Abbreviated Prescribing Information for innohep® 8,000 IU in 0.4 ml/10,000 IU in 0.5 ml/12,000 IU in 0.6 ml/14,000 IU in 0.7 ml/16,000 IU in 0.8 ml/18,000 IU in 0.9 ml, solution for injection *(variable dose pre-filled syringes)* and innohep® 20,000 IU/ml, solution for injection *(vial)*

Please refer to the full Summary of Product Characteristics (SmPC) (www.medicines.ie) before prescribing.

Indications: Treatment of venous thrombosis and thromboembolic disease including deep-vein thrombosis (DVT) and pulmonary embolism (PE) in adults.

Active ingredients: Tinzaparin sodium 20,000 anti-Factor Xa IU/ml.

Dosage and administration: Subcutaneous (SC) injection only. *Adults:* 175 anti-Factor Xa IU/kg body weight once daily for at least 6 days and until adequate oral anti-coagulation is established. No need to monitor anticoagulant effect of innohep. *Children:* The safety and efficacy of innohep in children below 18 years have not been established; no posology recommendations can be made. *Elderly:* Use in standard doses. Caution recommended in treatment of elderly patients with renal impairment. *Patients with Renal Impairment:* Assess renal function. Caution recommended when treating patients with severe renal impairment (CrCl < 30 ml/min). Available evidence demonstrates no accumulation with CrCl levels down to 20 ml/min. Limited data in patients with CrCl < 20 ml/min.

Contraindications: Hypersensitivity to constituents. Current or history of immune-mediated heparin-induced thrombocytopenia (HIT) (Type II). Active major haemorrhage or conditions predisposing to major haemorrhage, defined as fulfilling any one of these three criteria: a) occurs in a critical area or organ (e.g. intracranial, intraspinal, intraocular, retroperitoneal, intra-articular or pericardial, intra-uterine or intramuscular with compartment syndrome), b) causes a fall in haemoglobin level of 20 g/L (1.24 mmol/L) or more, or c) leads to transfusion of two or more units of whole blood or red cells. Septic endocarditis. *Neuraxial anaesthesia:* If neuraxial anaesthesia is planned, discontinue innohep at least 24 hours before the procedure is performed. Do not resume innohep until at least 4 to 6 hours after the use of spinal anaesthesia or after the catheter has been removed. Monitor patients closely for signs and symptoms of neurological injury.

Vial formulation contains benzyl alcohol and must not be given to premature babies and neonates.

Precautions and warnings: *Neuraxial anaesthesia:* Patients undergoing epidural/spinal anaesthesia or spinal puncture: Prophylactic use of heparin may be very rarely associated with epidural/spinal haematoma resulting in prolonged or permanent paralysis. Risk increased by use of epidural/spinal catheter, drugs affecting haemostasis and traumatic/repeated puncture. Extreme vigilance and frequent monitoring required. *Haemorrhage:* Caution in patients with increased risk of major haemorrhage. *Intramuscular (IM) injections:* Do not give by IM injection. Avoid concomitant IM injections (risk of haematoma). *HIT:* Measure platelet count before treatment and periodically thereafter (risk of Type II HIT). Platelet counts will usually normalise within 2 to 4 weeks after withdrawal of innohep. *Hyperkalaemia:* Heparin can suppress adrenal secretion leading to hyperkalaemia, particularly in patients with diabetes mellitus, chronic renal failure, pre-existing metabolic acidosis, raised plasma potassium or taking potassium-sparing drugs, on long-term innohep. Measure plasma potassium in patients at risk before starting therapy; monitor regularly. Heparin-related hyperkalaemia usually reversible. *Prosthetic heart valves:* Not recommended for use in patients with prosthetic heart valves. *Renal impairment:* Available evidence demonstrates no accumulation in patients with CrCl levels down to 20 ml/min. Monitoring of anti-factor Xa activity may be considered in patients with severe renal impairment (CrCl < 30 ml/min). Caution recommended in patients with severe renal impairment (CrCl < 30 ml/min). Limited data available in patients with estimated CrCl < 20 ml/min. *Elderly:* More likely to have reduced renal function therefore caution recommended. *Excipient warnings:* **Pre-filled syringe formulation** contains sodium metabisulphite which may cause severe hypersensitivity reactions including bronchospasm: caution recommended in patients with asthma. **Vial formulation** contains benzyl alcohol which may cause toxic and anaphylactoid reactions in infants and children up to 3 years old.

Drug interactions: Anticoagulant effect may be enhanced by concomitant medication with other drugs affecting coagulation system, such as those inhibiting platelet function thrombolytic agents, vitamin K antagonists, activated protein C, small molecule anti-Xa and IIa inhibitors. **Fertility, pregnancy and lactation:** *Pregnancy:* Tinzaparin does not cross placenta. If clinically needed, can be used during all trimesters of pregnancy. *Epidural anaesthesia in pregnant women:* Delay procedure until at least 24 hours after administration of last treatment dose of innohep due to risk of spinal haematoma. Prophylactic doses may be used as long as a minimum delay of 12 hours is allowed between last administration of innohep and needle or catheter placement. *Use in pregnant women with prosthetic heart valves:* Not recommended. **Avoid use of vial formulation** during pregnancy as it contains benzyl alcohol. *Breast-feeding:* Not known whether tinzaparin excreted into breast milk. Risk-benefit decision must be made whether to discontinue breast-feeding or to discontinue/abstain from innohep therapy. *Fertility:* No clinical studies.

Side effects: *Common:* anaemia (incl. haemoglobin decreased), haemorrhage, haematoma, injection site reactions (incl. injection site haematoma, haemorrhage, pain, pruritus, nodule, erythema and extravasation). *Uncommon:* thrombocytopenia (type I) (incl. platelet count decreased), hypersensitivity, bruising, ecchymosis, purpura, hepatic enzyme increased (incl. increased transaminases, ALT, AST and GGT), dermatitis (incl. allergic dermatitis and bullous dermatitis), rash, pruritus. *Rare:* HIT (type II), thrombocytosis, anaphylactic reaction, hypoaldosteronism associated with hyperkalaemia and metabolic acidosis, toxic skin eruption (incl. Stevens-Johnson syndrome), skin necrosis, angioedema, urticaria, osteoporosis (in connection with long-term treatment), priapism. Limited information derived from one study and postmarketing data indicates that the pattern of adverse reactions in children and adolescents is comparable to that in adults.

Legal category: Product subject to prescription.

Marketing Authorisation Number and Holder: *(syringes)* innohep® 8,000 IU in 0.4 ml – PA 46/60/12, innohep® 10,000 IU in 0.5 ml – PA 46/60/10, innohep® 12,000 IU in 0.6 ml – PA 46/60/13, innohep® 14,000 IU in 0.7 ml – PA 46/60/11, innohep® 16,000 IU in 0.8 ml – PA 46/60/14, innohep® 18,000 IU in 0.9 ml – PA 46/60/4; *(vial)* innohep® 20,000 IU/ml – PA 46/60/3.

LEO Laboratories Limited, Cashel Road, Dublin 12, Ireland.

Last revised: June 2015

Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Cashel Road, Dublin 12, Ireland. email: medical-info.ie@leo-pharma.com

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 HPRA Pharmacovigilance, Earlsfort Terrace, Dublin 2, Tel: +353 1 6764971, Fax: +353 1 6762517, Website: www.hpra.ie, E-mail: medsafety@hpra.ie

Adverse events should also be reported to Drug Safety at LEO Pharma by calling +353 1 4908924 or e-mail medical-info.ie@leo-pharma.com

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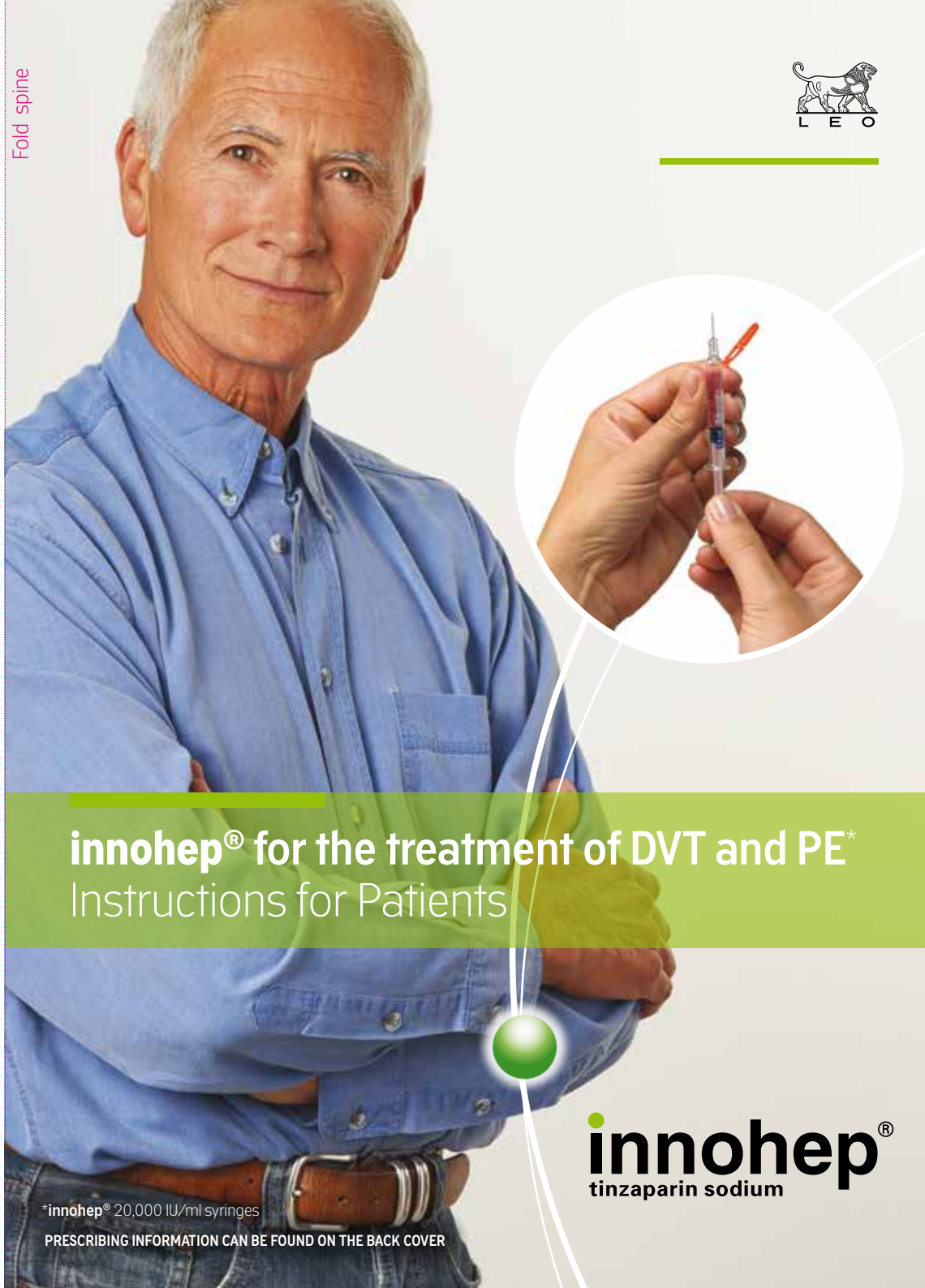
LEO Pharma
Cashel Road, Dublin 12
www.leo-pharma.ie
Registered in Ireland (No. 16885)

innohep® infoline 1 800 44 00 66

Fold spine

Fold spine



innohep® for the treatment of DVT and PE*

Instructions for Patients

*innohep® 20,000 IU/ml syringes

PRESCRIBING INFORMATION CAN BE FOUND ON THE BACK COVER

innohep®
tinzaparin sodium

Tinzaparin is Irish made

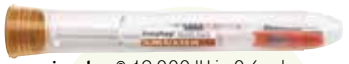
Six innohep® syringes for the treatment of DVT and PE

innohep® 8,000 IU in 0.4 ml

innohep® 14,000 IU in 0.7 ml

innohep® 10,000 IU in 0.5 ml

innohep® 16,000 IU in 0.8 ml



innohep® 12,000 IU in 0.6 ml

innohep® 18,000 IU in 0.9 ml

To download useful resources and order delivery of patient support materials, please visit:
www.innohep.ie

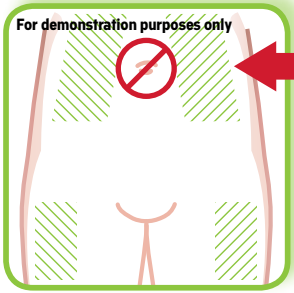
Password for HCP access:
i n n o h e p

innohep®
tinzaparin sodium

innohep® for the treatment of DVT and PE
Instructions for injections

You have been given this leaflet because your doctor has prescribed **innohep®** for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE). Please note that it does not contain complete information about your medicine so please also read the package leaflet in your **innohep®** pack and ask your doctor, pharmacist or nurse if you are unsure of anything.

1. **Wash** your hands throughly with soap and water. Dry your hands well



You must not inject yourself within 5 cm (2 inches) of your belly button. Also do not inject near any scars or bruises

2. **Choose** an appropriate site on your abdomen for an injection. The green areas indicate where you would usually inject yourself. Clean the area of the skin, as you have been told to do by your doctor or nurse, and allow to dry before you inject yourself. Each time you inject yourself, choose the opposite side from the site of your previous injection

3. **Open** container lid
4. **Remove** the safety syringe from the container

5. **Bend** the orange safety device down away from the cap on the needle

Do not remove the protective needle cap before the orange safety device has been bent away

6. **Remove** the protective needle cap without bending the needle

7. If using the full dose in the syringe, you do not need to remove the air bubble. If you are using only part of the dose, expel the air bubble and the excess liquid, leaving the correct amount of **innohep®**, as shown by your doctor or nurse

8. **Insert** the needle in a skin fold at a 90° angle. The injection should be done in the subcutaneous layer (below the skin), into fatty tissue

Instructions continued overleaf

innohep® for the treatment of DVT and PE
Instructions for injections

9. **Slowly inject** the medication over 10-15 seconds

10. **Press** the plunger down completely. Remove the needle. Do not rub or massage the skin as this can lead to bruising

11. **Use a hard** surface and bend the orange safety device to its original position. **Push** downwards on the surface until the needle is locked in the orange safety device. Continue to push so that the needle/device is now at a 45° angle to the syringe

NEVER USE YOUR FINGER to press the needle into the orange safety device

12. **Place** the used safety syringe into the container and press the lid down until it clicks and locks. All your used **innohep®** syringes can be temporarily stored in the plastic containers and must be disposed of by your healthcare professional

13. **Or,** place the used safety syringe into a sharps bin which must be disposed of by your healthcare professional. **Never put syringes or needles in the household rubbish.**

For more information about **innohep®** and to watch a video on how to self-inject please visit
www.innohep.ie
To access this website you will be asked for the following password:

1234

Reporting of side effects: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet of this medicine. You can also report side effects directly via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.