MS SAVITHA RAGHAVENDRAN
ASPEN PHARMA TRADING LIMITED
3018 LAKE DRIVE
CITYWEST BUSINESS CAMPUS
DUBLIN 24
IE-D24 TY81
IRELAND

MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY

On behalf of the Department of Health

CERTIFICATE OF A PHARMACEUTICAL PRODUCT (1)

This certificate conforms to the format recommended by the World Health Organisation
(explanatory notes are attached)

Exporting (certifying) country: **UNITED KINGDOM**

Importing (requesting) country: **CHILE**

1 Name and dosage form of the product:

A) In the United Kingdom - Chlorambucil 2mg Tablets, TABLET

B) In CHILE – Leukeran 2mg Tablets, TABLET

1.1 Active ingredient(s) (2) and amount(s) (3) per unit dose:

Active Ingredient(s)	Amount per unit dose
CHLORAMBUCIL	2.000 MG

For complete qualitative composition including excipients, see attached. (4)

1.2 Is this product licensed to be placed on the market for use in the exporting country? (5) Yes

1.3 Is this product actually on the market in the exporting country? Yes

1.4 The product is not on the market in the exporting country because

N/A

2A.1 Product Licence/Marketing Authorisation

Number [7]: **PL 39699/0041**
Date of Issue: 01 May 2012

2A.2 The name and address of the Product Licence/Marketing Authorisation holder are:

Name: ASPEN PHARMA TRADING LIMITED

Address: 3016 LAKE DRIVE, CITYWEST BUSINESS CAMPUS, DUBLIN 24, IRELAND

2A.3 Status of the Product Licence/Marketing Authorisation holder [8]:

c) is not involved in manufacturing, packaging or labelling the dosage form but is responsible for the quality and release of the product

2A.3.1 For categories b,c and d the names and address of the manufacturing site where the dosage form is produced are [9]:

See attached page for Manufacturers/Packagers

2A.4 Is Summary Basis of Approval appended? [10] No

2A.5 Is the attached, officially approved product information complete and consonant with the licence? [11] Yes

2A.6 Applicant for certificate, if different from licence holder (name and address) [12] :

Name:

Address:

Section 2B is not included because the product named in this certificate is licensed in the UK[6]

3	Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced? (14)	N/A

IF NO OR NOT APPLICABLE PROCEED TO QUESTION 4

3.1	Periodicity of routine inspections (years)	
3.2	Has the manufacturer of this type of dosage form been inspected?	
3.3	Do the facilities and operations conform to GMP as recommended by the World Health Organisation ? (15)	
4	Does the information submitted by the applicant satisfy the certifying authority on all aspects of the manufacture of the product including Good Manufacturing Practice (GMP)? (16)	Yes
	If No, explain	

Additional Information:

NONE

Address of certifying authority:

The Medicines and Healthcare products Regulatory Agency,
10 South Colonnade, Canary Wharf, London E14 4PU, United Kingdom

Telephone Number: +44 (0) 20 3080 6593

Name of authorised person: Colin Atkinson

Signature: PLEASE SEE COVER LETTER

Stamp and Date: 22 April 2021

Names and Addresses of Manufacturers/Packagers (9)

Manufacturers

Name: EXCELLA GMBH & CO. KG
Address: NUERNBERGER STRASSE 12, FEUCHT, D-90537, GERMANY

Excipient	Modifier	Amount per unit dose
LACTOSE ANHYDROUS		67.650 MG
MICROCRYSTALLINE CELLULOSE		29.000 MG
STEARIC ACID		1.000 MG
COLLOIDAL ANHYDROUS SILICA		0.250 MG
MACROGOL	coat	0.240 MG
TITANIUM DIOXIDE	coat	0.210 MG
HYPROMELLOSE	coat	1.800 MG
SYNTHETIC YELLOW IRON OXIDE E172	coat	0.600 MG
SYNTHETIC RED IRON OXIDE E172	coat	0.160 MG
ALCOHOL 96%	coat	
WATER PURIFIED	coat ND	

Explanatory Notes

1. This certificate, which is in the form recommended by WHO, establishes the status of the pharmaceutical product and of the applicant for the certificate in the UK. It is for a single product only since manufacturing arrangements and approved information for different dosage forms and different strengths can vary.

2. Whenever possible International Non-proprietary Names (Inns) or national non-proprietary names have been used.

3. The formula (complete composition) of the dosage form should be given on the certificate or be appended.

4. Details of the quantitative composition are preferred but their provision is subject to the agreement of the Marketing Authorisation holder.

5. When applicable, append details of any restriction applied to the sale, distribution or administration of the product that is specified in the Marketing Authorisation.

6. Sections 2A and 2B are mutually exclusive.

7. Indicate when applicable if the licence is provisional or the product has not yet been approved.

8. Specify whether the person responsible for placing the product on the market:

   (a) manufactures the dosage form and is responsible for the quality assurance and release of the product.
   (b) packages and/or labels a dosage form manufactured by another company but is responsible for the quality assurance and release of the product.
   (c) is not involved in manufacturing, packaging or labelling the dosage form but is responsible for the quality and release of the product.
   (d) is involved in none of the above.

9. This information is optional and can be provided only with the permission of the product-licence holder or, in the case of non-registered products, the applicant. Non-completion of this section indicates that the party concerned has not agreed to inclusion of this information.

   It should be noted that:

   information concerning the site of manufacture is part of the Marketing Authorisation. If the manufacturing site is changed the licence must be updated or it will cease to be valid.

   in the UK manufacture of pharmaceutical products is only permitted on licensed manufacturing sites. When the product-licence holder or applicant conforms to status (b), (c) or (d) as described in note 8 above the Manufacturing Licence holder is responsible for the manufacture of the dosage form.

10. This refers to the document prepared by some national regulatory authorities that summarises the technical basis on which the product has been licensed. The UK Medicines and Healthcare products Regulatory Agency does not prepare such a document.

11. This refers to product information approved by the Medicines and Healthcare products Regulatory Agency such as a Summary of Product Characteristics (SPC).

12. In this circumstance permission for issuing the certificate is required from the Marketing Authorisation holder. This permission must be provided to the Medicines and Healthcare products Regulatory Agency by the applicant.

13. Please indicate the reason that the applicant has provided for not requesting registration:

    (a) the product has been developed exclusively for the treatment of conditions - particularly tropical diseases - not endemic in the UK.
    (b) the product has been reformulated with a view to improving its stability under tropical conditions.
    (c) the product has been reformulated to exclude excipients not approved for use in pharmaceutical products in the UK.
    (d) the product has been reformulated to meet a different maximum dosage limit for an active ingredient.
    (e) this type of product does not require a Marketing Authorisation in the UK.
    (f) any other reason.

14. "Yes" means the Medicines and Healthcare products Regulatory Agency arranges periodic inspections of the manufacturing plant in which the dosage form is produced. "No" means that manufacture is taking place in a country other than the UK and inspections are not carried out by any Regulatory Authority. "Not applicable" means that manufacture is taking place in a country other than the UK and inspection is conducted under the aegis of the country of manufacture.

15. The requirements of good practices in the manufacture and quality control of drugs referred to in the certificate are those included in the thirty second report of the Expert Committee on Specifications for Pharmaceutical Preparations (WHO Technical Report Series, No. 823, 1992, Annex 1). Recommendations specifically applicable to biological products have been formulated by the WHO Expert Committee on Biological Standardisation (WHO Technical Report Series No. 822, 1992, Annex 1).

16. This section is to be completed when the product-licence holder or applicant conforms to status (b), (c) or (d) as described in note 8 above. It is of particular importance when foreign contractors are involved in the manufacture of the product. In these circumstances the applicant should supply the certifying authority with information to identify the contracting parties responsible for each stage of manufacture of the finished dosage form and the extent and nature of any controls exercised over each of these parties.

Certificate Number: PP10171247

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

1 NAME OF THE MEDICINAL PRODUCT

Chlorambucil 2 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 2 mg of the active ingredient chlorambucil.
Excipient(s) with known effect:

Each tablet also contains 67.65 mg of lactose.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Brown, round, biconvex, film-coated tablets, one side engraved with “L” and the other side engraved ‘GX EG 3’

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Chlorambucil is indicated in the treatment of Hodgkin's disease, certain forms of non-Hodgkin's lymphoma, chronic lymphocytic leukaemia, and Waldenstrom's macroglobulinaemia.

4.2 Posology and method of administration

The relevant literature should be consulted for full details of the treatment schedules used.

Chlorambucil is an active cytotoxic agent for use only under the direction of physicians experienced in the administration of such agents.

Posology
HODGKIN’S DISEASE

Adults
Used as a single agent in the palliative treatment of advanced disease a typical dosage is 0.2 mg/kg/day for 4-8 weeks. Chlorambucil is usually included in combination therapy and a number of regimes have been used. Chlorambucil has been used as an alternative to nitrogen mustard with a reduction in toxicity but similar therapeutic results.

Paediatric population
Chlorambucil may be used in the management of Hodgkin’s disease in children. The dosage regimes are similar to those used in adults.

NON-HODGKIN’S LYMPHOMA
Adults
Used as a single agent the usual dosage is 0.1-0.2 mg/kg/day for 4-8 weeks initially, maintenance therapy is then given either by a reduced daily dosage or intermittent courses of treatment.
Chlorambucil is useful in the management of patients with advanced diffuse lymphocytic lymphoma and those who have relapsed after radiotherapy. There is no significant difference in the overall response rate obtained with chlorambucil as a single agent and combination chemotherapy in patients with advanced non-Hodgkin's lymphocytic lymphoma.

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

Paediatric population
Chlorambucil may be used in the management of non Hodgkin's disease in children. The dosage regimes are similar to those used in adults.

CHRONIC LYMPHOCYTIC LEUKAEMIA
Adults
Treatment with Chlorambucil is usually started after the patient has developed symptoms or when there is evidence of impaired bone marrow function (but not bone marrow failure) as indicated by the peripheral blood count. Initially Chlorambucil is given at a dosage of 0.15 mg/kg/day until the total leucocyte count has fallen to 10,000 per µL. Treatment may be resumed 4 weeks after the end of the first course and continued at a dosage of 0.1 mg/kg/day.

In a proportion of patients, usually after about 2 years of treatment, the blood leucocyte count is reduced to the normal range, enlarged spleen and lymph nodes become impalpable and the proportion of lymphocytes in the bone marrow is reduced to less than 20%.

Patients with evidence of bone marrow failure should first be treated with prednisolone and evidence of marrow regeneration should be obtained before commencing treatment with Chlorambucil.
Intermittent high dose therapy has been compared with daily Chlorambucil but no significant difference in therapeutic response or frequency of side effects was observed between the two treatment groups.

WALDENDSTROM'S MACROGLOBULINAEMIA
Adults
Chlorambucil is one of the treatment choices in this indication.
Starting doses of 6-12 mg daily until leukopenia occurs are recommended followed by 2-8 mg daily indefinitely.

SPECIAL POPULATIONS
Renal impairment
Dose adjustment is not considered necessary in renal impaired patients.
Patients with evidence of impaired renal function should be carefully monitored as they are prone to additional myelosuppression associated with azotaemia.

Hepatic impairment
Patients with hepatic impairment should be closely monitored for signs and symptoms of toxicity.
Since chlorambucil is primarily metabolized in the liver, dose reduction should be considered in patients with severe hepatic impairment. However, there are insufficient data in patients with hepatic impairment to provide a specific dosing recommendation.

Older people
No specific studies have been carried out in older patients, however, it may be advisable to monitor renal or hepatic function and if there is impairment then caution should be exercised.
While clinical experience has not revealed age-related differences in response, drug dosage generally should be titrated carefully in older patients, usually initiating therapy at the low end of the dosage range.

Method of administration
Chlorambucil tablets are administered orally and should be taken daily on an empty stomach (at least one hour before meals or three hours after meals).

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

4.3 Contraindications

Hypersensitivity to chlorambucil or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Continued treatment with chlorambucil should be assessed if a rash develops since there have been reports of Stevens-Johnson Syndrome in patients receiving chlorambucil (see section 4.8).

Safe Handling of Chlorambucil tablets: See section 6.6.

Immunisation using a live organism vaccine has the potential to cause infection in immunocompromised hosts. Therefore, immunisations with live organism vaccines are not recommended.

Patients who will potentially have autologous stem cell transplantation should not be treated with chlorambucil long term.

Monitoring

Since Chlorambucil is capable of producing irreversible bone marrow suppression, blood counts should be closely monitored in patients under treatment.

At therapeutic dosage Chlorambucil depresses lymphocytes and has less effect on neutrophil and platelet counts and on haemoglobin levels. Discontinuation of Chlorambucil is not necessary at the first sign of a fall in neutrophils but it must be remembered that the fall may continue for 10 days or more after the last dose.

Chlorambucil should not be given to patients who have recently undergone radiotherapy or received other cytotoxic agents.

When lymphocytic infiltration of the bone marrow is present or the bone marrow is hypoplastic, the daily dose should not exceed 0.1 mg/kg body weight.

Children with nephrotic syndrome, patients prescribed high pulse dosing regimens and patients with a history of seizure disorder, should be closely monitored following administration of Chlorambucil, as they may have an increased risk of seizures.

Mutagenicity and Carcinogenicity

Chlorambucil has been shown to cause chromatid or chromosome damage in man.

Secondary malignancies, most commonly acute secondary haematologic malignancies (especially leukaemia and myelodysplastic syndrome) have been reported, particularly after long term treatment (see section 4.8).

A comparison of patients with ovarian cancer who received alkylating agents with those who did not, showed that the use of alkylating agents, including Chlorambucil, significantly increased the incidence of acute leukaemia.

Acute myelogenous leukaemia has been reported in a small proportion of patients receiving Chlorambucil as long term adjuvant therapy for breast cancer.

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

The leukaemogenic risk must be balanced against the potential therapeutic benefit when considering the use of Chlorambucil.

Sugar intolerances

Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medication.

4.5 Interactions with other medicinal products and other forms of interaction

Vaccinations with live organism vaccines are not recommended in immunocompromised individuals (see section 4.4).

Purine nucleoside analogues (such as fludarabine, pentostatin and cladribine) increased the cytotoxicity of chlorambucil *ex vivo*; however, the clinical significance of this finding is unknown.

4.6 Fertility, pregnancy and lactation

Pregnancy

As with all cytotoxic therapy chemotherapy, adequate contraceptive precautions should be advised when either partner is receiving Chlorambucil.

The use of Chlorambucil should be avoided whenever possible during pregnancy, particularly during the first trimester. In any individual case, the potential hazard to the foetus must be balanced against the expected benefit to the mother.

Breast-feeding

Mothers receiving Chlorambucil should not breast feed.

Fertility:

Chlorambucil may cause suppression of ovarian function and amenorrhoea has been reported following chlorambucil therapy.

Azoospermia have been observed as a result of therapy with chlorambucil although it is estimated that a total dose of at least 400 mg is necessary.

Varying degrees of recovery of spermatogenesis have been reported in patients with lymphoma following treatment with Chlorambucil in total doses of 410-2600 mg.

Teratogenicity

As with other cytotoxic agents Chlorambucil is potentially teratogenic.

4.7 Effects on ability to drive and use machines

No information on the effects of Chlorambucil on the ability to drive and use machines is available.

4.8 Undesirable effects

For this product there is no modern clinical documentation which can be used as support for determining the frequency of undesirable effects. Undesirable effects may vary in their incidence depending on the dose received and also when given in combination with other therapeutic agents.

The following convention has been utilised for the classification of frequency: Very common (□1/10), common (□1/100 and <1/10), uncommon (□1/1000 and <1/100), rare (□1/10,000 and <1/1000) and very rare (<1/10,000), not known (cannot be estimated from the available data).

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

Body System		Side effects
Neoplasms benign, malignant and unspecified (including cysts and polyps)	Common	Acute secondary haematologic malignancies (especially leukaemia and myelodysplastic syndrome), particularly after long term treatment.
Blood and lymphatic system disorders	Very common	Leukopenia, neutropenia, thrombocytopenia, pancytopenia or bone marrow suppression[1].
	Common	Anaemia.
	Very rare	Irreversible bone marrow failure.
Immune system disorders	Rare	Hypersensitivity such as urticaria and angioneurotic oedema following initial or subsequent dosing. (See Skin and subcutaneous tissue disorders)
Nervous system disorders	Common	Convulsions in children with nephrotic syndrome.
	Rare	Convulsions [2], partial and/or generalised in children and adults receiving therapeutic daily doses or high pulse dosing regimens of chlorambucil.
	Very rare	Movement disorders including tremor, muscle twitching and myoclonus in the absence of convulsions. Peripheral neuropathy.
Respiratory, thoracic and mediastinal disorders	Very rare	Interstitial pulmonary fibrosis[3], interstitial pneumonia.
Gastrointestinal disorders	Common	Gastro-intestinal disorders such as nausea and vomiting, diarrhoea and mouth ulceration.
Hepatobiliary disorders	Rare	Hepatoxicity, jaundice.
Skin and subcutaneous tissue disorders	Uncommon	Rash.
	Rare	Stevens-Johnson syndrome, toxic epidermal necrolysis[4]. (See Immune system disorders)
Renal and urinary disorders	Very rare	Sterile cystitis.
Reproductive system and breast disorders	Not known	Amenorrhoea, azoospermia.
General disorders and administration site conditions	Rare	Pyrexia.

1. Although bone marrow suppression frequently occurs, it is usually reversible if Chlorambucil is withdrawn early enough.
2. Patients with a history of seizure disorder may be particularly susceptible.
3. Severe interstitial pulmonary fibrosis has occasionally been reported in patients with chronic lymphocytic leukaemia on long-term Chlorambucil therapy. However, this may be reversible on withdrawal of Chlorambucil.
4. Skin rash has been reported to progress to serious conditions including Stevens-Johnson syndrome and toxic epidermal necrolysis.

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 Yellow Card Scheme at www.mhra.gov.uk/yellowcard.

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

4.9 Overdose

Reversible pancytopenia was the main finding of inadvertent overdoses of Chlorambucil. Neurological toxicity ranging from agitated behaviour and ataxia to multiple grand mal seizures has also occurred. As there is no known antidote the blood picture should be closely monitored and general supportive measures should be instituted, together with appropriate blood transfusion if necessary.

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antineoplastic and immunomodulating agents, antineoplastic agents, alkylating agents, nitrogen mustard analogues, ATC code: L01AA02.

Mechanism of action

Chlorambucil is an aromatic nitrogen mustard derivative which acts as a bifunctional alkylating agent. In addition to interference with DNA replication, chlorambucil induces cellular apoptosis via the accumulation of cytosolic p53 and subsequent activation of an apoptosis promoter (Bax).

Pharmacodynamic effects

The cytotoxic effect of chlorambucil is due to both chlorambucil and its major metabolite phenylacetic acid mustard (see section 5.2).

Mechanism of resistance

Chlorambucil is an aromatic nitrogen mustard derivative and resistance to nitrogen mustards has been reported to be secondary to: alterations in the transport of these agents and their metabolites via various multi-resistant proteins, alterations in the kinetics of the DNA cross-links formed by these agents and changes in apoptosis and altered DNA repair activity. Chlorambucil is not a substrate of multi-resistant protein 1 (MRP1 or ABCC1), but its glutathione conjugates are substrates of MRP1 (ABCC1) and MRP2 (ABCC2).

5.2 Pharmacokinetic properties

Absorption

Chlorambucil is well absorbed by passive diffusion from the gastrointestinal tract and is measurable within 15-30 minutes of administration. The bioavailability of oral chlorambucil is approximately 70% to 100% following administration of single doses of 10-200 mg.
In a study of 12 patients administered approximately 0.2 mg/kg of oral chlorambucil, the mean dose adjusted maximum plasma concentration (492 □ 160 nanograms/ml) occurred between 0.25 and 2 hours after administration.

Consistent with the rapid, predictable absorption of chlorambucil, the inter-individual variability in the plasma pharmacokinetics of chlorambucil has been shown to be relatively small following oral dosages of between 15 and 70 mg (2-fold intra-patient variability, and a 2-4 fold interpatient variability in AUC).

The absorption of chlorambucil is reduced when taken after food. In a study of ten patients, food intake increased the median time to reach C_{max} by greater than 100%, reduced the peak plasma concentration by greater than 50% and reduced mean AUC (0-∞) by approximately 27% (see section 4.2).

Distribution

Chlorambucil has a volume of distribution of approximately 0.14-0.24 L/kg. Chlorambucil covalently binds to plasma proteins, primarily to albumin (98%), and covalently binds to red blood cells.

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

Biotransformation
Chlorambucil is extensively metabolised in the liver by monodichloroethylation and β-oxidation, forming phenylacetic acid mustard (PAAM) as the major metabolite, which possesses alkylating activity in animals. Chlorambucil and PAAM degrade *in vivo* forming monohydroxy and dihydroxy derivatives. In addition, chlorambucil reacts with glutathione to form mono- and diglutathionyl conjugates of chlorambucil.

Following the administration of approximately 0.2 mg/kg of oral chlorambucil, PAAM was detected in the plasma of some patients as early as 15 minutes and mean dose adjusted plasma concentration (C_{max}) of 306 □ 73 nanograms/ml occurred within 1 to 3 hours.

Elimination
The terminal phase elimination half-life ranges from 1.3-1.5 hours for chlorambucil and is approximately 1.8 hours for PAAM. The extent of renal excretion of unchanged chlorambucil or PAAM is very low; less than 1% of the administered dose of each of these is excreted in the urine in 24 hours, with the rest of the dose eliminated mainly as monohydroxy and dihydroxy derivatives.

5.3 Preclinical safety data

Mutagenicity and Carcinogenicity
As with other cytotoxic agents chlorambucil is mutagenic in *in vitro* and *in vivo* genotoxicity tests and carcinogenic in animals and humans.

Reproductive toxicology
In rats, chlorambucil has been shown to damage spermatogenesis and cause testicular atrophy.

Teratogenicity
Chlorambucil has been shown to induce developmental abnormalities, such as short or kinky tail, microcephaly and exencephaly, digital abnormalities including ectro-, brachy-, syn- and polydactyly and long-bone abnormalities such as reduction in length, absence of one or more components, total absence of ossification sites in the embryo of mice and rats following a single oral administration of 4 to 20 mg/kg.
Chlorambucil has also been shown to induce renal abnormalities in the offspring of rats following a single intraperitoneal injection of 3 to 6 mg/kg.

Brain and plasma pharmacokinetics
After oral administration of 14C-marked chlorambucil to rats, the highest concentrations of radioactive marked material were found in the plasma, in the liver and in the kidneys. Only small concentrations were measured in the cerebral tissue of rats after intravenous administration of chlorambucil.

Certificate Number: PP10171247

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet Core
Microcrystalline cellulose (E460)
Anhydrous lactose
Colloidal anhydrous silica
Stearic acid (E570)

Tablet Film Coating
Hypromellose
Titanium dioxide (E171)
Synthetic yellow iron oxide (E172)
Synthetic red iron oxide (E172)
Macrogol

6.2 Incompatibilities

None known.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store in a refrigerator (2 °C – 8 °C)

6.5 Nature and contents of container

Chlorambucil tablets are brown, round, biconvex, film-coated tablets, one side engraved with 'L' and the other side engraved 'GX EG3', supplied in amber glass bottles with a child resistant closure containing 25 tablets.

6.6 Special precautions for disposal and other Handling

Chlorambucil is an active cytotoxic agent for use only under the direction of physicians experienced in the administration of such agents.

Safe handling of Chlorambucil Tablets: The handling of Chlorambucil Tablets should follow guidelines for the handling of cytotoxic drugs according to prevailing local recommendations and/or regulations (for example, Royal Pharmaceutical Society of Great Britain Working Party on the Handling of Cytotoxic Drugs).

Provided that the outer coating of the tablet is intact, there is no risk in handling Chlorambucil Tablets. Chlorambucil Tablets should not be divided.

7. MARKETING AUTHORISATION HOLDER

Aspen Pharma Trading Limited
3016 Lake Drive
Citywest Business Campus
Dublin 24
Ireland

Certificate Number: PP10171247

SUMMARY OF PRODUCT CHARACTERISTICS

Printed for Certificate of Pharmaceutical Product

8 MARKETING AUTHORISATION NUMBER(S)
PL 39699/0041

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
22 June 2006

10 DATE OF REVISION OF THE TEXT
28/10/2015