

Package leaflet: Information for the user

Ibandroninezuur ratiopharm 150 mg, filmomhulde tabletten ibandronic acid

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What <Ibandronic acid> is and what it is used for
2. What you need to know before you take <Ibandronic acid>
3. How to take <Ibandronic acid>
4. Possible side effects
5. How to store <Ibandronic acid>
6. Contents of the pack and other information

1. What <Ibandronic acid> is and what it is used for

<Ibandronic acid> belongs to a group of medicines called **bisphosphonates**. It contains the active substance ibandronic acid.

<Ibandronic acid> may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. <Ibandronic acid> may help lower the chances of breaking bones (fractures). This reduction in fractures was shown for the spine but not for the hip.

<Ibandronic acid> is prescribed to you to treat postmenopausal osteoporosis because you have an increased risk of fractures. Osteoporosis is a thinning and weakening of the bones, which is common in women after the menopause. At the menopause, a woman's ovaries stop producing the female hormone, oestrogen, which helps to keep her skeleton healthy.

The earlier a woman reaches the menopause, the greater her risk of fractures in osteoporosis.

Other things that can increase the risk of fractures include:

- not enough calcium and vitamin D in the diet
- smoking, or drinking too much alcohol
- not enough walking or other weight-bearing exercise
- a family history of osteoporosis

A healthy lifestyle will also help you to get the most benefit from your treatment. This includes:

- eating a balanced diet rich in calcium and vitamin D
- walking or any other weight-bearing exercise
- not smoking; and not drinking too much alcohol.

2. What you need to know before you take <Ibandronic acid>

Do not take <Ibandronic acid>

- if you are allergic to ibandronic acid, or any of the other ingredients of this medicine (listed in section 6).
- if you have certain problems with your gullet/food pipe (oesophagus) such as narrowing or difficulty swallowing.
- if you can't stand or sit upright for at least one hour (60 minutes) at a time.
- **if you have, or had in the past low blood calcium.** Please consult your doctor.

Warnings and precautions

A side effect called osteonecrosis of the jaw (ONJ) (bone damage in the jaw) has been reported very rarely in the post-marketing setting in patients receiving <Ibandronic acid> for osteoporosis. ONJ can also occur after stopping treatment.

It is important to try and prevent ONJ developing as it is a painful condition that can be difficult to treat. In order to reduce the risk of developing osteonecrosis of the jaw, there are some precautions you should take.

Atypical fractures of the long bones, such as in the forearm bone (ulna) and the shinbone (tibia), have also been reported in patients receiving long-term treatment with ibandronic acid. These fractures occur after minimal, or no trauma and some patients experience pain in the area of the fracture prior to presenting with a completed fracture.

Before receiving treatment, tell your doctor or pharmacist if:

- you have any problems with your mouth or teeth such as poor dental health, gum disease or a planned tooth extraction.
- you do not receive routine dental care or have not had a dental check up for a long time.
- you are a smoker (as this may increase the risk of dental problems).
- you have previously been treated with a bisphosphonate (used to treat or prevent bone disorders).
- you are taking medicines called corticosteroids (such as prednisolone or dexamethasone).
- you have cancer.

Your doctor may ask you to undergo a dental examination before starting treatment with <Ibandronic acid>.

While being treated, you should maintain good oral hygiene (including regular teeth brushing) and receive routine dental check-ups. If you wear dentures you should make sure these fit properly. If you are under dental treatment or will undergo dental surgery (e.g. tooth extractions), inform your doctor about your dental treatment and tell your dentist that you are being treated with <Ibandronic acid>.

Contact your doctor and dentist immediately if you experience any problems with your mouth or teeth such as loose teeth, pain or swelling, non-healing of sores or discharge, as these could be signs of osteonecrosis of the jaw.

Some people need to be especially careful while they are taking <Ibandronic acid>. Talk to your doctor before taking <Ibandronic acid>:

- if you have any disturbances of mineral metabolism (such as vitamin D deficiency).
- if your kidneys are not functioning normally.
- if you have any swallowing or digestive problems.

Irritation, inflammation or ulceration of the gullet/food pipe (oesophagus) often with symptoms of severe pain in the chest, severe pain after swallowing food and/or drink, severe nausea, or vomiting may occur, especially if you do not drink a full glass of water and/or if you lie down within an hour of taking <Ibandronic acid>. If you develop these symptoms, stop taking <Ibandronic acid> and tell your doctor straight away (see section 3).

Children and adolescents

Do not give <Ibandronic acid> to children or adolescents below 18 years.

Other medicines and <Ibandronic acid>

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. Especially:

- **Supplements containing calcium, magnesium, iron or aluminium**, as they could possibly influence the effects of <Ibandronic acid>.
- **Acetylsalicylic acid and other non-steroidal anti-inflammatory medicines (NSAIDs)** (including ibuprofen, diclofenac sodium and naproxen) may irritate the stomach and intestine. <Ibandronic acid> may also do so. So be especially careful if you take **painkillers or anti-inflammatories** while you're taking <Ibandronic acid> 150 mg.

After swallowing your monthly <Ibandronic acid> tablet, **wait for 1 hour before taking any other medication**, including indigestion tablets, calcium supplements, or vitamins.

<Ibandronic acid> with food and drink:

Do not take <Ibandronic acid> with food. <Ibandronic acid> is less effective if it's taken with food.

You can drink water but no other drinks.

After you have taken <Ibandronic acid>, please wait for 1 hour before you can have your first food and further drinks (see section 3. How to take <Ibandronic acid>).

Pregnancy and breast feeding

<Ibandronic acid> is for use only by postmenopausal women and must not be taken by women who could still have a baby.

Do not take <Ibandronic acid> if you are pregnant or breast feeding. Ask your doctor or pharmacist for advice before taking this medicine.

Driving and using machines

You can drive and use machines as it's expected that <Ibandronic acid> has no or negligible effect on your ability to drive and use machines.

<Ibandronic acid> contains lactose

If you have been told by your doctor that you have an intolerance to some sugars, talk to your doctor before taking this medicine.

<Ibandronic acid> contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per film-coated tablet, that is to say essentially 'sodium-free'.

3. How to take <Ibandronic acid>

Always take this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

The usual dose of <Ibandronic acid> is one tablet once a month.

Taking your monthly tablet

It's important to follow these instructions carefully. They are designed to help your <Ibandronic acid> tablet reach your stomach quickly, so it's less likely to cause irritation.

- **Take one <Ibandronic acid> tablet once a month.**
- **Choose one day of the month** that will be easy to remember. You can choose either the same date (such as the 1st of each month) or the same day (such as the first Sunday of each month) to take your <Ibandronic acid> tablet. Choose the date that best fits your routine.

- Take your <Ibandronic acid> tablet **at least 6 hours after you last had anything** to eat or drink except water.
- Take your <Ibandronic acid> tablet
 - **after you first get up for the day**, and
 - **before you have anything to eat or drink** (on an empty stomach)
- **Swallow your tablet with a full glass of water** (at least 180 ml).

Do not take your tablet with water with a high concentration of calcium, fruit juice or any other drinks. If there is a concern regarding potentially high levels of calcium in the tap water (hard water), it is advised to use bottled water with a low mineral content.

- **Swallow your tablet whole**, do not chew it, crush it or let it dissolve in your mouth.
- **For the next hour (60 minutes)** after you've taken your tablet
 - **do not lie down**; if you do not stay upright (standing or sitting), some of the medicine could leak back into your oesophagus



- **do not eat anything**



- **do not drink anything** (except water if you need it)
- **do not take any other medicines**
- After you have waited for an hour, you can have your first food and drink of the day. Once you have eaten, it is OK to lie down if you wish, and to take any other medication you need.

Continuing to take <Ibandronic acid>

It is important to keep taking <Ibandronic acid> every month, as long as your doctor prescribes it for you. After 3-5 years of using <Ibandronic acid>, please consult with your doctor whether you should continue to take <Ibandronic acid>.

If you take more <Ibandronic acid> than you should

If you have taken more than one tablet by mistake, **drink a full glass of milk and talk to your doctor straight away.**

Do not make yourself vomit, and do not lie down — this could cause <Ibandronic acid> to irritate your oesophagus.

If you forget to take <Ibandronic acid>

- If you forget to take your tablet on the morning of your chosen day, **do not take a tablet later in the day.** Instead, consult your calendar and find out when your next scheduled dose is.
- **If you forgot to take your tablet on your chosen day and your next scheduled dose is only 1 to 7 days away...**

Never take two <Ibandronic acid> tablets within the same week. You should wait until the next scheduled dose is due and take it as normal; then, continue taking one tablet once a month on the scheduled days you've marked on your calendar.

- **If you forgot to take your tablet on your chosen day and your next scheduled dose is more than 7 days away...**

You should take one tablet the next morning after the day you remember; then, continue taking one tablet once a month on the scheduled days you've marked on your calendar.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Talk to a nurse or a doctor straight away if you notice any of the following serious side effects - you may need urgent medical treatment:

Uncommon (may affect up to 1 in 100 people):

- severe pain in the chest, severe pain after swallowing food or drink, severe nausea, or vomiting, difficulty in swallowing. You may have a severe inflammation of your gullet/food pipe, possibly with sores or constriction of the gullet/food pipe.
- symptoms of low blood calcium levels (hypocalcaemia) including muscle cramps or spasms and/or tingling sensation in the fingers or around the mouth

Rare (may affect up to 1 in 1000 people):

- itching, swelling of your face, lips, tongue and throat, with difficulty breathing.
- persistent eye pain and inflammation.
- new pain, weakness or discomfort in your thigh, hip or groin. You may have early signs of a possible unusual fracture of the thigh bone.

Very rare (may affect up to 1 in 10,000 people):

- pain or sore in your mouth or jaw. You may have early signs of severe jaw problems (necrosis [dead bone tissue] in the jaw bone).
- Talk to your doctor if you have ear pain, discharge from the ear, and/or an ear infection. These could be signs of bone damage in the ear.
- serious, potentially life-threatening allergic reaction.
- severe adverse skin reactions.

Other possible side effects

Common (may affect up to 1 in 10 people):

- headache
- heartburn, discomfort in swallowing, stomach or tummy pain (may be due to an inflammation of the stomach), indigestion, nausea, having diarrhoea (loose bowels)
- pain in your muscles, bones and joints, muscle cramps, stiffness of your joints and limbs
- flu-like symptoms, including fever, shaking and shivering, feeling of discomfort, bone pain and aching muscles and joints. Talk to a nurse or doctor if any effects become troublesome or last more than a couple of days.
- rash

Uncommon (may affect up to 1 in 100 people):

- dizziness
- flatulence (farting, feeling bloated)
- back pain
- feeling tired and exhausted
- asthma attacks

Rare (may affect up to 1 in 1000 people):

- inflammation of the duodenum (first section of the bowel) causing stomach pain
- hives

Not known (frequency cannot be estimated from the available data):

- fractures of long bones (see section 2)

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store <Ibandronic acid>

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton after EXP. The expiry date refers to the last day of that month.

This medicine does not require any special storage conditions.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What <Ibandronic acid> contains

- The active substance is 150 mg of ibandronic acid.
- The other ingredients are lactose monohydrate, crospovidone (E1202), microcrystalline cellulose (E460), colloidal anhydrous silica (E551), sodium stearyl fumarate (tablet core); polyvinyl alcohol, macrogol/PEG 3350, talc (E553b) and titanium dioxide (E171) (tablet coating).

What <Ibandronic acid> looks like and contents of the pack

Ibandronic acid tablets are white to off-white, oblong tablets inscripted with “I9BE” on one side and “150” on the other side.

[They are available in blister packs off 1, 3, 7, 10 or 14 tablets. \(NL/H/1831-1833\)](#)

Not all pack sizes may be marketed.

Houder van de vergunning voor het in de handel brengen en fabrikant

Houder van de vergunning voor het in de handel brengen

Ratiopharm GmbH

Graf-Arco-Str. 3

89079 Ulm

Duitsland

Fabrikant

Synthon B.V.

Microweg 22

6545 CM Nijmegen

Nederland

Synthon Hispania S.L.

Castello 1 Poligono Las Salinas

08830 Sant Boi de Llobregat
Spanje

Merckle GmbH
Ludwig-Merckle-Straße 3
89143 Blaubeuren
Duitsland

In het register ingeschreven onder
RVG 106014

Dit medicijn is geregistreerd in lidstaten van de Europese Economische Ruimte onder de volgende namen:

Duitsland	Ibandronsäure ratiopharm 150 mg Filmtabletten
Finland	Ibandronate ratiopharm 150 mg tabletti, kalvopäällysteinen
Luxemburg	Ibandronsäure ratiopharm 150 mg Filmtabletten
Nederland	Ibandroninezuur ratiopharm 150 mg, filmomhulde tabletten
Oostenrijk	Ibandronsäure ratiopharm 150 mg Filmtabletten
Portugal	Ácido Ibandrónico Ratiopharm
Spanje	Ácido Ibandrónico ratiopharm 150 mg comprimidos recubiertos con película EFG

Deze bijsluiter is voor het laatst goedgekeurd in januari 2025