Mozart Tablets*

موزارٹ ٹیبلٹس

COMPOSITION: ***Each tablet contains:*** Risperidone BP/USP ..... 1, 2, 3 & 4 mg, respectively.

DESCRIPTION: Risperidone is a psychotropic agent belonging to the chemical class of benzisoxazole derivatives. The chemical designation is 3-[2-[4-(6-fluoro-1,2-benzisoxazol-3-yl)-1-piperidinyl]ethyl]-6,7,8,9-tetrahydro-2-methyl-4H-pyrido[1,2-a] pyrimidin-4-one. Its molecular formula is $C_{23}H_{27}FN_4O_2$ and its molecular weight is 410.49.

PHARMACOLOGY: ***Pharmacodynamics:*** Risperidone is a selective monoaminergic antagonist with high affinity for the serotonin Type 2 ($5HT_2$), dopamine Type 2 (D_2), alpha-1 and alpha-2 adrenergic, and histaminergic (H_1) receptors. Risperidone acts as an antagonist at other receptors, but with lower potency. Risperidone has no affinity for cholinergic muscarinic or β_1 and β_2 adrenergic receptors. ***Pharmacokinetics:*** Risperidone is well absorbed. Food does not affect either the rate or extent of absorption of risperidone. Thus, risperidone can be given with or without meals. The absolute oral bioavailability of risperidone is 70%. Plasma concentrations of risperidone are dose proportional over the dosing range of 1 to 16 mg daily. Mean peak plasma concentration occurs at about 1 hour after oral administration. Risperidone is extensively metabolized by the enzyme, CYP 2D6 in the liver to 9-hydroxyrisperidone, which has similar pharmacological activity as risperidone. Risperidone is rapidly distributed. The volume of distribution is 1-2 L/kg. In plasma, risperidone is bound to albumin and alpha-1-acid glycoprotein. The plasma protein binding of risperidone and its major metabolite is 90% & 77% respectively. Risperidone and its metabolites are eliminated through urine and, to a much lesser extent, via the feces. Overall mean elimination half-life of risperidone is about 20 hours.

INDICATIONS: MOZART Tablets, an atypical antipsychotic agent, are indicated for:

- Treatment of schizophrenia in adults and adolescents aged 13-17 years.
- Alone, or in combination with lithium or valproate, for the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in adults and alone in children and adolescents aged 10-17 years.
- Treatment of irritability associated with autistic disorder in children and adolescents aged 5-16 years.

CONTRAINDICATIONS: Risperidone is contraindicated in patients with a known hypersensitivity to the product.

POSSIBLE ADVERSE EFFECTS: Although risperidone is well tolerated in many patients, but adverse effects include weight gain, dizziness, postural hypotension and extrapyramidal symptoms. Other adverse effects include insomnia, agitation, anxiety, headache, drowsiness, impaired concentration, fatigue, blurred vision, constipation, nausea & vomiting, dyspepsia, hyperprolactinemia, sexual dysfunction, priapism, urinary incontinence, tachycardia, hypertension, rash, rhinitis, CVA, neutropenia and thrombocytopenia.

DRUG INTERACTIONS: Caution should be used when risperidone is taken in combination with other centrally acting drugs and alcohol. Because of its potential for inducing hypotension, risperidone may enhance the hypotensive effect of antihypertensive drugs. Risperidone may antagonize the effects of levodopa and dopamine agonists. Chronic administration of clozapine with risperidone may decrease the clearance of risperidone. During co-administration of carbamazepine with risperidone the plasma concentrations of risperidone and its pharmacologically active metabolite, 9-hydroxyrisperidone, are decreased by about 50%. Co-administration of other known enzyme inducers (e.g., phenytoin, rifampin, and phenobarbital) with risperidone could lead to decreased efficacy of risperidone treatment. Fluoxetine and paroxetine have been shown to increase the plasma concentration of risperidone.

WARNINGS: ***Increased Mortality in Elderly Patients with Dementia-Related Psychosis:*** Elderly patients with dementia-related psychosis treated with atypical anti-psychotic drugs are at an increased risk of death. Risperidone is not indicated for the treatment of dementia-related psychosis. ***Neuroleptic Malignant Syndrome (NMS):*** A fatal symptom complex referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with antipsychotic drugs. The patient should be carefully monitored, since recurrences of NMS have been reported. ***Tardive Dyskinesia:*** If signs and symptoms of tardive dyskinesia appear in a patient treated on risperidone, drug discontinuation should be considered. However, some patients may require treatment with risperidone despite the presence of the syndrome. ***Cerebrovascular Adverse Events, Including Stroke, in Elderly Patients with Dementia:*** Cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, were reported in elderly patients on risperidone (mean age 85 years). ***Hyperglycemia and Diabetes Mellitus:*** Hyperglycemia, in some extreme cases and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics including risperidone. ***Orthostatic Hypotension:*** Risperidone may induce orthostatic hypotension. Risperidone should be used with particular caution in patients with known cardiovascular disease. A dose reduction should be considered if hypotension occurs. ***Seizures:*** Risperidone and other antipsychotic drugs should be used cautiously in patients with a history of seizures. ***Dysphagia:*** Esophageal dysmotility and aspiration have been associated with anti-psychotic drug use. ***Hyperprolactinemia:*** Risperidone elevates prolactin levels and the elevation persists during chronic administration. Therefore patients on risperidone might experience galactorrhea, amenorrhea, gynecomastia, and impotence. ***Driving and Operating Machinery:*** Risperidone has the potential to impair judgment, thinking, or motor skills. Patients should be cautioned about operating hazardous machinery, including automobiles. ***Use in Elderly and in Patients with Concomitant Illness:*** A lower starting dose is recommended in the elderly due to decreased hepatic, renal or cardiac functions. Caution is advisable while using risperidone in patients with concomitant illness or on other drug therapy. ***Suicide:*** Close supervision of high-risk patients should accompany drug therapy. ***Body Temperature Regulation:*** Caution is advised when prescribing for patients who are exposed to temperature extremes. ***Pregnancy:*** Safety of the medicine during pregnancy has not been established,

so it should be used only when clearly indicated and benefits outweigh the hazards. ***Lactation:*** Risperidone and 9-hydroxyrisperidone are excreted in milk. Therefore, women receiving risperidone should not breast-feed. ***Children:*** Safety and effectiveness in children of 5 years and less have not been established. ***Alcohol:*** Patients should be advised to avoid alcohol while taking risperidone.

DOSAGE & ADMINISTRATION: ***Schizophrenia: Adults: Usual Initial Dose:*** MOZART Tablets can be administered once or twice-daily. Initial dosing is generally 2 mg/day. Dose increases should then occur at intervals not less than 24 hours, in increments of 1-2 mg/day, as tolerated, to a recommended dose of 4-8 mg/day. In some patients, slower titration may be appropriate. Efficacy has been demonstrated in a range of 4-16 mg/day. ***Maintenance Therapy:*** Patients should be periodically reassessed to determine the need for maintenance treatment with an appropriate dose. The effectiveness of MOZART Tablets 2 mg/day to 8 mg/day at delaying relapse was demonstrated in a controlled trial in patients who had been clinically stable for at least 4 weeks and were then followed for a period of 1 to 2 years. ***Adolescents:*** The dosage of MOZART Tablets should be initiated at 0.5 mg once-daily, administered as a single-daily dose in either the morning or evening. Dosage adjustments, if indicated, should occur at intervals not less than 24 hours, in increments of 0.5 or 1 mg/day, as tolerated, to a recommended dose of 3 mg/day. Efficacy has been demonstrated in studies of adolescent patients with schizophrenia at doses between 1 and 6 mg/day. Patients experiencing persistent somnolence may benefit from administering half the daily dose twice-daily. Long term use of MOZART Tablets beyond 8 weeks in adolescents with schizophrenia has not been studied. The physician who elects to use MOZART Tablets for extended periods in adolescents with schizophrenia should periodically re-evaluate the long-term usefulness of the drug for the individual patient. ***Switching from other Antipsychotics***: While immediate discontinuation of the previous antipsychotic treatment may be acceptable for some schizophrenic patients, more gradual discontinuation may be most appropriate for others. The period of overlapping antipsychotic administration should be minimized. ***Bipolar Mania: Adults: Usual Dose:*** MOZART Tablets should be administered on a once-daily schedule, starting with 2 mg to 3 mg per day. Dosage adjustments, if indicated, should occur at intervals of not less than 24 hours and in dosage increments/decrements of 1 mg per day. ***Pediatrics:*** The dosage of MOZART Tablets should be initiated at 0.5 mg once-daily, administered as a single-daily dose in either the morning or evening. Dosage adjustments, if indicated, should occur at intervals not less than 24 hours, in increments of 0.5 or 1 mg/day, as tolerated, to a recommended dose of 2.5 mg/day. Efficacy has been demonstrated in pediatric patients with bipolar mania at doses between 0.5 and 6 mg/day. Patients experiencing persistent somnolence may benefit from administering half the daily dose twice-daily. ***Maintenance Therapy:*** The physician who elects to use MOZART Tablets for extended periods should periodically re-evaluate the long-term risks and benefits of the drug for the individual patient as there are no systematically obtained data to support the long-term use of MOZART Tablets in patients with bipolar mania (i.e., beyond 3 weeks). ***Irritability Associated with Autistic Disorder – Pediatrics (Children & Adolescents): Usual Dose:*** The dosage of MOZART Tablets should be individualized according to the response and tolerability of the patient. The total daily dose of MOZART Tablets can be administered once-daily or half the total daily dose can be administered twice-daily. Dosing should be initiated at 0.25 mg per day for patients <20 kg and 0.5 mg per day for patients ≥20 kg. After a minimum of 4 days from treatment initiation, the dose may be increased to the recommended dose of 0.5 mg per day for patients <20 kg and 1 mg per day for patients ≥20 kg. This dose should be maintained for a minimum of 14 days. In patients not achieving sufficient clinical response, dose increases may be considered at ≥2-week intervals in increments of 0.25 mg per day for patients <20 kg or 0.5 mg per day for patients ≥20 kg. Caution should be exercised with dosage for smaller children who weigh less than 15 kg. ***Dosage in Special Populations:*** The recommended initial dose is 0.5 mg twice-daily in patients who are elderly or debilitated, patients with severe renal or hepatic impairment, and patients either predisposed to hypotension or for whom hypotension would pose a risk. Dosage increases in these patients should be in increments of no more than 0.5 mg twice-daily. Increases to dosages above 1.5 mg twice-daily should generally occur at intervals of at least 1 week. In some patients, slower titration may be medically appropriate. The drug should be used under strict medical supervision/advice.

SPECIAL INSTRUCTIONS TO THE PHYSICIAN: ***Overdosage:*** There is no specific antidote to risperidone. Therefore, appropriate supportive measures should be instituted. Physicians who elect to use risperidone for extended periods should periodically re-evaluate the long-term risks and benefits of the drug for the individual patient.

STORAGE/PRECAUTIONS: Store in a cool, dry and dark place between 15-30 °C. Keep all medicines out of the children's reach.

PRESENTATION: MOZART 1, 2, 3 & 4 mg Tablets are available in a packing containing 10 tablets respectively.

*Scotmann Specs.

خوراک: ڈاکٹر کی ہدایت کے مطابق۔

احتیاط: روشنی، نمی اور گرمی سے بچائیں۔ 15 سے 30 ڈگری سینٹی گریڈ کے درمیان محفوظ کریں۔ تمام ادویات بچوں کی پہنچ سے دور رکھیں۔ مستند ڈاکٹر کے نسخہ پر فروخت اور استعمال کریں۔

Complete Medical Information available only for doctors on request.

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