1.3.1.1 PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS

S3

PROPRIETARY NAME AND DOSAGE FORM

DEGRANOL (tablet)

COMPOSITION

Each tablet of DEGRANOL contains 200 mg of carbamazepine.

Excipients:

Magnesium stearate, maize starch, microcrystalline cellulose, polysorbate, purified talc, sodium starch glycollate

Sugar free

CATEGORY AND CLASS

A 2.5 Anticonvulsants, including anti-epileptics

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

DEGRANOL possesses both anti-convulsant and psychotropic properties.

INDICATIONS

Epilepsy with motor and psychic manifestations:

- psychomotor or temporal-lobe epilepsy
- grand mal
- mixed forms
- focal seizures

DEGRANOL is also used in the treatment of trigeminal neuralgia.

CONTRAINDICATIONS

Hypersensitivity to carbamazepine. DEGRANOL is contraindicated for expectant or nursing mothers and patients with liver disease.

Not to be used in patients with heartblock.

It should not be given to patients taking a mono-amine oxidase inhibitor or within 2 weeks of stopping such treatment.

Not to be used in patients with porphyria.

WARNINGS AND SPECIAL PRECAUTIONS

In rats treated with carbamazepine for two years, the incidence of tumours of the liver was found to be increased. There is, however, no evidence to indicate that this observation has any significance relative to therapeutic use of the medicine.

Medicinal supervision during treatment is essential.

The level of serum folic acid should be observed during anticonvulsant therapy since DEGRANOL may enhance the metabolism of folic acid.

Abnormalities of liver function and jaundice have been associated with long-term treatment.

Blood counts and liver function tests should be performed before commencing treatment.

Blood counts should then be repeated at weekly intervals during the first month of treatment and subsequently at monthly intervals; liver function tests should also be undertaken periodically. If allergic skin reactions occur, if the leucocyte and/or platelet should diminish, if tests reveal deterioration in liver function, or if any serious adverse symptoms develop, DEGRANOL should be withdrawn.

Effects on ability to drive and use machines

Reaction-time may be increased by DEGRANOL. The patient's safety as a road-user or operator of machines may be impaired in consequence.

INTERACTIONS

DEGRANOL may reduce the patient's alcohol tolerance, it is therefore advisable to abstain from alcohol during treatment.

Induction of hepatic enzymes in response to DEGRANOL may have the effect of diminishing the activity of certain medicines that are metabolised in the liver. This should be borne in mind when administering DEGRANOL concomitantly with other anti-epileptic medicines, e.g. phenytoin and the tetracycline, doxycycline.

Similarly, in patients receiving oral anticoagulant medication, the dosage of the anticoagulant

should be readapted to clinical requirements whenever treatment with DEGRANOL is initiated or withdrawn. DEGRANOL may adversely affect the reliability or oral contraceptives.

HUMAN REPRODUCTION

Safety of DEGRANOL in pregnancy has not been demonstrated conclusively.

If pregnancy occurs in a woman receiving DEGRANOL or if the problem of initiating treatment with DEGRANOL rises during pregnancy, the medicine's potential benefits must be carefully weighed against its possible hazards, particularly in the first three months of pregnancy. The active substance of DEGRANOL passes into the breast milk.

DOSAGE AND DIRECTIONS FOR USE

Trigeminal Neuralgia:

An initial dose of 200 mg twice daily gradually increasing until a suitable response is obtained. The usual dosage required is one tablet three or four times daily.

In elderly or hypersensitive patients an initial dose of half a tablet twice daily is recommended.

Epilepsy:

Adults: Initially 100 mg to 200 mg once or twice a day, followed by a slow increase until usually, at a level of 400 mg twice or three times a day, the best response is obtained. In some instances 1 600 mg in 3 to 4 divided doses may be necessary.

Children: Administered in several fractional doses - usually 10 to 20 mg/kg per day.

Age up to 1 year: 100 mg to 200 mg (½ to 1 tablet) per day.

1 to 5 years: 200 mg to 400 mg (1 to 2 tablets) per day.

5 to 10 years: 400 mg to 600 mg (2 to 3 tablets) per day.

10 to 15 years: 600 mg to 1 000 mg (3 to 5 tablets) per day.

SIDE EFFECTS

Unwanted effects - i.e. loss of appetite, dryness of the mouth, retching, diarrhoea or constipation, headache, drowsiness, dizziness, somnolence, ataxia, disorders of visual accommodation, diplopia, or, in elderly patients, states of confusion and agitation - may occur, particularly at the start of treatment. These effects may require temporary reduction in the dosage.

Hyponatraemia due to the anti diuretic effect of DEGRANOL and possibly accompanied by vomiting, headache, and mental confusion has been observed.

Allergic skin reactions, as well as occurrences of exfoliative dermatitis, paraesthesia, systemic lupus erythematosus, Stevens-Johnson syndrome, photosensitivity, altered skin pigmentation, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, thrombo-embolism, left ventricular failure, disturbances of cardiac impulse conduction, hepatocellular and cholestatic hepatitis, acute oliguria with hypertension and proteinuria have been reported.

A wide variety of other central nervous system, gastrointestinal, cardiovascular and dermatological effects have also been reported.

In patients with cardiovascular diseases, or with hepatic or renal disorders, glaucoma and in elderly subjects, DEGRANOL should be administered with caution.

Tolerance may develop to some of the untoward effects of DEGRANOL and they can be

minimised by gradual increase in dosage and adjustment of maintenance dosage.

If treatment with DEGRANOL is withdrawn abruptly, the change-over to another anti-epileptic should be effected under cover of diazepam or a barbiturate.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENTS

Symptoms

Agitation, tremor, abnormal reflexes, convulsions, impairment of consciousness, hypertension or hypotension, nausea, vomiting, renal insufficiency, deep sleep, coma, EEG and ECG changes.

Treatment

No specific antidote.

The stomach should be emptied by aspiration and lavage.

Ensure clear airway and maintain respiration.

Treatment is mainly supportive and symptomatic.

Measures to monitor and safeguard vital functions.

Administration of diazepam where necessary.

IDENTIFICATION

A white round, flat tablet, with bevelled edges, plain on the one side and bisected on the other.

PRESENTATION

100 or 500 tablets are packed in a white polypropylene container and sealed with a white low density polyethylene cap together with a white foam or rayon insert.

56 or 84 tablets are packed in metallised lay flat bags which is composed of metallised polyester/laminant/ opaque white linear low density polyethylene.

56 or 84 tablets are packed in Ziplock layflat linear low density polyethylene bags with a key profile zipper and ribbed flanges.

Tablets are packed in clear polyvinylchloride blister strips sealed with an aluminium foil backing. The blister strips are packed into an outer cardboard carton together with a leaflet.

Not all packs and pack sizes are necessarily marketed.

STORAGE INSTRUCTIONS

Store at or below 25 °C, away from moisture.

Keep in original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER

G/2.5/220

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

PHARMACARE LIMITED

Healthcare Park

Woodlands Drive

Woodmead 2191

DATE OF PUBLICATION OF THE PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

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