, 20, 30, 50, 60, 90 or 100 sublingual tablets (in blisters)
10 x 1, 20 x 1, 30 x 1, 50 x 1, 60 x 1, 90 x 1, 100 x 1 (in unit dose perforated blisters)

HDPE bottle with PP caps with integrated desiccant containing 30 or 100 sublingual tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

7. MARKETING AUTHORISATION HOLDER

[To be completed nationally]

{Name and address}
<{tel}>
<{fax}>
<{e-mail}>

8. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

<Date of first authorisation: {DD month YYYY}>
<Date of latest renewal: {DD month YYYY}>

[To be completed nationally]

10. DATE OF REVISION OF THE TEXT

<{MM/YYYY}>
<{DD/MM/YYYY}>
<{DD month YYYY}>

2025-06-01