Neutop Tablets

(Topiramate Tablets USP)

نیوٹوپ گولیاں

(ٹوپیرامیٹ)

COMPOSITION:
Each film coated tablet contains:
Topiramate USP ... 25mg or 50mg. [USP Specs.]

DESCRIPTION: Topiramate Tablet is an anticonvulsant that is chemically unrelated to any other anticonvulsant or mood regulating medication for oral administration.

CLINICAL PHARMACOLOGY:
MECHANISM OF ACTION: The precise mechanism by which **Topiramate** exert its antiseizure effect is unknown; however, four properties may contribute **Topiramate's** antiepileptic efficacy. Electrophysiological and biochemical evidence suggests that **Topiramate**, at pharmacologically relevant concentrations, blocks voltage dependent sodium channels, augments the activity of neurotransmitter gamma-aminobutyrate at some subtypes of the GABA-A receptor, antagonizes the kainate subtype of the glutamate receptor, and inhibits the carbonic anhydrase enzyme, particularly isoenzymes II and IV. It works by decreasing abnormal excitement in the brain.

PHARMACOKINETICS: The bioavailability of **Topiramate** is not affected by food. The pharmacokinetics of **Topiramate** are linear with dose proportional increases in plasma concentration. The mean plasma elimination half-life is 21 hours after single or multiple doses. Steady state is thus reached in about 4 days in patients with normal renal function. **Topiramate** is 15-41% bound to human plasma proteins over the blood concentration range of 0.5-250mcg/ml.
Metabolism and Excretion: Topiramate is not extensively metabolized and is primarily eliminated unchanged in the urine (approximately 70% of an administered dose). Six metabolites have been identified in humans, none of which constitutes more than 5% of an administered dose. Overall, oral plasma clearance (CL/F) is approximately 20 to 30ml/min in humans following oral administration.

INDICATIONS: Monotherapy epilepsy: Neutop (Topiramate) Tablet is used to treat the seizure disorders (epilepsy) with or without secondary generalized seizures and primary generalized tonic-clonic seizures.
Adjunctive therapy epilepsy: Neutop (Topiramate) Tablet may be used with other seizure medications to treat partial onset seizures with or without secondary generalization, primary generalized tonic-clonic seizures and for the treatment of seizures associated with Lennox-Gastaut syndrome.
Migraine: Neutop (Topiramate) Tablet is also used for prophylaxis of migraine headaches. Not intended for acute treatment.
Other uses: Neutop (Topiramate) Tablet has recently been shown to improve the drinking outcomes of alcohol-dependent individuate.

CONTRA-INDICATIONS: Hypersensitivity to any component of this product.

DOSAGE AND ADMINISTRATION: Monotherapy Use: The recommended dose for **Topiramate** Tablet monotherapy in adults and children 10 years of age and older is 400mg/day in two divided doses. The dose should be achieved by titrating according to the following schedule:

	Morning Dose	Evening Dose
Week 1	25mg	25mg
Week 2	50mg	50mg
Week 3	75mg	75mg
Week 4	100mg	100mg
Week 5	150mg	150mg
Week 6	150mg	150mg

Adjunctive Therapy Use: Adults (17 Years of Age and Over) Partial Onset Seizures, Primary Generalized Tonic-Clonic Seizures, or Lennox-Gastaut Syndrome: The recommended total daily dose of **Topiramate** Tablet as adjunctive therapy in adults with partial seizures is 200-400mg/day in two divided doses, and 400mg/day in two divided doses as adjunctive treatment in adults with primary generalized tonic-clonic seizures. It is recommended that therapy be initiated at 25-50mg/day followed by titration to an effective dose in increments of 25-50mg/week. Titrating in increments of 25mg/week may delay the time to reach an effective dose.
Pediatric Patients (Ages 2-16 Years) Partial Onset Seizures, Primary Generalized Tonic-Clonic Seizures, or Lennox-Gastaut Syndrome: The recommended total daily dose of **Topiramate** Tablet as adjunctive therapy for patients with partial onset seizures, primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut Syndrome is approximately 5 to 9mg/kg/day in two divided doses. Titration should begin at 25mg (or less, based on a range of 1 to 3mg/kg/day) nightly for the first week. The dosage should then be increased at 1 or 2-week intervals by increments of 1 to 3mg/kg/day (administered in two divided doses), to achieve optimal clinical response. **Migraine:** The recommended total daily dose of **Topiramate** Tablet for prophylaxis of migraine headache is 100mg/day administered in two divided doses. The recommended titration rate for **Topiramate** for migraine prophylaxis to 100mg/day is:

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	Morning Dose	Evening Dose
Week 1	None	25mg
Week 2	25mg	25mg
Week 3	25mg	50mg
Week 4	50mg	50mg

Dose and titration rate should be guided by clinical outcome. If required, longer intervals between dose adjustments can be used. **Topiramate** Tablet can be taken with or without regards to food.
Patients with Renal Impairment: In renally impaired subjects (creatinine clearance less than <70ml/min/1.73m^2), one half of the usual adult dose is recommended. **Patients with Hepatic Disease:** In hepatically impaired patients **Topiramate** plasma concentrations may be increased, so dose adjustment should be made accordingly. **Geriatric Patients (Ages 65 Years and Over):** Dosage adjustment may be indicated in the elderly patient when impaired renal function (creatinine clearance rate <70ml/min/1.73m^2) is evident.

ADVERSE EFFECTS: More common side effects may include: Abdominal pain, constipation, depression, dizziness, drowsiness, fatigue, tingling or burning sensations, nasopharyngitis, upper respiratory infection & weight loss.
Less common side effects may include: Abnormal gait, abnormal menstrual bleeding, acne, aggressiveness, apathy, bladder infection, changes in taste, bloody urine, body odor, bronchitis, cough, decreased mobility, decreased sensitivity, diarrhea, digestive inflammation, dry mouth, eye pain, feelings of illness, fever, fluid retention, frequent urination, gas, gum inflammation, hair loss, hallucinations, headache, hearing difficulties, heart palpitations, impotence, irritable bladder, joint pain, kidney stones, loss of balance, loss of consciousness, low sex drive, mood swings, musdeache, muscle weakness, nosebleeds, painful or difficult urination, pinkeye, ringing in the ears, severe itching, shivers, shortness of breath, sleeplessness, suicidal tendencies, swelling, vaginal infection, vomiting, weight gain.

PRECAUTIONS: Topiramate Tablet should be withdrawn gradually to minimize the potential of increased seizure frequency. Patients with moderate or severe renal impairment may take 10 to 15 days to reach steady-state plasma concentrations as compared to 4 to 8 days in patients with normal renal function. Some patients, especially those with a predisposition to nephrolithiasis, may be at increased risk for renal stone formation. Adequate hydration is recommended to reduce this risk. In addition, patients taking other medication associated with nephrolithiasis may be at increased risk. In hepatically impaired patients, **Topiramate** should be administered with caution as the clearance of **Topiramate** may be decreased.
Pregnancy: Topiramate crosses the placental barrier. There is no data available for Topiramate in pregnant women. However, **Topiramate** therapy should be used during pregnancy only if the potential benefit outweighs the potential risk to the fetus.
Lactation: It is not known if **Topiramate** is excreted in human milk. The prescriber should decide whether to discontinue nursing or discontinue the drug, taking into account the risk/benefit ratio.
Children: Safety and effectiveness in children under 2 years of age have not been established. **Geriatrics:** The possibility of age-associated renal function abnormalities should be considered when using **Topiramate**.

DRUG INTERACTIONS: Antiepileptic Drugs (AEDs): Potential interactions between **Topiramate** and standard antiepileptic drugs (AEDs) occur in patients with epilepsy. The addition of **Topiramate** to other antiepileptic drugs (phenytoin, carbamazepine, valproic acid, phenobarbital, primidone) has no effect on their steady-state plasma concentrations, except in the occasional patient, where the addition of **Topiramate** to phenytoin may result in an increase of plasma concentrations of phenytoin. Phenytoin and carbamazepine decrease the plasma concentration of **Topiramate.** The addition or withdrawal of valproic acid does not produce clinically significant changes in plasma concentrations of **Topiramate.**
Digoxin: Concomitant administration of **Topiramate** and digoxin may decrease serum digoxin AUC to about 12%. When **Topiramate** is added or withdrawn in patients on digoxin therapy, careful attention should be given to the routine monitoring of serum digoxin.
CNS Depressants: Concomitant administration of **Topiramate** and alcohol or other CNS depressant drugs has not been evaluated in clinical studies. It is recommended that **Topiramate** should not be used concomitantly with alcohol or other CNS depressant drugs.
Oral Contraceptives: Efficacy of low-dose oral contraceptives may be reduced in combination with **Topiramate**.

OVER DOSAGE AND ITS MANAGEMENT: The signs and symptoms of overdosage may include convulsions, drowsiness, speech disturbances, blurred vision, diplopia, impaired mentation, lethargy, abnormal co-ordination, stupor, hypotension, abdominal pain, agitation, dizziness, depression, and severe metabolic acidosis. If the ingestion is recent, the stomach should be emptied immediately by lavage or by the induction of emesis. Hemodialysis is effective for removing **Topiramate** from the body.

INSTRUCTIONS: Store below 30°C. Protect from heat, light and moisture. Keep out of the reach of children.

PRESENTATION: Neutop (Topiramate) Tablet 25mg and 50mg are available in pack sizes of 20's tablets.

ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:
NABIQASIM INDUSTRIES (PVT.) LTD.
17/24, Korangi Industrial Area,
PHARMA Karachi-Pakistan.

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