

## **Part II**

### **Summary of Product Characteristics**

#### **1 NAME OF THE MEDICINAL PRODUCT**

Stelazine 5mg Film-coated Tablets

#### **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each tablet contains trifluoperazine hydrochloride equivalent to 5 mg of trifluoperazine.

Excipients: Each tablet contains 17mg sucrose

For a full list of excipients, see section 6.1.

#### **3 PHARMACEUTICAL FORM**

Film-coated tablet

Aqueous, film-coated, blue, biconvex tablets having the monogram "STE 5mg" imprinted on one face.

#### **4 CLINICAL PARTICULARS**

##### **4.1 Therapeutic Indications**

In the management of anxiety states, and psychoses, and as an anti-emetic.

##### **4.2 Posology and method of administration**

Oral Administration:

Low Dosage Requirements

Adults:

The usual total daily dosage is 2 to 6 mg in divided doses.

Children: Aged 6 to 12 years:

The usual total daily dosage is 1 to 4 mg in divided doses

High Dosage Requirements

Adults:

The usual total daily dosage is 5 to 25 mg in divided doses.

Children: Aged 6 to 12 years:

The usual total daily dosage is 5 mg in divided doses

The Elderly:

Reduce the starting dose in elderly or frail patients by at least half

### **4.3 Contraindications**

Use in patients hypersensitive to the active ingredient or any of the excipients.

Use in patients with coma particularly if associated with other central nervous system depressants.

Use in patients with liver dysfunction or a history of jaundice or liver disease.

Use in patients with existent blood dyscrasias or on concurrent therapy with cytotoxic drugs or those with similar haemotoxic effects.

Use in patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucraseisomaltase insufficiency.

### **4.4 Special warnings and precautions for use**

'Stelazine' should be discontinued at the first sign of clinical symptoms of tardive dyskinesia and Neuroleptic Malignant Syndrome.

Patients receiving phenothiazines over a prolonged period require careful surveillance with particular attention to potential for inducing eye changes, effects on haemopoiesis, liver dysfunction, myocardial conduction effects, particularly if other concurrently administered drugs have potential effects on these systems.

Since phenothiazines may lower the convulsive threshold, patients with epilepsy should be treated with caution. (See Section 4.5).

Patients who have demonstrated bone marrow suppression or jaundice with a phenothiazine should not be re-exposed to 'Stelazine' (or any trifluoperazine) unless in the judgement of the physician the potential benefits of treatment outweigh the possible hazard.

Because 'Stelazine' may increase activity, care should be taken in patients with angina pectoris. If an increase in pain is noted, the drug should be discontinued.

Although 'Stelazine' has minimal anticholinergic activity, this should be borne in mind when treating patients with narrow angle glaucoma. or prostatic hypertrophy ( See Section 4.8).

Use of phenothiazines at high (relative or absolute) doses may induce extrapyramidal side-effects dyskinesia, akathisia, dystonia, parkinsonism. These are likely to be particularly severe in children.

Prolonged administration of any phenothiazine may result in persistent or tardive dyskinesias, particularly in the elderly.

In common with other antipsychotics trifluoperazine has been associated with persistent dyskinesia. Tardive dyskinesia may develop in some patients on long term therapy, possibly in relation to total cumulative dose, or may develop after drug therapy has been discontinued. The risk is reported to be greater in elderly patients on high dose therapy.

Characteristic symptoms are rhythmical involuntary movements of the tongue, face, mouth or jaw sometimes accompanied by involuntary movement of the extremities. They may persist for many months or even years and while they gradually disappear in some patients, they appear to be permanent in others. Avoid concomitant antipsychotics.

At the first signs of tardive dyskinesia which may be orofacial dyskinesia 'Stelazine' should be discontinued.

Antiparkinsonian agents have proved of little value in this syndrome.

Phenothiazines should be used with particular care in the presence of extremes of temperature because of its capacity to interfere with the body's temperature.

Phenothiazines should only be used with great caution in patients with coronary insufficiency or cardiac disease.

Caution in patients with cardiovascular disease or family history of QT prolongation.

Lactation and amenorrhoea are rare and tend to be dose dependent, and may be related to increased secretion of prolactin. Certain hormone dependent breast neoplasms may also be affected by increased secretion of prolactin

#### **4.5 Interaction with other medicinal products and other forms of interaction**

The concomitant administration of this product with other medication such as central nervous system depressants (including alcohol and anaesthetics), or antihypertensives or anticholinergics will result in accentuation of their effects, while potentiation of action will also occur with antidepressants and analgesics.

The hypotensive effect of phenothiazines may potentiate the effects of antihypertensives, or of other drugs with hypotensive activity.

Since phenothiazines may lower the convulsive threshold, patients with epilepsy should be treated with caution, anticonvulsant dosage adjustment may be necessary.

Trifluoperazine may diminish the effect of oral anticoagulants.

The drug may antagonise the effects of levodopa

Simultaneous administration of prochlorperazine and desferrioxamine has been observed to induce a loss of consciousness for 48-72 hours. This may occur with 'Stelazine' since it shares many of the pharmacological activities of prochlorperazine.

Concurrent use of drugs that depress leucopoiesis should be avoided.

Avoid concomitant QT prolonging drugs, drugs causing electrolyte imbalance & metabolic inhibitors (CYP\_) where known.

#### **4.6 Pregnancy and lactation**

Adequate human data on the use of trifluoperazine during pregnancy are not available. Animal studies have shown adverse effects on embryo-foetal development. Therefore, trifluoperazine must only be used during pregnancy if in the judgment of the physician, the potential benefit to the mother outweighs the potential risk to the foetus.

There is evidence that phenothiazines are excreted in the breast milk of nursing mothers. Because of the potential for severe adverse reactions in nursing infants from trifluoperazine, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

#### **4.7 Effects on ability to drive and use machines**

Phenothiazines may induce drowsiness. Persons taking these drugs should not drive or operate machinery unless the drug has been shown not to interfere with physical or mental ability.

#### **4.8 Undesirable effects**

Side effects include:

Blood and lymphatic system disorders: blood dyscrasias

Endocrine disorders: galactorrhoea, amenorrhoea, gynaecomastia

Metabolism and nutrition disorders: oedema, weight changes.

Nervous system disorders: sedation, Neuroleptic malignant syndrome, restlessness, Insomnia, muscle weakness, confusion, tardive dyskinesia

Eye disorders: visual disturbances, pigmentary retinopathy,

Cardiac disorders: tachycardia, ventricular arrhythmias – VF, VT (rare), Cardiac arrest, Torsades de pointes

Vascular disorders: postural hypotension

Gastrointestinal disorders: dry mouth, constipation

Hepatobiliary disorders: Cholestatic jaundice

Skin and subcutaneous tissue disorders: photosensitivity, rashes, hyperpigmentation

Renal and urinary disorders: urinary hesitation and retention.

General disorders and administration site conditions: Sudden unexplained death, hyperpyrexia

Investigations: QT prolongation

#### **4.9 Overdose**

Signs and symptoms will be predominantly extrapyramidal; hypotension may occur. Treatment consists of gastric lavage together with supportive and symptomatic measures. Do not induce vomiting. Extrapyramidal symptoms may be treated with an anticholinergic antiparkinsonism drug.

Treat hypotension with fluid replacement; if severe or persistent, noradrenaline may be considered. Adrenaline is contraindicated.

### **5 PHARMACOLOGICAL PROPERTIES**

#### **5.1 Pharmacodynamic properties**

ATC code: N05AB06

Pharmacotherapeutic group: Phenothiazine typical antipsychotics

The product is a piperazine phenothiazine tranquilliser with potent antipsychotic, anxiolytic and antiemetic activity, and a pharmacological profile of moderate sedative and hypotensive properties, and fairly pronounced tendency to cause extrapyramidal reactions

#### **5.2 Pharmacokinetic properties**

A phenothiazine well absorbed but with extensive first pass metabolism. Distribution is wide and elimination of metabolites and drug occurs in bile and urine.

#### **5.3 Preclinical safety data**

None available

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

#### Tablet Core

Calcium sulphate dihydrate

Sucrose

Maize starch

Gelatin

Talc

Stearic acid

Film-coating

Hypromellose (E464)

Titanium dioxide (E171)

Macrogol 400

Indigo carmine (E132)

Carnauba wax

### **6.2 Incompatibilities**

Not applicable

### **6.3 Shelf Life**

3 years

### **6.4 Special precautions for storage**

Do not store above 25°C. Store in the original container in order to protect from light and moisture.

### **6.5 Nature and contents of container**

Opaque PVC/PVdC/aluminium foil blisters in packs containing 28, 56, 100 and 112 tablets

Not all pack sizes may be marketed

### **6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product**

No special requirements,

**7 MARKETING AUTHORISATION HOLDER**

Goldshield Pharmaceuticals Limited

Trading as:

Goldshield  
NLA Tower  
12-16 Addiscombe Road  
Croydon  
Surrey CRO OXT  
United Kingdom

**8 MARKETING AUTHORISATION NUMBER**

PA 899/3/2

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 01 April 1977

Date of last renewal: 01 April 2007

**10 DATE OF REVISION OF THE TEXT**

July 2009