

**PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

**BOX x 5 vials x 250 mg**

**1. NAME OF THE MEDICINAL PRODUCT**

Erpizon 250 mg Powder for solution for infusion

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

Each vial contains 250 mg of aciclovir

**3. LIST OF EXCIPIENTS**

Sodium hydroxide

**4. PHARMACEUTICAL FORM AND CONTENTS**

Powder for solution for infusion

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

For intravenous use

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

Keep out of the sight and reach of children

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

Read the package leaflet before use

**8. EXPIRY DATE**

EXP: XXXX

**9. SPECIAL STORAGE CONDITIONS**

Store below 25°C

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

<b>11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER</b>
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DEMO S.A. Pharmaceutical Industry  
21<sup>st</sup> km National Road Athens – Lamia,  
145 68 Krioneri Attiki, Greece  
Tel.: +30 (210) 81 61 802  
Fax: +30 (210) 81 61 587

<b>12. MARKETING AUTHORISATION NUMBER(S)</b>
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Reg. No: 40080/12

<b>13. BATCH NUMBER</b>
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LOT: XXXX

<b>14. GENERAL CLASSIFICATION FOR SUPPLY</b>
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By limited medicinal prescription. In-hospital initiated treatment that can be continued outside the hospital under physician's supervision.

<b>15. INSTRUCTIONS ON USE</b>
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<b>16. INFORMATION IN BRAILLE</b>
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Not applicable

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

**VIAL**

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

Erpizon 250 mg Powder for solution for infusion  
IV

**2. METHOD OF ADMINISTRATION**

IV

**3. EXPIRY DATE**

EXP: XXXX

**4. BATCH NUMBER**

LOT: XXXX

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

Aciclovir  
250 mg

**6. OTHER**

Read the package leaflet before use