Public Assessment Report

Decentralised Procedure

Hydrocortisone 10 mg Tablets
Hydrocortisone 20 mg Tablets

(Hydrocortisone)

Procedure No: UK/H/6045/001-002/DC

UK Licence Number: PL 42765/0003-0004

Renata (UK) Limited.
LAY SUMMARY

Hydrocortisone 10 mg and 20 mg Tablets.

(hydrocortisone, tablet, 10 mg and 20 mg)

This is a summary of the Public Assessment Report (PAR) for Hydrocortisone 10 mg Tablets (PL 42765/0003; UK/H/6045/001/DC) and Hydrocortisone 20 mg Tablets (PL 42765/0004; UK/H/6045/002/DC). It explains how Hydrocortisone 10 mg and 20 mg Tablets were assessed and their authorisation recommended, as well as their conditions of use. It is not intended to provide practical advice on how to use Hydrocortisone 10 mg and 20 mg Tablets.

The products will be collectively referred to as Hydrocortisone Tablets throughout the remainder of this public assessment report (PAR).

For practical information about using Hydrocortisone Tablets, patients should read the package leaflet or contact their doctor or pharmacist.

What are Hydrocortisone Tablets and what are they used for?
Hydrocortisone Tablets are ‘generic medicines’. This means that Hydrocortisone Tablets are similar to ‘reference medicines’ already authorised in the European Union (EU) called Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited).

Hydrocortisone Tablets are indicated
- For use as replacement therapy in congenital adrenal hyperplasia in children.
- Pre-operatively, and during serious trauma or illness in children with known adrenal insufficiency or doubtful adrenocortical reserve.

How do Hydrocortisone Tablets work?
Hydrocortisone belongs to a group of medicines called steroids. Their full name is corticosteroids. These corticosteroids occur naturally in the body, and help to maintain health and well-being.

Boosting the body with extra corticosteroid (such as hydrocortisone) is an effective way to treat various illnesses involving inflammation in the body. Hydrocortisone reduces this inflammation, which could otherwise go on making the patient’s condition worse. The patient must take this medicine regularly to get maximum benefit from it.

How are Hydrocortisone Tablets used?
The pharmaceutical form of this medicine is a tablet and the route of administration is oral (by mouth).

The patient should always take this medicine exactly as their doctor or pharmacist has told them. The patient must check with their doctor or pharmacist if they are not sure. The amount of medicine the patient has to take each day will depend on their illness.

The patient should always carry a Steroid Treatment Card. The patient must make sure their doctor or pharmacist gives them this and has filled out the details including the dose and how long the patient will have the treatment.

The number of tablets to be taken will be on the label of the patient’s medicine. If the patient is unsure about the dose they should take, they must talk to their doctor or pharmacist. The usual doses of Hydrocortisone Tablets are:
Use in Children
0.4 to 0.8 mg/kg given as two or three doses per day.
Children will be prescribed the lowest possible dose. The doctor will keep an eye on their growth and development.

The 20 mg tablet can be divided into equal doses.

Please read section 3 of the package leaflet for detailed dosing recommendations, the route of administration, and the duration of treatment.

For further information on how Hydrocortisone Tablets are used, refer to the package leaflet and Summary of Product Characteristics available on the Medicines and Healthcare products Regulatory Agency (MHRA) website.

This medicine can only be obtained with a prescription.

What benefits of Hydrocortisone Tablets have been shown in studies?
Because Hydrocortisone Tablets are generic medicines, studies in patients have been limited to tests to determine that they are bioequivalent to the reference medicines Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited). Two medicines are bioequivalent when they produce the same levels of the active substance in the body.

What are the possible side effects of Hydrocortisone Tablets?
Because Hydrocortisone Tablets are generic medicines and are bioequivalent to the reference medicines Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited), their benefits and possible side effects are taken as being the same as the reference medicines.

For the full list of restrictions, see the package leaflet.

For the full list of all side effects reported with Hydrocortisone Tablets, see section 4 of the package leaflet available on the MHRA website.

Why was Hydrocortisone Tablets approved?
It was concluded that, in accordance with EU requirements, Hydrocortisone Tablets has been shown to have comparable quality and to be bioequivalent to Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited). Therefore, the MHRA decided that, as for Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited); the benefits are greater than the risks and recommended that they can be approved for use.

What measures are being taken to ensure the safe and effective use of Hydrocortisone Tablets?
A risk management plan (RMP) has been developed to ensure that Hydrocortisone Tablets are used as safely as possible. Based on this plan, safety information has been included in the Summary of Product Characteristics (SmPC) and the package leaflet for Hydrocortisone Tablets including the appropriate precautions to be followed by healthcare professionals and patients.

Known side effects are continuously monitored. Furthermore new safety signals reported by patients/healthcare professionals will be monitored/reviewed continuously.

Other information about Hydrocortisone Tablets
Ireland and the UK agreed to grant Marketing Authorisations for Hydrocortisone Tablets on 20 July 2017. Marketing Authorisations were granted in the UK on 14 August 2017.
The full PAR for Hydrocortisone Tablets follows this summary.

For more information about treatment with Hydrocortisone Tablets, read the package leaflet, or contact your doctor or pharmacist.

This summary was last updated in October 2017.
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I       INTRODUCTION

Based on the review of the data on quality, safety and efficacy, the Medicines and Healthcare products Regulatory Agency (MHRA) granted Renata (UK) Limited, marketing authorisations for the medicinal products Hydrocortisone Tablets (PL 42765/0003-0004; UK/H/6045/001-002/DC). The products are prescription-only medicines (POM) indicated for:

- Use as replacement therapy in congenital adrenal hyperplasia in children.
- Pre-operatively, and during serious trauma or illness in children with known adrenal insufficiency or doubtful adrenocortical reserve.

The applications were submitted using the Decentralised Procedure (DCP), with the UK as Reference Member State (RMS), and Ireland as Concerned Member State (CMS). The applications were submitted under Article 10(1) of Directive 2001/83/EC, as amended, as generic applications. The reference medicinal products for these applications are Hydrocortisone 10mg and 20mg Tablets which were originally authorised to Merck, Sharp & Dohme Ltd on 23 February 1989 (PL 00025/5053R and 5054R) and underwent change of ownership procedures to Auden Mckenzie (Pharma Division) Ltd on 03 June 2008 (PL 17507/0097-0098) and to S.N.S Pharmaceuticals Limited on 27 December 2013 (PL 16876/0002-003) and to the current marketing authorisation holder Auden Mckenzie (Pharma Division) Limited on 23 January 2015 (PL 17507/0246 & 0248).

Hydrocortisone is a glucocorticoid. Glucocorticoids are adrenocortical steroids, both naturally-occurring and synthetic, which are readily absorbed from the gastrointestinal tract.

Hydrocortisone is believed to be the principal corticosteroid secreted by the adrenal cortex. Naturally-occurring glucocorticosteroids (hydrocortisone and cortisone), which also have salt-retaining properties, are used as replacement therapy in adrenocortical deficiency states. They are also used for their potent anti-inflammatory effects in disorders of many organ systems. Glucocorticoids cause profound and varied metabolic effects. In addition, they modify the body's immune responses to diverse stimuli.

One bioequivalence study (single-dose study conducted under fasting conditions) was submitted to support these applications. The applicant has stated that the bioequivalence study was conducted in accordance with Good Clinical Practice (GCP) guidelines.

With the exception of the bioequivalence study, no new non-clinical or clinical data were submitted, which is acceptable given that these applications were based on being a generic medicinal product of an originator product that has been in clinical use for over 10 years.

The RMS has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place for this product type at all sites responsible for the manufacture, assembly and batch release of these products.

For manufacturing sites within the Community, the RMS has accepted copies of current manufacturer authorisations issued by inspection services of the competent authorities as certification that acceptable standards of GMP are in place at those sites.

For manufacturing sites outside the Community, the RMS has accepted copies of current GMP certificates of satisfactory inspection summary reports, ‘close-out letters’ or ‘exchange of information’ issued by the inspection services of the competent authorities (or those countries with which the EEA has a Mutual Recognition Agreement for their own territories) as certification that acceptable standards of GMP are in place at those non-Community sites.

The RMS and CMS considered that the applications could be approved at the end of procedure on 20 July 2017. After a subsequent national phase, licences were granted in the UK on 14 August 2017.
II QUALITY ASPECTS

II.1 Introduction
Each tablet contains 10 mg or 20 mg hydrocortisone, as the active ingredient. Other ingredients consist of the pharmaceutical excipients lactose monohydrate, maize starch, colloidal anhydrous silica, povidone, microcrystalline cellulose and magnesium stearate.

Hydrocortisone 10 mg and 20mg Tablets are packaged in the following presentations and pack sizes:
- High-density polyethylene (HDPE) containers with a polypropylene closure containing 100 tablets.
- Polyvinyl chloride (PVC)/Aluminium foil blister packs containing 30 tablets (each pack contains 3 x 10 tablet blister strips)

Not all pack sizes may be marketed. Satisfactory specifications and Certificates of Analysis have been provided for all packaging components.

II.2 Drug Substance

INN: Hydrocortisone
Chemical name: 11β, 17α, 21-trihydroxy pregn-4-ene-3, 20-dione
Structure:

![Structure of Hydrocortisone]

Molecular formula: C_{21}H_{30}O_{5}
Molecular weight: 362.5
Description: White to almost white, crystalline powder.
Solubility: Practically insoluble in water, sparingly soluble in acetone and in ethanol (96%); slightly soluble in methylene chloride.

Hydrocortisone is the subject of a European Pharmacopoeia monograph.

All aspects of the manufacture and control of the active substance hydrocortisone, are covered by the European Directorate for the Quality of Medicines and Healthcare (EDQM) Certificate of Suitability.

Appropriate stability data have been generated supporting a suitable retest period when stored in the proposed packaging.

II.3 Medicinal Product

Pharmaceutical Development

The objective of the development programme was to formulate safe, efficacious tablets containing 10 mg or 20 mg hydrocortisone per tablet, that are generic versions of the reference products Hydrocortisone 10mg and 20mg Tablets (Auden Mckenzie (Pharma Division) Limited). A satisfactory account of the pharmaceutical development has been provided.

Comparative pharmaceutical dissolution and impurity profiles have been provided for the proposed and originator products.
All excipients comply with their respective European Pharmacopoeia. Satisfactory Certificates of Analysis have been provided for all excipients. Suitable batch analysis data have been provided for each excipient.

With the exception of lactose monohydrate none of the excipients used contain material of animal or human origin. The supplier of lactose monohydrate has confirmed that it is sourced from healthy animals under the same conditions as milk for human consumption.

No genetically modified organisms (GMO) have been used in the preparation of this product.

**Manufacture of the product**
Satisfactory batch formulae have been provided for the manufacture of the products, along with an appropriate account of the manufacturing process. The manufacturing process has been validated at commercial scale batch size and has shown satisfactory results.

**Finished Product Specification**
The finished product specifications proposed are acceptable. Test methods have been described that have been adequately validated. Batch data have been provided that comply with the release specifications. Certificates of Analysis have been provided for all working standards used.

**Stability of the Product**
Finished product stability studies were performed in accordance with current guidelines on batches of the finished product in the packaging proposed for marketing. The data from these studies support a shelf-life of 2 years with no special storage conditions.

Suitable post approval stability commitments have been provided to continue stability testing on batches of finished product.

**II.4 Discussion on chemical, pharmaceutical and biological aspects**
There are no objections to the approval of these applications from a pharmaceutical viewpoint.

**III NON-CLINICAL ASPECTS**

**III.1 Introduction**
As the pharmacodynamic, pharmacokinetic and toxicological properties of hydrocortisone are well-known, no new non-clinical studies are required and none have been provided. An overview based on the literature review is, thus, appropriate.

The applicant’s non-clinical expert report has been written by an appropriately qualified person and is satisfactory, providing an appropriate review of the relevant non-clinical pharmacology, pharmacokinetics and toxicology.

**III.2 Pharmacology**
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

**III.3 Pharmacokinetics**
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

**III.4 Toxicology**
Not applicable for this product type. Refer to section ‘III.1; Introduction’ detailed above.

**III.5 Ecotoxicity/environmental risk assessment (ERA)**
Since Hydrocortisone Tablets are intended for generic substitution, this will not lead to an increased exposure to the environment. An environmental risk assessment is therefore not deemed necessary.

**III.6 Discussion on the non-clinical aspects**
No new non-clinical studies were conducted, which is acceptable given that the applications were based on being generic medicinal products of originator products that have been licensed for over 10 years.

There are no objections to the approval of these applications from a non-clinical viewpoint.

**IV CLINICAL ASPECTS**

**IV.1 Introduction**
The clinical pharmacology of hydrocortisone is well-known. With the exception of data from the bioequivalence study detailed below, no new pharmacodynamics or pharmacokinetic data are provided or are required for these applications.

No new efficacy or safety studies have been performed and none are required for this type of application. A comprehensive review of the published literature has been provided by the applicant, citing the well-established clinical pharmacology, efficacy and safety of hydrocortisone.

Based on the data provided, Hydrocortisone Tablets can be considered bioequivalent to Hydrocortisone 20mg Tablets (Auden Mckenzie (Pharma Division) Limited).

**IV.2 Pharmacokinetics**
In support of these applications, the applicant submitted the following bioequivalence study:

**STUDY**
An open-label, randomised, single-dose, two-period, two-sequence crossover, oral bioequivalence study of the applicant’s test product Hydrocortisone 20 mg Tablets (Renata (UK) Limited) versus the reference product Hydrocortisone 20mg Tablets (Auden Mckenzie (Pharma Division) Limited) in healthy, adult, subjects under fasting conditions.

The subjects were administered a single dose (20 mg) of either the test or the reference product under fasting conditions. A single dose of 4 mg dose of dexamethasone was administered 10 hours prior to investigational product administration to suppress endogenous cortisol secretion.

Blood samples were collected for plasma levels before dosing and up to and including 12 hours after each administration. The washout period between the treatment phases was 10 days. The pharmacokinetic results are presented below:
Table: Summary of comparative bioequivalence data and 90% Confidence Interval (CI) for hydrocortisone:

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Geometric mean</th>
<th>% Ratio</th>
<th>% Power</th>
<th>90% Confidence Interval for Log-transformed data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Test (A)</td>
<td>Reference (B)</td>
<td>A/B</td>
<td>Lower Limit</td>
</tr>
<tr>
<td>AUC_0-t</td>
<td>1385.13</td>
<td>1363.73</td>
<td>101.5691</td>
<td>7.18</td>
</tr>
<tr>
<td>C_max</td>
<td>374.93</td>
<td>360.87</td>
<td>103.8961</td>
<td>99.90</td>
</tr>
</tbody>
</table>

AUC_0-t area under the plasma concentration-time curve from zero to t hours
C_max maximum plasma concentration

Conclusion
The 90% confidence intervals of the test/reference ratio for AUC and C_max values for hydrocortisone for the 20 mg strength lie within the acceptable limits of 80.00% to 125.00%, in line with the ‘Guideline on the Investigation of Bioequivalence (CPMP/EWP/QWP/1401/98 Rev 1/Corr**)’. Thus, the data support the claim that the applicant’s test product is bioequivalent to the reference product Hydrocortisone 20mg Tablets (Auden Mckenzie (Pharma Division) Limited).

As the 10 mg and 20 mg strength test products meet the biowaiver criteria specified in the current bioequivalence guidance, the results and conclusions of the bioequivalence study with the 20 mg tablet strength can be extrapolated to the 10 mg strength tablet.

IV.3 Pharmacodynamics
No new pharmacodynamic data were submitted and none were required for applications of this type.

IV.4 Clinical efficacy
No new efficacy data were submitted and none were required for applications of this type.

IV.5 Clinical safety
No new safety data were submitted and none are required.

IV.6 Risk Management Plan (RMP) and Pharmacovigilance System
The marketing authorisation holder (MAH) has submitted a risk management plan (RMP), in accordance with the requirements of Directive 2001/83/EC as amended, describing the pharmacovigilance activities and interventions designed to identify, characterise, prevent or minimise risks relating to Hydrocortisone Tablets.

A summary of safety concerns and planned risk minimisation activities, as approved in the RMP, are listed below:
Summary table of safety concerns:

<table>
<thead>
<tr>
<th>Important identified risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use in patients hypersensitive to hydrocortisone and any of the ingredients</td>
</tr>
<tr>
<td>• Use in patients with systemic infections and increased susceptibility to infections</td>
</tr>
<tr>
<td>• Concomitant use with live vaccines and use in patients vaccinated with live vaccines</td>
</tr>
<tr>
<td>• Adrenal cortical atrophy with prolonged use</td>
</tr>
<tr>
<td>• Use in patients with cardiac disorders (hypertension, myocardial infarction, and congestive heart failure)</td>
</tr>
<tr>
<td>• Use in patients with endocrine disorders (diabetes, or with a family history of diabetes; hypothyroidism; and osteoporosis)</td>
</tr>
<tr>
<td>• Use in patients with glaucoma (or family history of glaucoma)</td>
</tr>
<tr>
<td>• Use in patients with previous corticosteroid induced myopathy</td>
</tr>
<tr>
<td>• Use in patients with peptic ulcers</td>
</tr>
<tr>
<td>• Withdrawal symptoms</td>
</tr>
<tr>
<td>• Severe psychiatric adverse reactions</td>
</tr>
<tr>
<td>• Growth retardation in infancy, childhood and adolescence</td>
</tr>
<tr>
<td>• Use in patients with liver failure</td>
</tr>
<tr>
<td>• Concomitant use of medicines which enhance or inhibit the metabolism of corticosteroids</td>
</tr>
<tr>
<td>• Concomitant use with hypoglycaemic drugs (including insulin), antihypertensives and diuretics</td>
</tr>
<tr>
<td>• Concomitant use with coumarin anticoagulants</td>
</tr>
<tr>
<td>• Concomitant use of salicylates or nonsteroidal anti-inflammatory drugs (NSAIDs) with corticosteroids</td>
</tr>
<tr>
<td>• Hypokalaemia and concomitant use with potassium depleting medicines</td>
</tr>
<tr>
<td>• Concomitant use with methotrexate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important potential risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use during pregnancy and lactation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None</td>
</tr>
</tbody>
</table>

Routine pharmacovigilance and routine risk minimisation are proposed for all safety concerns.

IV.7 Discussion on the clinical aspects

With the exception of the bioequivalence study, no new clinical studies were conducted, which is acceptable given that the applications were based on being generic medicinal products of originator products that have been licensed for over 10 years.

Bioequivalence has been demonstrated between the applicant’s test product Hydrocortisone 20 mg Tablets (Renata (UK) Limited) and the reference product Hydrocortisone 20mg Tablets (Auden Mckenzie (Pharma Division) Limited).

The grant of marketing authorisations is recommended for these applications.
V  User consultation
The package leaflet has been evaluated via a user consultation study, in accordance with the requirements of Articles 59(3) and 61(1) of Directive 2001/83/EC. The language used for the purpose of user testing the package leaflet was English.

The results show that the package leaflet meets the criteria for readability, as set out in the Guideline on the readability of the label and package leaflet of medicinal products for human use.

VI  Overall conclusion, benefit/risk assessment and recommendation
The quality of the product is acceptable, and no new non-clinical or clinical safety concerns have been identified. Extensive clinical experience with hydrocortisone is considered to have demonstrated the therapeutic value of the compound. The benefit-risk is, therefore, considered to be positive.
Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and Labels
In accordance with Directive 2010/84/EU the Summaries of Product Characteristics (SmPC) and Patient Information Leaflets (PIL) for products granted Marketing Authorisations at a national level are available on the MHRA website.

The approved labelling for the own label distributor and blister packaging for Hydrocortisone Tablets is presented below:
The following text is the approved label text for this medicine, no label mock-ups have been provided for supply directly from the Marketing Authorisation Holder (MAH). In accordance with medicines legislation, the product shall not be marketed in the UK directly by the MAH until approval of the label mock-ups has been obtained:

PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Hydrocortisone 10 mg Tablets
Hydrocortisone 20 mg Tablets

Hydrocortisone

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 10 mg of hydrocortisone
Each tablet contains 20 mg of hydrocortisone

3. LIST OF EXCIPIENTS

Contains Lactose monohydrate
Read the package leaflet before use.

4. PHARMACEUTICAL FORM AND CONTENTS

Tablet

30 Tablets
100 Tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral 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.

9. SPECIAL STORAGE CONDITIONS
This medicinal product does not require any special storage conditions.

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**

MA Holder
Renata (UK) Limited
Koh-i-nor, Kings Lane,
Chipperfield, Hertfordshire,
WD4 9EN
United Kingdom

Distributed by
Flynn Pharma Limited
Hertlands House, Primett Road,
Stevenage, Hertfordshire,
SG1 3EE
United Kingdom

12. **MARKETING AUTHORISATION NUMBER(S)**

PL 42765/0003 & PA 2091/001/001
PL 42765/0004 & PA 2091/001/002

13. **BATCH NUMBER**

Lot:

14. **GENERAL CLASSIFICATION FOR SUPPLY**

POM

15. **INSTRUCTIONS ON USE**

16. **INFORMATION IN BRAILLE**

Hydrocortisone 10 mg Tablets
Hydrocortisone 20 mg Tablets

17. **UNIQUE IDENTIFIER – 2D BARCODE**

<2D barcode carrying the unique identifier included>

18. **UNIQUE IDENTIFIER – HUMAN READABLE DATA**

PC:
SN:
NN:
PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE IMMEDIATE PACKAGING

HDPE BOTTLE LABEL

1. **NAME OF THE MEDICINAL PRODUCT**

   Hydrocortisone 10 mg Tablets
   Hydrocortisone 20 mg Tablets

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

   Each tablet contains 10 mg of hydrocortisone
   Each tablet contains 20 mg of hydrocortisone

3. **LIST OF EXCIPIENTS**

   Contains Lactose

4. **PHARMACEUTICAL FORM AND CONTENTS**

   Tablet

   100 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 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:

9. **SPECIAL STORAGE CONDITIONS**

   This medicinal product does not require any special storage conditions.
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

Renata (UK) Limited
Koh-i-nor,
Kings Lane,
Chipperfield,
Hertfordshire, WD4 9EN
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

PL 42765/0003 & PA 2091/001/001
PL 42765/0004 & PA 2091/001/002

13. BATCH NUMBER

Lot:

14. GENERAL CLASSIFICATION FOR SUPPLY

POM

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Hydrocortisone 10 mg Tablets
Hydrocortisone 20 mg Tablets
<table>
<thead>
<tr>
<th>MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS</th>
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<tbody>
<tr>
<td>PVC/ALUMINIUM BLISTER FOILS</td>
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<tr>
<td></td>
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<tr>
<td>1. NAME OF THE MEDICINAL PRODUCT</td>
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<tr>
<td>Hydrocortisone 10 mg Tablets</td>
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<tr>
<td>Hydrocortisone 20 mg Tablets</td>
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<td>Hydrocortisone</td>
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<tr>
<td>2. NAME OF THE MARKETING AUTHORISATION HOLDER</td>
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<tr>
<td>Renata (UK) Limited</td>
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<tr>
<td>3. EXPIRY DATE</td>
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<td>EXP:</td>
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<td></td>
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<td>4. BATCH NUMBER</td>
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<td>Lot:</td>
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<td></td>
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<tr>
<td>5. OTHER</td>
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Annex 1

Table of content of the PAR update
Steps taken after the initial procedure with an influence on the Public Assessment Report (Type II variations, PSURs, commitments)

<table>
<thead>
<tr>
<th>Scope</th>
<th>Procedure number</th>
<th>Product information affected</th>
<th>Date of start of the procedure</th>
<th>Date of end of procedure</th>
<th>Approval/ non approval</th>
<th>Assessment report attached Y/N (version)</th>
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