Version 10.4, 02/2024

**ANNEX I**

**SUMMARY OF PRODUCT CHARACTERISTICS**

<This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.> [For medicinal products subject to additional monitoring ONLY]

**1. NAME OF THE MEDICINAL PRODUCT**

{(Invented) name strength pharmaceutical form}

**2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

**<2.1 General description>** [For advanced therapy products only]

**<2.2 Qualitative and quantitative composition>** [For advanced therapy products only]

<Excipient(s) with known effect>

<For the full list of excipients, see section 6.1.>

**3. PHARMACEUTICAL FORM**

<The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.>

<The score line is not intended for breaking the tablet.>

<The tablet can be divided into equal doses.>

**4. CLINICAL PARTICULARS**

**4.1 Therapeutic indications**

<This medicinal product is for diagnostic use only.>

<{X} is indicated in <adults> <neonates> <infants> <children> <adolescents> <aged {x to y}> <years> <months>.>

**4.2 Posology and method of administration**

Posology

*Paediatric population*

<The <safety> <and> <efficacy> of {X} in children aged {x to y} <months> <years> [or any other relevant subsets, e.g. weight, pubertal age, gender] <has> <have> not <yet> been established.>

<No data are available.>

<Currently available data are described in section <4.8> <5.1> <5.2> but no recommendation on a posology can be made.>

*<*{X} should not be used in children aged {x to y} <years> <months> [or any other relevant subsets, e.g. weight, pubertal age, gender] because of <safety> <efficacy> concern(s*).>*

<There is no relevant use of {X} <in the paediatric population> <in children aged {x to y} <years> <months> [or any other relevant subsets, e.g. weight, pubertal age, gender] <for the indication of...>.>

<{X} is contraindicated in children aged {x to y} <years> <months> [or any other relevant subsets, e.g. weight, pubertal age, gender] <for the indication of...> (see section 4.3).>

Method of administration

*<Precautions to be taken before handling or administering the medicinal product>*

<For instructions on <reconstitution> <dilution> of the medicinal product before administration, see section <6.6> <and> <12>.>

**4.3 Contraindications**

<Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1 <or {name of the residue(s)}>.>

**4.4 Special warnings and precautions for use**

<Traceability

In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded.>

*<*Paediatric population*>*

**4.5 Interaction with other medicinal products and other forms of interaction**

<No interaction studies have been performed.>

*<*Paediatric population*>*

<Interaction studies have only been performed in adults.>

**4.6 Fertility, pregnancy and lactation**

<Pregnancy>

<Breast-feeding>

<Fertility>

**4.7 Effects on ability to drive and use machines**

<{(Invented) name} has <no or negligible influence> <minor influence> <moderate influence> <major influence> on the ability to drive and use machines.>

<Not relevant.>

**4.8 Undesirable effects**

*<*Paediatric population*>*

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](https://www.ema.europa.eu/documents/template-form/qrd-appendix-v-adverse-drug-reaction-reporting-details_en.docx).\*

[\*For the printed material, please refer to the guidance of the annotated QRD template.]

**4.9 Overdose**

*<*Paediatric population*>*

**5. PHARMACOLOGICAL PROPERTIES**

**5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: {group}, ATC code: <{code}> <not yet assigned>

<{(Invented) name} is a biosimilar medicinal product. Detailed information is available on the website of the European Medicines Agency <https://www.ema.europa.eu>.>

<Mechanism of action>

<Pharmacodynamic effects>

<Clinical efficacy and safety>

<Paediatric population>

<The European Medicines Agency has waived the obligation to submit the results of studies with <{(Invented) name}> [or for generics: <the reference medicinal product containing {name of the active substance(s)}>] in all subsets of the paediatric population in {condition as per paediatric investigation plan (PIP) decision, for the granted indication} (see section 4.2 for information on paediatric use).>

<The European Medicines Agency has deferred the obligation to submit the results of studies with <{(Invented) name}> [or for generics: <the reference medicinal product containing {name of the active substance(s)}>] in one or more subsets of the paediatric population in {condition, as per paediatric investigation plan (PIP) decision, for the granted indication} (see section 4.2 for information on paediatric use).>

<This medicinal product has been authorised under a so-called ‘conditional approval’ scheme. This means that further evidence on this medicinal product is awaited.

The European Medicines Agency will review new information on this medicinal product at least every year and this SmPC will be updated as necessary.>

<This medicinal product has been authorised under ‘exceptional circumstances’. This means that <due to the rarity of the disease> <for scientific reasons> <for ethical reasons> it has not been possible to obtain complete information on this medicinal product.

The European Medicines Agency will review any new information which may become available every year and this SmPC will be updated as necessary.>

<The reference medicinal product containing {active substance} has been authorised under ‘exceptional circumstances’. This means that <due to the rarity of the disease><for scientific reasons><for ethical reasons> it has not been possible to obtain complete information on the reference medicinal product. The European Medicines Agency will review any new information which may become available every year and this SmPC will be updated as necessary accordingly to the reference medicinal product SmPC.>

**5.2 Pharmacokinetic properties**

<Absorption>

<Distribution>

<Biotransformation>

<Elimination>

<Linearity/non-linearity>

<Pharmacokinetic/pharmacodynamic relationship(s)>

**5.3 Preclinical safety data**

<Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, toxicity to reproduction and development.>

<Effects in non-clinical studies were observed only at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use.>

<Adverse reactions not observed in clinical studies, but seen in animals at exposure levels similar to clinical exposure levels and with possible relevance to clinical use were as follows:>

<Environmental risk assessment (ERA)>

**6. PHARMACEUTICAL PARTICULARS**

**6.1 List of excipients**

<None.>

**6.2 Incompatibilities**

<Not applicable.>

<In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.>

<This medicinal product must not be mixed with other medicinal products except those mentioned in section <6.6> <and> <12>.>

**6.3 Shelf life**

<...> <6 months> <...> <1 year> <18 months> <2 years> <30 months> <3 years> <...>

**6.4 Special precautions for storage**

<For storage conditions after <reconstitution> <dilution> <first opening> of the medicinal product, see section 6.3.>

**6.5 Nature and contents of container <and special equipment for use, administration or implantation>**

<Not all pack sizes may be marketed.>

**6.6 Special precautions for disposal <and other handling>**

*<*Use in the paediatric population*>*

<No special requirements <for disposal>.>

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

**7. MARKETING AUTHORISATION HOLDER**

{Name and address}

<{tel}>

<{fax}>

<{e-mail}>

**8. MARKETING AUTHORISATION NUMBER(S)**

**9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

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

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

**10. DATE OF REVISION OF THE TEXT**

<{MM/YYYY}>

<{DD/MM/YYYY}>

<{DD month YYYY}>

**<11. DOSIMETRY>**

**<12. INSTRUCTIONS FOR PREPARATION OF RADIOPHARMACEUTICALS>**

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

Detailed information on this medicinal product is available on the website of the European Medicines Agency <https://www.ema.europa.eu><, and on the website of {name of MS Agency (link)}>.

**ANNEX II**

**A. <MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND> MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**

**B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

**C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

**D. conditions or restrictions with regard to the safe and effective use of the medicinal product**

**<E. SPECIFIC OBLIGATION TO COMPLETE POST-AUTHORISATION MEASURES FOR <THE CONDITIONAL MARKETING AUTHORISATION> <THE MARKETING AUTHORISATION UNDER EXCEPTIONAL CIRCUMSTANCES>>**

**A. <MANUFACTURER(S) OF THE BIOLOGICAL ACTIVE SUBSTANCE(S) AND> MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**

<Name and address of the manufacturer(s) of the biological active substance(s)

{Name and address}>

Name and address of the manufacturer(s) responsible for batch release

{Name and address}

<The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.>

**B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**

<Medicinal product subject to medical prescription.>

<Medicinal product not subject to medical prescription.>

<Medicinal product subject to special medical prescription.>

<Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).>

<Medicinal product subject to special and restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).>

* **<Official batch release**

In accordance with Article 114 of Directive 2001/83/EC, the official batch release will be undertaken by a state laboratory or a laboratory designated for that purpose.>

**C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**

* **Periodic safety update reports (PSURs)**

<The requirements for submission of PSURs for this medicinal product are set out in Article 9 of Regulation (EC) No 507/2006 and, accordingly, the marketing authorisation holder (MAH) shall submit PSURs every 6 months.>

<The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.>

<The marketing authorisation holder (MAH) shall submit the first PSUR for this product within 6 months following authorisation.>

**D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

* **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

* At the request of the European Medicines Agency;
* Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

<An updated RMP shall be submitted by {CHMP agreed deadline}.>

* **<Additional risk minimisation measures>**
* **<Obligation to conduct post-authorisation measures**

The MAH shall complete, within the stated timeframe, the below measures:

|  |  |
| --- | --- |
| **Description** | **Due date** |
| <Post‑authorisation efficacy study (PAES):> |  |
| <Non-interventional post-authorisation safety study (PASS):>> |  |
|  |  |

**<E. SPECIFIC OBLIGATION TO COMPLETE POST-AUTHORISATION MEASURES FOR <THE CONDITIONAL MARKETING AUTHORISATION> <THE MARKETING AUTHORISATION UNDER EXCEPTIONAL CIRCUMSTANCES>**

<This being a conditional marketing authorisation and pursuant to Article 14-a of Regulation (EC) No 726/2004, the MAH shall complete, within the stated timeframe, the following measures:>

<This being an approval under exceptional circumstances and pursuant to Article 14(8) of Regulation (EC) No 726/2004, the MAH shall conduct, within the stated timeframe, the following measures:>

| **Description** | **Due date** |
| --- | --- |
| <Non-interventional post-authorisation safety study (PASS):>> |  |
|  |  |
|  |  |

**ANNEX III**

**LABELLING AND PACKAGE LEAFLET**

**A. LABELLING**

**PARTICULARS TO APPEAR ON <THE OUTER PACKAGING> <AND> <THE IMMEDIATE PACKAGING>**

**{NATURE/TYPE}**

**1. NAME OF THE MEDICINAL PRODUCT**

{(Invented) name strength pharmaceutical form}

{active substance(s)}

**2. STATEMENT OF ACTIVE SUBSTANCE(S)**

<This product contains cells of <human> <animal> origin.>

**3. LIST OF EXCIPIENTS**

**4. PHARMACEUTICAL FORM AND CONTENTS**

**5. METHOD AND ROUTE(S) OF ADMINISTRATION**

Read the package leaflet before use.

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

**7. OTHER SPECIAL WARNING(S), IF NECESSARY**

<For autologous use only.>

**8. EXPIRY DATE**

**9. SPECIAL STORAGE CONDITIONS**

**10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**

**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

{Name and address}

<{tel}>

<{fax}>

<{e-mail}>

**12. MARKETING AUTHORISATION NUMBER(S)**

EU/0/00/000/000

**13. BATCH NUMBER<, DONATION AND PRODUCT CODES>**

**14. GENERAL CLASSIFICATION FOR SUPPLY**

**15. INSTRUCTIONS ON USE**

**16. INFORMATION IN BRAILLE**

<Justification for not including Braille accepted.>

**17. UNIQUE IDENTIFIER – 2D BARCODE**

<2D barcode carrying the unique identifier included.>

<Not applicable.>

**18. UNIQUE IDENTIFIER - HUMAN READABLE DATA**

< PC {number} [product code]

SN {number} [serial number]

NN {number} [national reimbursement number or other national number identifying the medicinal product]>

<Not applicable.>

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS**

**{NATURE/TYPE}**

**1. NAME OF THE MEDICINAL PRODUCT**

{(Invented) name strength pharmaceutical form}

{active substance(s)}

**2. NAME OF THE MARKETING AUTHORISATION HOLDER**

{Name}

**3. EXPIRY DATE**

**4. BATCH NUMBER<, DONATION AND PRODUCT CODES>**

**5. OTHER**

<For autologous use only.>

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS**

**{NATURE/TYPE}**

**1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION**

{(Invented) name strength pharmaceutical form}

{active substance(s)}

{Route of administration}

**2. METHOD OF ADMINISTRATION**

**3. EXPIRY DATE**

**4. BATCH NUMBER<, DONATION AND PRODUCT CODES>**

**5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT**

**6. OTHER**

<For autologous use only.>

**B. PACKAGE LEAFLET**

**Package leaflet: Information for the <patient> <user>**

**{(Invented) name strength pharmaceutical form}**

{active substance(s)}

<This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.> [For medicinal products subject to additional monitoring ONLY]

<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**

1. Keep this leaflet. You may need to read it again.
2. If you have any further questions, ask your <doctor> <,> <or> <pharmacist> <or nurse>.

<- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.>

1. If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet. See section 4.>

<**Read all of this leaflet carefully before you start <taking> <using> this medicine because it contains important information for you.**

Always <take> <use> this medicine exactly as described in this leaflet or as your <doctor> <,> <or> <pharmacist> <or nurse> <has> <have> told you.

1. Keep this leaflet. You may need to read it again.
2. Ask your pharmacist if you need more information or advice.
3. If you get any side effects, talk to your <doctor> <,> <or> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet. See section 4.
4. You must talk to a doctor if you do not feel better or if you feel worse <after {number of} days>.>

**What is in this leaflet**

1. What X is and what it is used for

2. What you need to know before you <take> <use> X

3. How to <take> <use> X

4. Possible side effects

5. How to store X

6. Contents of the pack and other information

**1. What X is and what it is used for**

<You must talk to a doctor if you do not feel better or if you feel worse <after {number of} days>.>

**2. What you need to know before you <take> <use> X**

**Do not <take> <use> X**

- <if you are allergic to {active substance(s)} or any of the other ingredients of this medicine (listed in section 6).>

**Warnings and precautions**

Talk to your doctor <or> <,> <pharmacist> <or nurse> before <taking> <using> X

**Children <and adolescents>**

**Other medicines and X**

<Tell your <doctor> <or> <pharmacist> if you are <taking> <using>, have recently <taken> <used> or might <take> <use> any other medicines.>

**X with <food> <and> <,> <drink> <and> <alcohol>**

**Pregnancy <and> <,> breast-feeding <and fertility>**

<If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your <doctor> <or> <pharmacist> for advice before taking this medicine.>

**Driving and using machines**

**<X contains {name the excipient(s)}>**

**3. How to <take> <use> X**

<Always <take> <use> this medicine exactly as your doctor <or pharmacist> has told you. Check with your <doctor> <or> <pharmacist> if you are not sure.>

<The recommended dose is...>

<Always <take> <use> this medicine exactly as described in this leaflet or as your <doctor> <,> <or> <pharmacist> <or nurse> <has> <have> told you. Check with your <doctor> <or> <,> <pharmacist> <or nurse> if you are not sure.>

<The recommended dose is...>

**<Use in children <and adolescents>>**

<The score line is only there to help you break the tablet if you have difficulty swallowing it whole.>

<The tablet can be divided into equal doses.>

<The score line is not intended for breaking the tablet.>

**<If you <take> <use> more X than you should>**

**<If you forget to <take> <use> X>**

<Do not take a double dose to make up for a forgotten <tablet> <dose> <…>.>

**<If you stop <taking> <using> X>**

<If you have any further questions on the use of this medicine, ask your <doctor> <,> <or> <pharmacist> <or nurse>.>

**4. Possible side effects**

Like all medicines, this medicine can cause side effects, although not everybody gets them.

**<Additional side effects in children <and adolescents>>**

**Reporting of side effects**

If you get any side effects, talk to your <doctor> <or> <,> <pharmacist> <or nurse>. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in [Appendix V](https://www.ema.europa.eu/documents/template-form/qrd-appendix-v-adverse-drug-reaction-reporting-details_en.docx).\* By reporting side effects you can help provide more information on the safety of this medicine.

[\*For the printed material, please refer to the guidance of the annotated QRD template.]

**5. How to store X**

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the <label> <carton> <bottle> <…> <after {abbreviation used for expiry date}.> <The expiry date refers to the last day of that month.>

<Do not use this medicine if you notice {description of the visible signs of deterioration}.>

<Do not throw away any medicines via wastewater <or household waste>. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.>

**6. Contents of the pack and other information**

**What X contains**

1. The active substance(s) is (are)…
2. The other <ingredient(s)> <(excipient(s))> is (are)...

**What X looks like and contents of the pack**

**Marketing Authorisation Holder and Manufacturer**

{Name and address}

<{tel}>

<{fax}>

<{e-mail}>

<For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

|  |  |
| --- | --- |
| **België/Belgique/Belgien**  {Nom/Naam/Name}  <{Adresse/Adres/Anschrift }  B-0000 {Localité/Stad/Stadt}>  Tél/Tel: +{N° de téléphone/Telefoonnummer/  Telefonnummer}  <{e-mail}> | **Lietuva**  {pavadinimas}  <{adresas}  LT {pašto indeksas} {miestas}>  Tel: + {telefono numeris}  <{e-mail}> |
| **България**  {Име}  <{Адрес}  {Град} {Пощенски код}>  Teл.: +{Телефонен номер}  <{e-mail}> | **Luxembourg/Luxemburg**  {Nom}  <{Adresse}  L-0000 {Localité/Stadt}>  Tél/Tel: +{N° de téléphone/Telefonnummer}  <{e-mail}> |
| **Česká republika**  {Název}  <{Adresa}  CZ {město}>  Tel: +{telefonní číslo}  <{e-mail}> | **Magyarország**  {Név}  <{Cím}  H-0000 {Város}>  Tel.: +{Telefonszám}  <{e-mail}> |
| **Danmark**  {Navn}  <{Adresse}  DK-0000 {by}>  Tlf.: +{Telefonnummer}  <{e-mail}> | **Malta**  {Isem}  <{Indirizz}  MT-0000 {Belt/Raħal}>  Tel: +{Numru tat-telefon}  <{e-mail}> |
| **Deutschland**  {Name}  <{Anschrift}  D-00000 {Stadt}>  Tel: +{Telefonnummer}  <{e-mail}> | **Nederland**  {Naam}  <{Adres}  NL-0000 XX {stad}>  Tel: +{Telefoonnummer}  <{e-mail}> |
| **Eesti**  {Nimi}  <{Aadress}  EE - {Postiindeks} {Linn}>  Tel: +{Telefoninumber}  <{e-mail}> | **Norge**  {Navn}  <{Adresse}  N-0000 {poststed}>  Tlf: +{Telefonnummer}  <{e-mail}> |
| **Ελλάδα**  {Όνομα}  <{Διεύθυνση}  GR-000 00 {πόλη}>  Τηλ: +{Αριθμός τηλεφώνου}  <{e-mail}> | **Österreich**  {Name}  <{Anschrift}  A-0000 {Stadt}>  Tel: +{Telefonnummer}  <{e-mail}> |
| **España**  {Nombre}  <{Dirección}  E-00000 {Ciudad}>  Tel: +{Teléfono}  <{e-mail}> | | **Polska**  {Nazwa/ Nazwisko}  <{Adres:  PL-00 000{Miasto}>  Tel.: +{Numer telefonu}  <{e-mail}> |
| **France**  {Nom}  <{Adresse}  F-00000 {Localité}>  Tél: +{Numéro de téléphone}  <{e-mail}> | | **Portugal**  {Nome}  <{Morada}  P-0000−000 {Cidade}>  Tel: +{Número de telefone}  <{e-mail}> |
| **Hrvatska**  {Ime}  <{Adresa}  {Poštanski broj} {grad}>  Tel: +{Telefonski broj}  <{e-mail}>  **Ireland**  {Name}  <{Address}  IRL - {Town} {Code for Dublin}>  Tel: +{Telephone number}  <{e-mail}> | | **România**  {Nume}  <{Adresă}  {Oraş} {Cod poştal} – RO>  Tel: +{Număr de telefon}  <{e-mail}>  **Slovenija**  {Ime}  <{Naslov}  SI-0000 {Mesto}>  Tel: +{telefonska številka}  <{e-mail}> |
| **Ísland**  {Nafn}  <{Heimilisfang}  IS-000 {Borg/Bær}>  Sími: +{Símanúmer}  <{Netfang }> | | **Slovenská republika**  {Názov}  <{Adresa}  SK-000 00 {Mesto}>  Tel: +{Telefónne číslo}  <{e-mail}> |
| **Italia**  {Nome}  <{Indirizzo}  I-00000 {Località}>  Tel: +{Numero di telefono}  <{e-mail}> | | **Suomi/Finland**  {Nimi/Namn}  <{Osoite/Adress}  FIN-00000 {Postitoimipaikka/Stad}>  Puh/Tel: +{Puhelinnumero/Telefonnummer}  <{e-mail}> |
| **Κύπρος**  {Όνομα}  <{Διεύθυνση}  CY-000 00 {πόλη}>  Τηλ: +{Αριθμός τηλεφώνου}  <{e-mail}> | | **Sverige**  {Namn}  <{Adress}  S-000 00 {Stad}>  Tel: +{Telefonnummer}  <{e-mail}>> |
| **Latvija**  {Nosaukums}  <{Adrese}  {Pilsēta}, LV{pasta indekss }>  Tel: +{telefona numurs}  <{e-mail}> | |  |
|  | |  |

**This leaflet was last revised in <**{**MM/YYYY**}><{**month YYYY**}>.

<This medicine has been given ‘conditional approval’. This means that there is more evidence to come about this medicine.

The European Medicines Agency will review new information on this medicine at least every year and this leaflet will be updated as necessary.>

<This medicine has been authorised under ‘exceptional circumstances’. This means that <because of the rarity of this disease> <for scientific reasons> <for ethical reasons> it has been impossible to get complete information on this medicine.

The European Medicines Agency will review any new information on this medicine every year and this leaflet will be updated as necessary.>

<X contains the same active substance and works in the same way as a ‘reference medicine’ already authorised in the EU. The reference medicine for X has been authorised under ‘exceptional circumstances’. This means that <because of the rarity of this disease><due to scientific reasons> <due to ethical reasons> it has been impossible to get complete information on the reference medicine. The European Medicines Agency will review any new information on the reference medicine every year and any updates for the reference medicine will also be included as appropriate in the information for X, such as this leaflet.>

**<Other sources of information>**

Detailed information on this medicine is available on the European Medicines Agency web site: [https://www.ema.europa.eu](https://www.ema.europa.eu/en)<, and on the website of {name of Member State Agency (link)}>. <There are also links to other websites about rare diseases and treatments.>

<This leaflet is available in all EU/EEA languages on the European Medicines Agency website.>

<------------------------------------------------------------------------------------------------------------------------>

<The following information is intended for healthcare professionals only:>