

Cipralex
5mg, 10mg, 20mg
Film-coated tablet
escitalopram (as oxalate)

1. NAME OF THE MEDICINAL PRODUCT

CIPRALEX 5 mg film-coated tablets
CIPRALEX 10 mg film-coated tablets
CIPRALEX 20 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Cipralex 5 mg: Each tablet contains 5 mg escitalopram (as 6.39 mg escitalopram oxalate)
Cipralex 10 mg: Each tablet contains 10 mg escitalopram (as 12.77 mg escitalopram oxalate)
Cipralex 20 mg: Each tablet contains 20 mg escitalopram (as 25.54 mg escitalopram oxalate)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets

Cipralex 5 mg: Round, white, film-coated tablet marked with "EK" on one side.
Cipralex 10 mg: Oval, white, scored, film-coated tablet marked with "E" and "L" on each side of the score on one side of the tablet.
Cipralex 20 mg: Oval, white, scored, film-coated tablet marked with "E" and "N" on each side of the score on one side of the tablet.

The 10 and 20 mg tablets can be divided into equal doses

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of major depressive episodes.
Treatment of panic disorder with or without agoraphobia.
Treatment of social anxiety disorder (social phobia).
Treatment of generalised anxiety disorder.
Treatment of obsessive-compulsive disorder.

4.2 Posology and method of administration

Safety of daily doses above 20 mg has not been demonstrated.

Cipralex is administered as a single daily dose and may be taken with or without food.

Major depressive episodes

Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily.

Usually 2-4 weeks are necessary to obtain antidepressant response. After the symptoms resolve, treatment for at least 6 months is required for consolidation of the response.

Panic disorder with or without agoraphobia

An initial dose of 5 mg is recommended for the first week before increasing the dose to 10 mg daily. The dose may be further increased, up to a maximum of 20 mg daily, dependent on individual patient response.

Maximum effectiveness is reached after about 3 months. The treatment lasts several months.

Social anxiety disorder

Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily.

Usually 2-4 weeks are necessary to obtain symptom relief. Treatment for 3 months is recommended to consolidate response. Long-term treatment of responders for 6 months has been shown to prevent relapse and can be considered on an individual basis; treatment benefits should be re-evaluated at regular intervals.

Generalised anxiety disorder

Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily.

Treatment for 3 months is recommended to consolidate response. Long-term treatment of responders for 6 months has been shown to prevent relapse and can be considered on an individual basis; treatment benefits should be re-evaluated at regular intervals

Obsessive-compulsive disorder (OCD)

Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to 20 mg daily.

Long-term treatment of patients responding to a 16-week open treatment phase has been studied for at least 24 weeks in patients receiving 10 or 20 mg/day. As OCD is a chronic disease, patients should be treated for a sufficient period to ensure that they are symptom free. This period may be several months or even longer.

Elderly patients (> 65 years of age)

Initial treatment with half the usually recommended dose and a lower maximum dose should be considered (see section 5.2).

Children and adolescents (<18 years)

Cipralext should not be used in the treatment of children and adolescents under the age of 18 years, see section 4.4.

Reduced renal function

Dosage adjustment is not necessary in patients with mild or moderate renal impairment. Caution is advised in patients with severely reduced renal function (CL_{CR} less than 30 ml/min.) (see section 5.2).

Reduced hepatic function

An initial dose of 5 mg daily for the first two weeks of treatment is recommended. Depending on individual patient response, the dose may be increased to 10 mg daily (see section 5.2).

Poor metabolisers of CYP2C19

For patients who are known to be poor metabolisers with respect to CYP2C19, an initial dose of 5 mg daily during the first two weeks of treatment is recommended. Depending on individual patient response, the dose may be increased to 10 mg daily (see section 5.2).

Discontinuation symptoms

When stopping treatment with Cipralext the dose should be gradually reduced over a period of at least one to two weeks in order to avoid possible discontinuations symptoms (see section 4.4 and 4.8).

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Concomitant treatment with non-selective, irreversible monoamine oxidase inhibitors (MAO-inhibitors) (see section 4.5).

Concomitant treatment with pimozide.

4.4 Special warnings and precautions for use

Antidepressants should not be used in the treatment of children and adolescents under age of 18 years. Suicide related behaviours (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo. If, based on clinical need, a decision to treat is nevertheless taken, the patient should be carefully monitored for the appearance of suicidal symptoms.

The following special warnings and precautions apply to the therapeutic class of SSRIs (Selective Serotonin Re-uptake Inhibitors).

Coronary Heart Disease

Due to limited clinical response, caution is advised in patients with coronary heart disease.

Paradoxical anxiety

Some patients with panic disorder may experience increased anxiety symptoms at the beginning of treatment with antidepressants. This paradoxical reaction usually subsides within the first two weeks of treatment. A low starting dose is advised to reduce the likelihood of an anxiogenic effect (see section 4.2).

Seizures

The medicinal product should be discontinued in any patient who develops seizures. SSRIs should be avoided in patients with unstable epilepsy and patients with controlled epilepsy should be carefully monitored. SSRIs should be discontinued if there is an increase in seizure frequency.

Mania

SSRIs should be used with caution in patients with a history of mania/hypomania. SSRIs should be discontinued in any patient entering a manic phase.

Diabetes

In patients with diabetes, treatment with an SSRI may alter glycaemic control. Insulin and/or oral hypoglycaemic dosage may need to be adjusted.

Suicide/suicidal thoughts or clinical worsening

Depression is associated with an increased risk of suicidal thoughts, self harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Other psychiatric conditions for which escitalopram is prescribed can also be associated with an increased risk of suicide-related events. In addition, these conditions may be co-morbid with major depressive disorder. The same precautions observed when treating patients with major depressive disorder should therefore be observed when treating patients with other psychiatric disorders.

Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment, are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. A meta analysis of placebo controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old. Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

Akathisia/psychomotor restlessness

The use of SSRIs/SNRIs has been associated with the development of akathisia, characterised by a subjectively unpleasant or distressing restlessness and need to move often accompanied by an inability to sit or stand still. This is most likely to occur within the first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental.

Hyponatraemia

Hyponatraemia, probably due to inappropriate antidiuretic hormone secretion (SIADH), has been reported rarely with the use of SSRIs and generally resolves on discontinuation of therapy. Caution should be exercised in patients at risk, such as the elderly, or patients with cirrhosis, or if used in combination with other medications which may cause hyponatraemia

Haemorrhage

There have been reports of cutaneous bleeding abnormalities, such as ecchymoses and purpura, with SSRIs. Caution is advised in patients taking SSRIs, particularly with concomitant use of oral anticoagulants; medicinal products known to affect platelet function (e.g. atypical antipsychotics and phenothiazines, most tricyclic antidepressants, acetylsalicylic acid and non-steroidal anti-inflammatory medicinal products (NSAIDs), ticlopidine and dipyridamole); and in patients with known bleeding tendencies.

ECT (electroconvulsive therapy)

There is limited clinical experience of concurrent administration of SSRIs and ECT; therefore caution is advisable.

Reversible, selective MAO-A inhibitors

The combination of escitalopram with MAO-A inhibitors is generally not recommended due to the risk of onset of a serotonin syndrome (see section 4.5).

Serotonin syndrome

Caution is advisable if escitalopram is used concomitantly with medicinal products with serotonergic effects such as sumatriptan or other triptans, tramadol and tryptophan.

In rare cases, serotonin syndrome has been reported in patients using SSRIs concomitantly with serotonergic medicinal products. A combination of symptoms, such as agitation, tremor, myoclonus and hyperthermia may indicate the development of this condition. If this occurs, treatment with the SSRI and the serotonergic medicinal product should be discontinued immediately and symptomatic treatment initiated.

St. John's Wort

Concomitant use of SSRIs and herbal remedies containing St. John's Wort (*Hypericum perforatum*) may result in an increased incidence of adverse reactions (see section 4.5).

Angle-Closure Glaucoma

SSRIs including escitalopram may have an effect on pupil size resulting in mydriasis. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma, especially in patients pre-disposed. Escitalopram should therefore be used with caution in patients with angle-closure glaucoma or history of glaucoma.

Discontinuation symptoms seen when stopping treatment

Discontinuation symptoms when stopping treatment are common, particularly if discontinuation is abrupt (see section 4.8). In clinical trials adverse events seen on treatment discontinuation occurred in approximately 25% of patients treated with escitalopram and 15% of patients taking placebo.

The risk of discontinuation symptoms may be dependent on several factors including the duration and dose of therapy and the rate of dose reduction. Dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability, and visual disturbances are the most commonly reported reactions. Generally these symptoms are mild to moderate, however, in some patients they may be severe in intensity.

They usually occur within the first few days of discontinuing treatment, but there have been very rare reports of such symptoms in patients who have inadvertently missed a dose.

Generally these symptoms are self-limiting and usually resolve within 2 weeks, though in some individuals they may be prolonged (2-3 months or more). It is therefore advised that escitalopram should be gradually tapered when discontinuing treatment over a period of several weeks or months, according to the patient's needs (see "Discontinuation symptoms seen when stopping treatment", section 4.2).

4.5 Interaction with other medicinal products and other forms of interaction

Pharmacodynamic interactions

Contraindicated combinations:

Non-selective MAOIs

Cases of serious reactions have been reported in patients receiving an SSRI in combination with a non-selective irreversible monoamine oxidase inhibitor (MAOI), and in patients who have recently discontinued SSRI treatment and have been started on MAOI treatment (see section 4.3). In some cases, the patient developed serotonin syndrome (see section 4.8).

Escitalopram is contraindicated in combination with non-selective irreversible MAOIs. Escitalopram may be started 14 days after discontinuing treatment with an irreversible MAOI. At least 7 days should elapse after discontinuing escitalopram treatment, before starting a non-selective irreversible MAOI.

Pimozide

Co-administration of a single dose of pimozide 2 mg to subjects treated with racemic citalopram 40 mg/day for 11 days caused an increase in AUC and C_{max} of pimozide, although not consistently throughout the study. The co-administration of pimozide and citalopram resulted in a mean increase in the QT_c interval of approximately 10 msec. Due to the interaction noted at a low dose of pimozide, concomitant administration of escitalopram and pimozide is contraindicated.

Inadvisable combinations:

Reversible, selective MAO-A inhibitor (moclobemide)

Due to the risk of serotonin syndrome, the combination of escitalopram with a MAO-A inhibitor is not recommended (see section 4.4). If the combination proves necessary, it should be started at the minimum recommended dosage and clinical monitoring is strongly recommended.

Escitalopram may be started at least one day after discontinuing treatment with the reversible MAOI (RIMA), moclobemide.

Combinations requiring precautions for use:

Selegiline

In combination with selegiline (irreversible MAO-B inhibitor), caution is required due to the risk of developing serotonin syndrome.

Serotonergic medicinal products

Co-administration with serotonergic medicinal products (e.g. tramadol, sumatriptan and other triptans) may lead to serotonin syndrome.

Medicinal products lowering the seizure threshold

SSRIs can lower the seizure threshold. Caution is advised when concomitantly using other medicinal products capable of lowering the seizure threshold (e.g. antidepressants (tricyclics, SSRIs) neuroleptics (phenothiazines, thioxanthenes, butyrophenones) mefloquine, bupropion, and tramadol).

Lithium, tryptophan

There have been reports of enhanced effects when SSRIs have been given together with lithium or tryptophan, therefore concomitant use of SSRIs with these medicinal products should be undertaken with caution.

St. John's Wort

Concomitant use of SSRIs and herbal remedies containing St. John's Wort (*Hypericum perforatum*) may result in an increased incidence of adverse reactions (see section 4.4).

Haemorrhage

Altered anti-coagulant effects may occur when escitalopram is combined with oral anticoagulants. Patients receiving oral anticoagulant therapy should receive careful coagulation monitoring when escitalopram is started or stopped (see section 4.4).

Alcohol

No pharmacodynamic or pharmacokinetic interactions are expected between escitalopram and alcohol. However, as with other psychotropic medicinal products, the combination with alcohol is not advisable.

Pharmacokinetic interactions

Influence of other medicinal products on the pharmacokinetics of escitalopram

The metabolism of escitalopram is mainly mediated by CYP2C19. CYP3A4 and CYP2D6 may also contribute to the metabolism although to a smaller extent. The metabolism of the major metabolite S-DCT (demethylated escitalopram) seems to be partly catalysed by CYP2D6.

Co-administration of escitalopram with omeprazole (a CYP2C19 inhibitor) resulted in moderate (approximately 50%) increase in the plasma concentrations of escitalopram.

Co-administration of escitalopram with cimetidine (moderately potent general enzyme-inhibitor) resulted in moderate (approximately 70%) increase in the plasma concentrations of escitalopram.

Caution should thus be exercised at the upper end of the dose range of escitalopram when used concomitantly with CYP2C19 inhibitors (e.g. omeprazole, fluoxetine, fluvoxamine, lansoprazole, ticlopidine) and with cimetidine.

A reduction in the dose of escitalopram may be necessary based on clinical judgement.

Effect of escitalopram on the pharmacokinetics of other medicinal products

Escitalopram is an inhibitor of the enzyme CYP2D6. Caution is recommended when escitalopram is co-administered with medicinal products that are mainly metabolised by this enzyme, and that have a narrow therapeutic index, e.g. flecainide, propafenone and metoprolol (when used in cardiac failure), or some CNS acting medicinal products that are mainly metabolised by CYP2D6, e.g. antidepressants such as desipramine, clomipramine and nortriptyline or antipsychotics like risperidone, thioridazine and haloperidol. Dosage adjustment may be warranted.

Co-administration with desipramine or metoprolol resulted in a twofold increase in the plasma levels of these two CYP2D6 substrates.

In vitro studies have demonstrated that escitalopram may also cause weak inhibition of CYP2C19. Caution is recommended with concomitant use of medicinal products that are metabolised by CYP2C19.

4.6 Fertility, pregnancy and lactation

Pregnancy

Limited clinical data are available regarding exposure to escitalopram during pregnancy.

Animal studies have shown reproductive toxicity (see section 5.3)

Escitalopram should not be used during pregnancy unless clearly needed and after careful consideration of the risk/benefit ratio.

Newborns should be observed if maternal use of escitalopram continues into the later stages of pregnancy, particularly in the third trimester. If escitalopram is used until or shortly before birth, discontinuation effects in the newborn are possible.

The following symptoms may occur in the newborn after maternal SSRI/SNRI use in later stages of pregnancy: respiratory distress, cyanosis, apnoea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycaemia, hypertonia, hypotonia, hyperreflexia, tremor, jitteriness, irritability, lethargy, constant crying, somnolence and difficulty sleeping. These symptoms could be due to either discontinuation effects or excess serotonergic activity. In a majority of instances, such complications begin immediately or soon (<24 hours) after delivery.

Epidemiological data have suggested that the use of SSRIs in pregnancy, particularly in late pregnancy, may increase the risk of persistent pulmonary hypertension in the newborn (PPHN). The observed risk was approximately 5 cases per 1000 pregnancies. In the general population 1 to 2

cases of PPHN per 1000 pregnancies occur.

Breast-feeding

It is expected that escitalopram will be excreted into human milk and breast-feeding is not recommended during the treatment.

Fertility

Animal data have shown that some SSRIs may affect sperm quality (see section 5.3). Human case reports with some SSRIs have shown that an effect on sperm quality is reversible. Impact on human fertility has not been observed so far.

4.7 Effects on ability to drive and use machines

Although Cipralex has been shown not to affect intellectual function or psychomotor performance, any psychoactive medicinal product may impair judgement or skills. Patients should be cautioned about the potential risk of an influence on their ability to drive a car and operate machinery.

4.8 Undesirable effects

Adverse reactions are most frequent during the first or second week of treatment and usually decrease in intensity and frequency with continued treatment.

Adverse reactions known for SSRIs and also reported for escitalopram in either placebo-controlled clinical studies or as spontaneous post-marketing events are listed below by system organ class and frequency.

Frequencies are taken from clinical studies; they are not placebo-corrected. Frequencies are defined as: very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1000$ to $\leq 1/100$), rare ($\geq 1/10000$ to $\leq 1/1000$), very rare ($\leq 1/10000$), or not known (can not be estimated from the available data).

System organ class	Frequency	Undesirable Effect
Blood and lymphatic system disorders	Not known	Thrombocytopenia
Immune system disorders	Rare	Anaphylactic reaction
Endocrine disorders	Not known	Inappropriate ADH secretion
Metabolism and nutrition disorders	Common	Decreased appetite, increased appetite, weight increased
	Uncommon	Weight decreased
	Not known	Hyponatraemia, anorexia ¹
Psychiatric disorders	Common	Anxiety, restlessness, abnormal dreams, libido decreased Female: anorgasmia
	Uncommon	Bruxism, agitation, nervousness, panic attack, confusional state
	Rare	Aggression, depersonalisation, hallucination
	Not known	Mania, suicidal ideation, suicidal behaviour ²
Nervous system disorders	Common	Insomnia, somnolence, dizziness, paraesthesia, tremor
	Uncommon	Taste disturbance, sleep disorder, syncope

	Rare	Serotonin syndrome
	Not known	Dyskinesia, movement disorder, convulsion, psychomotor restlessness/akathisia ¹
Eye disorders	Uncommon	Mydriasis, visual disturbance
Ear and labyrinth disorders	Uncommon	Tinnitus
Cardiac disorders	Uncommon	Tachycardia
	Rare	Bradycardia
	Not known	Electrocardiogram QT prolonged
Vascular disorders	Not known	Orthostatic hypotension
Respiratory, thoracic and mediastinal disorders	Common	Sinusitis, yawning
	Uncommon	Epistaxis
Gastrointestinal disorders	Very common	Nausea
	Common	Diarrhoea, constipation, vomiting, dry mouth
	Uncommon	Gastrointestinal haemorrhages (including rectal haemorrhage)
Hepatobiliary disorders	Not known	Hepatitis, liver function test abnormal
Skin and subcutaneous tissue disorders	Common	Sweating increased
	Uncommon	Urticaria, alopecia, rash, pruritus
	Not known	Ecchymosis, angioedemas
Musculoskeletal and connective tissue disorders	Common	Arthralgia, myalgia
Renal and urinary disorders	Not known	Urinary retention
Reproductive system and breast disorders	Common	Male: ejaculation disorder, impotence
	Uncommon	Female: metrorrhagia, menorrhagia
	Not known	Galactorrhoea Male: priapism
General disorders and administration site conditions	Common	Fatigue, pyrexia
	Uncommon	Oedema

¹ These events have been reported for the therapeutic class of SSRIs.

² Cases of suicidal ideation and suicidal behaviours have been reported during escitalopram therapy or early after treatment discontinuation (see section 4.4).

Cases of QT-prolongation have been reported during the post-marketing period, predominantly in patients with pre-existing cardiac disease. In a double-blind, placebo-controlled ECG study in healthy subjects, the change from baseline in QTc (Fridericia-correction) was 4.3 msec at the 10 mg/day dose and 10.7 msec at the 30 mg/day dose.

Epidemiological studies, mainly conducted in patients 50 years of age and older, show an increased risk of bone fractures in patients receiving SSRIs and TCAs. The mechanism leading to this risk is unknown.

Discontinuation symptoms seen when stopping treatment

Discontinuation of SSRIs/SNRIs (particularly when abrupt) commonly leads to discontinuation symptoms. Dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability, and visual disturbances are the most commonly reported reactions. Generally these events are mild to moderate and are self-limiting, however, in some patients they may be severe and/or prolonged. It is therefore advised that when escitalopram treatment is no longer required, gradual discontinuation by dose tapering should be carried out (see section 4.2 and 4.4).

4.9 Overdose

Toxicity

Clinical data on escitalopram overdose are limited and many cases involve concomitant overdoses of other drugs. In the majority of cases mild or no symptoms have been reported. Fatal cases of escitalopram overdose have rarely been reported with escitalopram alone; the majority of cases have involved overdose with concomitant medications. Doses between 400 and 800mg of escitalopram alone have been taken without any severe symptoms.

Symptoms

Symptoms seen in reported overdose of escitalopram include symptoms mainly related to the central nervous system (ranging from dizziness, tremor, and agitation to rare cases of serotonin syndrome, convulsion, and coma), the gastrointestinal system (nausea/vomiting), and the cardiovascular system (hypotension, tachycardia, QT prolongation, and arrhythmia) and electrolyte/fluid balance conditions (hypokalaemia, hyponatraemia).

Treatment

There is no specific antidote. Establish and maintain an airway, ensure adequate oxygenation and respiratory function. Gastric lavage and the use of activated charcoal should be considered. Gastric lavage should be carried out as soon as possible after oral ingestion. Cardiac and vital signs monitoring are recommended along with general symptomatic supportive measures.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antidepressants, selective serotonin reuptake inhibitors

ATC-code: N 06 AB 10

Mechanism of action

Escitalopram is a selective inhibitor of serotonin (5-HT) re-uptake with high affinity for the primary binding site. It also binds to an allosteric site on the serotonin transporter, with a 1000 fold lower affinity. Allosteric modulation of the serotonin transporter enhances binding of escitalopram to the primary binding site, resulting in more complete serotonin reuptake inhibition.

Escitalopram has no or low affinity for a number of receptors including 5-HT_{1A}, 5-HT₂, DA D₁ and D₂ receptors, α_1 -, α_2 -, β -adrenoceptors, histamine H₁, muscarine cholinergic, benzodiazepine, and opioid receptors.

The inhibition of 5-HT re-uptake is the only likely mechanism of action explaining the pharmacological and clinical effects of escitalopram.

Escitalopram is the S-enantiomer of the racemate (citalopram) and is the enantiomer to which the therapeutic activity is attributed. Pharmacological studies have shown that the R-enantiomer is not inert but counteracts the serotonin-enhancing and consequent pharmacological properties of the S-enantiomer.

Clinical efficacy

Major Depressive Episodes

Escitalopram has been found to be effective in the acute treatment of major depressive episodes in three out of four double-blind, placebo controlled short-term (8-weeks) studies.

The antidepressant effect was evident as early as after two weeks for both 10 and 20 mg doses of escitalopram. A dose-response relationship for escitalopram was clearly seen in the severely depressed patients indicating that they are likely to benefit from a higher dose of escitalopram (20 mg) than the usual starting dose (10 mg).

In a long-term (24-week) double-blind study of escitalopram 10 mg vs citalopram 20 mg, escitalopram was as least as effective as citalopram, and half as many escitalopram patients withdrew because of adverse effects. In a long-term relapse prevention study, 274 patients who had responded during an initial 8-week open label treatment phase with escitalopram 10 or 20 mg/day, were randomised to continuation with escitalopram at the same dose, or to placebo, for up to 36 weeks. In this study, patients receiving continued escitalopram experienced a significantly longer time to relapse over the subsequent 36 weeks compared to those receiving placebo.

Panic disorder

The efficacy of escitalopram in the treatment of panic disorder was demonstrated in a 10-week flexible dose study that compared 5-20 mg/day escitalopram to placebo and racemic citalopram 10-40 mg/day.

Escitalopram was statistically significantly superior to placebo as demonstrated by measurement of panic attack frequency, severity, duration, and accompanying symptoms. Citalopram was also efficacious compared to placebo in the majority of efficacy measures.

For the majority of treatment emergent adverse events reported for at least 5% of patients, reporting frequencies were higher in the citalopram group than in the escitalopram group.

Social Anxiety Disorder

Escitalopram was effective in both three short-term (12-week) studies and in responders in a 6 months relapse prevention study in social anxiety disorder.

In a placebo-controlled long-term study (24 weeks) efficacy of 5, 10 and 20 mg escitalopram has been demonstrated.

Escitalopram 20 mg/day was statistically significantly superior to paroxetine 20 mg/day as well as to the 5 mg/day and 10 mg/day doses of escitalopram in the treatment of social anxiety.

Generalised anxiety disorder

Escitalopram in doses of 10 and 20 mg/day was effective in four out of four placebo-controlled studies. 5 mg/day was not effective.

In pooled data from three studies with similar 8-week design and comprising 421 escitalopram-treated patients and 419 placebo-treated patients, there were 47.5% vs 28.9% responders and 37.1% vs 20.8% remitters ($P \leq 0.001$). Sustained effect was seen from week 1.

Escitalopram 20 mg/day significantly reduced the risk of relapse in a 24- to 76-week randomised, continuation study in 373 patients who had responded during initial 12-week open label treatment.

Obsessive-compulsive disorder

In the short-term (12 weeks), 20 mg/day escitalopram separated from placebo on the Y-BOCS total score and the Y-BOCS subscales scores of obsessions and rituals, and also on the NIMH-OCS total score. In the observed cases analysis, both 10 mg/day ($p=0.005$) and 20 mg/day ($p<0.001$) escitalopram were effective.

The long-term maintenance effect has been demonstrated in two studies; a 24 weeks placebo-controlled, dose-finding study and a 16 weeks placebo-controlled, relapse-prevention study.

In the long-term, 24-week, placebo-controlled, dose-finding study, both 10 mg/day ($p<0.05$) and 20 mg/day ($p<0.01$) escitalopram were significantly more effective than placebo, as measured by the primary outcome measure, the Y-BOCS total, as well as on the secondary subscales of the Y-BOCS obsessions and rituals, and the NIMH-OCS (10 mg/day ($p<0.01$) and 20 mg/day ($p<0.001$) escitalopram).

Maintenance of efficacy and prevention of relapse was demonstrated for 10 and 20 mg/day escitalopram in patients who responded to escitalopram in a 16-week open treatment phase and who were entering a 24-week (double blind placebo controlled randomized) relapse prevention trial. In the observed relapse prevention trial, both 10 mg/day ($p=0.014$) and 20 mg/day ($p<0.001$) escitalopram showed significantly fewer relapses.

A significant and beneficial effect of escitalopram on quality of life was observed (as assessed by the SF-36 and SDS) in the OCD studies with escitalopram.

5.2 Pharmacokinetic properties

Absorption

Absorption is almost complete and independent of food intake. Mean time to maximum concentration (mean T_{max}) is 4 hours after multiple dosing. As with racemic citalopram, the absolute bio-availability of escitalopram is expected to be about 80%.

Distribution

The apparent volume of distribution ($V_{d,\beta}/F$) after oral administration is about 12 to 26 L/kg. The plasma protein binding is below 80% for escitalopram and its main metabolites.

Biotransformation

Escitalopram is metabolised in the liver to the demethylated and didemethylated metabolites. Both of these are pharmacologically active. Alternatively, the nitrogen may be oxidised to form the N-oxide metabolite. Both parent substance and metabolites are partly excreted as glucuronides. After multiple dosing the mean concentrations of the demethyl and didemethyl metabolites are usually 28-31% and <5%, respectively, of the escitalopram concentration. Biotransformation of escitalopram to the demethylated metabolite is mediated primarily by CYP2C19. Some contribution by the enzymes CYP3A4 and CYP2D6 is possible.

Elimination

The elimination half-life ($t_{1/2\beta}$) after multiple dosing is about 30 hours and the oral plasma clearance (Cl_{oral}) is about 0.6 L/min. The major metabolites have a significantly longer half-life. Escitalopram and major metabolites are assumed to be eliminated by both the hepatic (metabolic) and the renal routes, with the major part of the dose excreted as metabolites in the urine.

Linearity

There is linear pharmacokinetics. Steady-state plasma levels are achieved in about 1 week. Average steady-state concentrations of 50 nmol/L (range 20 to 125 nmol/L) are achieved at a daily dose of 10 mg.

Elderly patients (> 65 years)

Escitalopram appears to be eliminated more slowly in elderly patients compared to younger patients. Systemic exposure (AUC) is about 50 % higher in elderly compared to young healthy volunteers (see section 4.2).

Reduced hepatic function

In patients with mild or moderate hepatic impairment (Child-Pugh Criteria A and B), the half-life of escitalopram was about twice as long and the exposure was about 60% higher than in subjects with normal liver function (see section 4.2).

Reduced renal function

With racemic citalopram, a longer half-life and a minor increase in exposure have been observed in patients with reduced kidney function (CL_{cr} 10-53 ml/min). Plasma concentrations of the metabolites have not been studied, but they may be elevated (see section 4.2).

Polymorphism

It has been observed that poor metabolisers with respect to CYP2C19 have twice as high a plasma concentration of escitalopram as extensive metabolisers. No significant change in exposure was observed in poor metabolisers with respect to CYP2D6 (see section 4.2).

5.3 Preclinical safety data

No complete conventional battery of preclinical studies was performed with escitalopram since the bridging toxicokinetic and toxicological studies conducted in rats with escitalopram and citalopram showed a similar profile. Therefore, all the citalopram information can be extrapolated to escitalopram

In comparative toxicological studies in rats, escitalopram and citalopram caused cardiac toxicity, including congestive heart failure, after treatment for some weeks, when using dosages that caused general toxicity. The cardiotoxicity seemed to correlate with peak plasma concentrations rather than to systemic exposures (AUC). Peak plasma concentrations at no-effect-level were in excess (8-fold) of those achieved in clinical use, while AUC for escitalopram was only 3- to 4-fold higher than the exposure achieved in clinical use. For citalopram AUC values for the S-enantiomer were 6- to 7-fold higher than exposure achieved in clinical use. The findings are probably related to an exaggerated influence on biogenic amines i.e. secondary to the primary pharmacological effects, resulting in haemodynamic effects (reduction in coronary flow) and ischaemia. However, the exact mechanism of cardiotoxicity in rats is not clear. Clinical experience with citalopram and the clinical trial experience with escitalopram do not indicate that these findings have a clinical correlate.

Increased content of phospholipids has been observed in some tissues e.g. lung, epididymides and liver after treatment for longer periods with escitalopram and citalopram in rats. Findings in the epididymides and liver were seen at exposures similar to that in man. The effect is reversible after treatment cessation. Accumulation of phospholipids (phospholipidosis) in animals has been observed in connection with many cationic amphiphilic medicines. It is not known if this phenomenon has any significant relevance for man.

In the developmental toxicity study in the rat embryotoxic effects (reduced foetal weight and reversible delay of ossification) were observed at exposures in terms of AUC in excess of the exposure achieved during clinical use. No increased frequency of malformations was noted. A pre- and postnatal study showed reduced survival during the lactation period at exposures in terms of AUC in excess of the exposure achieved during clinical use.

Animal data have shown that some SSRIs induces a reduction of fertility index and pregnancy index, reduction in number in implantation and abnormal sperm at exposure well in excess of human exposure.

No animal data related to this aspect are available for escitalopram.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:

Microcrystalline cellulose
Colloidal anhydrous silica
Talc
Croscarmellose sodium
Magnesium stearate

Coating:

Hypromellose
Macrogol 400
Titanium dioxide (E 171)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 mg: 2 years
10 mg and 20 mg: 3 years

6.4 Special precautions for storage

Do not store above 30°C.

6.5 Nature and contents of container

Blister: Transparent; PVC/PE/PVdC/Aluminium blister, pack with an outer carton; 28 tablets

6.6 Special precautions for disposal

Any unused product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Manufacturer
H. Lundbeck A/S
Ottiliavej 9
DK-2500 Valby
Denmark

Registered by
PT. Pyridam Farma, Tbk
Jakarta, Indonesia

8. MARKETING AUTHORISATION NUMBER(S)

CIPRALEX 5 mg film-coated tablets DKI 1299900417A1
CIPRALEX 10 mg film-coated tablets DKI 1299900417B1
CIPRALEX 20 mg film-coated tablets DKI 1299900417C1

9. DATE OF REVISION OF THE TEXT

September 2020

INFORMASI PRODUK UNTUK PASIEN

Cipralex 5, 10, dan 20 mg tablet salut selaput Escitalopram (sebagai oxalate)

Baca isi leaflet ini dengan seksama sebelum Anda mulai menggunakan obat ini karena leaflet ini mengandung informasi yang penting bagi Anda.

- Simpan leaflet ini. Anda mungkin perlu membaca lagi.
- Jika Anda memiliki pertanyaan lebih lanjut, tanyakan kepada dokter atau apoteker.
- Obat ini diresepkan hanya untuk Anda. Jangan menyebarkannya kepada orang lain. Ini dapat membahayakan mereka, bahkan jika ada tanda-tanda mereka memiliki penyakit yang sama dengan Anda.
- Jika Anda mengalami efek samping, hubungi dokter atau apoteker. Ini termasuk efek samping yang mungkin tidak tercantum dalam leaflet ini.

Apa informasi yang ada pada leaflet ini

1. Apakah Cipralex dan apa kegunaannya
2. Hal yang perlu diketahui sebelum menggunakan Cipralex
3. Bagaimana cara menggunakan Cipralex
4. Efek samping yang mungkin terjadi
5. Bagaimana cara menyimpan Cipralex
6. Isi kemasan dan informasi lain

1. Apakah Cipralex dan apa kegunaannya

Cipralex mengandung zat aktif escitalopram. Cipralex termasuk golongan antidepresan yang disebut penghambat selektif pada pengambilan kembali serotonin (SSRIs). Obat ini bekerja pada sistem-serotonin di otak dengan meningkatkan kadar serotonin. Gangguan pada sistem-serotonin dianggap sebagai faktor penting pada perkembangan depresi dan penyakit terkait.

Cipralex mengandung escitalopram dan digunakan untuk mengobati depresi (kejadian depresi mayor) dan gangguan kecemasan (seperti gangguan panik dengan atau tanpa agorafobia, gangguan kecemasan sosial, gangguan kecemasan umum dan gangguan kompulsif-obsesif).

2. Hal yang perlu diketahui sebelum menggunakan Cipralex

Jangan menggunakan Cipralex:

- Jika Anda alergi terhadap escitalopram atau salah satu bahan lain dari obat ini (tercantum dalam Bagian 6).
- Jika Anda menggunakan obat lain dari golongan obat penghambat MAO, termasuk moclobemide (digunakan pada pengobatan depresi).
- Pada saat yang sama sedang menggunakan pimozone

Peringatan dan Perhatian

Bicaralah dengan dokter Anda jika Anda memiliki kondisi atau penyakit lain, karena dokter Anda mungkin perlu mempertimbangkannya. Bicaralah dengan dokter Anda, khususnya jika:

- Jika Anda memiliki epilepsi. Pengobatan dengan Cipralex harus dihentikan jika terjadi kejang untuk pertama kali, atau jika ada peningkatan frekuensi kejang (lihat juga bagian 4 “Efek samping yang mungkin terjadi”).

- Jika Anda mengidap gangguan fungsi hati atau ginjal. Dokter Anda mungkin perlu untuk menyesuaikan dosis Anda.
- Jika Anda memiliki diabetes. Pengobatan dengan Cipralex dapat mengubah kontrol glikemik. Dosis insulin dan / atau hipoglikemik oral mungkin perlu disesuaikan.
- Jika Anda memiliki kadar natrium yang rendah dalam darah.
- Jika Anda memiliki kecenderungan untuk perdarahan atau memar dengan mudah.
- Jika Anda sedang menerima pengobatan elektrokonvulsif.
- Jika Anda memiliki penyakit jantung koroner.
- Jika Anda memiliki atau sebelumnya memiliki riwayat masalah mata, seperti jenis glaukoma tertentu (peningkatan tekanan pada mata).

Tolong diperhatikan

Beberapa pasien dengan penyakit manik-depresif dapat memasuki fase manik. Hal ini ditandai dengan perubahan pikiran yang cepat dan tidak biasa, rasa senang yang tidak tepat dan aktivitas fisik yang berlebihan. Jika Anda mengalami hal tersebut, hubungi dokter Anda.

Gejala seperti kegelisahan atau kesulitan untuk duduk atau berdiri juga masih dapat terjadi selama minggu pertama pengobatan. Bicaralah segera dengan dokter jika Anda mengalami gejala-gejala tersebut.

Pikiran bunuh diri dan memburuknya depresi atau gangguan kecemasan Anda

Jika Anda mengalami depresi dan / atau memiliki gangguan kecemasan, kadangkala Anda dapat memiliki pikiran untuk menyakiti atau membunuh diri sendiri. Hal ini dapat meningkat ketika pertama kali menggunakan antidepresan, karena obat-obat ini semua membutuhkan waktu untuk bekerja, biasanya sekitar dua minggu tapi terkadang lebih lama.

Anda mungkin akan cenderung untuk berpikir seperti ini jika Anda:

- Sebelumnya telah memiliki pikiran tentang membunuh atau menyakiti diri sendiri.
- Jika Anda seorang dewasa muda. Informasi dari uji klinis telah menunjukkan peningkatan resiko perilaku bunuh diri pada orang dewasa berusia kurang dari 25 tahun dengan kondisi kejiwaan yang dirawat dengan antidepresan.

Kapanpun jika Anda memiliki pikiran untuk menyakiti atau membunuh diri sendiri, **segera hubungi dokter Anda atau langsung pergi ke rumah sakit.**

Anda mungkin merasa perlu untuk memberitahu teman atau kerabat dekat bahwa Anda mengalami depresi atau memiliki gangguan kecemasan, dan mintalah mereka untuk membaca leaflet ini. Mintalah mereka untuk memberitahu Anda jika mereka berpikir depresi atau kecemasan Anda menjadi semakin parah, atau jika mereka khawatir tentang perubahan perilaku Anda.

Anak-anak dan remaja

Cipralex biasanya tidak digunakan pada anak-anak dan remaja di bawah 18 tahun. Anda juga harus tahu bahwa pasien di bawah 18 tahun memiliki peningkatan resiko efek samping seperti upaya bunuh diri, pikiran untuk bunuh diri dan kebencian (terutama penyerangan, perilaku oposisi dan kemarahan) ketika mereka menggunakan golongan obat ini. Meskipun begitu, dokter Anda dapat meresepkan Cipralex untuk pasien di bawah 18 tahun karena dia memutuskan bahwa ini adalah keputusan terbaik untuk mereka. Jika dokter Anda meresepkan Cipralex untuk pasien di bawah 18 tahun dan Anda ingin mendiskusikannya, silahkan kembali ke dokter Anda. Anda harus memberitahu dokter Anda jika gejala yang tercantum di atas berkembang atau memburuk ketika pasien di bawah 18 tahun menggunakan Cipralex. Efek keamanan jangka panjang terkait pertumbuhan, pematangan dan perkembangan kognitif

dan perilaku dari penggunaan Cipralex pada pasien kelompok usia ini belum ditunjukkan.

Pengobatan lainnya dan Cipralex

Beritahu dokter atau apoteker Anda jika Anda menggunakan, baru-baru ini menggunakan atau mungkin menggunakan obat-obatan lain.

Tolong beritahu dokter Anda jika Anda sedang mengonsumsi obat-obatan berikut:

- "Penghambat oksidase monoamine non-selektif (MAOIs)", termasuk phenelzine, iproniazid, isocarboxazid, nialamide, dan tranylcypromine sebagai bahan aktif. Jika Anda telah menggunakan salah satu dari obat-obatan ini, Anda harus menunggu 14 hari sebelum Anda mulai menggunakan Cipralex. Setelah berhenti menggunakan obat ini, Anda harus menunggu 7 hari sebelum menggunakan obat-obatan ini.
- "Penghambat MAO-A selektif, yang dapat kembali", termasuk moclobemide (digunakan untuk mengobati depresi).
- "Penghambat MAO-B, yang tidak dapat kembali", termasuk selegiline (digunakan untuk mengobati penyakit Parkinson). Obat-obatan ini meningkatkan resiko efek samping.
- Antibiotik linezolid.
- Lithium (digunakan untuk mengobati gangguan manik-depresif) dan tryptophan.
- Imipramine dan desipramine (keduanya digunakan untuk mengobati depresi).
- Sumatriptan dan obat-obatan serupa (digunakan untuk mengobati migrain) dan tramadol (digunakan untuk melawan rasa nyeri yang berat). Obat-obatan ini meningkatkan resiko efek samping.
- Cimetidin dan omeprazole (digunakan untuk mengobati sakit maag), fluvoxamine (antidepresan) dan ticlopidin (digunakan untuk mengurangi resiko stroke). Obat-obatan ini dapat menyebabkan peningkatan kadar Cipralex dalam darah.
- St John's Wort (*hypericum perforatum*) - obat herbal yang digunakan untuk depresi.
- Asam asetilsalisilat dan obat antiinflamasi nonsteroid (obat yang digunakan untuk pereda nyeri atau untuk mengencerkan darah, sehingga disebut antikoagulan). Obat-obatan ini dapat meningkatkan kecenderungan perdarahan.
- Warfarin, dipyridamole, dan phenprocoumon (obat-obatan yang digunakan untuk mengencerkan darah, sehingga disebut antikoagulan). Dokter Anda mungkin akan memeriksa waktu koagulasi darah Anda ketika memulai dan menghentikan Cipralex untuk memastikan bahwa dosis antikoagulan Anda masih memadai.
- Mefloquin (digunakan untuk mengobati Malaria), bupropion (digunakan untuk mengobati depresi) dan tramadol (digunakan untuk mengobati rasa nyeri yang berat) karena kemungkinan resiko penurunan ambang batas kejang.
- Neuroleptics (obat-obatan yang digunakan untuk mengobati skizofrenia, psikosis) karena adanya kemungkinan resiko penurunan ambang batas kejang, dan antidepresan.
- Flecainide, propafenone, dan metoprolol (digunakan pada penyakit kardiovaskular), clomipramine, dan nortriptyline (antidepresan) dan risperidone, thioridazine, dan haloperidol (antipsikotik). Dosis Cipralex mungkin perlu disesuaikan.

Cipralex dengan makanan, minuman dan alkohol

Cipralex dapat dikonsumsi dengan atau tanpa makanan (lihat bagian 3 "Bagaimana cara menggunakan Cipralex").

Seperti kebanyakan obat, menggabungkan Cipralex dengan alkohol tidak dianjurkan, meskipun Cipralex tidak diduga berinteraksi dengan alkohol.

Kehamilan, menyusui dan kesuburan

Beritahu dokter Anda jika Anda sedang hamil atau berencana untuk hamil. Jangan menggunakan Cipralext jika Anda sedang hamil atau menyusui, kecuali jika Anda dan dokter Anda telah membahas resiko dan manfaat yang ditimbulkan.

Jika Anda menggunakan Cipralext selama 3 bulan terakhir kehamilan Anda, Anda harus mengetahui bahwa efek berikut mungkin terlihat pada bayi Anda yang baru lahir: kesulitan bernapas, kulit kebiruan, kejang, perubahan suhu tubuh, kesulitan makan, muntah, gula darah rendah, kaku atau otot terkulai, refleks yang jelas, tremor, gelisah, mudah tersinggung, lesu, menangis terus menerus, mengantuk dan kesulitan tidur. Jika bayi Anda yang baru lahir mengalami gejala-gejala tersebut, harap hubungi dokter Anda segera.

Pastikan bidan dan / atau dokter Anda mengetahui Anda menggunakan Cipralext. Ketika menggunakannya selama kehamilan, terutama dalam 3 bulan terakhir kehamilan, obat-obatan seperti Cipralext dapat meningkatkan risiko kondisi serius pada bayi, yang disebut hipertensi pulmonal persisten neonatus (PPHN), membuat bayi bernapas lebih cepat dan tampak kebiru-biruan. Gejala ini biasanya dimulai selama 24 jam pertama setelah bayi lahir. Jika ini terjadi pada bayi Anda, Anda harus segera menghubungi bidan dan / atau dokter Anda.

Jika digunakan selama kehamilan, Cipralext tidak boleh dihentikan secara tiba-tiba.

Diduga Cipralext akan dikeluarkan ke dalam ASI.

Citalopram, obat seperti escitalopram, telah terbukti menurunkan kualitas sperma pada studi hewan. Secara teoritis, hal ini dapat mempengaruhi kesuburan, sedikit dampak pada kesuburan manusia belum diamati.

Mintalah saran dokter atau apoteker Anda sebelum minum obat apa pun.

Mengemudi dan Menggunakan Mesin

Anda disarankan untuk tidak mengendarai mobil atau mengoperasikan mesin sampai Anda mengetahui bagaimana pengaruh Cipralext terhadap Anda.

3. Bagaimana cara menggunakan Cipralext

Selalu gunakan obat ini persis seperti yang disampaikan oleh dokter Anda. Periksa dengan dokter atau apoteker Anda jika Anda tidak yakin.

Dewasa

Depresi

Dosis Cipralext yang biasanya dianjurkan adalah 10 mg diminum satu kali sehari. Dosisnya dapat ditingkatkan oleh dokter Anda menjadi maksimal 20 mg per hari.

Gangguan panik

Dosis awal Cipralext adalah 5 mg satu kali sehari untuk minggu pertama sebelum dosis ditingkatkan sampai 10 mg per hari. Dosis dapat ditingkatkan lebih lanjut oleh dokter Anda hingga maksimum 20 mg per hari.

Gangguan kecemasan sosial

Dosis Cipralelex yang biasanya dianjurkan adalah 10 mg diminum satu kali sehari. Dokter Anda dapat menurunkan dosis Anda menjadi 5 mg per hari atau meningkatkan dosis hingga maksimum 20 mg per hari, tergantung bagaimana tubuh Anda merespon obat tersebut.

Gangguan kecemasan umum

Dosis Cipralelex yang biasanya dianjurkan adalah 10 mg diminum satu kali sehari. Dosisnya dapat ditingkatkan oleh dokter Anda menjadi maksimal 20 mg per hari.

Gangguan obsesif kompulsif

Dosis Cipralelex yang biasanya dianjurkan adalah 10 mg diminum satu kali sehari. Dosisnya dapat ditingkatkan oleh dokter Anda menjadi maksimal 20 mg per hari.

Pasien lansia (di atas 65 tahun)

Dosis awal Cipralelex yang biasanya dianjurkan adalah 5 mg diminum satu kali sehari.

Penggunaan pada anak-anak dan remaja

Cipralelex biasanya tidak diberikan kepada anak-anak dan remaja. Untuk informasi lebih lanjut silahkan lihat bagian 2 “Hal yang perlu diketahui sebelum menggunakan Cipralelex”.

Anda bisa meminum Cipralelex dengan atau tanpa makanan. Telan tablet dengan air. Jangan dikunyah karena rasanya pahit.

Jika perlu, Anda dapat membagi tablet dengan terlebih dahulu menempatkan tablet pada permukaan yang rata dengan garis pembelah menghadap ke atas. Tablet kemudian dapat dipecah dengan menekan masing-masing ujung tablet, menggunakan kedua jari telunjuk seperti yang ditunjukkan pada gambar.



Lama pengobatan

Mungkin diperlukan beberapa minggu sebelum Anda mulai merasa lebih baik. Lanjutkan penggunaan Cipralelex bahkan jika dibutuhkan beberapa waktu sebelum Anda merasakan perbaikan pada kondisi Anda.

Jangan mengubah dosis obat Anda tanpa berbicara dengan dokter Anda terlebih dahulu.

Lanjutkan meminum Cipralelex selama dokter Anda menganjurkannya. Jika Anda menghentikan pengobatan Anda terlalu cepat, gejala Anda mungkin kembali. Dianjurkan agar pengobatan dilanjutkan setidaknya selama 6 bulan setelah Anda merasa sehat kembali.

Jika Anda meminum Cipralelex lebih banyak dari yang seharusnya

Jika Anda meminum Cipralelex lebih dari dosis yang diresepkan, segera hubungi dokter Anda atau gawat darurat rumah sakit terdekat. Lakukan ini bahkan jika tidak ada tanda-tanda ketidaknyamanan. Beberapa tanda-tanda overdosis dapat berupa pusing, tremor, gelisah,

kejang, koma, mual, muntah, perubahan irama jantung, penurunan tekanan darah dan perubahan keseimbangan cairan / garam tubuh. Bawalah kotak / wadah Cipralex saat Anda pergi ke dokter atau rumah sakit.

Jika Anda lupa meminum Cipralex

Jangan meminum dosis ganda untuk menggantikan dosis yang terlupakan. Jika Anda lupa meminumnya, dan Anda ingat sebelum Anda pergi tidur, ambillah segera. Lanjutkan seperti biasa untuk keesokan harinya. Jika Anda hanya ingat pada malam hari, atau keesokan harinya, tinggalkan dosis yang terlewat dan lanjutkan seperti biasa.

Jika Anda berhenti minum Cipralex

Jangan berhenti minum Cipralex sampai dokter Anda menyuruh Anda melakukannya. Setelah Anda menyelesaikan pengobatan Anda, umumnya disarankan agar dosis Cipralex dikurangi secara bertahap selama beberapa minggu.

Jika Anda berhenti minum Cipralex, terutama jika tiba-tiba, Anda mungkin merasakan gejala penghentian. Ini umum terjadi ketika pengobatan dengan Cipralex dihentikan. Risikonya lebih tinggi, bila Cipralex telah digunakan untuk waktu yang lama atau dalam dosis tinggi atau bila dosisnya dikurangi terlalu cepat. Kebanyakan orang menemukan bahwa gejalanya ringan dan hilang dengan sendirinya dalam waktu dua minggu. Namun, pada beberapa pasien, intensitasnya mungkin parah atau bisa berkepanjangan (2-3 bulan atau lebih). Jika Anda mengalami gejala penghentian yang parah saat Anda berhenti minum Cipralex, silahkan hubungi dokter Anda. Dia mungkin meminta Anda untuk mulai minum tablet lagi dan menghentikannya dengan lebih lambat.

Gejala penghentian meliputi: Merasa pusing (tidak stabil atau tidak seimbang), perasaan seperti tersengat dan jarum, sensasi terbakar dan (lebih jarang) sensasi sengatan listrik, termasuk di kepala, gangguan tidur (mimpi yang jelas, mimpi buruk, ketidakmampuan untuk tidur), perasaan cemas, sakit kepala, merasa mual (mual), berkeringat (termasuk keringat malam), merasa gelisah atau tidak tenang, tremor (gemetar), merasa bingung atau disorientasi, perasaan emosional atau mudah tersinggung, diare (buang air besar), gangguan penglihatan, jantung berdebar-debar atau berdetak lebih cepat (palpitasi).

Jika Anda memiliki pertanyaan lebih lanjut tentang penggunaan produk ini, tanyakan kepada dokter atau apoteker Anda.

4. Efek samping yang mungkin terjadi

Seperti semua obat, obat ini bisa menimbulkan efek samping, meski tidak semua orang mengalaminya.

Efek samping biasanya hilang setelah beberapa minggu pengobatan. Perlu diketahui bahwa banyak efeknya mungkin juga merupakan gejala penyakit Anda dan oleh karena itu akan membaik ketika Anda mulai lebih baik.

Temui dokter Anda jika Anda mendapatkan salah satu dari efek samping berikut selama pengobatan:

Jarang (dapat mempengaruhi hingga 1 dari 100 orang):

- Perdarahan yang tidak biasa, termasuk perdarahan gastrointestinal

Sangat jarang (dapat mempengaruhi hingga 1 dari 1.000 orang):

- Jika Anda mengalami pembengkakan pada kulit, lidah, bibir, atau wajah, atau kesulitan bernapas atau menelan (reaksi alergi), hubungi dokter Anda atau langsung pergi ke rumah sakit.
- Jika Anda mengalami demam tinggi, gelisah, bingung, gemetar dan kontraksi otot tiba-tiba ini mungkin merupakan tanda dari kondisi langka yang disebut sindrom serotonin. Jika Anda merasa seperti ini hubungi dokter Anda.

Jika Anda mengalami efek samping berikut, Anda harus menghubungi dokter Anda atau langsung pergi ke rumah sakit :

- Kesulitan buang air kecil
- Kejang, lihat juga bagian "Peringatan dan perhatian"
- Kulit yang menguning dan putih di mata adalah tanda gangguan fungsi hati / hepatitis

Selain di atas efek samping berikut telah dilaporkan:

Sangat umum (dapat mempengaruhi lebih dari 1 dari 10 orang):

- Merasa sakit (mual)

Umum (dapat mempengaruhi hingga 1 dari 10 orang):

- Hidung tersumbat atau meler (sinusitis)
- Nafsu makan menurun atau meningkat
- Kecemasan, gelisah, mimpi tidak normal, sulit tidur, rasa mengantuk, pusing, menguap, gemetar, kulit menusuk
- Diare, konstipasi, muntah, mulut kering
- Banyak berkeringat
- Nyeri pada otot dan persendian (artralgia dan mialgia)
- Gangguan seksual (ejakulasi tertunda, masalah ereksi, penurunan dorongan seksual dan wanita mungkin mengalami kesulitan mencapai orgasme)
- Kelelahan, demam
- Berat badan meningkat

Jarang (dapat mempengaruhi hingga 1 dari 100 orang):

- Ruam jelatang (urtikaria), ruam, gatal-gatal (pruritus)
- Menggemeretakkan gigi, gelisah, gugup, serangan panik, kebingungan
- Tidur terganggu, gangguan rasa, pingsan (sinkop)
- Pupil membesar (mydriasis), gangguan penglihatan, telinga berdenging (tinnitus)
- Rambut rontok
- Pendarahan menstruasi yang berlebihan
- Periode menstruasi tidak teratur
- Berat badan menurun
- Detak jantung yang cepat
- Pembengkakan pada lengan atau tungkai
- Mimisan

Sangat jarang (dapat mempengaruhi hingga 1 dari 1.000 orang):

- Agresi, depersonalisasi, halusinasi
- Detak jantung yang lambat

Tidak diketahui (frekuensi tidak dapat diperkirakan dari data yang tersedia):

- Pikiran menyakiti diri sendiri atau pikiran untuk bunuh diri, lihat juga bagian "Peringatan dan perhatian"
- Penurunan kadar natrium dalam darah (gejalanya adalah merasa sakit dan tidak enak badan dengan otot lemah atau bingung)
- Pusing saat berdiri karena tekanan darah rendah (hipotensi ortostatik)
- Tes fungsi hati abnormal (peningkatan jumlah enzim hati dalam darah)
- Gangguan pergerakan (gerakan otot yang tidak disengaja)
- Ereksi yang menyakitkan (priapism)
- Gangguan perdarahan termasuk perdarahan kulit dan mukosa (ecchymosis) dan jumlah trombosit darah rendah (trombositopenia)
- Pembengkakan tiba-tiba pada kulit atau mukosa (angioedemas)
- Peningkatan jumlah urin yang dikeluarkan (sekresi ADH yang tidak tepat)
- Aliran ASI pada pria dan wanita yang tidak menyusui
- Mania
- Peningkatan resiko patah tulang telah diamati pada pasien yang memakai golongan obat ini.

Selain itu, sejumlah efek samping diketahui terjadi pada obat yang memiliki cara kerja yang sama seperti escitalopram (bahan aktif CipraleX). Yaitu:

- Kegelisahan motorik (akathisia)
- Anoreksia

Jika Anda mengalami efek samping, bicarakan dengan dokter atau apoteker Anda. Termasuk semua kemungkinan efek samping yang tidak tercantum dalam brosur ini.

5. Bagaimana cara menyimpan CipraleX

Jauhkan obat ini dari pandangan dan jangkauan anak-anak.

Jangan gunakan obat ini setelah tanggal kedaluwarsa, yang tercantum pada label atau karton dengan simbol EXP. Tanggal kedaluwarsa mengacu pada hari terakhir dari bulan itu.

Obat ini tidak memerlukan kondisi penyimpanan khusus.

Jangan membuang obat apa pun melalui air limbah atau limbah rumah tangga. Tanyakan apoteker Anda bagaimana membuang obat-obatan yang tidak lagi Anda gunakan. Hal ini akan membantu melindungi lingkungan.

6. Isi kemasan dan informasi lain

Apa kandungan CipraleX

Zat aktifnya adalah escitalopram. Setiap tablet CipraleX mengandung 5 mg, 10 mg, atau 20 mg escitalopram (sebagai oxalate).

Komposisi lainnya adalah:

Tablet inti: microcrystalline cellulose, colloidal anhydrous silica, talc, croscarmellose sodium dan magnesium stearate.

Penyalutan: hypromellose, macrogol 400 and titanium dioxide (E-171).

Seperti apa bentuk CipraleX dan isi kemasannya

CipraleX tersedia sebagai tablet salut selaput 5 mg, 10 mg, dan 20 mg, dengan tampilan tablet sebagai berikut.

- 5 mg : Tablet salut selaput bikonveks berwarna putih, bulat, bertanda "EK" di satu sisi.
- 10 mg : Tablet salut selaput berwarna putih, oval. Tablet diberi garis pembelah dan ditandai dengan "E" dan "L" di setiap sisi garis pembelah pada satu sisi tablet.
- 20 mg : Tablet salut selaput berwarna putih, oval. Tablet diberi garis pembelah dan ditandai dengan "E" dan "N" di setiap sisi garis pembelah pada satu sisi tablet.

CipraleX tersedia dalam ukuran kemasan berikut:

Blister (transparan) dalam kotak kardus

5,10, dan 20 mg: 28 tablet

Diproduksi oleh:

H. Lundbeck A/S, Ottiliavej 9, DK-2500 Valby, Denmark

HARUS DENGAN RESEP DOKTER

Nomor Registrasi:

CipraleX 5 mg tablet salut selaput: DKI1299900417A1

CipraleX 10 mg tablet salut selaput: DKI1299900417B1

CipraleX 20 mg tablet salut selaput: DKI1299900417C1

Diregistrasikan oleh:

PT. Pyridam Farma, Tbk.

Jakarta – Indonesia

Leaflet ini direvisi pada bulan Agustus 2020