

GABATOR M

For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory abbreviated prescribing information for GABATOR M (Gabapentin & Methylcobalamin Tablets)

[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: *Gabapentin:* Gabapentin readily enters the brain and prevents seizures in a number of animal models of epilepsy. Gabapentin does not possess affinity for either GABAA or GABAB receptor nor does it alter the metabolism of GABA. It does not bind to other neurotransmitter receptors of the brain and does not interact with sodium channels. Gabapentin binds with high affinity to the $\alpha 2\delta$ (alpha-2-delta) subunit of voltage-gated calcium channels and it is proposed that binding to the $\alpha 2\delta$ subunit may be involved in gabapentin's anti-seizure effects in animals. Broad panel screening does not suggest any other drug targets other than $\alpha 2\delta$. *Methylcobalamin:* Vitamin B12 is necessary for the formation of blood corpuscles, nerve sheaths and various proteins. It is also involved in fat and carbohydrate metabolism and is essential for growth. Adenosylcobalamin is the co enzyme for isomerization of 1-Methylmalonyl Co enzyme A to Succinyl Coenzyme A (an important reaction in lipid and carbohydrate metabolism) and in Ribonucleotide reduction (which provides building blocks for DNA synthesis). Reactions involving methylcobalamin include biosynthesis of methionine, methane and acetate. There is evidence that Vitamin B12 is required the synthesis of folate polyglutamase (active coenzyme required in the formation of nerve tissue) and in the regeneration of folate during red blood cell formation. Methylcobalamin is an endogenous Coenzyme B12 Methylcobalamin plays as important role in transmethylation as a coenzyme of methionine synthetase in the synthesis of methionine from homocystine.

INDICATION: GABATOR M is indicated for neuropathic pain in adults.

DOSAGE AND ADMINISTRATION: Film coated tablet, *Method of administration:* For oral use. Gabapentin can be given with or without food and should be swallowed whole with sufficient fluid intake (e.g. a glass of water).

CONTRAINDICATION: Hypersensitivity to the active substance or to any of the excipients. Recent myocardial infarction, any degree of heart block or other cardiac arrhythmias, severe liver disease and mania. Tobacco amblyopia. Should not be used to treat megaloblastic anaemia of pregnancy. Should not be administered before pernicious anaemia or folate deficiency has been ruled out.

WARNINGS & PRECAUTIONS: *Gabapentin:* Drug Rash with Eosinophilia and Systemic Symptoms (DRESS), Anaphylaxis, Suicidal ideation and behavior, Acute pancreatitis, Seizures, Concomitant use with opioids and other CNS depressants, Respiratory depression, Elderly (over 65 years of age), Paediatric population, Abuse and Dependence. *Methylcobalamin:* Use cautiously in patients with hypertension, cardiovascular and lung diseases. Cardiac arrhythmias secondary to hypokalaemia during initial therapy have been reported. Vitamin B12 should be given prophylactically only when there is a reasonable indication. Administration of methylcobalamin doses greater than 10mcg daily, may produce a hematological response in patients with folate deficiency. It is important to monitor methylcobalamin concentrations in plasma and to obtain peripheral blood counts at intervals of 3 to 6 months to confirm that adequacy of therapy. Since refractoriness to therapy can develop at any time, evaluation must continue throughout the patient's life. Serum concentrations may be decreased by concurrent administration of oral contraceptives. Blood concentrations of methylcobalamin may be reduced if large doses of folate are taken continuously.

DRUG INTERACTIONS: *Gabapentin:* Respiratory depression and/or sedation and death associated with Gabapentin when co-administered with CNS depressants including opioids. Gabapentin with morphine increased in AUC by 44% compared to gabapentin administered without morphine. Co-administration of gabapentin with antacids containing aluminium and magnesium, reduces gabapentin bioavailability up to 24%. It is recommended that gabapentin be taken at the earliest two hours following antacid administration. Renal excretion of gabapentin is unaltered by probenecid. A slight decrease in renal excretion of gabapentin that is observed when it is co-administered with cimetidine is not expected to be of clinical importance. *Methylcobalamin:* Tetracycline: Vitamin B12 should not be taken at the same time as the antibiotic Tetracycline because it interferes with the absorption and effectiveness of this

medication. Vitamin B12 either alone or in combination with other B vitamins should be taken at different times of the day from tetracycline. Chemotherapy Medications: Blood levels of Vitamin B12 may be reduced when taking chemotherapy medications (particularly methotrexate) for cancer. Absorption of cobalamin is impaired by alcohol, vitamin B6 (pyridoxine) deficiency, cholestyramine, para-aminosalicylic acid, colchicine, neomycin, the oral biguanides, metformin, histamine H2 receptor antagonists (cimetidine, ranitidine, etc.) phenformin and possibly potassium chloride. A number of anticonvulsants phenobarbitone, primidone, phenytoin, and ethylphenacetamide can alter the metabolism of cobalamin in the cerebrospinal fluid and lead to neuropsychotic disturbances. Several substituted amide, lactone and lactam analogues of cyanocobalamin compete with binding sites on intrinsic factor and lead to depressed absorption of the vitamins. Nitrous oxide also interferes with cobalamin metabolism.

ADVERSE REACTIONS: *Gabapentin:* viral infection, pneumonia, respiratory infection, urinary tract infection, infection, otitis media, leucopenia, thrombocytopenia, allergic reactions (e.g. urticaria), hypersensitivity syndrome (a systemic reaction with a variable presentation that can include fever, rash, hepatitis, lymphadenopathy, eosinophilia, and sometimes other signs and symptoms), anaphylaxis, anorexia, increased appetite, hyperglycaemia (most often observed in patients with diabetes), hypoglycaemia (most often observed in patients with diabetes), hyponatraemia, hostility, confusion and emotional lability, depression, anxiety, nervousness, thinking abnormal, agitation, hallucinations, suicidal ideation, somnolence, dizziness, ataxia, convulsions, hyperkinesias, dysarthria, amnesia, tremor, insomnia, headache, sensations such as paresthesia, hypaesthesia, coordination abnormal, nystagmus, increased, decreased, or absent reflexes, hypokinesia, mental impairment and loss of consciousness. *Methylcobalamin:* Generally well tolerated.

MARKETED BY:



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(Additional information is available on request)