SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

NiQuitin Clear 7 mg/24 hours transdermal patch
NiQuitin Clear 14mg/24 hours transdermal patch
NiQuitin Clear 21mg/24 hours transdermal patch

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each (7 cm^2) patch of 7 mg/24 hours contain 36 mg nicotine
Each (15cm^2) patch of 14 mg/24 hours contain 78 mg nicotine
Each (21 cm^2) patch of 21 mg/24 hours contain 114 mg nicotine

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Transdermal patch.

21 mg/24 hours is marked NCQ 21
14 mg/24 hours is marked NCQ 14
7 mg/24 hours is marked NCQ 7

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

NiQuitin Clear is indicated for the relief of nicotine withdrawal symptoms associated with smoking cessation. If possible, when stopping smoking, NiQuitin Clear should be used in conjunction with a behavioural support programme.

4.2 Posology and method of administration

NiQuitin Clear patches may be used alone or in combination with any NiQuitin 1.5mg/2mg oral preparation (refer to detailed combination therapy posology below).

The patches should be used as directed below. Prior to initiation of therapy users should be committed to stopping smoking. During a quit attempt, any smoking is very likely to lead to relapse. Therefore users must not smoke during a cessation attempt. Concurrent behavioural support is recommended, as such programmes have been shown to be beneficial for smoking cessation. In some instances, it may also be beneficial to utilise more than one form of NiQuitin concurrently. For example, smokers who have difficulty controlling cravings when using a patch alone may use a gum or lozenge to support sudden cravings.

Posology

NiQuitin Clear therapy should usually begin with NiQuitin Clear 21 mg and be reduced according to the following dosing schedule:

Dose	**Duration**
Step 1 NiQuitin Clear 21 mg	First 6 weeks
Step 2 NiQuitin Clear 14 mg	Next 2 weeks
Step 3 NiQuitin Clear 7 mg	*Last 2 weeks*

Smokers with low nicotine dependence (e.g. those who smoke less than 10 cigarettes per day) are recommended to start at Step 2 (14 mg) for 6 weeks and decrease the dose to NiQuitin Clear 7 mg for the final 2 weeks.
NiQuitin Clear patients on NiQuitin Clear 21 mg who experience excessive side-effects (please refer to section 4.4), which do not resolve within a few days, should change to NiQuitin Clear 14mg. This strength should then be continued for the remainder of the 6 week course before stepping down to NiQuitin Clear 7 mg for two weeks. If the symptoms persist the patient should be advised to seek the advice of a healthcare professional.

For optimum results, the 10 week treatment course (8 weeks for patients who have reduced strength as above), should be completed in full. It should not extend beyond 10 consecutive weeks.
However, further courses may be used at a later time, for NiQuitin Clear users who continue or resume smoking.

Paediatric population

NiQuitin Clear should only be used in adolescents (aged 12 – 17 years) with advice from a doctor.

NiQuitin Clear is not recommended for use in children under 12 years of age due to lack of data on safety and efficacy.

Adolescents should not quit with Combination NRT regimen.

Method of administration

A new NiQuitin Clear patch should be applied once a day, at the same time each day and preferably soon after awakening, to a different non-hairy, clean, dry skin site and worn continuously for 24 hours. The NiQuitin Clear patch should be applied promptly on removal from its protective sachet. It should be pressed firmly on the skin with the palm of hand for 10 seconds. Areas where the skin creases should be avoided.

Avoid applying to any skin which is broken, red or irritated. After 24 hours the used patch should be removed and a new patch applied to a fresh skin site. The patch should not be left on for longer than 24 hours. Skin sites should not be reused for at least seven days. Only one patch should be worn at a time.

Patches may be removed before going to bed if desired. However use for 24 hours is recommended to optimize the effect against morning cravings.

The patch should be kept sealed in its protective pouch until ready to use. The user should wash hands with water after handling the patch and avoid contact with eyes and nose.

Water will not harm the nicotine transdermal patch, if it has been applied properly. The user can bathe, swim or shower for short periods while wearing the nicotine transdermal patch.

Combination therapy: Treatment of NiQuitin Clear Patch in combination with NiQuitin Mini 1.5mg lozenge/NiQuitin 2mg lozenge or NiQuitin 2mg gum.

Smokers can combine the transdermal patches and oral nicotine replacement therapy (gum, lozenges, etc.). The combination of transdermal patches and oral nicotine replacement therapy gives better effectiveness than using transdermal patches alone.

The initial treatment should begin with the determination of the dose of the NiQuitin Clear patch - according to the same rules as the monotherapy (see above) - in combination with a dose of oral NiQuitin (Mini 1.5mg lozenge/2mg lozenge/2mg gum). The daily intake of NiQuitin Mini 1.5mg lozenge/NiQuitin 2mg lozenge/NiQuitin 2mg gum, when combined with patches, is 5 to 6 pieces. The maximum daily dose for all oral forms is 15 pieces. Only one type of oral NiQuitin product (either NiQuitin Mini lozenge, NiQuitin lozenge or NiQuitin gum) shall be used in combination with NiQuitin Clear patch.

Recommended dosage for combination therapy:

<table>
<tr><td colspan="3">For smokers who smoke more than 10 cigarettes a day</td></tr>
<tr><td>Period</td><td>Patches</td><td>NiQuitin Mini 1.5mg lozenge/ NiQuitin 2mg lozenge/ NiQuitin 2mg gum</td></tr>
<tr><td>Step 1: 6 weeks</td><td>NiQuitin Clear 21 mg / 24 hours</td><td>5 to 6 pieces per day</td></tr>
<tr><td>Step 2: 2 weeks</td><td>NiQuitin Clear 14 mg / 24 hours</td><td rowspan="2">Continue to use lozenges/ gums, when necessary</td></tr>
<tr><td>Step 3: 2 weeks</td><td>NiQuitin Clear 7 mg / 24 hours</td></tr>
<tr><td>After 10 weeks</td><td>Stop using NiQuitin Clear patches</td><td>Reduce the number of gums/lozenges gradually. When daily use is reduced to 1-2 pieces, treatment should be stopped.</td></tr>
<tr><td colspan="3">Light smokers (those smoking fewer than 10 cigarettes a day)</td></tr>
<tr><td>Period</td><td>Patches</td><td>NiQuitin 1.5mg lozenge/ NiQuitin 2mg lozenge/ NiQuitin 2mg gum</td></tr>
<tr><td>Step 2: 6 weeks</td><td>NiQuitin Clear 14 mg / 24 hours</td><td>5 to 6 pieces per day</td></tr>
<tr><td>Step 3: 2 weeks</td><td>NiQuitin Clear 7 mg / 24 hours</td><td>Continue to use lozenges/gums, when necessary</td></tr>
<tr><td>After 8 weeks</td><td>Stop using NiQuitin Clear patches</td><td>Reduce the number of lozenges /gums gradually. When daily use is reduced to 1-2 pieces, treatment should be stopped.</td></tr>
</table>

The treatment duration depends on the needs of each smoker. In general, the use of oral NiQuitin preparations is 2 - 3 months, then use may be reduced gradually. When daily use is reduced to 1-2 doses, use should be stopped. For information about how long NiQuitin Mini 1.5mg lozenge/NiQuitin 2mg lozenge/NiQuitin 2mg gum can be used, the patient information leaflet for the respective product shall be referred to.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

NiQuitin Clear patches should not be used by non-smokers, occasional smokers or children under the age of 12 years.

4.4 Special warnings and precautions for use

Paediatric population

The amounts of nicotine that are tolerated by adult smokers can produce symptoms of poisoning and could prove fatal if NiQuitin Clear is applied by children, or ingested by children. Even used NiQuitin Clear patches contain enough residual nicotine to be harmful to children.

Therefore, patches should be kept out of the sight and the reach of children. Patient should be instructed to dispose of used patches carefully in a place away from children.

Safety on Handling

NiQuitin Clear is potentially a dermal irritant and can cause contact sensitization. Care should be taken during handling and in particular contact with the eyes and nose avoided. After handling, wash hands with water alone as soap may increase nicotine absorption.

For instructions on handling and disposal of the patch, see section 6.6.

Precautions

Users should stop smoking completely during treatment. In some instances, it may be beneficial to utilise more than one form of NiQuitin concurrently. If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the NiQuitin Clear dose should be reduced or discontinued. Concomitant medications may need dosage adjustment (see Drug Interactions).
The maximum duration of a treatment course is 10 weeks. Patients should not continue beyond this treatment period because the chronic consumption of nicotine can be toxic and addicting. Tachycardia occurring in association with the use of NiQuitin Clear was reported occasionally.

NiQuitin Clear should be used only with medical advice in patients with:

- cardiovascular disease (e.g. stable angina pectoris, heart failure, cerebrovascular disease, vasospastic diseases, severe peripheral vascular disease); uncontrolled hypertension.

  Patients hospitalised for MI, severe dysrhythmia or CVA who are considered to be haemodynamically unstable should be encouraged to stop smoking with non-pharmacological interventions.

  If this fails, nicotine patches may be considered, but as data on safety in this patient group are limited, initiation should only be under medical supervision. Once patients are discharged from hospital, they can use NRT as normal.

  If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the nicotine patch dose should be reduced or discontinued.

  The combination NRT regimens should not be used in people with known cardiovascular disease without evaluation of the risk/benefit by a healthcare professional.

- atopic or eczematous dermatitis (due to localised patch sensitivity)

- Diabetes: blood glucose levels may be more variable when stopping smoking, with or without NRT, so it is important for diabetics to continue monitoring blood sugar levels while using this product.

- Renal and hepatic impairment: Use with caution in patients with moderate to severe hepatic

impairment and/or moderate to severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse events.

- Phaeochromocytoma and uncontrolled hyperthyroidism: Use with caution in patients with uncontrolled hyperthyroidism or phaeochromocytoma as nicotine causes release of catecholamines.

- Seizures: use with caution in subjects taking anti-convulsant therapy or with a history of epilepsy as cases of convulsions have been reported in association with nicotine.

Stopping smoking: Polycyclic aromatic hydrocarbons in tobacco smoke induce the metabolism of drugs catalysed by CYP 1A2 (and possibly by CYP 1A1). When a smoker stops this may result in a slower metabolism and a consequent rise in blood levels of such drugs.

In the case of severe or persistent local reactions at the site of application (e.g. severe erythema, pruritus or oedema) or a generalised skin reaction (e.g. urticaria, hives or generalised skin rashes), users should be instructed to discontinue use of NiQuitin Clear and contact their physicians.

Patients with contact sensitisation should be cautioned that a serious reaction could occur from exposure to other nicotine-containing products or smoking.

Gastrointestinal disease: Nicotine replacement therapy may exacerbate symptoms in persons suffering from active oesophagitis, oral and pharyngeal inflammation, gastritis, gastric ulcer or peptic ulcer.

Transferred dependence is unusual and is both less harmful and easier to break than smoking dependence.

Special warnings and precautions for use for combined treatment with NiQuitin transdermal patches and oral NiQuitin preparations are the same as for each treatment alone (see SPC for respective oral preparation used in combination).

4.5 Interaction with other medicinal products and other forms of interaction

No clinically relevant interactions between nicotine replacement therapy and other drugs have been established.
However, nicotine may possibly enhance the haemodynamic effects of adenosine. i.e. increase in blood pressure and heart rate and also increase pain response (angina pectoris type chest pain) provoked by adenosine administration.
Healthcare professionals are reminded that smoking cessation itself may require the adjustment of some drug therapy.

Smoking cessation, with or without nicotine substitutes, may alter the response to concomitant medication in ex-smokers.
The following drugs may require adjustment in dose at cessation of smoking.

May require a **decrease** in dose at cessation of smoking	Possible mechanism of action
Caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, tacrine, clomipramine.	Reduced induction of CYP1A2
Insulin	Increase in sub-cutaneous insulin absorption
Adrenergic blockers eg prazosin, propranolol.	Decreases circulating catecholamines
May require an **increase** in dose at cessation of smoking	Possible mechanism of action
Adrenergic agonists e.g. isoprenaline, salbutamol	Decreases in circulating catecholamines

4.6 Fertility, pregnancy and lactation

Fertility

Studies in male rats have shown that nicotine can decrease testis weight, cause a reversible decrease in Sertoli cell numbers with impairment of spermatogenesis, and result in a variety of changes in the epididymis and vas deferens. However, similar effects have not been reported to occur in humans.

Pregnancy

Smoking during pregnancy is associated with risks as intra-uterine growth retardation, premature birth or stillbirth. Stopping smoking is the single most effective intervention for improving the health of both pregnant smoker and her baby. The earlier abstinence is achieved the better.

Nicotine passes to the foetus affecting breathing movements and has a dose dependent effect on placental/foetal circulation. Therefore, the pregnant smoker should always be advised to stop smoking completely without use of nicotine replacement therapy. The risk of continued smoking may pose greater hazard to the foetus as compared with the use of nicotine replacement products in a supervised smoking cessation programme. Use of NiQuitin Clear by a pregnant smoker should only be initiated after advice from a healthcare professional.

The decision to use NRT should be made as early on in the pregnancy as possible. The aim should be to use NRT for only 2-3 months.
Intermittent dosing products may be preferable as these usually provide a lower daily dose of nicotine than patches. However patches may be preferred if the woman is suffering from nausea during pregnancy.

Due to an absence of specific studies, combination therapy with patches and oral forms is not recommended during pregnancy unless the healthcare professional considers it necessary to ensure abstinence.

Lactation

Nicotine passes freely into breast milk in quantities which may affect the child, even at therapeutic doses. NiQuitin Clear should therefore be avoided during breastfeeding. Should smoking cessation not be achieved, use of NiQuitin Clear by breast feeding smokers should only be initiated after advice from a healthcare professional.

Using intermittent dose NRT preparations, compared with patches, may minimize the amount of nicotine in the breast milk as the time between administrations of NRT and feeding can be made as long as possible. Women should try to breastfeed just before they take the product.

Due to an absence of specific studies, combination therapy with patches and oral forms is not recommended during lactation unless the healthcare professional considers it necessary to ensure abstinence.

4.7 Effects on ability to drive and use machines

NiQuitin Clear has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Application site reactions are the most frequent adverse reaction associated with NiQuitin Clear. NiQuitin Clear can cause other adverse reactions related to the pharmacological effect of nicotine or

withdrawal effects related to stopping smoking.
The following undesirable effects have been reported in clinical trials or spontaneously post-marketing.
Certain symptoms which have been reported such as depression, irritability, nervousness, restlessness, mood lability, anxiety, drowsiness, impaired concentration, insomnia and sleep disturbances may be related to withdrawal symptoms associated with smoking cessation. Subjects quitting smoking by any means could expect to suffer from asthenia, headache, dizziness, coughing or influenza-like illness.

Cardiac disorders
Common (≥1/100, <1/10): palpitations
Uncommon (≥1/1000, <1/100): tachycardia NOS

Nervous system disorders
Very common (≥1/10): headache, dizziness
Common (≥1/100,<1/10): tremor
Not known: seizures**

Respiratory, thoracic and mediastinal disorders
Common (≥1/100, <1/10): dyspnoea, pharyngitis, cough

Gastrointestinal disorders
Very Common (≥1/10): nausea, vomiting
Common (≥1/100, <1/10): dyspepsia, abdominal pain upper, diarrhoea NOS, dry mouth, constipation

Skin and subcutaneous tissue disorders
Common (≥1/100, <1/10): sweating increased
Very rare (<1/10000): dermatitis allergic*, dermatitis contact*, photosensitivity

Musculoskeletal and connective tissue disorders
Common (≥1/100, <1/10): arthralgia, myalgia

General disorders and administration site conditions
Very common (≥1/10): application site reactions NOS*
Common (≥1/100, <1/10): chest pain*, pain in limb*, pain NOS, asthenia, fatigue
Uncommon (≥1/1000, <1/100): malaise, influenza-like illness

Immune system disorders
Uncommon (≥1/1000, <1/100): hypersensitivity NOS*
Very rare (<1/10000): anaphylactic reactions

Psychiatric disorders
Very common (≥1/10): sleep disorders including abnormal dreams and insomnia
Common (≥1/100, <1/10): nervousness
*see below
Application site reactions, including transient rash, itching, burning, tingling, numbness, swelling, pain and urticaria are the most frequent undesirable effects of NiQuitin Clear patch. The majority of these topical reactions are minor and resolve quickly following removal of the patch. Pain or sensation of heaviness in the limb or area around which the patch is applied (e.g. chest) may be reported. Hypersensitivity reactions, including contact dermatitis and allergic dermatitis have also been reported. In the case of severe or persistent local reactions at the application site (e.g. severe erythema, pruritus or oedema) or a generalised skin reaction (e.g. urticaria, hives or generalised skin rashes) users should be instructed to discontinue use of NiQuitin Clear and contact their physician.
If there is a clinically significant increase in cardiovascular or other effects attributable to nicotine, the NiQuitin Clear dose should be reduced or discontinued.

** In subjects taking anti-convulsant therapy or with a history of epilepsy.

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

The effects of applying several NiQuitin Clear patches simultaneously or swallowing NiQuitin patches are unknown.
Signs and symptoms of an overdose from a NiQuitin Clear patch would be expected to be the same as those of acute nicotine poisoning, including pallor, cold sweat, nausea, salivation, vomiting, abdominal pain, diarrhoea, headache, dizziness, disturbed hearing and vision, tremor, mental confusion and weakness. Prostration, hypotension, respiratory failure and convulsions may ensue with large overdoses. Lethal doses produce convulsions quickly and death follows as a result of peripheral and central respiratory paralysis or, less frequently, cardiac failure.

Overdose from topical exposure

The NiQuitin patch should be removed immediately if the patient shows signs of overdosage and the patient should seek immediate medical care. The skin surface may be flushed with water and dried. No soap should be used since it may increase nicotine absorption. Nicotine will continue to be delivered into the bloodstream for several hours after removal of the patch because of a depot of nicotine in the skin.

Overdose from ingestion

Activated charcoal should be administered as long as the patch remains in the gastrointestinal tract since it will continue to release nicotine for many hours.

Management of nicotine poisoning

Other supportive measures include diazepam or barbiturates for seizures, atropine for excessive bronchial secretions or diarrhoea, respiratory support for respiratory failure and vigorous fluid support for hypotension and cardiovascular collapse.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Drugs used in nicotine dependence
ATC-code: N07BA01

Nicotine, the chief alkaloid in tobacco products, is an agonist at nicotine receptors in the peripheral and central nervous system and has pronounced CNS and cardiovascular effects. Withdrawal from nicotine in addicted individuals is characterised by craving, nervousness, restlessness, irritability, mood liability, anxiety, drowsiness, sleep disturbances, impaired concentration, increased appetite, minor somatic complaints (headache, myalgia, constipation, fatigue) and weight gain. Withdrawal symptoms, such as cigarette craving, may be controlled in some individuals by steady-state plasma levels lower than those for smoking.
In clinically controlled trials, nicotine withdrawal symptoms were alleviated as well as craving. The severity of cravings was reduced by at least 35% at all times of day during the first two weeks of abstinence, compared to placebo ($p<0.05$).

5.2 Pharmacokinetic properties

Absorption

Following transdermal application, the skin rapidly absorbs nicotine released from the patch adhesive. The plasma concentrations of nicotine reach a plateau within 2-4 hours after initial application of NiQuitin Clear with relatively constant plasma concentrations persisting for 24 hours or until the patch is removed. The bioavailability of the nicotine released from the patch is approx. 70% and the remainder of the released nicotine evaporates from the edge of the patch.
With daily application of NiQuitin Clear (worn for 24 hours), steady state plasma nicotine concentrations are achieved following the second NiQuitin Clear application and are maintained throughout the day. Steady state maximum concentrations are approximately 30% higher than those following a single application of NiQuitin Clear.
Plasma concentrations of nicotine are proportional to dose for the three strenghts of NiQuitin Clear. The mean plasma steady state concentrations of nicotine are approximately 17 ng/ml for the 21 mg/day patch, 12 ng/ml for the 14 mg /day patch and 6 ng/ml for the 7 mg/day patch. For comparison, half-hourly smoking of cigarettes produces average plasma concentrations of approximately 44 ng/ml. The high nicotine plasma concentrations seen initially from smoking is not observed with NiQuitin Clear.

Distribution

Following removal of NiQuitin Clear, plasma nicotine concentrations decline with an apparent mean half-life of 3 hours, compared with 2 hours for IV administration due to continued absorption of nicotine from the skin depot. If NiQuitin Clear is removed most non-smoking patients will have non-detectable nicotine concentrations in 10 to 12 hours.
Less than 5% of nicotine is bound to plasma proteins, and a dose of radiolabelled nicotine given intravenously showed a distribution of radioactivity corresponding to the blood supply with no organ selectively taking up nicotine. The volume of distribution of nicotine is approximately 2.5 l/kg. Nicotine can pass the blood –brain barrier.

Metabolism

Nicotine is mainly metabolised in the liver, and average plasma clearance is about 1.2 l/min; nicotine is also metabolised by the kidney and the lung. More than 20 metabolites of nicotine have been identified, all of which are believed to be pharmacologically inactive. The principal metabolites are cotinine and trans-3-hydroxycotinine. Steady state plasma cotinine concentrations exceed nicotine by 10-fold. The elimination half-life of nicotine ranges from 1 to 2 hours and cotinine’s between 15 and 20 hours.

Elimination

Both nicotine and its metabolites are excreted through the kidneys. The amount of unmetabolised nicotine which is excreted is pH-dependent. At maximum flow and extreme urine acidification (pH<5) the amount can be as much as 30%, but normally the amount is about 10%.

Special patientgroups

There were no differences in nicotine kinetics between men and women using NiQuitin. Obese men using NiQuitin had significantly lower AUC and Cmax values compared with normal weight men. Nicotine kinetics were similar for all sites of application on the upper body and upper outer arm.

5.3 Preclinical safety data

The general toxicity of nicotine is well documented. Nicotine was not mutagenic or carciogenic in conventional assays. In studies in pregnant animals, at exposure levels resulting in maternal toxicity (in excess of those that will be obtained with the recommended use of NiQuitin Clear), a mild foetal toxicity was seen. Other effects included pre- and postnatal growth retardation and delays and changes

in postnatal CNS development. Effects on fertility have not been established.

Nicotine has been reported to induce changes to the ovary and uterus of female rats and mice following repeated oral or intraperitoneal administration of doses exceeding those that result from the recommended use of NiQuitin Clear. Repeated intraperitoneal or oral administration of nicotine to male rats at doses exceeding those resulting from the recommended use of NiQuitin Clear was reported to cause a decrease in testis weight, changes in the epididymis and vas deferens, and a reversible decrease in Sertoli cell numbers with impairment of spermatogenesis.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Drug Reservoir:	Ethylene Vinyl Acetate Copolymer
Occlusive Backing:	Polyethylene Terephthalate/ Ethylene vinyl acetate
Rate Controlling Membrane:	Polyethylene Film
Contact Adhesive and Protective Layer:	Polyisobutylene Adhesive Laminate
Printing Ink:	White ink (titaniumdioxide E171)

6.2 Incompatibilities

Not applicable.

6.3 Shelf-life

3 years

6.4 Special precautions for storage

Store below 30°C

6.5 Nature and content of container

21 mg/24 hours	7, 14, 21, 28 or 42 patches
14 mg/24 hours	7 or 14 patches
7 mg/24 hours	7 or 14 patches

Each patch is rectangular and is comprised of a clear backing and a protective liner. Each patch is contained in a laminate sachet.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

After removal, the patch should be folded in half, adhesive side innermost, and placed inside the opened sachet, or in a piece of aluminium foil. The used patch should be disposed of with care.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

To be completed nationally

8. MARKETING AUTHORISATION NUMBER(S)

To be completed nationally

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

2002-05-31/2007-05-31

10. DATE OF REVISION OF THE TEXT

2021-04-30