

LOZAPIN

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

Abbreviated Prescribing information for LOZAPIN [Clozapine Tablets 25mg, 50mg, 100mg] [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: It has been proposed that the therapeutic efficacy of clozapine in schizophrenia is mediated through antagonism of the dopamine type 2 (D2) and the serotonin type 2A (5-HT2A) receptors. Clozapine also acts as an antagonist at adrenergic, cholinergic, histaminergic and other dopaminergic and serotonergic receptors.

INDICATION: Indicated in the management of Schizophrenic patients.

DOSAGE AND ADMINISTRATION: Before initiating therapy, absolute neutrophil count (ANC) must be $\geq 2000/\text{mm}^3$ and the WBC $\geq 3500 \text{ mm}^3$. The starting dose is 12.5 mg once daily or twice daily. By end of 2 weeks dose may be increased to 300mg - 450mg (divided dose) in daily increment of 25-50mg. The maximum allowed dose is 900mg daily. If discontinuation of treatment required, it should be gradual over 1 to 2 weeks. If abrupt discontinuation is required, monitor for symptoms of recurrence of psychotic symptoms. If re-initiation of treatment is required, start with 12.5mg twice daily. Dosage Adjustments with Concomitant use of CYP1A2, CYP2D6, CYP3A4 Inhibitors or CYP1A2, CYP3A4 Inducers. It is necessary to reduce the Clozapine dose in patients with significant renal or hepatic impairment, or in CYP2D6 poor metabolizers.

CONTRAINDICATION: History of Clozapine-induced Agranulocytosis or Severe Granulocytopenia; history of hypersensitivity to clozapine (e.g., photosensitivity, vasculitis, erythema multiforme, or Stevens - Johnson syndrome) or any other component of tablet.

WARNINGS & PRECAUTIONS: Elderly patients with dementia related psychosis; agranulocytosis; risk of orthostatic hypotension, bradycardia, and syncope during initiation of therapy; seizures, myocarditis, cardiomyopathy; Increased Mortality in Elderly Patients with Dementia-Related Psychosis; eosinophilia, QT interval prolongation, metabolic changes (hyperglycemia and diabetes mellitus, dyslipidemia, weight gain), neuroleptic malignant syndrome, fever, pulmonary embolism, anticholinergic toxicity, interference with cognitive and motor performance, tardive dyskinesia, cerebrovascular adverse events like (stroke, transient ischemic attack), recurrence of psychosis and cholinergic rebound after abrupt discontinuation of clozapine, pregnancy and lactation.

DRUG INTERACTIONS: CYP1A2 Inhibitors, CYP2D6 and CYP3A4 Inhibitors, increase plasma level of clozapine, while CYP1A2 and CYP3A4 Inducers reduce plasma concentration of clozapine, Drugs that Cause QT Interval Prolongation, concomitant use of drugs metabolized by CYP2D6 (antidepressants, phenothiazines, carbamazepine and Type 1C antiarrhythmics).

ADVERSE REACTIONS: Agranulocytosis, orthostatic hypotension, bradycardia, and syncope, seizures, myocarditis and cardiomyopathy, increased mortality in elderly patients with dementia-related psychosis, eosinophilia, QT interval prolongation, metabolic changes (hyperglycemia and diabetes mellitus, dyslipidemia, and weight gain), neuroleptic malignant syndrome, fever, pulmonary embolism, anticholinergic toxicity, interference with cognitive and motor performance, tardive dyskinesia, cerebrovascular adverse reactions, recurrence of psychosis and cholinergic rebound after abrupt discontinuation, dystonia, delirium, EEG abnormal, myoclonus, paresthesia, possible cataplexy, status epilepticus, obsessive compulsive symptoms, and post-discontinuation cholinergic rebound adverse reactions, atrial or ventricular fibrillation, ventricular tachycardia, Torsades de Pointes, myocardial infarction, cardiac arrest, periorbital edema, acute pancreatitis, dysphagia, salivary gland swelling, colitis, cholestasis, hepatitis, jaundice, hepatotoxicity, hepatic steatosis, hepatic necrosis, hepatic fibrosis, hepatic cirrhosis, liver injury (hepatic, cholestatic, and mixed), liver failure, angioedema, leukocytoclastic vasculitis, acute interstitial nephritis, nocturnal enuresis, priapism, renal failure, hypersensitivity reactions, myasthenic syndrome, rhabdomyolysis and systemic lupus erythematosus, aspiration, pleural effusion, pneumonia, lower respiratory tract infection, deep-vein

thrombosis, elevated hemoglobin/hematocrit, erythrocyte sedimentation rate (ESR) increased, sepsis, thrombocytosis, thrombocytopenia, narrow-angle glaucoma, creatine phosphokinase elevation, hyperuricemia, hyponatremia and weight loss.

MARKETED BY:



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IN/LOZAPIN 25,50,100mg/Jun-15/01/AbPI
(Additional information is available on request)