Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Ilvico Cold and Flu film-coated tablets Paracetamol 325 mg Caffeine 30 mg Brompheniramine maleate 3 mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains:

Paracetamol 325mg

Caffeine 30mg

Brompheniramine maleate 3mg

For the full list of excipients see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated tablet

White, biconvex round, smooth on both sides, film-coated tablets.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

For the relief of symptoms associated with the common cold, influenza and upper respiratory tract infections.

4.2 Posology and method of administration

For oral use.

Adults and children older than 12 years
One or two tablets taken orally with water three times daily and the maximum dose of 6 tablets daily should not be exceeded.

Not recommended for children under the age of 12 years.

Renal impairment:
It is recommended, when giving paracetamol to patients with renal impairment, to reduce the dose and to increase the minimum interval between each administration to at least 6 hours unless directed otherwise by a physician. The table below is provided for guidance only, noting that a 500mg dose cannot be achieved with this product:

Adults:

Glomerular filtration rate	Dose
10-50 ml/min	500mg every 6 hours*
<10ml/min	500mg every 8 hours*

Hepatic impairment:
In patients with hepatic impairment or Gilbert's Syndrome, the dose should be reduced or the dosing interval prolonged.

The daily dose should not exceed 2g/day unless directed by a physician.

The elderly:
Experience has indicated that normal adult dosage is usually appropriate. However in frail, immobile, elderly subjects or in elderly patients with renal or hepatic impairment, a reduction in the amount or frequency of dosing may be appropriate.

The maximum daily dose should not exceed 60mg/kg/day (up to a maximum of 2g per day) in the following situations, unless directed by a physician:

- Weight less than 50kg
- Chronic alcoholism
- Dehydration
- Chronic malnutrition

4.3 Contraindications

1. Hypersensitivity to the active substances or to any of the excipients listed in section 6.1.
2. Ilvico must not be used in the presence of narrow-angle glaucoma.
3. Ilvico must not be used in patients who have brain damage or epilepsy.
4. Use in children less than 12 years old.
5. Use in patients with tachyarrhythmias.
6. Use in patients with Peptic ulcers.
7. Use in patients with Severe renal impairment.
8. Use in patients with Severe hepatic impairment (including viral hepatitis).
9. Use in patients with haemophilia.
10. Ilvico film-coated tablets contain Brompheniramine, which should not be administered in patients with vesical neck obstruction, symptomatic prostatic hypertrophy or urinary retention (the anti-cholinergic effects of Brompheniramine may precipitate it or aggravate it).

4.4 Special warnings and precautions for use

Paracetamol should be administered with caution under the following circumstances (see section 4.2 where relevant):

- Hepatic impairment
- Chronic alcoholism
- Renal impairment (GFR≤50ml/min)
- Gilbert's Syndrome (familial non-haemolytic jaundice)
- Concomitant treatment with medicinal products affecting hepatic function
- Glucose-6-phosphate dehydrogenase deficiency
- Haemolytic anaemia
- Glutathione deficiency
- Dehydration
- Chronic malnutrition
- Weight less than 50kg
- Elderly

In general, medicinal products containing paracetamol should be taken for only a few days without the advice of a physician or dentist and not at high doses.
If high fever or signs of secondary infection occur or if symptoms persist for longer than 3 days, a physician should be consulted.
Prolonged or frequent use is discouraged. Patients should be advised not to take other paracetamol containing products concurrently. Taking multiple daily doses in one administration can severely damage the liver; in such case medical assistance should be sought immediately.
Paracetamol must be administered with caution, avoiding prolonged treatment in patients with anaemia, cardiac or pulmonary afflictions or renal dysfunction (in the latter case, occasional use is acceptable, but the prolonged administration of high doses may increase the risk of adverse renal effects).

The use of paracetamol in patients who habitually consume alcohol (three or more alcoholic beverages (e.g. beer, wine, liquor) per day) may cause hepatic damage.

In chronic alcoholics, no more than 2g/day must be administered of paracetamol.

Caution is advised for patients with impaired glucose-6-phosphate dehydrogenase due to paracetamol content.

Caution is advised if paracetamol is administered concomitantly with flucloxacillin due to increased risk of high anion gap metabolic acidosis (HAGMA), particularly in patients with severe renal impairment, sepsis, malnutrition and other sources of glutathione deficiency (e.g. chronic alcoholism), as well as those using maximum daily doses of paracetamol. Close monitoring, including measurement of urinary 5-oxoproline, is recommended.
Caution is advised for patients taking MAO inhibitors due to the brompheniramine content as there is a risk of serotonin syndrome. Furthermore, monoamine oxidase inhibitor enhances the anticholinergic effects of antihistamines such as brompheniramine.
Caution is advised in patients with phaeochromocytoma and in patients with hyperthyroidism due to the content of brompheniramine and caffeine which could impact on the catecholamine pathway leading to hypertension.

Caution is advised with asthmatic patients.

The hazards of overdose are greater in those with non-cirrhotic liver disease. The stated dose should not be exceeded.
Patients should be advised not to take other paracetamol-containing products or other cough and cold medicines concurrently.

If symptoms persist the doctor should be consulted. Prolonged use except under medical supervision may be harmful.

This product should only be used when clearly necessary.

Immediate medical advice should be sought in the event of overdosage even if patient feels well due to the risk of irreversible liver damage.

Rarely, paracetamol can cause serious, potentially fatal skin reactions, such as acute generalized exanthematous pustulosis (AGEP), Stevens-Johnson Syndrome (SJS), and toxic epidermal necrolysis (TEN). See also section 4.8 Undesirable effects.

Keep out of the reach and sight of children.

Precaution is advised in children as brompheniramine may cause paradoxical excitation. It may act as a cerebral stimulant in children and occasionally in adults giving rise to insomnia, nervousness, hyperpyrexia, tremors and epileptiform convulsions.

Prolonged use of caffeine may result in withdrawal and rebound effects.

Excipients with known effect:

Sodium: This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interactions

In simultaneous use with drugs which cause enzyme induction in the liver, e.g. certain hypnotics and anti-epileptics, liver damage may be caused with paracetamol doses which would otherwise not be harmful. The same applies to alcohol abuse. When gastric emptying is slowed, e.g. due to propantheline, the rate of paracetamol absorption may be reduced, resulting in later onset action.

When gastric emptying is accelerated, e.g. after administration of metoclopramide, the rate of absorption is increased. The half life of chloramphenicol may be prolonged in combinations of chloramphenicol with the risk of increased toxicity. Paracetamol may potentiate the anticoagulant effect of warfarin and coumarin derivatives slightly. The clinical relevance, however, cannot yet be assessed. Patients undergoing treatment with oral anticoagulants should, therefore, only receive paracetamol over long periods under medical supervision.

Simultaneous administration of paracetamol and AZT enhances the tendency to develop neutropenia. Therefore, the agent is to be administered simultaneously with AZT only if recommended by a physician.

Paracetamol has been associated with a diminution of its plasmatic levels when taken with oestrogen based drugs, leading to a possible inhibition of its effect through possible induction of its metabolism.

Ilvico may potentiate the effect of agents with central depressant action, e.g. analgesics and tranquillisers, alcohol and vice versa. If MAOIs and tricyclic antidepressants are administered simultaneously, the adrenergic or anticholinergic effects may be potentiated.

Paracetamol is metabolised at hepatic level, giving rise to hepatotoxic metabolites and thus may interact with medicines which utilise the metabolic pathways.

These medicines are:

OralAnticoagulants(Coumarol, warfarin)
The administration of Paracetamol during prolonged periods at doses higher than
2 g/day with these types of product may provoke an increase of the anti-coagulant effect, possibly due to a diminution of the hepatic synthesis of the factors favouring coagulation.

EthylAlcohol
Potentiation of the toxicity of Paracetamol, through possible induction of the hepatic production of the hepatotoxic products derived from Paracetamol.

Anticonvulsants(phenitoin,phenobarbital,methylphenobarbital,primidone)
Diminution of the bioavailability of the Paracetamol as well as potentiation of the hepatic toxicity in overdosage, due to the induction of hepatic metabolism.

Oestrogens
Diminution of the plasmatic levels of Paracetamol, with possible inhibition of its effects, through possible induction of its metabolism.

LoopDiuretics
The effects of the diuretics may be reduced, given that the Paracetamol may reduce renal excretion of prostaglandins and the activity of the plasmatic rennin.

Isoniazid
Diminution of the Paracetamol clearance, with possible potentiation of its action and/or toxicity, through inhibition of its hepatic metabolism.

Lamotrigine
Diminution of the area under the curve (20%) and of the half life (15 % of
Lamotrigine), with possible inhibition of its effect, through possible induction of its hepatic metabolism.

Probenecid
May slightly increase the therapeutic efficacy of Paracetamol.

Propanolol
Propanolol inhibits the enzymatic system responsible for the glucuronidation and oxidation of Paracetamol. Therefore, it may strengthen the action of Paracetamol.

Rifampicin
Increase of the clearance of Paracetamol through possible induction of its hepatic metabolism.

Chloramphenicol
Prolongation of its half-life, increasing the risk of chloramphenicol toxicity.

Anti-cholinergics(glycopyrrone,propanteline)
Diminution in the absorption of Paracetamol, with possible inhibition of its effect, through diminution of the gastric draining speed.

IonicExchangeResins(cholestyramine)
Diminution in the absorption of Paracetamol with possible inhibition of its effect, through fixation of Paracetamol in the intestine.

Zidovudine
It may provoke a diminution of the pharmacological effects of zidovudine through an increase in the clearing of this substance.

Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis, especially in patients with risk factors (see section 4.4).

Brompheniramine interacts with anti-cholinergic medications in a manner that the anti- cholinergic effects may strengthen, also Brompheniramine may increase the effects of other CNS depressors, such as alcohol, monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants, barbiturates, anaesthetics, maybe provoking overdosage symptoms.

Plasma concentrations of H1 antihistamines such as brompheniramine may be decreased by concomitant administration with inducers of CYP P450 activity such as benzodiazepines.

Plasma concentrations of H1 antihistamines such as brompheniramine may be increased by concomitant administration with inhibitors of CYP P 450 activity such as macrolides, antifungal drugs, and calcium channel antagonists.

Antihistamines interact with oral contraceptives and may reduce their effectiveness by increasing the rate at which they are metabolized by the liver.

In common with other first generation antihistamines, brompheniramine affects the serotonergic neurotransmitter systems and may potentially interact with proserotonergic drugs leading to serotonin syndrome: amphetamines, antidepressants/mood stabilisers, selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, serotonin 2A receptor blocker, St. John's wort, tricyclic antidepressants and antimigraine drugs.

First generation antihistamines such as brompheniramine may re-enforce the negative effects of alcohol upon oculomotor coordination, cognitive function and driving.
Some drugs influence the metabolism of caffeine.

Sympathomimetics:
Phenylpropanolamine and caffeine given together enhance absorption or inhibit elimination of caffeine and result in an additive increase in blood pressure.

Caffeine may significantly inhibit the metabolism of clozapine and thereby increases risk of clozapine toxicity.

InteractionswithDiagnosticTests

Paracetamol may alter the values of the following diagnostic tests:

Blood (biological) increase of transaminases (ALT and AST), alkaline phosphatase, ammonium, bilirubin, creatinine, lactate dehydrogenase (LDH) and urea.
Increase (analytical interference) of glucose, theophylline and uric acid.
Increase of the prothrombin time (in patients with warfarin maintenance dosages, although without clinical significance).
Reduction (analytical interference) of glucose when oxidase-peroxidase method is used.

*Urine:*falsely increased values of metadrenalin and uric acid may appear.

Pancreatic function tests with bentiromide: Paracetamol, as does bentiromide, metabolises in the form of arylamine, thus increasing the apparent recovered quantity of Para-Amino Benzoic Acid (PABA). **It is recommended to interrupt treatment with Paracetamol foratleastthreedays beforethe admininistrationofbentiromide**.

5-hydroxyindoleacetic acid (5-HIAA) determination in urine: in qualitative diagnostic detection tests that use nitrosonaphthol as reagent, Paracetamol may produce falsely positive results. The quantitative tests are not altered.

Antihistamines: may interfere in cutaneous tests made with allergenic extracts. It is recommended to suspend the medication for at least 3 days prior to the commencement of cutaneous allergenic testing.

Adenosinereceptoragonists:
Caffeine can reduce the vasodilating effect of substances used for myocardial imaging. Caffeine should be avoided for 24 hours before myocardial imaging.

4.6 Fertility, pregnancy and lactation

Pregnancy

Paracetamol crosses the placental barrier.

A large amount of data on the use of paracetamol in pregnancy indicate neither malformative, nor feto/neonatal toxicity. Epidemiological studies on neurodevelopment in children exposed to paracetamol in utero show inconclusive results.

There is limited data on the use of brompheniramine in pregnancy.

Pregnant women are advised to restrict their caffeine intake to no more than 200 mg per day (the approximate amount provided by two cups of instant coffee).

As a precautionary measure, this product should not be used in pregnancy unless advised by a doctor.

Breast-feeding

H1 antihistamines have been reported to be excreted in breast milk, leading to sedation and other adverse effects in these breastfed infants.

Paracetamol may be found in maternal milk in quantities similar to those of maternal plasma. The latter concentration does not appear to result in a pharmacologically significant dose to the breastfeeding infant.

As a precautionary measure, this product should not be used when breast-feeding unless advised by a doctor.

Fertility

In clinical studies caffeine has been shown to be associated with a delay in conception among fertile women when consumed in high levels and associated with enhancement of the negative effect of alcohol on ability to conceive.

There are no clinical studies on the effect of brompheniramine or paracetamol on human fertility.

4.7 Effects on ability to drive and use machines

This product may cause drowsiness, therefore, if affected, patients should refrain from driving or operating machinery. Furthermore, antihistamines may re-enforce the negative effects of alcohol upon oculomotor coordination and cognitive function and this combination may further increase the risk of accidents.

4.8 Undesirable effects

The most serious adverse reactions which may occur are due to paracetamol and are: agranulocytosis, leucopenia, pancytopenia, thrombocytopenia and haemolytic anaemia, all of which are very rare adverse reactions, with an estimated frequency of less than 1 case in every 10,000 patients.

The most frequently occuring adverse reactions are: sedation and dry mouth, which are due to the brompheniramine and drowsiness, ataxia, headache, restlessness and dizziness, none of which can be specifically attributed to any particular active ingredient or excipient.

Hypersensitivity reactions may occur after administration of drugs containing paracetamol (very rare skin reactions, thrombocytopenia or leucopenia have been described).
Agranulocytosis or pancytopenia have also been observed; bronchospasms have been triggered in predisposed persons (analgesic asthma). Quinke's oedema, dyspnoea, sweating, nausea and a drop in blood pressure to the point of shock have also been described for the active constituent paracetamol. The antihistamine component may produce sedation, dry mouth and, in rare cases, excitation.

After the administration of Ilvico the following adverse reactions may occur: frequent (estimated frequency >1/100, <1/10); rare (estimated frequency >1/10,000, <1/1,000); very rare, including isolated notifications (estimated frequency <1/10,000);

MedDRA System Organ Class	**Active Ingredient**	**Adverse Reactions**	**Frequency**
Blood and lymphatic system disorders	Paracetamol	Thrombocytopenia Leucopenia Agranulocytosis Pancytopenia Haemolytic-anaemia	Very rare Very rare Very rare Very rare Very rare
Cardiac disorders	Caffeine Brompheniramine Maleate	Palpitations Arrhythmia Ventricular depression Bradycardia	Frequency not known
Vascular disorders	Not attributable to a specific active or excipient	Hypertension Hypotension	Frequent
		Transient vasodepression	Rare
Nervous system disorders	Brompheniramine Maleate	Sedation	Frequent
	Not attributable to a specific active or excipient	Drowsiness Ataxia Headache Restlessness Insomnia	Frequent Frequent Frequent Frequent Frequency not known
	Brompheniramine Maleate	Somnolence Impairment of cognition Tremor	Frequency not known
Ear and labyrinth disorders	Brompheniramine Maleate	Dizziness	Frequent
Eye disorders	Brompheniramine Maleate	Mydriasis (dilation of pupils) Blurred vision Dry eyes	Frequency not known
Respiratory, thoracic and mediastinal disorders	Paracetamol	Bronchospasms Dyspnoea	Very rare
Gastrointestinal disorders	Paracetamol	Nausea	Rare

	Brompheniramine Maleate	Dry mouth	Frequent
General disorders and administration site conditions	Paracetamol and Caffeine	Fatigue	Frequency not known
Hepatic disorders	Paracetamol	Increased level of aminotransferase Jaundice	Frequency not known
Renal and urinary tract disorders	Brompheniramine Maleate	Urinary retention Urinary hesitation Erectile dysfunction	Frequency not known
Skin and subcutaneous tissue disorders	Paracetamol	Skin reactions Quinke's oedema Sweating	Very rare
		Rarely, paracetamol can cause serious, potentially fatal skin reactions, such as acute generalized exanthematous pustulosis (AGEP), Stevens-Johnson Syndrome (SJS), and toxic epidermal necrolysis (TEN).	Rare

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:

HPRA Pharmacovigilance
Website: www.hpra.ie.

4.9 Overdose

Paracetamol

Immediate medical attention must be sought in the event of an overdose as there is a risk of permanent and irrevocable liver damage, which may be fatal.

Acute symptoms and signs and potential sequalae

Symptoms generally appear within the first 24 hours and may comprise: nausea, vomiting, anorexia, pallor, dizziness and abdominal pain, or patients may be asymptomatic.

Overdose of paracetamol can cause liver cell necrosis likely to induce complete and irreversible necrosis, resulting in hepatocellular insufficiency, hypoglycaemia, haemorrhage, metabolic acidosis and encephalopathy which may lead to coma and death. Simultaneously, increased levels of hepatic transaminases (AST, ALT), lactate dehydrogenase and bilirubin are observed together with increased prothrombin levels that may appear 12 to 48 hours after administration.

Liver damage is likely in patients who have taken more than the recommended amounts of paracetamol. It is considered that excess quantities of toxic metabolite become irreversibly bound to liver tissue.

Some patients may be at increased risk of liver damage from paracetamol toxicity:

Risk factors include;

- Patients with liver disease
- Elderly patients
- Young children
- Patients receiving long-term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.
- Patients who regularly consume ethanol in excess of recommended amounts
- Patients with glutathione depletion e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia

Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria, may develop even in the absence of severe liver damage.

Cardiac arrhythmias and pancreatitis have also been reported.

Emergency Procedure for Management of Overdose:

Immediate transfer to hospital.

- **Monitoring**

If an overdose has been ingested the patient must be treated immediately at a medical centre even if there are no symptoms or significant signs because, even though they may be fatal, often they are not manifested immediately after ingestion, but rather from the third day onwards. Death may occur through hepatic necrosis. Likewise, acute renal failure may occur.

Plasma paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable).

- **Use of agonist/antagonist/antidote**

The antidote N-acetylcysteine, should be administered as soon as possible in accordance with national treatment guidelines. Binding of the cytotoxic metabolite can be achieved by intravenous administration of SH donors such as cysteamine or N-acetylcysteine, if possible within 8 hours after intoxication. Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion. The effectiveness of the antidote declines sharply after this time.

If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital.

Management of patients who present with serious hepatic dysfunction beyond 24 hours from ingestions, should be discussed with a liver unit.

- **Method to increase elimination**

Treatment with activated charcoal should be considered if the overdosage has been taken within the previous hour.

If paracetamol intoxication is suspected, gastric lavage is indicated in the first 6 hours after overdose.

The paracetamol plasma concentration can be lowered by dialysis.

Caffeine Management

In case of caffeine overdose patients should receive general supportive care (e.g. hydration and maintenance of vital signs).

In case of caffeine overdose the combination of phenylephrine and lidocaine should be considered in the treatment of cardiovascular collapse secondary to overdose of methylxanthines such as caffeine. Caffeine may be removed from the circulatory system by use of haemodialysis.

Brompheniramine Management

Treatment following large doses of antihistamines may involve supportive measures such as evacuation of stomach contents, administration of anticonvulsants and haemodialysis.

While no specific antidotes are available, treatment with physostigmine under medical supervision may reverse the anticholingergic actions on the central nervous system. However, physostigmine is contraindicated in the presence of cardiovascular diseases and arrhythmias such as wide complex tachycardia.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic Group:- Other combined preparations for common cold Code ATC: RO5X

Paracetamol is an analgesic pharmacopoeia that also possesses antipyretic properties. The mechanism of analgesic action has not been fully determined. Paracetamol may act predominantly inhibiting the synthesis of prostaglandin at the central nervous system level and to a lower degree blocking the generation of the pain impulse at peripheral level. The peripheral action may also be due to the inhibition of the prostaglandin synthesis or to the inhibition of the synthesis, or of the action, of other substances that sensitise the nociceptors to mechanical or chemical stimulations.

Probably Paracetamol produces the antipyretic effect acting at central level over the hypothalamic centre regulating temperature, to produce a peripheral vasodilatation that gives place to an increase of perspiration and to flow of blood in the skin and loss of heat. The action at central level probably is related with the inhibition of the prostaglandin synthesis in the hypothalamus.

Brompheniramine maleate: is a highly effective antagonist of the H1 receptors of Histamines. From the different studies in this field it is known that the antihistaminic effect reduces capillary permeability and the permeability of cellular membranes producing a diminution of the secretion and congestion of the inflamed mucous membranes of the superior respiratory tract. This diminution of permeability, that appears to be independent of the histamine and the allergic process, appears independently of whatever is the cause of the increase of permeability. The experimental use of Brompheniramine in animals has evidenced antitussive effects and stimulation of blood circulation. At the same time it has a slight sedative effect.

Caffeine stimulates circulation and strengthens the analgesic and antipyretic effects of Paracetamol.

5.2 Pharmacokinetic properties

It is quickly and completely absorbed after oral administration, reaching maximum plasmatic peak between 3-4 hours. Plasmatic bioavailability is 60-80%, linking with proteins at 10%. It metabolises mainly through the liver, being eliminated mainly through the kidney as inactive metabolites.

Average plasmatic life is between 1.5-2.5 hours, being completely eliminated after 24 hours. Maximum pharmacological effect is achieved at 4-6 hours.

5.3 Preclinical safety data

Paracetamol: Conventional studies using the currently accepted standards for the evaluation of toxicity to reproduction and development are not available.

Studies of chronic toxicity in animals show that high Paracetamol doses produce testicular atrophy and inhibition of spermatogenesis; the importance of this fact in humans is unknown.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Microcrystalline cellulose
Sodium starch glycolate Type A
Crospovidone
Hypromelose
Cellulose powder
Magnesium stearate
Titanium dioxide E171
Glycerol
Macrogol 4000
Macrogol 6000
Talc
Colloidal anhydrous silica

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

PVC/Aluminium package blisters containing 20 film-coated tablets.

6.6 Special precautions for disposal

No special requirements.

7 MARKETING AUTHORISATION HOLDER

P&G Health Germany GmbH
Sulzbacher Strasse 40
Schwalbach Am Taunus
Hassia
65824
Germany

8 MARKETING AUTHORISATION NUMBER

PA22703/001/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 5th November 2010

Date of last renewal: 5th November 2015

10 DATE OF REVISION OF THE TEXT

June 2022