INOVELON® 200 mg
Rufinamide

1. NAME OF THE MEDICINAL PRODUCT

Inovelon 200 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 200 mg rufinamide.

Excipient with known effect: each film coated tablet contains 40 mg lactose monohydrate

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet.
Pink, 'ovaloid', slightly convex, scored on both sides, embossed 'Є262' on one side and blank on the other side.
The tablet can be divided into equal doses.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

Inovelon is indicated as adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome in patients 4 years of age and older.

4.2 Posology and method of administration

Treatment with rufinamide should be initiated by a physician specialized in pediatrics or neurology with experience in the treatment of epilepsy.

Posology
Use in children four years of age or older and less than 30 kg

Patients <30 kg not receiving valproate:
Treatment should be initiated at a daily dose of 200 mg. According to clinical response and tolerability, the dose may be increased by 200 mg/day increments, as frequently as every two days, up to a maximum recommended dose of 1000 mg/day. Doses of up to 3600 mg/day have been studied in a limited number of patients.

Patients <30 kg also receiving valproate:
As valproate significantly decreases clearance of rufinamide, a lower maximum dose of Inovelon is recommended for patients <30 kg being co-administered valproate. Treatment should be initiated at a daily dose of 200 mg. According to clinical response and tolerability, after a minimum of 2 days the dose may be increased by 200 mg/day, to the maximum recommended dose of 600 mg/day.

Use in adults, adolescents and children four years of age or older of 30 kg or over
Treatment should be initiated at a daily dose of 400 mg. According to clinical response and tolerability, the dose may be increased by 400 mg/day increments, as frequently as every

two days, up to a maximum recommended dose as indicated in the table below.

Weight range	30.0 – 50.0 kg	50.1 – 70.0 kg	≥70.1 kg
Maximum recommended dose	1,800 mg/day	2,400 mg/day	3,200 mg/day

Patients >30kg also receiving valproate: Treatment should be initiated at a daily dose of 400mg. According to clinical response and tolerability, the dose may be increased by 400mg/day increments, as frequently as every otherday, up to a maximum recommended dose as indicated in the table below.

Weight range	30.0 – 50.0 kg	50.1 – 70.0 kg	≥70.1 kg
Maximum recommended dose	1,200 mg/day	1,600 mg/day	2,200 mg/day

Doses of up to 4000 mg/day (in the 30-50 kg range) or 4,800 mg/day (in the over 50 kg) have been studied in a limited number of patients.

Discontinuation of rufinamide
When rufinamide treatment is to be discontinued, it should be withdrawn gradually. In clinical trials rufinamide discontinuation was achieved by reducing the dose by approximately 25% every two days.

In the case of one or more missed doses, individualised clinical judgement is necessary. Uncontrolled open-label studies suggest sustained long-term efficacy, although no controlled study has been conducted for longer than three months.

Paediatric population
The safety and efficacy of rufinamide of children aged 4 years and less have not yet been established. No data are available.

Elderly
There is limited information on the use of rufinamide in elderly. Since, the pharmacokinetics of rufinamide are not altered in elderly (see section 5.2), dosage adjustment is not required in patients over 65 years of age.

Renal impairment
A study in patients with severe renal impairment indicated that no dose adjustments are required for these patients (see section 5.2).

Hepatic impairment
Use in patients with hepatic impairment has not been studied. Caution and careful dose titration is recommended when treating patients with mild to moderate hepatic impairment. Use in patients with severe hepatic impairment is not recommended.

Method of administration
Rufinamide is for oral use. It should be taken twice daily with water in the morning and in the evening, in two equally divided doses. Inovelon should be administered with food (see section 5.2). If the patient has difficulty with swallowing, tablets can be crushed and administered in half a glass of water.

4.3 Contraindications

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

4.4 Special warnings and precautions for use

Status epilepticus

Status epilepticus cases have been observed during clinical development studies, under rufinamide whereas no such cases have been observed under placebo. These events led to rufinamide discontinuation in 20 % of the cases. If patients develop new seizure types and/or experience an increased frequency of status epilepticus that is different from the patient's baseline condition, then the benefit risk ratio of the therapy should be reassessed.

Withdrawal of rufinamide

Rufinamide should be withdrawn gradually to reduce the possibility of seizures on withdrawal. In clinical studies discontinuation was achieved by reducing the dose by approximately 25% every two days. There are insufficient data on the withdrawal of concomitant antiepileptic medicinal products once seizure control has been achieved with the addition of rufinamide.

Central Nervous System reactions

Rufinamide treatment has been associated with dizziness, somnolence, ataxia and gait disturbances, which could increase the occurrence of accidental falls in this population (see section 4.8). Patients and carers should exercise caution until they are familiar with the potential effects of this medicinal product.

Hypersensitivity reactions

Serious antiepileptic medicinal product hypersensitivity syndrome including DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) and Stevens-Johnson syndrome have occurred in association with rufinamide therapy. Signs and symptoms of this disorder were diverse; however, patients typically, although not exclusively, presented with fever and rash associated with other organ system involvement. Other associated manifestations included lymphadenopathy, liver function tests abnormalities, and haematuria. Because the disorder is variable in its expression, other organ system signs and symptoms not noted here may occur. The antiepileptic drug hypersensitivity syndrome occurred in close temporal association to the initiation of rufinamide therapy and in the paediatric population. If this reaction is suspected, rufinamide should be discontinued and alternative treatment started. All patients who develop a rash while taking rufinamide must be closely monitored.

QT shortening

In a thorough QT study, rufinamide produced a decrease in QTc interval proportional to concentration. Although the underlying mechanism and safety relevance of this finding is not known, clinicians should use clinical judgment when assessing whether to prescribe rufinamide to patients at risk from further shortening their QTc duration (e.g. Congenital Short QT Syndrome or patients with a family history of such a syndrome).

Women of child bearing potential

Women of childbearing potential must use contraceptive measures during treatment with Inovelon. Physicians should try to ensure that appropriate contraception is used, and should use clinical judgement when assessing whether oral contraceptives, or the doses of the oral contraceptive components, are adequate based on the individual patients clinical situation (see section 4.5).

Lactose

Inovelon contains lactose, therefore patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Suicidal ideation

Suicidal ideation and behaviour have been reported in patients treated with antiepileptic agents in several indications. A meta-analysis of randomised placebo-controlled trials of anti-epileptic medicinal products has also shown a small increased risk of suicidal ideation and behaviour. The mechanism of this risk is not known and the available data do not exclude the possibility of an increased risk for Inovelon.

Therefore patients should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should signs of suicidal ideation or behaviour emerge.

4.5 Interaction with other medicinal products and other forms of interaction

Potential for other medicinal products to affect rufinamide

Other antiepileptic medicinal products

Rufinamide concentrations are not subject to clinically relevant changes on co-administration with known enzyme inducing antiepileptic medicinal products.

For patients on Inovelon treatment who have administration of valproate initiated, significant increases in rufinamide plasma concentrations may occur. The most pronounced increases were observed in patients of low body weight (<30 kg). Therefore, consideration should be given to a dose reduction of Inovelon in patients <30 kg who are initiated on valproate therapy (see section 4.2).

The addition or withdrawal of these medicinal products or adjusting of the dose of these medicinal products during rufinamide therapy may require an adjustment in dosage of rufinamide.

No significant changes in rufinamide concentration are observed following co-administration with lamotrigine, topiramate or benzodiazepines.

Potential for rufinamide to affect other medicinal products

Other antiepileptic medicinal products

The pharmacokinetic interactions between rufinamide and other antiepileptic medicinal products have been evaluated in patients with epilepsy using population pharmacokinetic modelling. Rufinamide appears not to have clinically relevant effect on carbamazepine, lamotrigine, phenobarbital, topiramate, phenytoin or valproate steady state concentrations.

Oral contraceptives

Co-administration of rufinamide 800 mg b.i.d. and a combined oral contraceptive (ethinyloestradiol 35 µg and norethindrone 1 mg) for 14 days resulted in a mean decrease in the ethinyl estradiol AUC_{0-24} of 22% and in norethindrone AUC_{0-24} of 14%. Studies with other oral or implant contraceptives have not been conducted. Women of child-bearing potential using hormonal contraceptives are advised to use an additional safe and effective contraceptive method (see sections 4.4 and 4.6).

Cytochrome P450 enzymes

Rufinamide is metabolised by hydrolysis, and is not metabolised to any notable degree by cytochrome P450 enzymes. Furthermore, rufinamide does not inhibit the activity of cytochrome P450 enzymes (see section 5.2). Thus, clinically significant interactions mediated through inhibition of cytochrome P450 system by rufinamide are unlikely to occur. Rufinamide has been shown to induce the cytochrome P450 enzyme CYP3A4 and may therefore reduce the plasma concentrations of substances which are metabolised by this enzyme. The effect was modest to moderate. The mean CYP3A4 activity, assessed as clearance of triazolam, was increased by 55% after 11 days of treatment with rufinamide 400 mg b.i.d. The exposure of triazolam was reduced by 36%. Higher rufinamide doses may result in a more pronounced induction. It may not be excluded that rufinamide may also decrease the exposure of substances metabolized by other enzymes, or transported by transport proteins such as P-glycoprotein.

It is recommended that patients treated with substances that are metabolised by the CYP3A enzyme system are to be carefully monitored for two weeks at the start of, or after the end of treatment with rufinamide, or after any marked change in the dose. A dose adjustment of the concomitantly administered medicinal product may need to be considered. These recommendations should also be considered when rufinamide is used concomitantly with substances with a narrow therapeutic window such as warfarin and digoxin.

A specific interaction study in healthy subjects revealed no influence of rufinamide at a dose of 400 mg bid on the pharmacokinetics of olanzapine, a CYP1A2 substrate. No data on the interaction of rufinamide with alcohol are available.

4.6 Fertility, pregnancy and lactation

Pregnancy

Risk related to epilepsy and antiepileptic medicinal products in general:

It has been shown that in the offspring of women with epilepsy, the prevalence of malformations is two to three times greater than the rate of approximately 3% in the general population. In the treated population, an increase in malformations has been noted with polytherapy; however, the extent to which the treatment and/or the illness is responsible has not been elucidated.

Moreover, effective antiepileptic therapy should not be interrupted abruptly, since the aggravation of the illness is detrimental to both the mother and the foetus. AED treatment during pregnancy should be carefully discussed with the treating physician.

Risk related to rufinamide:

Studies in animals revealed no teratogenic effect but foetotoxicity in the presence of maternal toxicity **was observed** (see section 5.3). The potential risk for humans is unknown.

For rufinamide, no clinical data on exposed pregnancies are available.

Taking these data into consideration, rufinamide should not be used during pregnancy, or in women of childbearing age not using contraceptive measures, unless clearly necessary.

Women of childbearing potential must use contraceptive measures during treatment with rufinamide. Physicians should try to ensure that appropriate contraception is used, and should use clinical judgement when assessing whether oral contraceptives, or the doses of the oral contraceptive components, are adequate based on the individual patients clinical situation (see section 4.5).

If women treated with rufinamide plan to become pregnant, the continued use of this product should be carefully weighed. During pregnancy, interruption of an effective antiepileptic can be detrimental to both the mother and the foetus if it results in aggravation of the illness..

Breast-feeding

It is not known if rufinamide is excreted in human breast milk. Due to the potential harmful effects for the breast fed infant, breast-feeding should be avoided during maternal treatment with rufinamide.

Fertility

No data are available on the effects on fertility following treatment with rufinamide.

4.7 Effects on ability to drive and use machines

Inovelon may cause dizziness, somnolence and blurred vision. Depending on the individual sensitivity, rufinamide may have a minor to major influence on the ability to drive and use machines. Patients must be advised to exercise caution during activities requiring a high degree of alertness, e.g., driving or operating machinery.

4.8 Undesirable effects

Summary of the safety profile

The clinical development program has included over 1,900 patients, with different types of epilepsy, exposed to rufinamide. The most commonly reported adverse reactions overall were headache, dizziness, fatigue, and somnolence. The most common adverse reactions observed at a higher incidence than placebo in patients with Lennox-Gastaut syndrome were somnolence and vomiting. Adverse reactions were usually mild to moderate in severity. The discontinuation rate in Lennox-Gastaut syndrome due to adverse reactions was 8.2% for patients receiving rufinamide and 0% for patients receiving placebo. The most common adverse reactions resulting in discontinuation from the rufinamide treatment group were rash and vomiting.

Tabulating list of adverse events

Adverse reactions reported with an incidence greater than placebo, during the Lennox-Gastaut syndrome double-blind studies or in the overall rufinamide-exposed population, are listed in the table below by MedDRA preferred term, system organ class and by frequency.

Frequencies are defined as: very common (≥ 1/10), common (≥ 1/100 < 1/10), uncommon (≥ 1/1,000 < 1/100), rare (≥1/10,000 to <1/1,000).

System Organ Class	Very Common	Common	Uncommon	Rare
Infections and infestations		Pneumonia Influenza Nasopharyngitis Ear infection Sinusitis Rhinitis		
Immune system disorders			Hypersensitivity*	
Metabolism and nutrition disorders		Anorexia Eating disorder Decreased		
Psychiatric disorders		Anxiety Insomnia		
Nervous system disorders	Somnolence * Headache Dizziness*	Status epilepticus* Convulsion Coordination Abnormal* Nystagmus Psychomotor hyperactivity Tremor		
Eye Disorders		Diplopia Vision blurred		

System Organ Class	Very Common	Common	Uncommon	Rare
Ear and Labyrinth disorders		Vertigo		
Respiratory, thoracic and mediastinal disorders		Epistaxis		
Gastrointestinal disorders	Nausea Vomiting	Abdominal pain upper Constipation Dyspepsia Diarrhoea		
Hepatobiliary disorders			Hepatic enzyme	
Skin and subcutaneous tissue		Rash* Acne		
Musculoskeletal and connective tissue and bone disorders		Back pain		
Reproductive system and breast disorders		Oligomenorrhoea		
General disorders and administration site conditions	Fatigue	Gait disturbance*		
Investigations		Weight decrease		
Injury, poisoning and procedural complications		Head injury Contusion		

*Cross refer to section 4.4.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions.

4.9 Overdose

After an acute overdose, the stomach may be emptied by gastric lavage or by induction of emesis. There is no specific antidote for rufinamide. Treatment should be supportive and may include haemodialysis (see section 5.2).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: antiepileptics, carboxamide derivatives; ATC code: N03AF03.

Mechanism of action
Rufinamide modulates the activity of sodium channels, prolonging their inactive state. Rufinamide is active in a range of animal models of epilepsy.

Clinicalexperience

Inovelon (rufinamide tablets) was administered in a double blind, placebo-controlled study, at doses of up to 45 mg/kg/day for 84 days, to 139 patients with inadequately controlled seizures associated with Lennox-Gastaut Syndrome (including both atypical absence seizures and drop attacks).Male or female patients (between 4 and 30 years of age) were included if they were being treated with 1 to 3 concomitant fixed-dose antiepileptic medicinal products. Each patient had to have at least 90 seizures in the month prior to study entry. A significant improvement was observed for all three primary variables: the percentage change in total seizure frequency per 28 days during the maintenance phase relative to baseline (-35.8% on Inovelon vs. –1.6% on placebo, p= 0.0006), the number of tonic-atonic seizures (-42.9% on Inovelon vs. 2.2% on placebo, p = 0.0002), and the seizure severity rating from the Global Evaluation performed by the parent/guardian at the end of the double-blind phase (much or very much improved in 32.2% on Inovelon vs. 14.5% on the placebo arm, p=0.0041).

Population pharmacokinetic/pharmacodynamic modelling demonstrated that the reduction of total and tonic-atonic seizure frequencies, the improvement of the global evaluation of seizure severity and the increase in probability of reduction of seizure frequency were dependent on rufinamide concentrations.

5.2 Pharmacokinetic properties

Absorption
Maximum plasma levels are reached approximately 6 hours after administration. Peak concentration (C_{max}) and plasma AUC of rufinamide increase less than proportionally with doses in both fasted and fed healthy subjects and in patients, probably due to dose-limited absorption behaviour. After single doses food increases the bioavailability (AUC) of rufinamide by approximately 34% and the peak plasma concentration by 56%.

Distribution
In *in-vitro* studies, only a small fraction of rufinamide (34%) was bound to human serum proteins with albumin accounting for approximately 80% of this binding. This indicates minimal risk of drug-drug interactions by displacement from binding sites during concomitant administration of other substances. Rufinamide was evenly distributed between erythrocytes and plasma.

Biotransformation
Rufinamide is almost exclusively eliminated by metabolism. The main pathway of metabolism is hydrolysis of the carboxylamide group to the pharmacologically inactive acid derivative CGP 47292. Cytochrome P450-mediated metabolism is very minor. The formation of small amounts of glutathione conjugates cannot be completely excluded.

Rufinamide has demonstrated little or no significant capacity *in-vitro* to act as a competitive or mechanism-based inhibitor of the following human P450 enzymes: CYP1A2, CYP2A6, CYP2C9, CYP2C19, CYP2D6, CYP2E1, CYP3A4/5 or CYP4A9/11-2.

Elimination
The plasma elimination half-life is approximately 6-10 hours in healthy subjects and patients with epilepsy. When given twice daily at 12-hourly intervals, rufinamide

accumulates to the extent predicted by its terminal half-life, indicating that the pharmacokinetics of rufinamide are time- independent (i.e. no autoinduction of metabolism).

In a radiotracer study in three healthy volunteers, the parent compound (rufinamide) was the main radioactive component in plasma, representing about 80% of the total radioactivity, and the metabolite CGP 47292 constituting only about 15%. Renal excretion was the predominant route of elimination for active substance related material, accounting for 84.7% of the dose.

Linearity/non-linearity:
The bioavailability of rufinamide is dependent on dose. As dose increases the bioavailability decreases.
Pharmacokinetics in special patient groups

Sex

Population pharmacokinetic modelling has been used to evaluate the influence of sex on the pharmacokinetics of rufinamide. Such evaluations indicate that sex does not affect the pharmacokinetics of rufinamide to a clinically relevant extent.

Renal impairment

The pharmacokinetics of a single 400 mg dose of rufinamide were not altered in subjects with chronic and severe renal failure compared to healthy volunteers. However, plasma levels were reduced by approximately 30% when haemodialysis was applied after administration of rufinamide, suggesting that this may be a useful procedure in case of overdose (see sections 4.2 and 4.9).

Hepatic impairment
No studies have been performed in patients with hepatic impairment and therefore Inovelon should not be administered to patients with severe hepatic impairment (see section 4.2).

Children (2-12 years)
Children generally have lower clearance of rufinamide than adults, and this difference is related to body size. Studies in new-born infants or infants and toddlers under 2 years of age have not been conducted.

Elderly
A pharmacokinetic study in elderly healthy volunteers did not show a significant difference in pharmacokinetic parameters compared with younger adults.

5.3 Preclinical safety data

Conventional safety pharmacology studies revealed no special hazards at clinically relevant doses.

Toxicities observed in dogs at levels similar to human exposure at the maximum recommended dose were liver changes, including bile thrombi, cholestasis and liver enzyme elevations thought to be related to increased bile secretion in this species. No evidence of an associated risk was identified in the rat and monkey repeat dose toxicity studies.

In reproductive and developmental toxicity studies, there were reductions in foetal growth and survival, and some stillbirths secondary to maternal toxicity. However, no effects on morphology and function, including learning or memory, were observed in the offspring. Rufinamide was not teratogenic in mice, rats or rabbits.

Rufinamide was not genotoxic and had no carcinogenic potential. Adverse effects not observed in clinical studies, but seen in animals at exposure levels similar to clinical exposure levels and with possible relevance to human use was myelofibrosis of the bone marrow in the mouse carcinogenicity study. Benign bone neoplasms (osteomas) and hyperostosis seen in mice were considered a result of the activation of a mouse specific virus by fluoride ions released during the oxidative metabolism of rufinamide.

Regarding the immunotoxic potential, small thymus and thymic involution were observed in dogs in a 13-week study with significant response at the high dose in male. In the 13-week study, female bone marrow and lymphoid changes are reported at the high dose with a weak incidence. In rats decreased cellularity of the bone marrow and thymic atrophy were observed only in the carcinogenicity study.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Core:
Lactose monohydrate
Cellulose, microcrystalline
Maize starch
Croscarmellose sodium
Hypromellose
Magnesium stearate
Sodium laurilsulfate
Silica colloidal, anhydrous

Film coating:
Hypromellose Macrogols (8000)
Titanium dioxide (E171) Talc
Ferric oxide red (E172)

6.2 Incompatibilities

Not applicable

6.3 Shelf life

4 years.

6.4 Special precautions for storage

Do not store above 30ºC.

6.5 Nature and contents of container

Box, 6 blisters @ 10 film coated tablets

6.6 Special precautions for disposal

No special requirements.

Reg. No. : DKI1949600217A1

DO NOT DISPENSE WITHOUT PHYSICIAN'S PRESCRIPTION
HARUS DENGAN RESEP DOKTER

Manufactured by:
Bushu Pharmaceuticals Ltd.,
SAITAMA-KEN, JAPAN

Repacked by:
Eisai Manufacturing Ltd.,
UNITED KINGDOM

Eisai

Imported by:
PT Eisai Indonesia
BOGOR, INDONESIA

Informasi produk untuk pasien
Inovelon 200 mg tablet salut selaput
Rufinamide

Bacalah lembar ini dengan teliti sebelum Anda mulai mengonsumsi obat ini karena lembar ini berisi informasi penting untuk Anda.

- Simpan lembar informasi ini. Anda mungkin perlu membacanya kembali.
- Apabila Anda memiliki pertanyaan lebih lanjut, tanyakan pada dokter atau apoteker Anda.
- Obat ini hanya diresepkan untuk Anda. Jangan berikan pada orang lain, meskipun gejala penyakit mereka mungkin sama dengan Anda karena tindakan tersebut mungkin membahayakan mereka.
- Jika mengalami efek samping, bicarakan pada dokter atau apoteker Anda. Termasuk jika Anda mengalami efek samping yang tidak disebutkan dalam lembar ini. Lihat bagian 4.

Apa yang ada dalam lembar ini:

1. Apa itu Inovelon dan untuk kondisi apa obat ini diberikan
2. Apa yang perlu Anda ketahui sebelum mulai mengonsumsi Inovelon
3. Bagaimana cara penggunaan Inovelon
4. Efek samping yang mungkin timbul
5. Bagaimana cara penyimpanan Inovelon
6. Isi kemasan dan informasi lainnya

1. Apa itu Inovelon dan untuk kondisi apa obat ini diberikan

Inovelon mengandung obat yang dinamakan rufinamide. Rufinamide termasuk dalam golongan obat yang disebut antiepileptik, yang digunakan untuk terapi epilepsi (penyakit dengan gejala kejang atau bangkitan).

Inovelon digunakan bersama obat lain untuk terapi kejang yang berkaitan dengan sindrom Lennox-Gastaut pada dewasa, remaja, dan anak berusia lebih dari 4 tahun. Sindrom Lennox-Gastaut adalah nama yang digunakan untuk menyebut satu kelompok epilepsi berat dengan gejala kejang berulang dalam berbagai tipe. Dokter Anda meresepkan Inovelon untuk mengurangi jumlah kejang atau bangkitan yang Anda alami.

2. Apa yang perlu Anda ketahui sebelum mulai mengonsumsi Inovelon

Jangan mengonsumsi Inovelon:

- Jika Anda alergi terhadap rufinamide atau derivat triazol atau kandungan lain Inovelon (tercantum di bagian 6).

Peringatan dan perhatian

Beritahu dokter atau apoteker Anda jika:

- Anda memiliki Sindrom QT Pendek Kongenital (gangguan elektrik pada jantung) atau riwayat keluarga yang mengalami sindrom tersebut karena penggunaan rufinamide dapat memperburuk kondisi tersebut.
- Anda mengalami gangguan hati. Informasi mengenai penggunaan rufinamide pada pasien dengan gangguan hati masih terbatas, sehingga dosis obat Anda mungkin perlu dinaikkan secara lebih lambat. Jika penyakit hati Anda berat, dokter mungkin memutuskan untuk tidak meresepkan Inovelon bagi Anda.
- Anda mengalami ruam kulit atau demam. Kedua gejala tersebut mungkin menandakan reaksi alergi.

Segera datang berobat ke dokter karena walaupun sangat jarang, hal ini bisa menjadi serius.
- Anda mengalami peningkatan jumlah atau keparahan atau durasi kejang, agar segera menghubungi dokter
- Anda mengalami kesulitan berjalan, gerakan abnormal, pusing atau mengantuk; beritahu dokter Anda jika Anda mengalami hal-hal tersebut

Beritahulah dokter Anda, meskipun hal-hal tadi terjadi di masa lalu.

Anak-anak

Inovelon tidak boleh diberikan pada anak berusia kurang dari 4 tahun karena belum ada informasi yang cukup mengenai penggunaannnya pada kelompok usia ini.

Obat-obatan lain dan Inovelon

Beritahu dokter atau apoteker jika Anda sedang atau baru-baru ini mengonsumsi obat lain, termasuk obat yang Anda peroleh tanpa resep. Jika Anda meminum obat-obatan seperti phenobarbital, phenytoin atau pirimidone, Anda mungkin perlu dimonitor dengan hati-hati selama 2 minggu pertama atau dua minggu setelah pemberian terakhir rufinamide atau setelah dilakukan perubahan dosis yang bermakna. Modifikasi dosis obat-obatan lain mungkin perlu dilakukan karena efektivitas mereka mungkin sedikit menurun jika diberikan bersama rufinamide.

Beritahu dokter jika Anda sedang menggunakan kontrasepsi hormonal/oral. Inovelon dapat menurunkan efektivitas kontrasepsi oral/hormonal. Karena itu, Anda disarankan untuk menggunakan metode kontrasepsi tambahan yang aman dan efektif selama Anda menggunakan Inovelon.

Beritahu dokter jika Anda sedang dalam terapi pengencer darah – warfarin. Dokter mungkin perlu menyesuaikan dosisnya.

Beritahu dokter jika Anda mengonsumsi digoksin (suatu obat untuk penyakit jantung). Dokter mungkin perlu menyesuaikan dosisnya.

Jika dokter meresepkan atau menganjurkan terapi lainnya untuk epilepsi (contoh, valproate) Anda harus memberitahu dokter bahwa Anda sedang dalam terapi Inovelon karena dosisnya mungkin perlu disesuaikan.

Inovelon bersama makanan dan minuman

Lihat bagian 3 – ‘Bagaimana cara menggunakan Inovelon’ untuk mengetahui anjuran penggunaan Inovelon bersama makanan dan minuman

Kehamilan dan menyusui

Apabila Anda wanita berusia reproduktif, Anda perlu menggunakan metode kontrasepsi selama meminum Inovelon.

Jika Anda hamil, atau berpikir Anda mungkin hamil, atau berencana untuk hamil, mintalah saran dari dokter atau apoteker sebelum memulai terapi Inovelon. Anda hanya boleh meminum Inovelon selama hamil jika dokter Anda menyarankan demikian.

Anda disarankan untuk tidak menyusui selama dalam terapi Inovelon karena tidak diketahui apakah rufinamide dikeluarkan dalam ASI.

Mintalah saran dari dokter atau apoteker sebelum meminum obat apapun.

Mengemudi dan mengendalikan mesin

Inovelon mungkin membuat Anda merasa pusing, mengantuk, dan memengaruhi penglihatan Anda, khususnya pada awal masa pengobatan atau setelah peningkatan dosis. Jika hal ini terjadi pada Anda, jangan mengemudi atau mengoperasikan mesin.

Inovelon mengandung laktosa

Jika Anda pernah diberitahu dokter bahwa Anda memiliki intoleransi terhadap jenis gula tertentu, beritahukan dokter Anda sebelum meminum Inovelon.

3. Bagaimana cara penggunaan Inovelon

Selalu minum obat ini sesuai dengan anjuran dokter. Tanyakan kembali pada dokter atau apoteker jika ada keragu-raguan.

Anak berusia empat tahun atau lebih dengan berat badan kurang dari 30 kg (tidak dalam terapi valproate)

Anjuran dosis awal adalah 200 mg/hari dibagi dalam 2 dosis yang setara; 100 mg (1/2 tablet) pada pagi hari dan 100 mg (1/2 tablet) lainnya pada malam hari. Dosis perlu disesuaikan oleh dokter dan dapat ditingkatkan dengan interval 200 mg tiap 2 hari, hingga mencapai dosis harian yang tidak melebihi 1000 mg.

Anak berusia empat tahun atau lebih dengan berat badan kurang dari 30 kg (sedang dalam terapi valproate)

Untuk anak dengan berat badan kurang dari 30 kg yang sedang menjalani terapi dengan valproate (suatu obat epilepsi), dosis harian maksimum Inovelon yang dianjurkan adalah 600 mg/hari.

Anjuran dosis awal adalah 200 mg/hari dibagi dalam dua dosis yang setara; 100 mg (1/2 tablet) pada pagi hari dan 100 mg (1/2 tablet) lainnya pada malam hari. Dosis perlu disesuaikan oleh dokter dan dapat ditingkatkan dengan interval 200 mg tiap 2 hari, dan dosis harian maksimum yang dianjurkan adalah 600 mg/hari.

Dewasa dan anak dengan berat badan 30 kg atau lebih

Anjuran dosis awal adalah 400 mg/hari dibagi dalam dua dosis yang setara; 200 mg (1 tablet) pada pagi hari dan 200 mg (1 tablet) lainnya pada malam hari . Dosis akan disesuaikan oleh dokter Anda dan dapat ditingkatkan dengan interval 400 mg tiap dua hari. Untuk Anda yang tidak dalam terapi vaproate, dosis harian maksimum tidak melebihi 3200 mg, bergantung pada berat badan Anda. Sedangkan untuk Anda yang sedang dalam terapi valproate, dosis harian maksimum tidak melebihi 2200 mg, bergantung pada berat badan Anda.

Sebagian pasien sudah berespons pada dosis yang lebih rendah dan dokter Anda akan mengubah dosis sesuai dengan respons Anda terhadap terapi.

Jika Anda mengalami efek samping, dokter Anda mungkin akan meningkatkan dosis secara lebih perlahan.

Tablet Inovelon harus diminum dua kali sehari bersama air, yaitu pada pagi dan malam hari. Inovelon harus dikonsumsi setelah makan. Jika Anda mengalami kesulitan menelan, Anda boleh menggerus tabletnya, kemudian mencampurkan bubuknya dalam setengah gelas (100 mL) air kemudian segera diminum.

Jika Anda meminum Inovelon melebihi yang seharusnya

Jika Anda mengonsumsi Inovelon dalam dosis yang melebihi seharusnya, segera beritahukan dokter atau apoteker Anda, atau datanglah ke IGD terdekat dengan membawa obat tersebut.

Jika Anda lupa meminum Inovelon

Jika Anda lupa meminum satu dosis Inovelon, lanjutkan meminum obat tersebut seperti biasanya. Jangan menelan dosis ganda Inovelon untuk menggantikan dosis yang lupa Anda minum. Jika Anda lupa meminum lebih dari satu dosis, mintalah saran dari dokter.

Jika Anda berhenti meminum Inovelon

Apabila dokter menyarankan untuk menghentikan terapi, ikuti instruksi dokter mengenai penurunan dosis Inovelon secara bertahap untuk mengurangi risiko terjadinya perburukan kejang.

Apabila Anda memiliki pertanyaan lain mengenai penggunaan produk ini, tanyakanlah pada dokter atau apoteker.

4. Efek samping yang mungkin timbul

Seperti semua obat, Inovelon dapat menyebabkan efek samping, meskipun tidak semua orang akan mengalaminya. Efek samping berikut dapat sangat serius:

Ruam dan/atau demam. Kedua gejala ini mungkin merupakan tanda reaksi alergi. Jika Anda mengalaminya, segera beritahukan dokter Anda atau datanglah ke rumah sakit

Perubahan dalam jenis kejang yang Anda alami/status epileptikus (kejang yang berlangsung sangat lama, kejang berulang) menjadi lebih sering. Segera beritahukan dokter Anda.

Sejumlah kecil orang yang diterapi dengan antiepileptik seperti Inovelon mengalami gejala ingin menyakiti diri sendiri atau bunuh diri. Jika Anda mengalami hal tersebut pada saat kapanpun juga, segera hubungi dokter Anda.

Anda mungkin mengalami efek samping berikut. Beritahukan dokter jika Anda mengalami salah satu atau lebih di antaranya.

Efek samping Inovelon yang sangat lazim (lebih dari 1 di antara 10 pasien) adalah: pusing, sakit kepala, mual, muntah, mengantuk, lemas.

Efek samping Inovelon yang lazim (lebih dari 1 di antara 100 pasien) adalah:

Masalah terkait saraf, meliputi: kesulitan berjalan, gerakan abnormal, kejang/bangkitan, pergerakan mata yang tidak biasanya, penglihatan kabur, gemetar.

Masalah terkait saluran cerna, meliputi: nyeri perut, sembelit, gangguan cerna, mencret (diare), hilangnya atau perubahan nafsu makan, penurunan berat badan.

Infeksi: infeksi telinga, flu, hidung tersumbat, infeksi pernapasan.

Selain itu, pasien dapat mengalami: cemas, susah tidur, mimisan, jerawat, ruam, nyeri punggung, gangguan menstruasi, memar, trauma kepala (akibat cedera selama kejang).

Efek samping Inovelon yang tidak lazim (antara 1 dalam 100 dan 1 dalam 1000 pasien) adalah:

Reaksi alergi dan meningkatnya penanda fungsi hati (peningkatan enzim hati).

<u>Melaporkan efek samping</u>

Apabila Anda mengalami efek samping, bicarakan dengan dokter atau perawat. Termasuk jika Anda mengalami efek samping yang tidak tercantum dalam lembar ini.

Dengan melaporkan efek samping, Anda dapat membantu memberikan tambahan informasi mengenai keamanan obat ini.

5. Bagaimana cara penyimpanan Inovelon

Jauhkan obat ini dari penglihatan dan jangkauan anak-anak.

Jangan gunakan obat ini setelah tanggal kedaluwarsa yang tercantum pada blister dan karton. Tanggal kedaluwarsa berarti hari terakhir pada bulan itu.

Jangan disimpan di suhu melebihi 30°C

Jangan gunakan obat ini jika Anda melihat bahwa tampilan obat sudah berubah.

Jangan buang obat ini melalui pembuangan sampah rumah tangga biasa. Tanyakan pada apoteker bagaimana cara membuang obat yang tidak lagi Anda gunakan. Tindakan-tindakan ini akan membantu melindungi lingkungan.

6. Isi kemasan dan informasi lainnya

Apa kandungan Inovelon

- Senyawa aktifnya adalah rufinamide.
  Tiap tablet salut selaput 200 mg mengandung 200 mg rufinamide.
- Kandungan lainnya adalah laktosa monohidrat, mikrokristalin selulosa, maizena, natrium kroskarmelosa, hipromelosa, magnesium stearat, natrium laurilsulfat, dan silika anhidrat koloidal. Salut selaput tersusun atas hipromelosa, makrogol (8000), titanium dioksida (E171), talkum, dan feri oksida merah (E172).

Seperti apa tampilan Inovelon dan isi kemasan

- Inovelon tablet 200 mg merupakan tablet merah muda, berbentuk oval, sedikit cembung, memiliki garis tengah pada kedua sisinya, dan memiliki cetakan timbul ‘€262’ pada satu sisinya dan kosong Pada sisi pada sisi sebaliknya. Tablet Inovelon tersedia dalam kemasan berisi 60 tablet salut selaput.

Reg No : DKI1949600217A1

HARUS DENGAN RESEP DOKTER

Untuk informasi lebih lanjut Anda dapat menghubungi :

PT Eisai Indonesia
Trinity Tower Lt 10. Suites 09-15
Jl. HR. Rasuna Said No. 6 Karet Kuningan, Setiabudi
Jakarta Selatan, DKI Jakarta 12940, Indonesia
Tel: +62-21-21684107

DISETUJUI OLEH BPOM : 12/09/2024 ID : EREG17180812400007