EU Risk Management Plan

For

Ibandronic acid Accord 2 mg concentrate for solution for infusion
Ibandronic acid Accord 6 mg concentrate for solution for infusion
Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe
(Ibandronic acid)

RMP version to be assessed as part of this application:

RMP Version number	9.0
Data lock point for this RMP	08-Oct-2024
Date of final sign off	21-Nov-2024

Rationale for submitting an RMP: This RMP has been updated in line with EPAR -Risk-management-plan of Bonviva (Ibandronic acid) (Version 3.3, dated 17-Nov-2023) published by the EMA on 16-Sep-2024 and also in line with the template of EU RMP in GVP Module V (Rev. 2)

Summary of significant changes in this RMP: Significant changes have been made in following sections of RMP: Part-I, Part II- SVIII, Part III, Part V, Part VI and Part VII (Annex 6, Annex 7 and Annex 8).

Other RMP versions under evaluation: Not applicable

Details of the currently approved RMP:

Version	Procedure	Approval date
8.0	EMEA/H/C/002638/R-0013	21-Jun-2017

QPPV Name: Arletta Werynska

QPPV Signature: 

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[redacted]

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Part I: Products Overview

Table 1: Product Overview

Active substance (INN or common name)	Ibandronic acid
Pharmacotherapeutic group(s) (ATC Code)	**Pharmacotherapeutic group(s):** Medicinal products for treatment of bone diseases, bisphosphonates **ATC code**: M05BA06
Marketing Authorisation Holder	Accord Healthcare Limited
Medicinal products to which this RMP refers	03
Invented name(s) in the European Economic Area (EEA)	Ibandronic acid Accord 2 mg concentrate for solution for infusion Ibandronic acid Accord 6 mg concentrate for solution for infusion Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe
Marketing authorisation procedure	EMEA/H/C/002638
Brief description of the product	**Chemical class:** Nitrogen-containing bisphosphonate containing active ingredient ibandronic acid (3-[N-methyl-N-pentyl] amino-1-hydroxypropane-l, 1- bisphosphonic acid), monosodium salt and monohydrate.

[redacted]

	Summary of mode of action: Ibandronic acid belongs to the bisphosphonate group of compounds which act specifically on bone. Their selective action on bone tissue is based on the high affinity of bisphosphonates for bone mineral. Bisphosphonates act by inhibiting osteoclast activity, although the precise mechanism is still not clear. In vivo, ibandronic acid prevents experimentally induced bone destruction caused by cessation of gonadal function, retinoids, tumours or tumour extracts. The inhibition of endogenous bone resorption has also been documented by ^{45}Ca kinetic studies and by the release of radioactive tetracycline previously incorporated into the skeleton.
	Important information about its composition: **Ibandronic acid Accord 2 mg concentrate for solution for infusion:** One vial with 2 ml concentrate for solution for infusion contains 2 mg ibandronic acid (as sodium monohydrate). **Ibandronic acid Accord 6 mg concentrate for solution for infusion:** One vial with 6 ml concentrate for solution for infusion contains 6 mg ibandronic acid (as sodium monohydrate). **Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe:** One pre-filled syringe of 3 ml solution contains 3 mg ibandronic acid (as sodium monohydrate). Each ml of solution contains 1 mg ibandronic acid.
Hyperlink to the Product Information	Refer Module 1.3.1 for SmPC and PIL

[redacted]

Indication(s) in the EEA	***Current*** Ibandronic acid Accord 2 mg /6 mg concentrate for solution for infusion - Prevention of skeletal events (pathological fractures, bone complications requiring radiotherapy or surgery) in patients with breast cancer and bone metastases. - Treatment of tumour induced hypercalcaemia with or without metastases. Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe Treatment of osteoporosis in postmenopausal women at increased risk of fracture.
Dosage in the EEA	***Current*** Posology: **Ibandronic acid Accord 2 mg /6 mg concentrate for solution for infusion** *Prevention of skeletal events in patients with breast cancer and bone metastases:* The recommended dose is 6 mg intravenous injection given every 3-4 weeks. The dose should be infused over at least 15 minutes. A shorter (i.e. 15 min) infusion time should only be used for patients with normal renal function or mild renal impairment. *Treatment of tumour induced hypercalcaemia* Prior to treatment with ibandronic acid the patient should be adequately rehydrated with 9 mg/ml (0.9%) sodium chloride solution. Consideration should be given to the severity of the hypercalcaemia as well as the tumour type. In general patients

[redacted]

with osteolytic bone metastases require lower doses than patients with the humoral type of hypercalcaemia. In most patients with severe hypercalcaemia (albumin-corrected serum calcium* ≥3 mmol/l or ≥12 mg/dl) 4 mg is an adequate single dose. In patients with moderate hypercalcaemia (albumin-corrected serum calcium <3 mmol/l or <12 mg/dl) 2 mg is an effective dose. The highest dose used in clinical trials was 6 mg but this dose does not add any further benefit in terms of efficacy.

* Note albumin-corrected serum calcium concentrations are calculated as follows:

Albumin-corrected serum calcium (mmol/l)	=	serum calcium (mmol/l) - [0.02 x albumin (g/l)] + 0.8
	Or	
Albumin-corrected serum calcium (mg/dl)	=	serum calcium (mg/dl) + 0.8 x [4 - albumin (g/dl)]
To convert the albumin-corrected serum calcium in mmol/l value to mg/dl, multiply by 4.		

<u>Method of administration</u>

The content of the vial is to be used as follows:

- Prevention of Skeletal Events - added to 100 ml isotonic sodium chloride solution or 100 ml 5% dextrose solution and infused over at least 15 minutes. See also dose section above for patients with renal impairment.
- Treatment of tumour-induced hypercalcaemia - added to 500 ml isotonic sodium chloride solution or 500 ml 5% dextrose solution and infused over 2 hours.

For single use only. Only clear solution without particles should be used.

[redacted]

	Ibandronic acid concentrate for solution for infusion should be administered as an intravenous infusion. Care must be taken not to administer ibandronic acid concentrate for solution for infusion via intra-arterial or paravenous administration, as this could lead to tissue damage. **<u>Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe</u>** The recommended dose of ibandronic acid is 3 mg, administered as an intravenous injection over 15-30 seconds, every three months. Patients must receive supplemental calcium and vitamin D. If a dose is missed, the injection should be administered as soon as convenient. Thereafter, injections should be scheduled every 3 months from the date of the last injection. The optimal duration of bisphosphonate treatment for osteoporosis has not been established. The need for continued treatment should be re-evaluated periodically based on the benefits and potential risks of Ibandronic acid on an individual patient basis, particularly after 5 or more years of use. <u>Method of administration</u> For intravenous use over 15 - 30 seconds, every three months.
Pharmaceutical forms and strengths	***Current*** <u>Pharmaceutical form</u>: solution for infusion <u>Strengths:</u> 2 mg and 6 mg, <u>Pharmaceutical form</u>: solution for injection in pre-filled syringe <u>Strength:</u> 3 mg

[redacted]

Is the product subject to additional monitoring in the EU?	No

Part II: Safety specification

Part II: Module SI - Epidemiology of the indication(s) and target population(s)

Not applicable.

Part II: Module SII - Non-clinical part of the safety specification

Not applicable

Part II: Module SIII - Clinical trial exposure

Not applicable

Part II: Module SIV - Populations not studied in clinical trials

SIV.1 Exclusion criteria in pivotal clinical studies within the development programme

Not applicable

SIV.2 Limitations to detect adverse reactions in clinical trial development programmes

Not applicable

SIV.3 Limitations in respect to populations typically under-represented in clinical trial development programmes

Not applicable

Part II: Module SV - Post-authorisation experience

SV.1 Post-authorisation exposure

Not applicable.

Part II: Module SVI - Additional EU requirements for the safety specification

SVI.1 Potential for misuse for illegal purposes

Not applicable

Part II: Module SVII - Identified and potential risks

The safety concerns for this Risk Management Plan (RMP) have been considered as per European Public Assessment Report (EPAR) RMP of Bonviva (Ibandronic acid) (Version 3.3, dated 17-Nov-2023) published on EMA website on 16-Sep-2024. There is no change proposed by MAH in safety concerns mentioned in Module SVIII.

Hence this section remains "Not applicable".

SVII.1 Identification of safety concerns in the initial RMP submission

SVII.1.1 Risks not considered important for inclusion in the list of safety concerns in the RMP

Not applicable

SVII.1.2. Risks considered important for inclusion in the list of safety concerns in the RMP

Not applicable

SVII.2 New safety concerns and reclassification with a submission of an updated RMP

Not applicable

SVII.3 Details of important identified risks, important potential risks, and missing information

SVII.3.1. Presentation of important identified risks and important potential risks

Not Applicable

SVII.3.2. Presentation of the missing information

Not Applicable

Part II: Module SVIII - Summary of the safety concerns

Table 2: Summary of safety concerns

Important identified risks	• Osteonecrosis of Jaw • Acute Phase reaction • Atypical fractures of long bones • Anaphylaxis • Hypocalcemia
Important potential risks	• Renal dysfunction • Atrial Fibrillation
Missing information	• None

[redacted]

Part III: Pharmacovigilance Plan (including post-authorisation safety studies)

III.1 Routine pharmacovigilance activities

Routine pharmacovigilance activities beyond collection and reporting of adverse reactions and signal detection as stated in pharmacovigilance system master file are sufficient for the safety concern listed in module SVIII.

III.2 Additional pharmacovigilance activities

None proposed.

III.3 Summary Table of additional Pharmacovigilance activities

Not applicable

[redacted]

Part IV: Plans for post-authorisation efficacy studies

Not applicable

Part V: Risk minimisation measures (including evaluation of the effectiveness of risk minimisation activities)

Risk Minimisation Plan

V.1. Routine Risk Minimisation Measures

Table 3: Description of Routine Risk Minimisation Measures by Safety Concern

Safety Concern	Routine Risk Minimisation Activities
Important identified risks	
Osteonecrosis of Jaw	Routine risk communication: • SmPC sections 4.2, 4.4 and 4.8 • Package Leaflet (PL) sections 2 and 4 Routine risk minimisation activities recommending specific clinical measures to address the risk: • Recommendation to delay treatment in patients with unhealed open soft tissue lesions in the mouth, is included in SmPC section 4.4. • Recommendation for dental examination prior to treatment in patients with concomitant risk factors, is included in SmPC section 4.4. Other routine risk minimisation measures beyond the Product Information: • Pack size • Legal status: Prescription only medicine
Acute phase reaction	Routine risk communication: • SmPC sections 4.8 • PL sections 4 Routine risk minimisation activities recommending specific clinical measures to address the risk: • Notification that symptoms occur with first dose and usually resolve during continuing treatment with remedial measures, is included in SmPC section 4.8.

[redacted]

	Other routine risk minimisation measures beyond the Product Information: • Pack size • Legal status: Prescription only medicine
Atypical fractures of long bone	Routine risk communication: • SmPC sections 4.4 and 4.8 • PL section 2, 3 and 4 Routine risk minimisation activities recommending specific clinical measures to address the risk: • Recommendation to re-evaluate treatment periodically based on the patient's benefits and risks of treatment particularly after 5 or more years of use is in SmPC section 4.2. • Recommendation for discontinuation of treatment and examination of atypical fractures and recommendation for patients to report symptoms of thigh, hip or groin pain to their doctor, are included in SmPC section 4.4. Other routine risk minimisation measures beyond the Product Information: • Pack size • Legal status: Prescription only medicine
Anaphylaxis	Routine risk communication: • SmPC sections 4.4 and 4.8 • PL sections 4 Routine risk minimisation activities recommending specific clinical measures to address the risk: • Recommendation that appropriate medical support should be readily available when injection is administered and discontinue if allergic reactions occur, is included in SmPC sections 4.4.

[redacted]

	<u>Other routine risk minimisation measures beyond the Product Information:</u> • Pack size • Legal status: Prescription only medicine
Hypocalcaemia	<u>Routine risk communication:</u> • SmPC sections 4.3,4.4,4.8 and 4.9 • PL sections 4 <u>Routine risk minimisation activities recommending specific clinical measures to address the risk:</u> • Recommendation for patients with hypocalcaemia to be corrected before initiating therapy and adequately supplemented with vitamin D and calcium during therapy, is included in SmPC sections 4.4. <u>Other routine risk minimisation measures beyond the Product Information:</u> • Pack size • Legal status: Prescription only medicine
Important potential risks	
Renal dysfunction	<u>Routine risk communication:</u> • SmPC sections 4.2 and 4.4 • PL sections 2 and 3 <u>Routine risk minimisation activities recommending specific clinical measures to address the risk:</u> • Recommendation for patients with moderate or severe renal impairment to follow dosing recommendations, is included in SmPC sections 4.2. • Recommendation for patients with risk factors for renal dysfunction to be regularly reviewed, is included in SmPC sections 4.4.

[redacted]

	<u>Other routine risk minimisation measures beyond the Product Information:</u> • Pack size • Legal status: Prescription only medicine
Atrial Fibrillation	<u>Routine risk communication:</u> None <u>Routine risk minimisation activities recommending specific clinical measures to address the risk:</u> None <u>Other routine risk minimisation measures beyond the Product Information:</u> • Pack size • Legal status: Prescription only medicine

[redacted]

V.2. Additional Risk Minimisation Measures

In line with reference medicinal product, Additional Risk Minimisation Measures (aRMMs) have been proposed for following risks:

- Osteonecrosis of the jaw

Proposed additional risk minimisation measures are listed below and key messages are summarised in Annex 6.

Additional risk minimisation

Patient Reminder Card

Objectives:

The overall goal of the 'Patient Reminder Card' (PRC) is:

- To provide greater clarity about the potential risk of ONJ and to inform patients of the need for timely and appropriate precautionary measures (i.e. seek medical attention early, inform dentists) to minimize the risk for ONJ as much as possible, also by keeping up a good routine care of teeth and the mouth.

Rationale for the additional risk minimisation activity:

The rationale of the use of the PRC is that with increased awareness the diagnosis of ONJ might be made more timely, and treatment of ONJ could be started earlier, including the discontinuation of ibandronic acid. Further by informing dentists ONJ may be avoided/prevented as a result of not performing invasive dental treatment, while the patient is under ibandronic acid treatment.

Target audience and planned distribution path:

Administration of ibandronic acid IV takes place in special settings, primarily infusion centers.

Provision of a patient reminder card (PRC) (for IBN IV patients only) to treating HCPs (physicians, nurses administering IBN IV) and subsequent hand-over to patients, to inform both the patient and healthcare professionals of the need for vigilance with respect to ONJ. The information emphasizes the need for good dental hygiene and timely and appropriate diagnosis. The PRC does not need to be supported by educational materials developed for patients and healthcare professionals as the awareness of ONJ is already quite high, and the relevant information is already covered in the Patient Reminder Card.

[redacted]

The distribution of PRCs to healthcare professionals by all EU affiliates will be initiated within six months of positive CHMP opinion via country-specific distribution channels. In accordance with the EU SmPC, physicians were mandated to provide the PRC to all IBN IV patients at the time of the treatment with Ibandronic acid.

The individual affiliates will be responsible for dissemination of the PRCs, taking into account local treatment practices and regulatory considerations.

The patients on every visit need to show the card to all treating health care professionals, especially the dentist.

Plans to evaluate the effectiveness of the interventions and criteria for success:

Note: As acknowledged, the risk of osteonecrosis (or death of bone tissue) in the jaw remains very low, the awareness of ONJ as a potential risk of bisphosphonate therapy with prescribers and dentists is already quite high, and it is unlikely that the proposed minimization measure will significantly increase that awareness.

Moreover, the ability to assess the effectiveness of the risk minimization measure would be very limited, as the rate of reporting of ONJ is already very low and the number of patients treated with IV Ibandronic acid is also very low, decreasing, and further substituted with generic ibandronic acid (IBN).

Effectiveness will be assessed using both process and outcome indicators.

Process indicator:

The distribution of the PRC can be considered as a process indicator, and is documented within each scheduled PSUR (PBRER) for ibandronate, based on information received from our affiliates.

Outcome indicator:

Routine pharmacovigilance activities with comparisons between relative reporting rates of ONJ in relation to drug exposure at each PSUR.

Routine pharmacovigilance activities with comparisons between periods and geographies of relative reporting rates of ONJ cases in relation to drug exposure at each PSUR.

[redacted]

V.3 Summary of risk minimisation measures

Table 4: Summary Table of Risk Minimisation Activities and Pharmacovigilance Activities by Safety Concern

Safety Concern	Routine Risk Minimisation Activities	Pharmacovigilance activities
Important identified risks		
Osteonecrosis of Jaw	Routine risk minimisation measures: • SmPC sections 4.2, 4.4 and 4.8 • Package Leaflet (PL) sections 2 and 4 • Recommendation to delay treatment in patients with unhealed open soft tissue lesions in the mouth, is included in SmPC section 4.4. • Recommendation for dental examination prior to treatment in patients with concomitant risk factors, is included in SmPC section 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • Patient reminder card	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None Additional pharmacovigilance activities: None.
Acute phase reaction	Routine risk minimisation measures: • SmPC sections 4.8 • PL sections 4 • Notification that symptoms occur with first dose and usually resolve during continuing treatment with	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities:

	remedial measures, is included in SmPC section 4.8. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • None	None.
Atypical fractures of long bones	Routine risk minimisation measures: • SmPC sections: 4.4 and 4.8 • PL section: 2, 3 and 4 • Recommendation to re-evaluate treatment periodically based on the patient's benefits and risks of treatment particularly after 5 or more years of use is in SmPC sections 4.4. • Recommendation for patients to report symptoms of thigh, hip or groin pain to their doctor, is included in SmPC section 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • None	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: None.
Anaphylaxis	Routine risk minimisation measures: • SmPC sections 4.4 and 4.8 • PL sections 4 • Recommendation that appropriate medical support should be readily available when injection is administered and discontinue if	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None Additional pharmacovigilance activities: None

[redacted]

	allergic reactions occur, is included in SmPC sections 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • None	
Hypocalcaemia	Routine risk minimisation measures: • SmPC sections 4.3,4.4,4.8 and 4.9 • PL sections 4 • Recommendation for patients with hypocalcaemia to be corrected before initiating therapy and adequately supplemented with vitamin D and calcium during therapy, is included in SmPC sections 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • None	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None Additional pharmacovigilance activities: None
Important potential risks		
Renal dysfunction	Routine risk communication: • SmPC sections 4.2 and 4.4 • PL sections 2 and 3 • Recommendation for patients with moderate or severe renal impairment to follow dosing recommendations, is included in SmPC sections 4.2.	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: None.

[redacted]

	• Recommendation for patients with risk factors for renal dysfunction to be regularly reviewed, is included in SmPC sections 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: None	
Atrial Fibrillation	Routine risk minimisation measures: • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: • None	Routine pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: None.

Part VI: Summary of the risk management plan

Summary of risk management plan for Ibandronic acid Accord 2 mg/6 mg concentrate for solution for infusion and Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe (Ibandronic acid)

This is a summary of the risk management plan (RMP) for Ibandronic acid Accord 2 mg/6 mg concentrate for solution for infusion and Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe. Throughout this summary, the product name has been referred to as Ibandronic acid Accord. The RMP details important risks of Ibandronic acid Accord, how these risks can be minimised, and how more information will be obtained about Ibandronic acid Accord's risks and uncertainties (missing information).

Ibandronic acid Accord's summary of product characteristics (SmPC) and its package leaflets give essential information to healthcare professionals and patients on how Ibandronic acid should be used.

This summary of the RMP for Ibandronic acid Accord should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all which is part of the European Public Assessment Report (EPAR).

Important new concerns or changes to the current ones will be included in updates of Ibandronic acid Accord's RMP.

I. The medicine and what it is used for

Ibandronic acid Accord 2 mg /6 mg concentrate for solution for infusion is indicated in adults for:

- Prevention of skeletal events (pathological fractures, bone complications requiring radiotherapy or surgery) in patients with breast cancer and bone metastases.

- Treatment of tumour induced hypercalcaemia with or without metastases.

Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe is indicated for:

- Treatment of osteoporosis in postmenopausal women at increased risk of fracture.

They contain ibandronic acid as the active substance and they are administered by intravenous route.

Further information about the evaluation of ibandronic acid Accord's benefits can be found in Ibandronic acid Accord's EPAR, including in its plain-language summary, available on the EMA

website, under the medicine's webpage https://www.ema.europa.eu/en/medicines/human/EPAR/ibandronic-acid-accord

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Ibandronic acid Accord, together with measures to minimise such risks and the proposed studies for learning more about Ibandronic acid Accord's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Ibandronic acid Accord, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

II.A List of important risks and missing information

Important risks of Ibandronic acid Accord are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Ibandronic acid. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

[redacted]

Important identified risks	• Osteonecrosis of Jaw • Acute Phase reaction • Atypical fractures of long bones • Anaphylaxis • Hypocalcemia
Important potential risks	• Renal dysfunction • Atrial Fibrillation
Missing information	• None

II.B Summary of important risks

Important Identified Risk: Osteonecrosis of Jaw	
Risk minimisation measures	Routine risk minimisation measures: • SmPC sections 4.2, 4.4 and 4.8 • Package Leaflet (PL) sections 2 and 4 • Recommendation to delay treatment in patients with unhealed open soft tissue lesions in the mouth, is included in SmPC section 4.4. • Recommendation for dental examination prior to treatment in patients with concomitant risk factors, is included in SmPC section 4.4. • Pack size • Legal status: Prescription only medicine Additional risk minimisation measures: Patient reminder card

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of Ibandronic acid Accord.

[redacted]

II.C.2 Other studies in post-authorisation development plan

There are no studies required for Ibandronic acid Accord.

[redacted]

Annex 6 - Details of proposed additional risk minimisation activities (if applicable)

Prior to the use of Ibandronic acid in each Member State the Marketing Authorisation Holder (MAH) must agree about the content and format of the educational material with the National Competent Authority.

The MAH shall ensure that in each Member State where Ibandronic acid is marketed, all patients who are expected to use Ibandronic acid are provided with the following educational material:

PATIENT REMINDER CARD

Ibandronic acid Accord 3 mg solution for injection in pre-filled syringe

This patient reminder card contains important safety information that you need to be aware of before and during treatment with ibandronic acid for osteoporosis-related conditions.

Your doctor has recommended that you receive ibandronic acid, which is used to treat postmenopausal women with osteoporosis. This disease involves thinning and weakening of the bones so they may break more easily.

A side effect called osteonecrosis of the jaw (ONJ) (severe bone damage in the jaw) has been reported very rarely in patients receiving ibandronic acid for osteoporosis. ONJ can also occur after stopping treatment.

It is important to try and prevent ONJ developing as it is a painful condition that can be difficult to treat. In order to reduce the risk of developing ONJ, there are some precautions you should take.

Before starting treatment:

Tell your doctor/nurse (health care professional) if you have any problems with your mouth or teeth, or if you wear dentures.

Your doctor may ask you to undergo a dental examination if you:

- were previously treated with another medication being a bisphosphonate
- are taking medicines called corticosteroids (such as prednisolone or dexamethasone)
- are a smoker
- have cancer
- have not had a dental check up for a long time

- have problems with your mouth or teeth

While being treated:

- You should maintain good oral hygiene, brush your teeth regularly and receive routine dental check-ups. If you wear dentures you should make sure these fit properly.
- If you are under dental treatment or will undergo dental surgery (e.g. tooth extractions), inform your doctor and tell your dentist that you are being treated with ibandronic acid
- Contact your doctor and dentist immediately if you experience any problems with your mouth or teeth such as loose teeth, pain or swelling, or non-healing of sores or discharge, as these could be signs of osteonecrosis of the jaw.

  Please read the package leaflet that comes with your medicine for further information.

Treatment start date and contact details

Date of first injection/infusion: ---------

Doctors Name: ----------

Doctor's contact details: ----------

Dentist's Name: ----------

Dentist's contact details: ----------

Make sure you have a list of all your medicines when you see a health care professional.

Please talk to your doctor or nurse or dentist if you have any questions about the information in this card.

<u>Ibandronic acid Accord 2 mg /6 mg concentrate for solution for infusion</u>

This reminder card contains important safety information that you need to be aware of before and during treatment with ibandronic acid injections for cancer related conditions.

Your doctor has recommended that you receive ibandronic acid, which is used in adults and prescribed to you if you have breast cancer that has spread to your bones, or if you have a raised calcium level in your blood due to a tumour. It helps to prevent your bones from breaking or your bones from getting weaker by reducing the amount of calcium that is lost from your bones.

A side effect called osteonecrosis of the jaw (ONJ) (severe bone damage in the jaw) has been reported very rarely in patients receiving ibandronic acid for cancer-related conditions. ONJ can also occur after stopping treatment.

It is important to try and prevent ONJ developing as it is a painful condition that can be difficult to treat. In order to reduce the risk of developing ONJ, there are some precautions you should take.

Before starting treatment:

Tell your doctor/nurse (health care professional) if you have any problems with your mouth or teeth, or if you wear dentures.

Your doctor may ask you to undergo a dental examination if you:

- were previously treated with another medication being a bisphosphonate
- are taking medicines called corticosteroids (such as prednisolone or dexamethasone)
- are a smoker
- have not had a dental check up for a long time
- have problems with your mouth or teeth

While being treated:

- You should maintain good oral hygiene, brush your teeth regularly and receive routine dental check-ups. If you wear dentures you should make sure these fit properly.
- If you are under dental treatment or will undergo dental surgery (e.g. tooth extractions), inform your doctor and tell your dentist that you are being treated with ibandronic acid.
- Contact your doctor and dentist immediately if you experience any problems with your mouth or teeth such as loose teeth, pain or swelling, or non-healing of sores or discharge, as these could be signs of osteonecrosis of the jaw.

Please read the package leaflet that comes with your medicine for further information.

Treatment start date and contact details

Date of first injection/infusion: ---------

Doctor's Name: ----------

Doctor's contact details: ----------

Dentist's Name: ----------

Dentist's contact details: ----------

Make sure you have a list of all your medicines when you see a health care professional.

Please talk to your doctor or nurse or dentist if you have any questions about the information in this card.