

ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

AZILECT 1 mg tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 1 mg rasagiline (as mesilate).

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet

White to off-white, round, flat, bevelled tablets, debossed with “GIL” and “1” underneath on one side and plain on the other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

AZILECT is indicated for the treatment of idiopathic Parkinson's disease (PD) as monotherapy (without levodopa) or as adjunct therapy (with levodopa) in patients with end of dose fluctuations.

4.2 Posology and method of administration

Rasagiline is administered orally, at a dose of 1 mg once daily with or without levodopa.

It may be taken with or without food.

Elderly: No change in dose is required for elderly patients.

Paediatric population: AZILECT is not recommended for use in children and adolescents due to lack of data on safety and efficacy.

Patients with hepatic impairment: Rasagiline use in patients with severe hepatic impairment is contraindicated (see section 4.3). Rasagiline use in patients with moderate hepatic impairment should be avoided. Caution should be used when initiating treatment with rasagiline in patients with mild hepatic impairment. In case patients progress from mild to moderate hepatic impairment rasagiline should be stopped (see section 4.4).

Patients with renal impairment: No change in dose is required for renal impairment.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients (see section 6.1).

Concomitant treatment with other monoamine oxidase (MAO) inhibitors (including medicinal and natural products without prescription e.g. St. John's Wort) or pethidine (see section 4.5). At least 14 days must elapse between discontinuation of rasagiline and initiation of treatment with MAO inhibitors or pethidine.

Rasagiline is contraindicated in patients with severe hepatic impairment

4.4 Special warnings and precautions for use

The concomitant use of rasagiline and fluoxetine or fluvoxamine should be avoided (see section 4.5). At least five weeks should elapse between discontinuation of fluoxetine and initiation of treatment with rasagiline. At least 14 days should elapse between discontinuation of rasagiline and initiation of treatment with fluoxetine or fluvoxamine.

The concomitant use of rasagiline and dextromethorphan or sympathomimetics such as those present in nasal and oral decongestants or cold medicinal product containing ephedrine or pseudoephedrine is not recommended (see section 4.5).

During the clinical development program the occurrence of cases of melanoma prompted the consideration of a possible association with rasagiline. The data collected suggests that Parkinson's disease, and not any medicinal products in particular, is associated with a higher risk of skin cancer (not exclusively melanoma). Any suspicious skin lesion should be evaluated by a specialist.

Caution should be used when initiating treatment with rasagiline in patients with mild hepatic impairment. Rasagiline use in patients with moderate hepatic impairment should be avoided. In case patients progress from mild to moderate hepatic impairment, rasagiline should be stopped (see section 5.2).

4.5 Interaction with other medicinal products and other forms of interaction

There are a number of known interactions between non selective MAO inhibitors and other medicinal products.

Rasagiline must not be administered along with other MAO inhibitors (including medicinal and natural products without prescription e.g. St. John's Wort) as there may be a risk of non-selective MAO inhibition that may lead to hypertensive crises (see section 4.3).

Serious adverse reactions have been reported with the concomitant use of pethidine and MAO inhibitors including another selective MAO-B inhibitor. The concomitant administration of rasagiline and pethidine is contraindicated (see section 4.3).

With MAO inhibitors there have been reports of medicinal product interactions with the concomitant use of sympathomimetic medicinal products. Therefore, in view of the MAO inhibitory activity of rasagiline concomitant administration of rasagiline and sympathomimetics such as those present in nasal and oral decongestants or cold medicinal products, containing ephedrine or pseudoephedrine, is not recommended (see section 4.4).

There have been reports of medicinal product interactions with the concomitant use of dextromethorphan and non selective MAO inhibitors. Therefore, in view of the MAO inhibitory activity of rasagiline the concomitant administration of rasagiline and dextromethorphan is not recommended (see section 4.4).

The concomitant use of rasagiline and fluoxetine or fluvoxamine should be avoided (see section 4.4).

For concomitant use of rasagiline with selective serotonin reuptake inhibitors (SSRIs)/selective serotonin-norepinephrine reuptake inhibitors (SNRIs) in clinical trials see section 4.8.

Serious adverse reactions have been reported with the concomitant use of SSRIs, SNRIs, tricyclic, tetracyclic antidepressants and MAO inhibitors. Therefore, in view of the MAO inhibitory activity of rasagiline, antidepressants should be administered with caution.

In Parkinson's disease patients receiving chronic levodopa treatment as adjunct therapy there was no clinically significant effect of levodopa treatment on rasagiline clearance.

In vitro metabolism studies have indicated that cytochrome P450 1A2 (CYP1A2) is the major enzyme responsible for the metabolism of rasagiline. Co-administration of rasagiline and ciprofloxacin (an inhibitor of CYP1A2) increased the AUC of rasagiline by 83%. Co-administration of rasagiline and theophylline (a substrate of CYP1A2) did not affect the pharmacokinetics of either product. Thus, potent CYP1A2 inhibitors may alter rasagiline plasma levels and should be administered with caution.

There is a risk that the plasma levels of rasagiline in smoking patients could be decreased, due to induction of the metabolising enzyme CYP1A2.

In vitro studies showed that rasagiline at a concentration of 1 µg/ml (equivalent to a level that is 160 times the average C_{max} ~ 5.9-8.5 ng/ml in Parkinson's disease patients after 1 mg rasagiline multiple dosing), did not inhibit cytochrome P450 isoenzymes, CYP1A2, CYP2A6, CYP2C9, CYP2C19, CYP2D6, CYP2E1, CYP3A4 and CYP4A. These results indicate that rasagiline's therapeutic concentrations are unlikely to cause any clinically significant interference with substrates of these enzymes.

Concomitant administration of rasagiline and entacapone increased rasagiline oral clearance by 28%.

Tyramine/rasagiline interaction: Results of five tyramine challenge studies (in volunteers and PD patients), together with results of home monitoring of blood pressure after meals (of 464 patients treated with 0.5 or 1 mg/day of rasagiline or placebo as adjunct therapy to levodopa for six months without tyramine restrictions), and the fact that there were no reports of tyramine/rasagiline interaction in clinical studies conducted without tyramine restriction, indicate that rasagiline can be used safely without dietary tyramine restrictions.

4.6 Pregnancy and lactation

For rasagiline no clinical data on exposed pregnancies is available. Animals studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development (see section 5.3). Caution should be exercised when prescribing to pregnant women.

Experimental data indicated that rasagiline inhibits prolactin secretion and, thus, may inhibit lactation. It is not known whether rasagiline is excreted in human milk. Caution should be exercised when rasagiline is administered to a breast-feeding mother.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. Patients should be cautioned about operating hazardous machines, including motor vehicles, until they are reasonably certain that AZILECT does not affect them adversely.

4.8 Undesirable effects

In the rasagiline clinical program overall 1,361 patients were treated with rasagiline for 3,076.4 patient years. In the double blind placebo controlled studies 529 patients were treated with rasagiline 1 mg/day for 212 patient years and 539 patients received placebo for 213 patient years.

Monotherapy

The list below includes adverse reactions which were reported with a higher incidence in placebo-controlled studies, in patients receiving 1 mg/day rasagiline (rasagiline group n=149, placebo group n=151).

Adverse reactions with at least 2% difference over placebo are marked in *italics*.

In parentheses is the adverse reaction incidence (% of patients) in rasagiline vs. placebo, respectively.

Adverse reactions are ranked under headings of frequency using the following conventions: very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1000$ to $< 1/100$), rare ($\geq 1/10000$ to $< 1/1000$), very rare ($< 1/10000$).

<u>Infections and infestations</u> Common: <i>influenza</i> (4.7% vs. 0.7%)
<u>Neoplasms benign, malignant and unspecified (including cysts and polyps)</u> Common: skin carcinoma (1.3% vs. 0.7%)
<u>Blood and lymphatic system disorders</u> Common: leucopenia (1.3% vs. 0%)
<u>Immune system disorders</u> Common: allergy (1.3% vs. 0.7%)
<u>Metabolism and nutrition disorders</u> Uncommon: decreased appetite (0.7% vs. 0%)
<u>Psychiatric disorders</u> Common: <i>depression</i> (5.4% vs. 2%), hallucinations (1.3% vs. 0.7%)
<u>Nervous system disorders</u> Very common: <i>headache</i> (14.1% vs. 11.9%) Uncommon: cerebrovascular accident (0.7% vs. 0%)
<u>Eye disorders</u> Common: <i>conjunctivitis</i> (2.7% vs. 0.7%)
<u>Ear and labyrinth disorders</u> Common: vertigo (2.7% vs. 1.3%)
<u>Cardiac disorders</u> Common: angina pectoris (1.3% vs. 0%); Uncommon: myocardial infarction (0.7% vs. 0%)
<u>Respiratory, thoracic and mediastinal disorders</u> Common: <i>rhinitis</i> (3.4% vs. 0.7%)
<u>Gastrointestinal disorders</u> Common: flatulence (1.3% vs. 0%)
<u>Skin and subcutaneous tissue disorders</u> Common: <i>dermatitis</i> (2.0% vs. 0%) Uncommon: vesiculobullous rash (0.7% vs. 0%)
<u>Musculoskeletal and connective tissue disorders</u> Common: <i>musculoskeletal pain</i> (6.7% vs. 2.6%), <i>neck pain</i> (2.7% vs. 0%), arthritis (1.3% vs. 0.7%)
<u>Renal and urinary disorders</u> Common: urinary urgency (1.3% vs. 0.7%).
<u>General disorders and administration site conditions</u> Common: <i>fever</i> (2.7% vs. 1.3%), <i>malaise</i> (2% vs. 0%)

Adjunct Therapy

The list below includes adverse reactions which were reported with a higher incidence in placebo-controlled studies in patients receiving 1 mg/day rasagiline (rasagiline group n=380, placebo group n=388). In parentheses is the adverse reaction incidence (% of patients) in rasagiline vs. placebo, respectively.

Adverse reactions with at least 2% difference over placebo are in *italics*.

Adverse reactions are ranked under headings of frequency using the following conventions: very common ($\geq 1/10$), common ($\geq 1/100$, $< 1/10$), uncommon ($\geq 1/1000$, $< 1/100$), rare ($\geq 1/10000$, $< 1/1000$), very rare ($< 1/10000$).

<u>Neoplasms benign, malignant and unspecified</u> Uncommon: skin melanoma (0.5% vs. 0.3%)
<u>Metabolism and nutrition disorders</u> Common: decreased appetite (2.4% vs. 0.8%)
<u>Psychiatric disorders</u> Common: hallucinations (2.9% vs. 2.1%), abnormal dreams (2.1% vs. 0.8%) Uncommon: confusion (0.8% vs. 0.5%)
<u>Nervous system disorders</u> Very common: <i>dyskinesia</i> (10.5% vs. 6.2%) Common: dystonia (2.4% vs. 0.8%), carpal tunnel syndrome (1.3% vs. 0%), balance disorder (1.6% vs. 0.3%) Uncommon: cerebrovascular accident (0.5% vs. 0.3%)
<u>Cardiac disorders</u> Uncommon: angina pectoris (0.5% vs. 0%)
<u>Vascular disorders</u> Common: <i>orthostatic hypotension</i> (3.9% vs. 0.8%)
<u>Gastrointestinal disorders</u> Common: <i>abdominal pain</i> (4.2% vs. 1.3%), <i>constipation</i> (4.2% vs. 2.1%), <i>nausea and vomiting</i> (8.4% vs. 6.2%), dry mouth (3.4% vs. 1.8%)
<u>Skin and subcutaneous tissue disorders</u> Common: rash (1.1% vs. 0.3%)
<u>Musculoskeletal and connective tissue disorders</u> Common: arthralgia (2.4% vs. 2.1%), neck pain (1.3% vs. 0.5%)
<u>Investigations</u> Common: <i>decreased weight</i> (4.5% vs. 1.5%)
<u>Injury, poisoning and procedural complications</u> Common: fall (4.7% vs. 3.4%)

Parkinson's disease is associated with symptoms of hallucinations and confusion. In post marketing experience these symptoms have also been observed in Parkinson's disease patients treated with rasagiline.

Serious adverse reactions are known to occur with the concomitant use of SSRIs, SNRIs, tricyclic, tetracyclic antidepressants and MAO inhibitors. In the post-marketing period, cases of serotonin syndrome associated with agitation, confusion, rigidity, pyrexia and myoclonus have been reported by patients treated with antidepressants/SNRI concomitantly with rasagiline.

Rasagiline clinical trials did not allow concomitant use of fluoxetine or fluvoxamine with rasagiline, but the following antidepressants and doses were allowed in the rasagiline trials: amitriptyline ≤ 50 mg/daily, trazodone ≤ 100 mg/daily, citalopram ≤ 20 mg/daily, sertraline ≤ 100 mg/daily, and paroxetine ≤ 30 mg/daily. There were no cases of serotonin syndrome in the rasagiline clinical program in which 115 patients were exposed concomitantly to rasagiline and tricyclics and 141 patients were exposed to rasagiline and SSRIs/ SNRIs.

In the post-marketing period, cases of elevated blood pressure, including one report of hypertensive crisis associated with ingestion of unknown amounts of tyramine-rich foods, have been reported in patients taking rasagiline.

With MAO inhibitors there have been reports of drug interactions with the concomitant use of sympathomimetic medicinal products.

In post marketing period there was one case of elevated blood pressure in a patient using the ophthalmic vasoconstrictor tetrahydrozoline hydrochloride while taking rasagiline.

4.9 Overdose

Overdosage: Symptoms reported following overdose of Azilect in doses ranging from 3 mg to 100 mg included dysphoria, hypomania, hypertensive crisis and serotonin syndrome.

Overdose can be associated with significant inhibition of both MAO-A and MAO-B. In a single-dose study healthy volunteers received 20 mg/day and in a ten-day study healthy volunteers received 10 mg/day. Adverse events were mild or moderate and not related to rasagiline treatment. In a dose escalation study in patients on chronic levodopa therapy treated with 10 mg/day of rasagiline, there were reports of cardiovascular undesirable reactions (including hypertension and postural hypotension) which resolved following treatment discontinuation. These symptoms may resemble those observed with non-selective MAO inhibitors.

There is no specific antidote. In case of overdose, patients should be monitored and the appropriate symptomatic and supportive therapy instituted.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Anti-Parkinson-Drugs, Monoamine oxidase -B inhibitors, ATC code: N04BD02

Mechanism of action:

Rasagiline was shown to be a potent, irreversible MAO-B selective inhibitor, which may cause an increase in extracellular levels of dopamine in the striatum. The elevated dopamine level and subsequent increased dopaminergic activity are likely to mediate rasagiline's beneficial effects seen in models of dopaminergic motor dysfunction.

1-Aminoindan is an active major metabolite and it is not a MAO-B inhibitor.

Clinical studies:

The efficacy of rasagiline was established in three studies: as monotherapy treatment in study I and as adjunct therapy to levodopa in the studies II and III.

Monotherapy:

In study I, 404 patients were randomly assigned to receive placebo (138 patients), rasagiline 1 mg/day (134 patients) or rasagiline 2 mg/day (132 patients) and were treated for 26 weeks, there was no active comparator.

In this study, the primary measure of efficacy was the change from baseline in the total score of the Unified Parkinson's Disease Rating Scale (UPDRS, parts I-III). The difference between the mean change from baseline to week 26/termination (LOCF, Last Observation Carried Forward) was statistically significant (UPDRS, parts I-III: for rasagiline 1 mg compared to placebo -4.2, 95% CI [-5.7, -2.7]; $p < 0.0001$; for rasagiline 2 mg compared to placebo -3.6, 95% CI [-5.0, -2.1]; $p < 0.0001$, UPDRS Motor, part II: for rasagiline 1 mg compared to placebo -2.7, 95% CI [-3.87, -1.55], $p < 0.0001$; for rasagiline 2 mg compared to placebo -1.68, 95% CI [-2.85, -0.51], $p = 0.0050$). The effect was evident,

although its magnitude was modest in this patient population with mild disease. There was a significant and beneficial effect in quality of life (as assessed by PD-QUALIF scale).

Adjunct therapy:

In study II patients were randomly assigned to receive placebo (229 patients), or rasagiline 1 mg/day (231 patients) or the catechol-O-methyl transferase (COMT) inhibitor, entacapone, 200 mg taken along with scheduled doses of levodopa (LD)/decarboxylase inhibitor (227 patients), and were treated for 18 weeks.

In study III patients were randomly assigned to receive placebo (159 patients), rasagiline 0.5 mg/day (164 patients), or rasagiline 1 mg/day (149 patients), and were treated for 26 weeks.

In both studies the primary measure of efficacy was the change from baseline to treatment period in the mean number of hours that were spent in the “OFF” state during the day (determined from “24-hour” home diaries completed for 3 days prior to each of the assessment visits).

In study II, the mean difference in the number of hours spent in the “OFF” state compared to placebo was -0.78h, 95% CI [-1.18, -0.39], $p=0.0001$. The mean total daily decrease in the OFF time was similar in the entacapone group (-0.80h, 95% CI [-1.20, -0.41], $p<0.0001$) to that observed in the rasagiline 1 mg group.

In study III the mean difference compared to placebo was -0.94h, 95% CI [-1.36, -0.51], $p<0.0001$. There was also a statistically significant improvement over placebo with the rasagiline 0.5 mg group, yet the magnitude of improvement was lower. The robustness of the results for the primary efficacy endpoint, was confirmed in a battery of additional statistical models and was demonstrated in three cohorts (ITT, per protocol and completers).

The secondary measures of efficacy included global assessments of improvement by the examiner, Activities of Daily Living (ADL) subscale scores when OFF and UPDRS motor while ON. Rasagiline produced statistically significant benefit compared to placebo.

5.2 Pharmacokinetic properties

Absorption: Rasagiline is rapidly absorbed, reaching peak plasma concentration (C_{max}) in approximately 0.5 hours. The absolute bioavailability of a single rasagiline dose is about 36%.

Food does not affect the T_{max} of rasagiline, although C_{max} and exposure (AUC) are decreased by approximately 60% and 20%, respectively, when the medicinal product is taken with a high fat meal. Because AUC is not substantially affected, rasagiline can be administered with or without food.

Distribution: The mean volume of distribution following a single intravenous dose of rasagiline is 243 l. Plasma protein binding following a single oral dose of ^{14}C -labelled rasagiline is approximately 60 to 70%.

Metabolism: Rasagiline undergoes almost complete biotransformation in the liver prior to excretion. The metabolism of rasagiline proceeds through two main pathways: N-dealkylation and/or hydroxylation to yield: 1-Aminoindan, 3-hydroxy-N-propargyl-1 aminoindan and 3-hydroxy-1-aminoindan. *In vitro* experiments indicate that both routes of rasagiline metabolism are dependent on cytochrome P450 system, with CYP1A2 being the major iso-enzyme involved in rasagiline metabolism. Conjugation of rasagiline and its metabolites was also found to be a major elimination pathway to yield glucuronides.

Excretion: After oral administration of ^{14}C -labelled rasagiline, elimination occurred primarily via urine (62.6%) and secondarily via faeces (21.8%), with a total recovery of 84.4% of the dose over a period of 38 days. Less than 1% of rasagiline is excreted as unchanged product in urine.

Linearity/non-linearity: Rasagiline pharmacokinetics are linear with dose over the range of 0.5-2 mg. Its terminal half-life is 0.6-2 hours.

Characteristics in patients

Patients with hepatic impairment: In subjects with mild hepatic impairment, AUC and C_{max} were increased by 80% and 38%, respectively. In subjects with moderate hepatic impairment, AUC and C_{max} were increased by 568% and 83%, respectively (see section 4.4).

Patients with renal impairment: Rasagiline's pharmacokinetics characteristics in subjects with mild (CL_{cr} 50-80 ml/min) and moderate (CL_{cr} 30-49 ml/min) renal impairment were similar to healthy subjects.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated-dose toxicity and reproduction toxicity.

Rasagiline did not present genotoxic potential *in vivo* and in several *in vitro* systems using bacteria or hepatocytes. In the presence of metabolite activation rasagiline induced an increase of chromosomal aberrations at concentrations with excessive cytotoxicity which are unattainable at the clinical conditions of use.

Rasagiline was not carcinogenic in rats at systemic exposure, 84 – 339 times the expected plasma exposures in humans at 1 mg/day. In mice, increased incidences of combined bronchiolar/alveolar adenoma and/or carcinoma were observed at systemic exposures, 144 - 213 times the expected plasma exposure in humans at 1 mg/day.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Mannitol
Maize starch
Pregelatinised maize starch
Colloidal anhydrous silica
Stearic acid
Talc

6.2 Incompatibilities

Not applicable

6.3 Shelf life

Blisters: 3 years
Bottles: 3 years

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

Blisters: Aluminium/aluminium blister packs of 7, 10, 28, 30, 100 or 112 tablets.
Bottles: White, high-density polyethylene bottle with or without a child-resistant cap containing 30 tablets.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7. MARKETING AUTHORISATION HOLDER

Teva Pharma GmbH
Kandelstr 10
D-79199 Kirchzarten
Germany

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/04/304/001-007

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 21 February 2005
Date of latest renewal: 21 September 2009

10. DATE OF REVISION OF THE TEXT

Detailed information on this product is available on the website of the European Medicines Agency (EMA) <http://www.emea.europa.eu>

ANNEX II

- A. MANUFACTURING AUTHORISATION HOLDER
RESPONSIBLE FOR BATCH RELEASE**

- B. CONDITIONS OF THE MARKETING AUTHORISATION**

A. MANUFACTURING AUTHORISATION HOLDER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Teva Pharmaceuticals Europe B.V.
Computerweg 10
3542 DR Utrecht
The Netherlands

B. CONDITIONS OF THE MARKETING AUTHORISATION

• **CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE IMPOSED ON THE MARKETING AUTHORISATION HOLDER**

Medicinal product subject to medical prescription.

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

Not applicable.

• **OTHER CONDITIONS**

PSURs

One additional PSUR will have to be submitted with a 1-year frequency (covering period 3 January 2009 to 2 January 2010).

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING
(CARTON FOR BLISTER PACK)**

1. NAME OF THE MEDICINAL PRODUCT

AZILECT 1 mg tablets
rasagiline

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 1 mg of rasagiline (as mesilate).

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

7 tablets
10 tablets
28 tablets
30 tablets
100 tablets
112 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use.
Read the package leaflet before use.

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

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C.

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

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Teva Pharma GmbH
D-79199 Kirchzarten, Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/04/304/001
EU/1/04/304/002
EU/1/04/304/003
EU/1/04/304/004
EU/1/04/304/005
EU/1/04/304/006

13. BATCH NUMBER

Lot {number}

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

AZILECT

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

1. NAME OF THE MEDICINAL PRODUCT

AZILECT 1 mg tablets
rasagiline

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Teva Pharma GmbH

3. EXPIRY DATE

EXP {MM/YYYY}

4. BATCH NUMBER

Lot {number}

5. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

(CARTON FOR BOTTLE AND BOTTLE LABEL)

1. NAME OF THE MEDICINAL PRODUCT

AZILECT 1 mg tablets
rasagiline

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 1 mg of rasagiline (as mesilate).

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

30 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use.
Read the package leaflet before use.

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

Keep out of the reach and sight of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP {MM/YYYY }

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C.

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

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Teva Pharma GmbH
D-79199 Kirchzarten, Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/04/304/007

13. BATCH NUMBER

Lot {number}

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

AZILECT

B. PACKAGE LEAFLET

PACKAGE LEAFLET: INFORMATION FOR THE USER

AZILECT 1 mg tablets

Rasagiline

Read all of this leaflet carefully before you start taking this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- 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.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

In this leaflet:

1. What AZILECT is and what it is used for
2. Before you take AZILECT
3. How to take AZILECT
4. Possible side effects
5. How to store AZILECT
6. Further information

1. WHAT AZILECT IS AND WHAT IT IS USED FOR

AZILECT is used for the treatment of Parkinson's disease. It can be used together with or without Levodopa (another medicine that is used to treat Parkinson's disease).

With Parkinson's disease, there is a loss of cells that produce dopamine in the brain. Dopamine is a chemical in the brain involved in movement control. AZILECT helps to increase and sustain levels of dopamine in the brain.

2. BEFORE YOU TAKE AZILECT

Do not take AZILECT

- if you are allergic (hypersensitive) to rasagiline or any of the other ingredients of AZILECT.
- if you have severe liver problems.

Do not take the following medicines while taking AZILECT:

- monoamine oxidase (MAO) inhibitors (e.g. for treatment of depression or Parkinson's disease, or used for any other indication), including medicinal and natural products without prescription e.g. St. John's Wort.
- pethidine (a strong pain killer).

You must wait at least 14 days after stopping AZILECT treatment and starting treatment with MAO inhibitors or pethidine.

Take special care with AZILECT

- if you have mild to moderate liver problems
- You should speak with your doctor about any suspicious skin changes.

Children

AZILECT is not recommended for use under the age of 18.

Taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without prescription or if you are smoking or intend to stop smoking.

Ask your doctor for advice before taking any of the following medicines together with AZILECT:

- Certain antidepressants (selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, tricyclic or tetracyclic antidepressants)
- the antibiotic ciprofloxacin used against infections
- the cough suppressant dextromethorphan
- sympathomimetics such as those present in eye drops, nasal and oral decongestants and cold medicine containing ephedrine or pseudoephedrine

The use of AZILECT together with the antidepressants containing fluoxetine or fluvoxamine should be avoided.

If you are starting treatment with AZILECT, you should wait at least 5 weeks after stopping fluoxetine treatment.

If you are starting treatment with fluoxetine or fluvoxamine, you should wait at least 14 days after stopping AZILECT treatment.

Taking AZILECT with food and drink

AZILECT may be taken with or without food.

Pregnancy and breast-feeding

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

No studies on the effects on the ability to drive and use machines have been performed. **Ask your doctor for advice prior to driving or using machines.**

3. HOW TO TAKE AZILECT

Always take AZILECT exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

The usual dose of AZILECT is 1 tablet of 1 mg taken by mouth once daily. AZILECT may be taken with or without food.

If you take more AZILECT than you should

If you think that you may have taken too many AZILECT tablets, contact your doctor or pharmacist immediately. Take the AZILECT carton/bottle with you to show the doctor or pharmacist.

If you forget to take AZILECT

Do not take a double dose to make up for a forgotten dose. Take the next dose normally, when it is time to take it.

If you stop taking AZILECT

Do not stop taking AZILECT without first talking to your doctor.

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

4. POSSIBLE SIDE EFFECTS

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

The following side effects have been reported in placebo controlled clinical trials:

The frequency of possible side effects listed below is defined using the following convention:

- *Very common (affects more than 1 user in 10)*
- *Common (affects 1 to 10 users in 100)*
- *Uncommon (affects 1 to 10 users in 1,000)*
- *Rare (affects 1 to 10 users in 10,000)*
- *Very rare (affects less than 1 user in 10,000)*
- *Not known (frequency cannot be estimated from the available data)*

Very common

- abnormal movements (dyskinesia)
- headache

Common:

- abdominal pain
- fall
- allergy
- fever
- flu (influenza)
- general feeling of being unwell (malaise)
- neck pain
- chest pain (angina pectoris)
- low blood pressure when rising to a standing position with symptoms like dizziness/light-headedness (orthostatic hypotension)
- Decreased appetite
- constipation
- dry mouth
- nausea and vomiting
- flatulence
- abnormal results of blood tests (leucopenia)
- joint pain (arthralgia)
- musculoskeletal pain
- joint inflammation (arthritis)
- numbness and muscle weakness of the hand (carpal tunnel syndrome)
- decreased weight
- abnormal dreams
- difficulty in muscular coordination (balance disorder)
- depression
- dizziness (vertigo)
- prolonged muscle contractions (dystonia)
- runny nose (rhinitis)
- irritation of the skin (dermatitis)
- rash
- bloodshot eyes (conjunctivitis)
- urinary urgency

Uncommon:

- stroke (cerebrovascular accident)
- heart attack (myocardial infarction)
- blistering rash (vesiculobullous rash)

In addition, skin cancer was reported in around 1% of patients in the placebo controlled clinical trials. Nevertheless, scientific evidence suggests that Parkinson's disease, and not any medicine in particular, is associated with a higher risk of skin cancer (not exclusively melanoma). You should speak with your doctor about any suspicious skin changes.

Parkinson's disease is associated with symptoms of hallucinations and confusion. In post marketing experience these symptoms have also been observed in Parkinson's disease patients treated with AZILECT.

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

5. HOW TO STORE AZILECT

Keep out of the reach and sight of children.

Do not use AZILECT after the expiry date which is stated on the carton, bottle or blister. The expiry date refers to the last day of that month.

Do not store above 25°C.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. FURTHER INFORMATION

What AZILECT contains

- The active substance is rasagiline. Each tablet contains 1 mg rasagiline (as mesilate).
- The other ingredients are mannitol, colloidal anhydrous silica, maize starch, pregelatinised maize starch, stearic acid, talc.

What AZILECT looks like and contents of the pack

AZILECT tablets are presented as white to off-white, round, flat, bevelled tablets, debossed with "GIL" and "1" underneath on one side and plain on the other side.

The tablets are available in blister packs of 7, 10, 28, 30, 100 and 112 tablets or in a bottle containing 30 tablets.

Not all pack sizes may be marketed.

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