ANNEX I
SUMMARY OF PRODUCT CHASACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

IONSYS 40 micrograms per dose transdermal system

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each IONSYS system contains fentanyl hydrochloride equivalent to 9.7 mg of fentanyl and delivers 40 micrograms fentanyl per dose, to a maximum of 80 doses (3.2 mg/24 hours).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Transdermal system

IONSYS is composed of an electronic controller and a drug unit with two hydroge's. The controller is white with the identifier 'IONSYS®' and has a digital display, a light window, and a recessed dose activation button. The drug unit is blue on the side that connects to the controller and has a red bottom housing containing the hydrogels, one of which contains the fentanyl. The assembled IONSYS product measures 47 mm x 75 mm.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

IONSYS is indicated for the management of acute n oderate to severe post-operative pain in adult patients.

4.2 Posology and method of administration

IONSYS is restricted to hospital use only. Treatment should be initiated by and remain under the guidance of a physician experienced in the management of opioid therapy. Due to the well-known potential of abuse of fentanyl, physicians should evaluate patients for a history of drug abuse (see section 4.4).

Posology

Patients should be treated to an acceptable level of analgesia prior to initiating use of IONSYS (see section 5.1).

IONSYS should only be activated by the patient.

Lach dose of IONSYS delivers 40 micrograms of fentanyl over a 10 minute period, to a maximum of 240 micrograms per hour (6 doses each of 10 minutes duration). IONSYS will operate for 24 hours after the system is assembled or for 80 doses, whichever comes first, and then becomes inoperative.

After 24 hours or 80 doses, a new system should be applied if necessary. Each new system should be placed on a new skin site. With each new IONSYS application the patient may use IONSYS more frequently than during the remainder of the 24 hour dosing period, due to a lower absorption of fentanyl from the system for the first few hours (see section 5.2).

The maximum treatment duration is 72 hours, although the majority of patients should only need one system.

Patients should not wear more than one system at a time.

Used systems should not be reapplied to a patient.

IONSYS should be removed before the patient is discharged.

Elderly patients

As with all fentanyl products, the clearance of fentanyl may be reduced in elderly patients, with a consequent increase in half life. No specific dose adjustment is required in elderly patients. However elderly patients should be observed closely for adverse effects of fentanyl (see sections 4.4 and 4.8).

Hepatic or renal impairment

IONSYS should be administered with caution to patients with moderate or severe hepatic or renal impairment (see section 4.4).

Paediatric population

The safety and efficacy of IONSYS in children and adolescents younger than 18 year of age has not been established. Currently available data are described in section 4.8, but no recommendation on posology can be made.

Method of administration

IONSYS is for transdermal use only.

Precaution to be taken before manipulating or administering in a product Gloves should be worn when manipulating IONSYS. To avoid oral ingestion of the fentanyl-containing hydrogel, which may cause life-threatening hyp wentilation or death, the hydrogel must not touch the mouth or other mucosal areas.

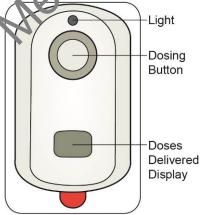
Patients should not get IONSYS wet. Prolonged contact with water could affect system performance and cause the system to fall off.

Preparation of application site

IONSYS should be applied to intact non-irritated and non-irradiated skin. IONSYS should not be placed on abnormal skin sites, such as scars, burns, tattoos, etc. IONSYS should also not be placed on skin on which topical medicine is have been applied. Hair at the application site should be clipped (not shaved) before system application. IONSYS should not be applied to a previously used skin site. The application site should be wiped with a standard alcohol swab and the skin should be allowed to dry completely before IDNSYS is applied. No soaps, oils, lotions, or any other agents that might irritate the skin or any ris absorption characteristics should be used to clean the application site.

Assembly of ICNSYS

IONSYS should not be used if the seal on the tray or the sachet containing the Drug Unit is broken or damaged



Gloves should be worn during the assembly of IONSYS. The tray is opened by pulling back on the tray lid. The sachet containing the Drug Unit should be opened starting at the pre-cut notch, then by carefully tearing along the top of the sachet. The Drug Unit should be removed from the sachet and the Controller should be snapped on by aligning the shape and firmly pressing the two parts together.

When assembled, the digital display of the Controller will complete a short self-test during which there will be an audible beep, the red light will flash once, and the digital display will flash the number 88. At the end of the self-test, the display will show the number 0 and a green light will flash at a slow rate to indicate IONSYS is ready for application.

Application of IONSYS

The clear plastic film covering the adhesive should be removed and discarded with care taken not to touch the hydrogels. IONSYS should be pressed firmly in place for at least 15 seconds with the sticky side down on the skin of the chest or upper arm of the patient. Pressure should be applied with the fingers around the outer edges to ensure adhesion to the skin site. If at any point during use the system loosens from the skin, a non-allergenic tape may be used to secure the edges to ensure complete contact with the skin. When applying tape, care should be taken not to tape over the light window, the digital display, or the dosing button. The dosing button must not be pressed.

For further details, see section 6.6.

Dose delivery

A recessed dosing button is located on the Controller of IONSYS. To private administration of a fentanyl dose, the patient should press and release the dosing button twice within 3 seconds. IONSYS should only be activated by the patient.

Upon successful dose initiation, IONSYS will emit a beep indicating the start of delivery. The green light will change from a slow flash rate to a rapid flash rate and the digital display will alternate between a rotating circle and the number of completed loses during the entire 10-minute dose delivery period. The next dose cannot be initiated until the previous 10-minute delivery period is complete. Pressing the button during delivery of a dose will not result in additional fentanyl being administered. After the 10-minute dose has been completely delivered, the green light will return to a slow flash rate, the digital display will show the number of doses that have been delivered, and IONSYS will be ready to be used again by the patient.

At the end of 24 hours of use, or after 80 doses have been administered, the green light will switch off and the number of doses delivered will flash on and off. The flashing digital display may be turned off by pressing the dose but on for six seconds.

Removal

IONSYS is removed from the patient by lifting the system at the red tab and peeling it away from the skin site. Groves thust be worn while removing IONSYS from the skin and care should be taken to avoid touching the hydrogels. If the medicinal product contacts the skin during removal, the contact area should be thoroughly rinsed with water without using any soap.

Solution in the same system has been removed, the same system should not be reapplied. If the patient requires additional treatment for pain, a new system may be applied to a new skin site on the upper outer arm or chest.

Special precautions for disposal should be followed (see section 6.6).

Troubleshooting

Each IONSYS system is designed to deliver up to 80 10-minute doses of fentanyl over a period of 24 hours. The table below represents the different error messages that may occur, together with the probable cause and the action to be taken.

Error message/feedback	Probable cause	Action required
No lightNo beepsNo display	Low battery or defective system	 Do not use the system Dispose of system per instructions in Section 6.6 Place a new system on a different skin site
 Blinking red light for 15 seconds Beeping for 15 seconds System is not securely adhered 	Poor skin contact	 Secure system to patient's skin by pressing the edges firmly oby applying non-allergenic tape If system beeps again, the remove and dispose of system, and place a new system on a different skin site.
 Continuous blinking red light Continuous beeping Steady display number 	System error	 Remove sys em from patient Hold dewn dosing button until beeping stops and display goes ban' Dispose of system per instructions in Section 6.6 Place a new system on a different skin site
No lightNo beepsBlinking display number	End or use of 24 hours or 90 doses	 Remove system from patient Hold down dosing button until display goes blank Dispose of system per instructions in Section 6.6 Place a new system on a different skin site

If device failure or malfunctors is suspected by a healthcare professional, IONSYS should be immediately removed from the patient and The Medicines Company contacted straightaway.

The healthcare professional must ensure the patient understands that if they suspect a device failure or malfunction, they must immediately inform a healthcare professional.

4.3 Contraindications

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

Severe respiratory depression or cystic fibrosis.

4.4 Special warnings and precautions for use

Before any surgery, the healthcare professional should ensure that the patient has been properly informed on how to use IONSYS post-operatively.

A potentially dangerous amount of fentanyl remains in the IONSYS system after use. For disposal instructions, see section 6.6.

IONSYS should be removed before a magnetic resonance imaging (MRI) procedure, cardioversion, defibrillation, X-ray, CT scan or diathermy is undertaken.

Excessive sweating may reduce delivery of fentanyl.

Respiratory depression

IONSYS should only be activated by the patient, to avoid potential overdosing.

Significant respiratory depression may occur with IONSYS; patients must be observed for these effects (see section 4.9).

The use of concomitant CNS-active medicinal products may increase the risk of respiratory depression (see section 4.5).

Chronic pulmonary disease

In patients with chronic obstructive pulmonary disease or patients with condition, ore disposing them to hypoventilation, more severe adverse reactions may be experienced. In such patients, opioids may decrease respiratory drive and increase airway resistance.

Head injuries and increased intracranial pressure

Fentanyl should not be used in patients who may be particularly exceptible to the intracranial effects of CO2 retention, such as those with evidence of increased intracranial pressure, impaired consciousness, or coma. Opioids may obscure the clinical course of patients with head injury. Fentanyl should be used with caution in patients with brain tumours or other significant space occupying lesions of the brain.

Cardiac disease

Fentanyl may produce bradycardia or hypotension and should, therefore, be administered with caution to patients with bradyarrhythmias or any significant cardiovascular disease.

Paralytic ileus

IONSYS should be used with caution in patients with paralytic ileus.

Abuse potential and dependence

Fentanyl has a well known abuse potential. Patients with a prior history of drug dependence/alcohol abuse are more at risk to develop dependence and abuse in opioid treatment. Physicians should evaluate patients for a history of drug abuse and follow such patients closely.

Toleral ce, physical dependence, and psychological dependence may develop upon repeated a constration of opioids. Introgenic addiction following opioid administration is rare. Fentanyl can be abused in a manner similar to other opioid agonists. Abuse or intentional misuse of IONSYS may result in overdose and/or death.

Hepatic disease

Fentanyl is metabolised into inactive metabolites in the liver. Hepatic disease may delay elimination. Patients with hepatic impairment should be observed carefully for signs of fentanyl toxicity.

Renal disease

Less than 10% of administered fentanyl is excreted unchanged by the kidney. Unlike morphine, no active fentanyl metabolites are eliminated by the kidney. Data obtained with intravenous fentanyl in patients with renal failure suggest that the volume of distribution of fentanyl may be changed by dialysis. This may affect serum concentrations. If patients with renal impairment receive IONSYS, they should be observed carefully for signs of fentanyl toxicity.

Elderly patients

Elderly patients should be observed carefully for adverse effects of fentanyl during IONSYS administration (see sections 4.2 and 4.8).

Obese patients

The overall adverse reaction profile for morbidly obese patients (BMI > 40) does not suggest a meaningful difference in safety compared to patients with BMI \leq 40. However, caution is advised when prescribing IONSYS in morbidly obese patients because they may be at increased lisk of other comorbid respiratory conditions (i.e., sleep apnoea) potentially pre-disposing them to any oventilation or more severe adverse reactions (see section 4.8).

Hearing impairment

IONSYS should be used with caution in patients with hearing impairm int who might not be able to hear the audible signals from the system.

Thoracic/chest and upper abdominal surgeries

Only limited data are available in patients with thoracic, thest and upper abdominal surgeries. IONSYS should, therefore, be used with caution in these patients.

Physical status

The safety of IONSYS has not been established in patients with American Society of Anesthesiologists (ASA) physical status consideration IV (i.e. patients with a severe systemic disease that is a constant threat to life).

Patients with genetic polymorp iisms affecting CYP3A4 and CYP3A5

Published literature indicates potential for increased fentanyl exposure in patients with genetic polymorphisms affecting CYP3A4 and CYP3A5, with a small variability in concentrations with transdermal administration; therefore, IONSYS should be used with caution in these patients (see section 5.2)

4.5 Interaction with other medicinal products and other forms of interaction

The concomitant use of other central nervous system depressants including other opioids, sedatives or nyo notics, general anaesthetics, phenothiazines, tranquilizers, skeletal muscle relaxants, sedating antinistamines, and alcoholic beverages, may produce additive depressant effects. Hypoventilation, hypotension, and profound sedation or coma may occur. Therefore, the use of any of these medicinal products concomitantly with IONSYS requires special patient care and observation.

Fentanyl, a high clearance active substance, is rapidly and extensively metabolised mainly by CYP3A4. Itraconazole, a potent CYP3A4 inhibitor, at 200 mg/day orally for 4 days had no significant effect on the pharmacokinetics of intravenous fentanyl. Oral ritonavir, one of the most potent CYP3A4 inhibitors, reduced the clearance of intravenous fentanyl by two thirds. The concomitant use of potent CYP3A4 inhibitors (e.g., as ritonavir, ketoconazole, itraconazole, troleandomycin, clarithromycin, and nelfinavir) or moderate CYP3A4 inhibitors (e.g., amprenavir, aprepitant, diltiazem, erythromycin, fluconazole, fosamprenavir, grapefruit juice, and verapamil) with IONSYS may result in an increase in

fentanyl plasma concentrations, which could increase or prolong both the therapeutic effect and adverse reactions, and may cause serious respiratory depression. In this situation, special patient care and observation are appropriate. The concomitant use of ritonavir or other potent or moderate CYP3A4 inhibitors and IONSYS is not recommended unless the patient is closely monitored.

The concomitant use of partial opioid agonists/antagonists (e.g. buprenorphine, nalbuphine, pentazocine) is not recommended. They have high affinity to opioid receptors with relatively low intrinsic activity and therefore partially antagonise the analgesic effect of fentanyl and may induce withdrawal symptoms in opioid dependant patients.

Serotoninergic medicinal products

Co-administration of fentanyl with a serotoninergic agent, such as a Selective Serotonin Re-uptake Inhibitor (SSRI) or a Serotonin Norepinephrine Re-uptake Inhibitor (SNRI) or a Monoamine O. dase Inhibitor (MAOI), may increase the risk of serotonin syndrome, a potentially life-threatening condition.

IONSYS is not recommended for use in patients who have received monoamine of idase (MAO) inhibitors within 14 days because severe and unpredictable potentiation by MAO inhibitors has been reported with opioid analgesics

Interaction studies have only been performed in adults.

Topical medicines

Application of the IONSYS system on skin on which any tortical medicine has been applied should be avoided. An alternative application site should be chosen.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no adequate data from the use of fentanyl in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). IONSYS should not be used in pregnancy unless clearly necessary.

Administration during child birth is not recommended because fentanyl crosses the placenta and the fetal respiratory centre it sens five to opiates. If IONSYS is administered to the mother during this time, an antidote for the whild should be readily available. Following long-term treatment fentanyl may cause withdrawal symptoms in the newborn.

Breast-feeding

Fentan, is excreted into human milk. Breast-feeding is not recommended for 24 hours following removal of IONSYS.

Fertility

There are no clinical data on the effects of fentanyl on fertility. Studies in rats have revealed reduced fertility and enhanced embryo mortality (see section 5.3).

4.7 Effects on ability to drive and use machines

Opioid analgesics impair the mental and/or physical ability required for the performance of potentially dangerous tasks (e.g., driving a car or operating machinery). Patients should be advised not to drive or operate machinery if they experience somnolence, dizziness, or visual disturbance.

4.8 Undesirable effects

Summary of the safety profile

The most commonly reported adverse reactions were nausea, vomiting, and application site reactions such as erythema and pruritus. These were mostly of mild to moderate severity. The most serious adverse reactions reported were hypotension and apnoea and all patients should be closely monitored for these.

Tabulated list of adverse reactions

The following adverse reactions have been reported with IONSYS during clinical studies and post marketing experience. All adverse reactions are listed by System Organ Class and frequency: very common ($\geq 1/10$); common ($\geq 1/100$); uncommon ($\geq 1/100$); and rare ($\geq 1/100$) to <1/100).

System Organ Class	Very Common	Common	Uncommon	Rare
Infections and infestations			all	Rhinitis
Blood and lymphatic system disorders			Anachia	
Metabolism and nutrition disorders		200	Decreased appetite	Hypocalcaemia Hypoglycaemia Hypokalaemia
Psychiatric disorders		Insorun a	Abnormal dreams Agitation Anxiety Confusional state Hallucination Nervousness	Depression Thinking abnormal thoughts
Nervous system disorders	"Odlibo"	Dizziness Headache	Migraine Paraesthesia Somnolence Syncope	Dysgeusia Hypoaesthesia
Eye disorders			Vision blurred	
Ear and labyrinth disorders	2			Vertigo
Cardiac disorders			Tachycardia	Bradychardia
Vascular disorders		Hypotension	Hypertension Orthostatic hypotension, Vasodilitation	
Respiratory, thoracic and nechastinal disorders		Hypoxia	Apnoea Cough Dyspnoea Hiccups Hypoventilation	Lung disorder
Gastrointestinal disorders	Nausea Vomiting	Constipation Abdominal pain	Dry mouth Dyspepsia Flatulence Ileus	Abdominal distension Diarrhoea Eructation
Skin and subcutaneous tissue disorders		Pruritus	Rash Hyperhidrosis	
Musculoskeletal and connective tissue			Back pain Pain in extremity	Hypertonia Myalgia

System Organ Class	Very Common	Common	Uncommon	Rare
disorders				
Renal and urinary disorders		Urinary retention	Oliguria	Dysuria
General disorders and administration site conditions	Application site erythema	Application site oedema Application site pruritus Application site reaction Application site vesicles Pyrexia	Application site pain Application site dryness Application site papules Asthenia Chills Application site reaction Pain	Chest pain Malaise Application site paraesthesia Injection site oedema. Injection ite pain Oe ferra
Injury, poisoning and				Wound
procedural complications				complication
Surgical and medical procedures			Gastreint stinal disorar therapy	

Paediatric population

Data on IONSYS in paediatrics is limited to information from a single clinical trial. In this study 28 paediatric patients, 6 to 16 years old, were treated with IONSYS fentanyl 40 micrograms after experiencing inadequate analgesia with IONSYS fentanyl 25 micrograms. Among these patients, the incidence of nausea was similar to adult patients; however, vomiting (32.1%) and fever (60.7%) were each reported at a higher incidence in paediatric pat enterelative to adults. In summary, the limited size of the overall paediatric exposure is insufficient to guide safe and effective dosing of IONSYS in patients younger than 18 years of age.

Elderly population

Elderly patients (\geq 65 years) made vs. 28% (499/1763) of the total controlled clinical trial exposure to IONSYS 40 micrograms, with approximately 10% (174/1763) of exposures being in patients \geq 75 years. No overall difference, were observed in the safety of IONSYS fentanyl 40 micrograms in elderly patients (\geq 65 years including a subpopulation \geq 75 years) and adult patients for all controlled studies. Thus, the advance reaction profile does not suggest a meaningful difference in safety compared to patients younger that 35 years of age.

Obese patients

In the control ed clinical trial population, the adverse reaction profile in patients with BMI > 40 (86.14.5 or 6%) showed no meaningful difference relative to patients with BMI \leq 40. However, author is recommended in these patients (see section 4.4).

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

Symptoms

The manifestations of fentanyl overdose are an extension of its pharmacologic actions, the most serious effect being respiratory depression (see section 5.2).

Treatment

For management of respiratory depression, immediate countermeasures include removing the IONSYS system and physically or verbally stimulating the patient. These actions can be followed by administration of a specific opioid antagonist such as naloxone, based on the clinical judgment of the treating health care professional. Respiratory depression following an overdose may outlast the duration of action of the opioid antagonist. The half-life of the antagonist may be short; therefore, repeated administration or infusion of the antagonist may be necessary. Reversal of the narcoate effect may also result in acute onset of pain and release of catecholamines.

If the clinical situation warrants, a patent airway should be established and maintalied possibly with an oropharyngeal airway or endotracheal tube. Oxygen should be administered in the spiration assisted or controlled, as appropriate. Adequate body temperature and fluid intake should also be maintained.

If severe or persistent hypotension occurs, hypovolaemia should be considered and the condition should be managed with appropriate parenteral fluid therapy or other interventions as needed, based upon the clinical judgment of the treating health care professionar.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Analgesics; phenylpiperidine derivatives; ATC code: N02AB03.

Mechanism of action

Fentanyl is an opioid analgesic, interacting predominantly with the opioid μ -receptor.

Pharmacodynamic effects

Its primary therapeutic strons are analgesia and sedation. Its secondary pharmacological effects are respiratory depression. Gradycardia, hypothermia, constipation, miosis, physical dependence and euphoria (see section 5.2).

Clinical efficacy and safety

The cfl. cy and safety of IONSYS for treatment of acute, moderate to severe postoperative pain was exclusted in seven controlled studies in 1763 IONSYS patients: three placebo-controlled studies and four active-controlled studies. The placebo-controlled trials included 791 patients that were predominantly female (72%), Caucasian (82%), with a mean age of 45-54 years (range, 18-90 years), and primarily comprised of surgeries including lower abdominal (including pelvic) and orthopedic bone procedures. Patients were enrolled shortly after major surgery if they were not opioid tolerant, were expected to have an uncomplicated recovery, and required at least 24 hours of parenteral opioid treatment. Long-lasting or any non-opioid analgesics were not permitted. Patients were initially titrated to comfort with intravenous fentanyl or morphine, at which point they were randomized to IONSYS or a matching placebo system. During the first 3 hours post-enrollment, patients could supplement with bolus intravenous fentanyl given, as needed, to achieve comfort. After this point 727 patients remained in the studies using only the IONSYS or control system, and were evaluated for efficacy.

The primary endpoint in each placebo-controlled study was the proportion of withdrawals due to inadequate analgesia during the period from 3 to 24-hours after IONSYS application. As illustrated in Table 1 below, IONSYS (fentanyl hydrochloride) was superior to placebo in all studies. Additional analyses suggest that the surgical procedure type did not influence the trends in efficacy endpoints and the efficacy of IONSYS was similar across the range of body mass indices studied (< 25 to > 40 kg/m² Body Mass Index).

Table 1: Placebo-controlled Trials (N=727) Patients			
Percent (n) of patients who withdrew due to inadequate analgesia Hours 3-24			
Study	IONSYS n=454	Placebo n=273	p-value
C-2001-011	27 % (64/235)	57 % (116/204)	< 0.0001
C-2000-008	25 % (36/142)	40 % (19/47)	0.049
C-95-016	8 % (6/77)	41 % (9/22)	0.0001

IONSYS was also evaluated in four active-control trials (predominantly female (55%), Caucasian (85%), with a mean age of 55 years (range, 18-91 years), and primarily comprise 1 of surgeries including lower abdominal and orthopedic bone procedures) using a standard increvenous patient controlled analgesia (PCA) morphine regimen as the comparator. In these or dies, 1313 patients undergoing major surgery were randomized to PCA with intravenous morphine (1 mg morphine bolus, 5 minute lock-out, total of 10 mg/h) delivered by a pump, and 1288 percents were randomized to IONSYS. Similar to the placebo-controlled studies, in the immediate postoperative period, patients were titrated to comfort with intravenous fentanyl or morphine per hospital protocol. Once comfortable, patients were then randomized to either IONSYS or ingravenous PCA morphine treatment. Patients were instructed to use the system for p (in elief.

These studies evaluated IONSYS vs. intravenous PCA morphine in various surgical procedures commonly seen in clinical practice. Study C-2007-07 evaluated patients after undergoing abdominal, thoracic, or orthopedic surgeries; Study CAPSS-319 evaluated patients after undergoing total hip replacement; Study CAPSS-320 assessed IONLYS in patients following abdominal and pelvic surgeries; and Study FEN-PPA-401 assessed patients following major abdominal or orthopedic surgery. Patients could remain in the respective study up to 72 hours if they required parenteral opioid analgesia for this duration. A new IONSYS system was applied every 24 hours to different skin sites, or earlier if all doses were user. Supplemental intravenous opioid medication (fentanyl or morphine) was only allowed during the first 3 hours of IONSYS or PCA morphine treatment. Concomitant use of analgesics was not allowed after 3 hours in Studies C-2000-007 and CAPSS-320. In Study CAPSS-319, ball the patients in each group received rofecoxib perioperatively and in Study FEN-PPA-401 patients were allowed non-opioid analgesics throughout the study period. The primary efficacy endpoint was the patient global assessment of method of pain control at 24 hours used to test equivalence between IONSYS and intravenous PCA morphine using a pre-specified $\pm 10\%$ equivalence buildary with a 2-sided 95% confidence interval. Each patient and investigator was asked to rate the palient's method of pain control as either poor, fair, good, or excellent. Efficacy results at the and of 24 hours, are presented in Table 2 below for the evaluable patient population. As shown belov, the primary endpoint, proportion of patients reporting "Good or Excellent" ratings for the two methods of pain relief in all four studies demonstrated equivalence, with each 95% confidence interval contained within the prespecified \pm 10% equivalence boundaries.

Table 2
Active Comparator Trials (n=2569) Evaluable Patients

Study No.	IONSYS (fentanyl) n=1271	IV-PCA (morphine) n=1298	95% CI ^{a, b}
Patient Globa	l Assessment o	of Method of Pair	n Control -1 st 24
	•	hour	
(%	of patients rat	ting good or exce	llent)
C-2000-007	75%	78%	(-9.7%,
C-2000-007	(232/310)	(246/316)	3.7%) ^{a, b}
CAPSS-319	84%	83%	(-4.7%,
CAP33-319	(326/389)	(331/397)	5.6%) ^{a, b}
CAPSS-320	86%	85%	(-5.1%,
CAPSS-520	(214/250)	(212/251)	7.4%) ^{a, b}
FEN-PPA-	87%	88%	(-6.2%,
401	(279/322)	(293/334)	4.0%) ^{a, b}

^a 95% Confidence Interval for difference in proportions

Across the active-controlled studies, dosing with IONSYS was similar to in a venous PCA morphine pump use. The mean amount of supplemental opioid used during this time was also similar among patients treated with IONSYS or PCA morphine i.e. a range across to 4 studies of a mean dose of 5.0 – 7.5 mg morphine in patients treated with IONSYS compared to a mean dose of 5.4 – 7.7mg morphine in patients receiving PCA morphine. Patients who completed 24 hours of IONSYS treatment in the seven controlled studies used a wide range of the available 80 doses, with a mean of 29.0 doses/patient (range of 0-93 doses) with the majority of patients (56.5%) using between 11 to 50 doses. A single IONSYS system provided a sufficient number of doses for 99% of the studied patients over 24 hours.

Paediatric population

The European Medicines Agency has defe red the obligation to submit the results of studies with IONSYS in one or more subsets of the paediatric population for the treatment of acute pain. See section 4.2 for information on paedia tric use.

5.2 Pharmacokinetic properties

Absorption

At the initiation of each dose, an electrical current moves a pre-determined amount of fentanyl from the active substance-containing reservoir through the skin and into systemic circulation. IONSYS delivers a normal dose of 40 micrograms fentanyl over each 10-minute dosing period at steady state. The moansystemic bioavailability is 87%. Upon system removal after the last dose, the decline in serum remanyl concentration is similar to that of intravenous fentanyl.

Absorption of fentanyl from IONSYS is similar whether applied to the upper outer arm or chest. When the system is applied on the lower inner arm, the amount of fentanyl absorbed is approximately 20% lower than at the upper outer arm or chest. Fentanyl pharmacokinetics are similar with both single and multiple 24 hour applications.

Systemic absorption of fentanyl increases as a function of time independent of the frequency of dosing, with the initial dose being approximately 16 micrograms. Steady state absorption of the nominal 40 microgram dose is achieved about 12 hours after application, indicating that the skin becomes more permeable to fentanyl during the first 12 hours. The pharmacokinetic absorption profile will repeat with each application to a new skin site, therefore with each new application,

 $^{^{\}mathrm{b}}$ The pre-specified equivalence boundary was $\pm~10\%$

absorption will be lower initially. Consequently, the patient may activate IONSYS more frequently to maintain fentanyl blood levels.

When IONSYS is applied without activating the electrical current, the average absorption rate of fentanyl over 24 hours was 2.3 micrograms fentanyl/hour, indicating minimal passive delivery.

Average serum concentrations observed in post-surgical patients were in the range of 0.4-1.5 ng/ml over a 24 hour dosing period. In general, the maximum serum fentanyl concentration occurs approximately 15 minutes after the initiation of a dose.

Following an on-demand dose of fentanyl by IONSYS, fentanyl has an absorption half-life of approximately 15 minutes.

Distribution

Fentanyl is highly lipophilic and is well distributed beyond the vascular system, with a large apparent volume of distribution. Fentanyl exhibits three compartment distribution pharmacokir etc. s. With intravenous administration, the initial distribution half-life is approximately 6 min. test the second distribution half-life is 1 hour, and the terminal half-life is 13 hours. The plasme protein binding of fentanyl is 80% to 85%. The main binding protein is alpha-1-acid glycoprotein. But both albumin and lipoproteins contribute to some extent. The free fraction of fentanyl increases with acidosis.

The average volume of distribution for fentanyl at steady state is 6 I/Fg, the average clearance is 53 L/h.

Biotransformation

Fentanyl is metabolised primarily in the liver to norfertanyl by CYP3A4 isoform. Norfentanyl is not pharmacologically active in animal studies. More than 10% of the administered dose of fentanyl is eliminated by biotransformation to N-dealkylated and hydroxylated inactive metabolites. Skin does not appear to metabolise fentanyl delivered transformally.

Elimination

Around 75% of fentanyl is excreted into the urine, mostly as metabolites, with less than 10% as unchanged active substance. A low 9% of the dose is recovered in the faeces, primarily as metabolites. The total plasma clearance of training following intravenous administration is approximately 42 L/h

Linearity/non-linearity

Dose proportionalit, has been demonstrated from 25 to 60 micrograms per dose. None of the four demographic factors studied [weight (lean/obese), age, race, or gender] had a significant effect on active substance exposure (AUC) following use of IONSYS.

Phanacokinetic /pharmacodynamic relationship

Minimum effective analgesic serum concentrations of fentanyl in opioid-naïve patients treated for acute post-operative pain range from 0.2 to 1.2 ng/ml; undesirable effects increase in frequency at serum levels above 2 ng/ml.

Patients with genetic polymorphisms affecting CYP3A4 and CYP3A5

Published literature has indicated that the CYP3A4*22 and CYP3A5*3 single nucleotide polymorphisms influence fentanyl to norfentanyl metabolism with the potential for increased fentanyl exposure in patients with these genetic polymorphs. Literature has shown that the genetic polymorphisms only account for a small amount of variability in concentrations of fentanyl with transdermal administration. Another published article of 52 elderly Japanese post-operative patients

receiving continuous intravenous (IV) fentanyl infusion (0.5-1.5 μ g/kg/h) showed increased fentanyl exposure in the CYP3A5*3 group (3*/3*) than in the 1* carrier group. Clinical relevance is unknown from these published articles; however, caution should be used if administering IONSYS in patients with genetic polymorphisms of CYP3A4 and CYP3A5 (see section 4.4).

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity.

Standard reproductive and developmental toxicity studies have been carried out using parenteral administration of fentanyl. In a rat study fentanyl did not influence male fertility. Studies with female rats revealed reduced fertility and enhanced embryo mortality.

Effects on the embryo were due to maternal toxicity and not to direct effects of the substance of the developing embryo. There was no indication of teratogenic effects in studies in two species (rat) and rabbits). In a study on pre- and postnatal development the survival rate of offspring was significantly reduced at doses which slightly reduced maternal weight. This effect could either be tue to altered maternal care or a direct effect of fentanyl on the pups. Effects on somatic development and behaviour of the offspring were not observed.

Mutagenicity testing in bacteria and in rodents yielded negative results. Fer a yl induced mutagenic effects in mammalian cells in vitro, comparable to other opioid analges cs. A mutagenic risk for the use of therapeutic doses seems unlikely since effects appeared only at righ concentrations.

A carcinogenicity study (daily subcutaneous injections of fentary) hydrochloride for two years in Sprague Dawley rats) did not induce any findings indicative of oncogenic potential.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Bottom housing assembly:

- bottom housing unit: glycol-n od thed polyethylene terephthalate
- anode hydrogel: polacrilir, purified water, sodium hydroxide, polyvinyl alcohol
- cathode hydrogel: purif ed water, sodium chloride, sodium citrate, polyvinyl alcohol, anhydrous citric acid, ce yrpyridinium chloride
- anode electrode: 'ayers of silver foil and electrically conductive adhesive tape
- cathode electrode. Tayers of polyisobutylene/silver chloride/carbon black composite material, silver foil, and electrically conductive adhesive tape
- skin adhesive. polybutene, polyisobutylene, and rosin ester
- protective liner: polyester film coated on one side with silicone.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years

Use immediately after opening.

6.4 Special precautions for storage

Do not store above 25°C.

Do not refrigerate or freeze.

6.5 Nature and contents of container

Each IONSYS system is packaged in a sealed thermoform tray. The tray contains one Controller and one sachet containing a Drug Unit. The sachet foil is comprised of a lamination of nylon, aluminium foil and a heat seal layer of a copolymer of polyethylene and polymethacrylic acid.

Each tray is packaged in a folding cardboard carton. There are 6 systems per carton.

6.6 Special precautions for disposal and other handling

Contact with the hydrogel can be harmful to humans. If the fentanyl hydrogel contacts the skin during application or removal, the area should be washed with copious amounts of water. Soap, alcohol, or other solvents should not be used to remove the hydrogel because they may enhance the active substances' ability to penetrate the skin.

Disposal

The used IONSYS system contains a dangerous amount of fentanyl within the real pylrogel housing. Gloves must be worn when removing IONSYS from the patient's skin and during disposal. The used system should be handled carefully by the sides and top. Contact with the hydrogel should be avoided.

The design of the system allows separate disposal of the hydrogel housing and the Controller.

To dispose of a used IONSYS system:

- 1. Hold the Controller in one hand and pull the red tab with the other hand to separate the hydrogel housing from the system.
- 2. Fold the hydrogel housing in half with the slicky side facing in.
- 3. Dispose of the folded hydrogel housing in accordance with local requirements for opioid medicinal products.
- 4. Dispose of remainder of the system, containing electronics, according to hospital procedures for battery waste.

Local arrangements should be in place to ensure that used systems are returned appropriately (e.g., to hospital pharmacies) for disposal of the residual fentanyl in the hydrogel. Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Incline Therapeutics Europe Ltd 21 St. Abomas Street Existed BS 2 6JS United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1050/001

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

Medicinal product no longer authorised

ANNEX II

- er authorised MANUFACTURER RESPONSIBLE FOR BATCH RELEASE A.
- CONDITIONS OR RESTRICTIONS RECARDING SUPPLY AND USE B.
- OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING C. **AUTHORISATION**
- CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND D. JFT Nedicinal Off EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release
Penn Pharmaceutical Services Ltd
23-24 Tafarnaubach Industrial Estate
Tredegar
Gwent, South Wales
NP22 3AA
United Kingdom

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

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

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

Periodic safety update reports

The requirements for submission of periodic safety update reports 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 shall submit the first periodic safety update report 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 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 eached.

• A autional risk minimisation measures

Prior to launch of IONSYS in each Member State the Marketing Authorisation Holder (MAH) must agree about the content and format of the educational programme, including communication media, distribution modalities, and any other aspects of the programme, with the National Competent Authority.

The MAH shall ensure that, following discussions and agreement with the National Competent Authorities in each Member State where IONSYS is launched all healthcare professionals who are expected to prescribe, dispense or administer IONSYS are informed through an information letter on having access to / are provided with the following items:

- Summary of Product Characteristics (SmPC) and Package Leaflet
- IONSYS Instructions for Use and Disposal

• Educational material (including prescriber checklist) for the healthcare professionals

The Healthcare provider educational Programme shall contain the following key messages:

- Information on the adequate use of the product with regards to medication errors (including accidental exposure), Device malfunction/failure, Product Disposal and Misuse/abuse/diversion/addiction and dependence.
- Information highlighting that IONSYS is a patient-controlled device to be used in a hospital setting only and that standard practices for monitoring patients using such devices should be followed by healthcare professionals.
- Information to aid healthcare professionals in selecting patients appropriate for treatment with IONSYS.
- The importance of the healthcare professional ensuring that the patient understands how to operate the IONSYS system and that only he/she can press the dosing button during the.
- The importance of reading the "IONSYS Instructions for Use and Disposal" including the troubleshooting guide and ensuring that the patient understands what to do in the event of a device failure/malfunction.
- Checklist for monitoring inadequate product disposal to ensure healthcare professionals understand the dangers of inappropriate handling and accidental expessive to the IONSYS

20

ANNEX III
LABELLING AND PACKAGE LEAFLET

Nedicinal product no

A. LABELLING NO. BET AUTHORISED AND LABELLING NO. OF AUTHORISED AND LABELLING NO. OF AUTHORISED AND LABELLING NO. OF AUTHORISED AUTH

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

IONSYS 40 micrograms per dose transdermal system Fentanyl

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 system contains fentanyl hydrochloride equivalent to 9.7 mg of fentanyl.

1 system delivers 40 micrograms fentanyl per dose, to a maximum of 80 doses (3.2 m 1/24 hours).

3. LIST OF EXCIPIENTS

Also contains: glycol-modified polyethylene terephthalate, purified wa er, sodium hydroxide, polacrilin, polyvinyl alcohol, trisodium citrate dihydrate, anhydrous carie acid, cetylpyridinium chloride monohydrate, sodium chloride, silver foil, electrically can be adhesive tape (ECAT), polyisobutylene/silver chloride/carbon black, polyisobutene, polyisobutylene, rosin ester, siliconised polyester.

4. PHARMACEUTICAL FORM AND CONTENTS

6 transdermal systems

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.

Transdermal use

Do not use if seal on the cay or the sachet containing the drug unit are broken or damaged.

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

8. EXPIRY DATE

EXP

Use immediately after opening.

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C. Do not refrigerate or freeze.

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

A potentially dangerous amount of fentanyl remains in the system after use.

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

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Incline Therapeutics Europe Ltd 21 St. Thomas Street Bristol BS1 6JS United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1050/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Just Sic tion for not including Braille accepted

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

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

nger authoris

IONSYS 40 micrograms per dose transdermal system

Fentanyl

Transdermal use

TRAY LABEL

2. METHOD OF ADMINISTRATION

Read the package leaflet before use.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

80 doses

This tray contains:

1 Drug Unit,

1 Controller.

6. OTHER

Do not use if seal on the tray or the sachet containing the drug unit is broken or damaged.

Do not story above 25°C.

Do not revigerate or freeze.

See pa kage leaflet for disposal information.

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
SACHET LABEL
1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
IONSYS 40 micrograms per dose transdermal system Fentanyl Transdermal use
2. METHOD OF ADMINISTRATION
holls
3. EXPIRY DATE
EXP Use immediately after opening.
4. BATCH NUMBER
Lot
5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
80 doses
6. OTHER
See package leaflet for disposed information. Tear at notch

IONSYS DEVICE	
1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADM	MINISTRATION
IONSYS Fentanyl	
2. METHOD OF ADMINISTRATION	-0
	,,50
3. EXPIRY DATE	O/
4. BATCH NUMBER	
5. CONTENTS BY WEIGHT, BY VOLUME OR BY JNT	
6. OTHER	
Medicinal product	

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

B. PACKAGE LEAFLEN DET AUTHORISE DE LEAFLEN DE LA LITTORISE DE LA LITTORISE DE LEAFLEN DE LA LITTORISE DE LA LI

Package leaflet: Information for the Patient

IONSYS 40 micrograms per dose transdermal system fentanvl

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

- Keep this leaflet. You may need to read it again.
- If you have any further questions, please ask your doctor or your nurse.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- rifects, allilling its If you get any side effects, talk to your doctor or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

- 1. What IONSYS is and what it is used for
- 2. Before you use IONSYS
- 3. How to use IONSYS
- 4. Possible side effects
- 5. How to store IONSYS
- 6. Contents of the pack and other information

1. What IONSYS is and what it is used for

What IONSYS is

IONSYS is a transdermal system (to be applied on irract skin) that contains a strong analgesic (pain reliever) medicine called fentanyl.

What IONSYS is used for

IONSYS is used to treat short-term foller; the to severe pain in adults after an operation. IONSYS is used in hospital only.

How IONSYS works

IONSYS is a small device applied to the skin of your upper arm or chest. It works by delivering fentanyl through your skin to relieve your pain.

a doctor if you do not feel better or if you feel worse.

ou need to know before you use IONSYS

not use IONSYS:

- if you are allergic (hypersensitive) to fentanyl, or any of the other ingredients of IONSYS (listed in section 6).
- if you suffer from severe breathing problems or cystic fibrosis.

Warnings and precautions

Talk to your doctor or nurse before using IONSYS if:

- you have a severe or persistent lung disease, or any breathing problems
- you have a very slow heart rate, low blood pressure, or other serious heart problem
- you have problems with your liver or kidneys
- you have severe headaches, have had a significant head injury, or have a brain tumour

- you have any difficulty hearing as you will need to be able to hear the device's 'beep(s)' to know if it is working properly or if there is a problem
- you have abnormally slow bowel movements or severe constipation
- you have had a chest or upper abdominal operation
- you are severely obese or have a condition called sleep apnoea that causes interrupted breathing during sleep and which can occur in severely obese individuals.

Important things to be aware of

IONSYS should be removed prior to certain procedures such as cardioversion (electrical current used to restore normal heart rhythm), defibrillation (electric shock given to the heart) or diathermy (electrical current used in physical therapy or surgery). IONSYS should also be removed prior to a magnetic resonance imaging (MRI) procedure, X-ray or CT scan.

If you have a history of drug abuse, inform your doctor.

If you have a genetic condition (polymorphism) which affects certain enzymes in your body (CYP3A4 and CYP3A5), inform your doctor.

If you are an older patient your doctor will monitor you more carefully as IONSYS may affect you more than a younger patient.

Children and adolescents

IONSYS is not recommended for children and adolescents under 18 years of age due to the lack of data in these patients.

Other medicines and IONSYS

Tell your doctor or nurse if you are using, have recently used or might use any other medicines. Some medicines can affect the way IONSYS works, or make it more likely that you will have side effects. Tell your doctor or nurse if:

- you are taking medicines that might make you sleepy such as sleeping tablets, tranquilisers, medicines for anxiety or medicines for allergies (anti-histamines);
- you are taking muscle relaxants (prescribed for back pain), or if you are undergoing general anaesthesia;
- you are taking medicines fol H V infection (such as ritonavir, nelfinavir, amprenavir or fosamprenavir);
- you are taking medicines for fungal infections (such as ketoconazole, itraconazole or fluconazole);
- you are taking medicines for bacterial infections (such as troleandomycin, clarithromycin or erythromycin)
- you are taking medicines used to help treat nausea and vomiting (such as aprepitant);
- you are taking medicines used for high blood pressure or heart problems (such as diltiazem and verapamil);
- you're taking pain killers called partial agonists like buprenorphine, nalbuphine, pentazocine; you are taking medicines for depression called monoamine-oxidase (MAO) inhibitors. Tell your doctor or nurse if you have taken them within the last 14 days before using IONSYS; you are using medicines for topical use (i.e. medicines that are applied on the skin).

IONSYS with food, drink and alcohol

Do not drink alcohol or grapefruit juice whilst you are wearing IONSYS because it can increase the risk of experiencing dangerous side effects.

Pregnancy and breast-feeding

You must tell your doctor before using IONSYS if you are pregnant or planning to become pregnant. Your doctor will discuss the possible risks and potential benefits of using IONSYS while you are pregnant.

IONSYS should not be administered during childbirth. If you are given IONSYS during childbirth your baby may need to be given an antidote when it is born. Prolonged treatment with fentanyl, the active substance in IONSYS, may cause withdrawal symptoms in the newborn baby.

Do not use IONSYS if you are breast-feeding. Fentanyl can pass into the breast milk and may cause side effects to the breast-fed child. You should not start breast-feeding until the IONSYS system has been removed for 24 hours.

Driving and using machines

IONSYS may make you feel sleepy, dizzy or cause blurred vision. Do not drive, operate machines or power tools when you leave hospital if you experience any of these side effects.

3. How to use IONSYS

Always use this medicine exactly as your doctor or nurse has told you. Check with your cocor or nurse if you are not sure about how to use IONSYS or forget your instructions.

The recommended dose

Each dose of IONSYS delivers 40 micrograms of fentanyl.

You control your own treatment under the guidance of your doctor or rurse in hospital. IONSYS only delivers the medicine when you activate it, so you control how muc'i nedicine you receive. You can take a dose whenever you need it for your pain, or just before you do an activity that may increase your pain (such as physical therapy, getting out of bed, etc.). Each are you are given a new IONSYS you may find you initially need to have more doses to relieve your pain than later on during treatment.

Duration of treatment

Each IONSYS works for one day (24 hours) and contains 80 doses. IONSYS will stop working after one day (24 hours) or after 80 doses have been delivered, whichever one comes first. The green light will switch off and the number of doses delivered will flash on and off. No more doses can be delivered after this and IONSYS will be removed by your doctor or nurse.

Your doctor or nurse will remove the RONSYS system before you leave hospital. After IONSYS has been removed, it may leave small results marks at the skin site. This is common, and nothing to worry about. The red area will fade over the next few days to a week.

Using IONSYS

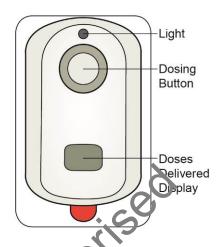
- **Do not let your 'amily or friends start IONSYS for you**. Only you know how much pain you are having, and only you should operate IONSYS to start a dose of medicine. To make sure you get the correct amount of medicine, press IONSYS as soon as you start to feel pain.
- Do not touch the sticky side of IONSYS. This side of the system contains material called "en" which you should not normally come into contact with. Swallowing or touching these yets may cause life-threatening breathing difficulties or death, even after you have stopped using the system and it has been removed. Do not let these touch your mouth or eyes.

If you do accidentally touch the gels on the underside of the system:

- Alert a nurse or doctor right away
- Rinse your hands with large amounts of water
- **Do not use soap, alcohol, or other solvents** to remove the gels because they may increase the medicine's ability to go through the skin.
- The doctor or nurse will put IONSYS on your skin, and take it off or replace it when needed. Only let the doctor or nurse place or remove IONSYS.
 - Do not take it off or attempt to put it back on yourself.
 - Do not let the IONSYS system get wet because it could stop working or fall off.

How to use IONSYS

- The doctor or nurse will get IONSYS ready to use and attach it to your upper outer arm or chest.
- The slow blinking green light means IONSYS is ready to dose.
- To start a dose from IONSYS, press and release the dosing button twice within 3 seconds. You will know you have started a dose when you hear a beep.
 - You will know the dose is being delivered when the **green light blinks faster.**
- Each dose will last for 10 minutes. IONSYS will ignore additional button presses during this 10-minute dosing period.
- You will know the 10-minute dosing period is complete when the fast blinking green light becomes slow again. The digital display will show the number of doses that have been delivered.
- IONSYS is ready to be used again and you may start another dose at any time you need it. However, only press the button when you need pain relief.



You will hear IONSYS beep once each time you start a dose. If it beeps at any other time, or more than once, tell your doctor or nurse immediately. They will check that JONSYS is working properly.

If you use more IONSYS than you should

IONSYS is designed so that you can't use too much, provided that only you operate it, and that only you use it when you need pain relief.

If you do use more IONSYS than you should ther you may experience shortness of breath, difficulty breathing, rapid and shallow breathing, or feeling faint. If you experience any of these symptoms then **tell your doctor or nurse immediately**.

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

4. Possible side effects

Like all medicines, this nedicine can cause side effects, although not everybody gets them. If you feel faint or if you have difficulty in breathing while being treated with IONSYS, tell a doctor or nurse ir uncuiately.

The following side effects may occur whilst using IONSYS:

Very conmon (may affect more than 1 in 10 people)

• feeling sick (nausea) or being sick (vomiting) reddening of skin at the patch site

Common (may affect up to 1 in 10 people)

- dizziness
- headache
- itching skin
- low blood pressure
- difficulty sleeping
- constipation, stomach pain
- blue skin colour (lips and finger tips)
- swelling, itching, irritation or blistering of skin at the patch site
- inability to pass water (urinate)

fever

Uncommon (may affect up to 1 in 100 people)

- flushing
- anaemia (low blood count)
- decreased appetite
- anxiety
- abnormal dreams or hallucinations (seeing or hearing things that are not there)
- feeling confused or agitated
- severe headache (migraine)
- nervousness
- pins and needles sensation
- sleepiness
- blurred vision
- looking pale, feeling low in energy or tired
- fast or irregular heartbeat
- shortness of breath or interruptions in breathing
- cough, hiccups
- rash
- excessive sweating
- fainting
- dry mouth
- 'mal Osi allikoriiseo passing water (urinating) less frequently than normal
- indigestion
- passing wind, difficulty passing stools
- chills
- back pain, pain in arms or legs
- pain, bumps, or dry skin at the patch site
- high blood pressure
- fall in blood pressure when standing u
- decreased bowel activity
- slow breathing rate
- body pain

Rare (may affect up to 1 ir 1,000 people)

- sneezing, itchiness and blocked or runny nose
- low calcium/g/p.cose/potassium in blood serum
- depression, abnormal thoughts
- abnormal rense of taste
- reduced sense of touch or sensation
- v(rt1, 0
- slow heart beat
 - rung disease
- swelling of the abdomen, diarrhoea, burping/belching
- tightness/tension in muscles, muscle pain
- pain when urinating
- chest pain, feeling of general discomfort or uneasiness
- tingling, prickling, swelling or pain at site of IONSYS application
- complications in wound healing
- fluid retention/swelling in the body

Reporting of side effects

If you get any side effects, talk to your doctor 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. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store IONSYS

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 carton, or tray or sachet label, after "EXP". The expiry date refers to the last day of that month.

Do not store above 25°C.

The hospital staff will store IONSYS. The used IONSYS will be disposed of by medical staff.

6. Contents of the contents of th

6. Contents of the pack and other information

What IONSYS contains

The active substance in IONSYS is fentanyl hydrochloride. Each IONSYS system contains fentanyl hydrochloride equivalent to 9.7 mg of fentanyl and delivers 40 micrograms fentanyl per dose, to a maximum of 80 doses (3.2 mg/24 hours).

The other ingredients are:

bottom housing unit: glycol-modified polyethylene terephilalate

anode hydrogel: polacrilin, purified water, sodium bydroxide, polyvinyl alcohol

cathode hydrogel: purified water, sodium chloride, vodium citrate, polyvinyl alcohol, anhydrous citric acid, cetylpyridinium chloride

anode electrode: layers of silver foil and electrically conductive adhesive tape

cathode electrode: layers of polyisobutyle ie/ilver chloride/carbon black composite material, silver

foil, and electrically conductive adhesive tope

skin adhesive: polybutene, polyisobuty ene, and rosin ester protective liner: polyester film coard on one side with silicone.

What IONSYS looks like and contents of the pack

IONSYS is a transdermal system and is made up of an electronic controller (the top housing) and a drug unit (the red bottor, housing). The controller is made of white plastic with the identifier "IONSYS" and has a digital display, a light window, and a dosing button. The drug unit is blue on the side that connects to the controller and has a red bottom housing containing the hydrogels, one of which contain. the fentanyl hydrochloride.

SYS carton contains 6 systems. Each ION

Narveting Authorisation Holder

Incline Therapeutics Europe Ltd 21 St. Thomas Street Bristol BS1 6JS United Kingdom

Tel: +44 (0)800 587 4149 or +44 (0)203 684 6344 Email: medical.information@themedco.com

Manufacturer

Penn Pharmaceutical Services Ltd

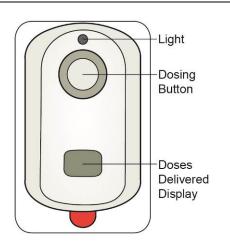
23-24 Tafarnaubach Industrial Estate Tredegar Gwent, South Wales NP22 3AA United Kingdom

This leaflet was last revised in MM/YYYY

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency (EMA) web site: http://www.ema.europa.eu/.

Information for the Healthcare Professional: Instructions for use and disposal



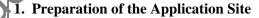
IONSYS (fentanyl 40 micrograms per gose transdermal system, maximum of 80 doses (3.2 mg/24 hours)).

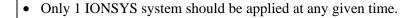
For single use only.

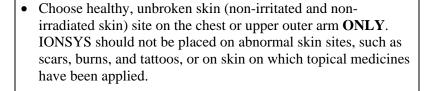
IONSYS should not be used if the seal on the tray or the sachet containing the drag unit is broken or damaged.

IONSYS will operate for 24 hours after it is applied or for 80 doses, whichever comes first, and will then become inoperative.

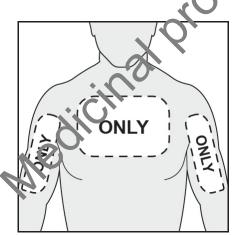
Refer to the Summary of Product of Characteristics (SmPC) for more information about IONSYS.







- Excessive hair at the application site should be clipped (not shaved as this can irritate the skin) before application.
 IONSYS should not be applied to a previously used skin site.
- The application site should be wiped with a standard alcohol swab and the skin should be allowed to dry completely before IONSYS is applied. No soaps, oils, lotions, or any other agents that might irritate the skin or alter its absorption characteristics, should be used to clean the application site.
- When replacing an IONSYS system, the new system must be applied to a different site on the chest or upper outer arm.



2. Assembly of IONSYS



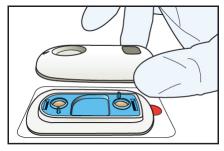
• Gloves should be worn during the assembly/handling of IONSYS. Open the tray by peeling back the tray lid. Remove the sachet and the controller. Open the sachet containing the drug unit starting at the pre-cut notch and then carefully tearing along the top of the sachet.

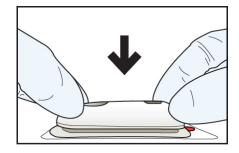
• Remove the drug unit from the sachet and place or a hard, flat surface.

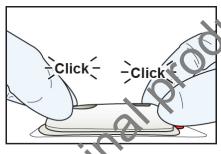
• Align the matching trainers of the controller and the drug unit and firmly press the two parts together at both ends.

• Once assembled, the digital display of the controller will complete a short self-test during which there will an audible beep, the red light will flash once, and the digital display will flash the number "88". At the end of the self-test, the display will show the number "0" and a green light will flash at a slow rate to indicate IONSYS is ready for application.

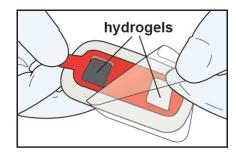


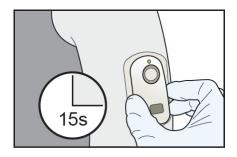












3. Application of IONSYS

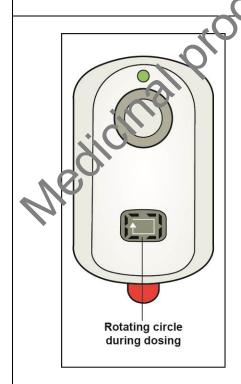
• Remove and discard the clear plastic liner covering the adhesive. Take care not to touch the hydrogels.

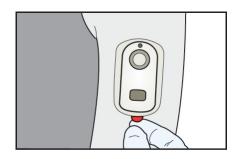
- Press IONSYS firmly in place for at least 15 seconds with the sticky side down on the skin of the chest or upp form of the patient. Apply pressure with the fingers around the outer edges to ensure adhesion to the skin site. **Do not press the dosing button.**
- If at any point during use IONSYS bosens from the skin, a non-allergenic tape may be used to secure the edges to ensure complete contact with the slar. When applying tape, care should be taken not to tape over the light window, the digital display, or the dosing outton.
- Each IONSYS may be used for 24 hours from the time of assembly or unil 80 doses have been administered, whichever comes first. JONSYS will then shut down and will not deliver any further doses. If additional opioid analgesia is required, a new JONSYS should be applied to a different skin site, after removal and disposal of the previous IONSYS.
- Patients should not wear more than one IONSYS at the same time. A used IONSYS should not be reapplied to patients.



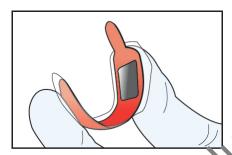
Remember that **only** the patient may touch the dosing button. Tell your patient the following:

- The <u>slow blinking green light</u> means IONSYS is ready to dose.
- To start a dose, press and release the dosing button 2 times within 3 seconds. You will hear one single beep upon successful dose initiation.
- You will know the dose is being delivered when you see the fast blinking green light.
- IONSYS will ignore any button presses during the 10-minute dosing period.
- You will know the 10-minute dose is complete when the <u>fast</u> blinking green light returns to a slow blinking green light.
- Call your doctor or nurse if you hear additional beeps.









5. Removal and disposal of IONSYS

See also instructions in SmPC Section 6.6.

- Gloves must be worn while removing IONSYS from the skin and care should be taken to avoid touching the hydrogels. If the fentanyl hydrogel contacts the skin during removal, the contact area should be thoroughly rinsed with water without using any soap.
- IONSYS may be removed at any time. However, once it has been removed, the same IONSYS should not be reapplied.
- At the end of 24 hours of use, or after 80 doses have been delivered, remove IONSYS by gently lifting the red tab and loosening it from the skin application site. If the patient requires additional or continuation of pair relief, a new IONSYS may be applied to a new kin site on the upper outer arm or chest.
- Hold the controller in one land and pull the red tab with the other hand to separate the hydrogel housing from the system.
- Fold the hydrogel rousing in half with the sticky side facing in
- Dispose of the folded hydrogel housing in accordance with local requirements for opioid medicinal products
- Dr. pose of remainder of the system, containing electronics, according to hospital procedures for battery waste.

IONSYS Troubleshooting

Each IONSYS is designed to deliver up to 80 10-minute doses of fentanyl over a period of 24 hours. The table below represents the different error messages that may occur, together with the probable cause and the action to be taken.

Error message/feedback	Probable cause	Action required
Norlight—No beeps Blank display	Low battery or defective system	 Do not use the system. Dispose of system per above Step 5 - Removal and Disposal of IONSYS. Place a new system on a different skin site.
	Poor skin contact	 If IONSYS appears to be loose or lifting from the skin, secure it to patient's skin by pressing the edges firmly or by applying non-allergenic tape. If using tape, apply it along the edges of IONSYS system, do not cover the dosing button or display. If system beeps again, then remove and

Blinking red for 15 seconds Beeping for 15 seconds Steady number IONSYS is not securely adhered		dispose of system, and place a new system on a different skin site.
Tape along long edges		, ced
Blinking red —Beeping continuously —Steady number	System error	 Remove system from patient. Hold down dosing button until beeping stops and display goes blank. Dispose of system per above Step 5 - Removal and Disposal of IONSYS. Place Craw system on a different skin site.
No light No beeps Blinking number	End of use at 24 hours or 80 doses	 Remove system from patient. Hold down dosing button until display goes blank. Dispose of system per above Step 5 - Removal and Disposal of IONSYS. Place a new system on a different skin site.

If device failure or malfunction is supported by a healthcare professional, IONSYS should be immediately removed from the patient and The Medicines Company contacted straightaway. The healthcare professional mast ensure the patient understands that if they suspect a device failure or malfunction, they must inform a healthcare professional immediately.