

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

BOX x 5 vials x 250 mg

1. NAME OF THE MEDICINAL PRODUCT

Erpizon 250 mg/vial

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains Aciclovir 250mg.

3. LIST OF EXCIPIENTS

Sodium hydroxide

4. PHARMACEUTICAL FORM AND CONTENTS

Lyophilisate for solution for infusion

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP: XXXX

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C. After reconstitution, do not store above 25°C for more than 12 hours.

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

DEMO S.A. Pharmaceutical Industry
21st km National Road Athens – Lamia,
145 68 Krioneri Attica, Greece
Tel.: +30 (210) 81 61 802

Fax: +30 (210) 81 61 587

12. MARKETING AUTHORISATION NUMBER(S)

Reg.No: 40080/12/13

13. BATCH NUMBER

LOT: XXXX

14. GENERAL CLASSIFICATION FOR SUPPLY

By limited medicinal prescription: The treatment begins in the hospital and can be continued outside the hospital by the doctor's supervision.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Not applicable

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL

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

Erpizon Lyophilisate for solution for infusion 250 mg/vial

Aciclovir

IV

2. METHOD OF ADMINISTRATION

Read the package leaflet before use.

3. EXPIRY DATE

EXP: XXXX

4. BATCH NUMBER

LOT: XXXX

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

Each vial contains Aciclovir 250mg.

6. OTHER

DEMO SA, Pharmaceutical Industry