1.3.1.1 PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS S5

PROPRIETARY NAME AND DOSAGE FORM

AZOR-0,25 (tablet)

AZOR-0,5 (tablet)

AZOR-1,0 (tablet)

COMPOSITION

Each tablet of AZOR-0,25 contains 0,25 mg alprazolam

Excipients:

Aerosil 200, docusate sodium, lactose monohydrate, magnesium stearate, microcrystalline cellulose, purified talc, starch maize dried.

Contains sugar: Lactose monohydrate 100,00 mg

Each tablet of AZOR-0,5 contains 0,5 mg alprazolam

Excipients:

Aerosil 200, docusate sodium, erythrosine aluminium lake (C.I. 45430), lactose monohydrate, magnesium stearate, microcrystalline cellulose, purified talc, starch maize dried.

Contains sugar: Lactose monohydrate 100,07 mg

Each tablet of AZOR-1,0 contains 1,0 mg of alprazolam

Excipients:

Aerosil 200, docusate sodium, dye royal violet LN lake (C.I. 45430; C.I. 73015), erythrosine aluminium lake (C.I. 45430), lactose monohydrate, magnesium stearate, microcrystalline cellulose, purified talc, starch maize dried.

Contains sugar: Lactose monohydrate 96,69 mg

CATEGORY AND CLASS

A 2.6 Tranquillisers

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

Alprazolam is a benzodiazepine with anxiolytic properties.

Pharmacokinetic properties

It is rapidly absorbed from the gastrointestinal tract following oral administration with peak plasma concentrations being achieved within 1 to 2 hours of a dose. The half-life of alprazolam in plasma is 12 to 15 hours and it is 70 to 80 % bound to plasma protein. Alprazolam is metabolised chiefly in the liver and excreted in the urine as unchanged drug and metabolites.

INDICATIONS

Anxiety disorders.

AZOR is also used in the treatment of anxiety associated with depression.

The effectiveness of AZOR in the treatment of anxiety disorders and anxiety associated with

depression for long term use exceeding six months has not been established.

The doctor should periodically reassess the usefulness of AZOR for the individual patient.

CONTRAINDICATIONS

AZOR is contraindicated in patients with porphyria and in patients with known hypersensitivity to benzodiazepines.

It should be avoided in patients with pre-existing central nervous system depression or coma, acute pulmonary insufficiency or sleep apnoea.

It should be used with care in patients with chronic pulmonary insufficiency.
Do not administer during pregnancy or lactation. Use of AZOR in the first trimester of pregnancy has been associated with various congenital malformations in the infant, but no clear relationship has been established. Administration of AZOR in late pregnancy has been associated with intoxication of the neonate.

AZOR should not be used for the treatment of chronic psychosis or for phobic or obsessional states.

WARNINGS AND SPECIAL PRECAUTIONS

There is a potential for abuse and dependence.

Withdrawal symptoms may occur after periods of ordinary therapeutic doses (see SIDE EFFECTS).

Individuals who are prone to abuse drugs, such as alcoholics and drug addicts, or patients on other central nervous system depressants, should be under careful surveillance while receiving AZOR

because of the predisposition of such patients to habituation and dependence.

Use with extreme caution in patients with a history of alcohol or medicine abuse.

Dependence characterised by a withdrawal syndrome may develop after regular use of AZOR, even in therapeutic doses for short periods. AZOR should not be discontinued abruptly after regular use for even a few weeks but withdrawn by gradual reduction of the dose over a period of weeks. Withdrawal symptoms include anxiety, insomnia, headache, dizziness, tinnitus, loss of appetite, tremor, perspiration, irritability, perceptual disturbances such as hypersensitivity to visual and auditory stimuli and a metallic taste, nausea, vomiting, abdominal cramps, palpitations, and orthostatic hypotension. Rare and more serious symptoms include muscle twitching, confusional or paranoid psychosis, convulsions, hallucinations, and delirium tremens.

AZOR should be given with care to elderly or debilitated patients who may be more prone to adverse effects. Caution is required in patients with impaired liver or kidney function. The sedative effects of AZOR are most marked during the first few days of administration; affected patients should not drive or operate machinery.

Alprazolam-induced disinhibition may precipitate suicide or aggressive behaviour. Caution is required in patients with organic brain changes, particularly arteriosclerosis. In cases of bereavement, psychological adjustment may be inhibited by AZOR.

Effects on ability to drive and use machines

Patients receiving AZOR should be advised not to operate motor vehicles or dangerous machinery, or climb dangerous heights until it is established that they do not become drowsy or dizzy while receiving AZOR. In these situations, impaired decision making could lead to accidents.

Excipients

Lactose warning:

AZOR contains lactose which may have an effect on the glycaemic control of patients with diabetes mellitus.

Patients with the rare hereditary conditions of galactose intolerance e.g. galactosaemia, Lapp lactase deficiency, glucose-galactose malabsorption or fructose intolerance should not take AZOR.

INTERACTIONS

Sedation or respiratory and cardiovascular depression may be enhanced by other agents with central nervous system depression properties; these include alcohol, antidepressants, antihistamines, general anaesthetics, other hypnotics or sedatives, neuroleptics, and opioid analgesics.

HUMAN REPRODUCTION

Do not take AZOR during pregnancy or lactation. Use of AZOR in the first trimester of pregnancy has been associated with various congenital malformations in the infant, but no clear relationship has been established. Taking of AZOR in late pregnancy has been associated with intoxication of the neonate.

DOSAGE AND DIRECTIONS FOR USE

Treatment of anxiety: 0,25 mg to 0,5 mg three times daily, increased where necessary up to a total daily dose of 3 mg or 4 mg.

In elderly or debilitated patients an initial dose of 0,25 mg twice or three times daily is suggested.

Treatment of panic attacks and depression: doses of up to 10 mg daily.

The optimum dosage of AZOR should be individualised based upon the severity of symptoms and individual patient response. If higher dosages are required the increase should be done gradually and cautiously.

SIDE-EFFECTS

Drowsiness, sedation, and ataxia (the loss of full control of bodily movements) are the most frequent adverse effects of AZOR. They generally decrease on continued administration and are a consequence of central nervous system depression. Less frequent effects include vertigo, headache, confusion, mental depression, slurred speech or dysarthria, changes in libido, tremor, visual disturbances, changes in salivation, amnesia, and paradoxical excitation and disinhibition. Jaundice, blood disorders, and hypersensitivity reactions have been reported. Respiratory depression and hypotension occasionally occur with high dosage. Rebound anxiety and insomnia may be a result of tolerance to the effects of AZOR or part of a withdrawal syndrome.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENTS

Symptoms

Overdosage of AZOR can produce CNS depression and coma. Following recent ingestion of an overdose the stomach may be emptied by gastric lavage.

Treatment

Treatment is symptomatic and supportive although the specific benzodiazepine antagonist, flumazenil, may be indicated in emergencies.

IDENTIFICATION

AZOR-0,25 : A flat, round, white tablet, with bevelled edges, bisected on one side and debossed C15 on the other side.

AZOR-0,5 : A flat, round, pale pink tablet, with bevelled edges, bisected on one side and

debossed C16 on the other side.

AZOR-1,0 : A flat, round, pale lavender tablet, with bevelled edges, bisected on one side and debossed C20 on the other side.

PRESENTATION

AZOR-0,25: 30 or 100 tablets are packed into a white polypropylene securitainer and sealed together with rayon and a leaflet using a white low density polyethylene snap-on cap, with a tamper-evident seal.

AZOR-0,5: 30 or 100 tablets are packed into a white polypropylene securitainer and sealed together with rayon and a leaflet using a white low density polyethylene snap-on cap, with a tamper-evident seal.

AZOR-1,0: 30 or 100 tablets are packed into a white polypropylene securitainer and sealed together with rayon and a leaflet using a white low-density polyethylene snap-on cap, with a tamper-evident seal.

Not all packs and pack sizes are necessarily marketed.

STORAGE INSTRUCTIONS

Store in airtight containers at or below 25 °C

Protect from light.

Keep in original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBERS

AZOR-0,25: 29/2.6/0180

AZOR-0,5: 29/2.6/0181

AZOR-1,0: 29/2.6/0182

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

PHARMACARE LIMITED

Healthcare Park

Woodlands Drive

Woodmead 2191

DATE OF PUBLICATION OF THE PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

Date of registration:

AZOR-0,25:	09 April 1996
AZOR-0,5:	20 June 1996
AZOR-1,0:	11 April 1996

Date of the most recent amendment to the professional information as approved by the Authority:

02 September 1994

Namibia:	NS3
AZOR-0,25	10/2.6/0541
AZOR-0,5	04/2.26/0014
AZOR-1,0	04/2.26/0015

ZA_AZORTAB_9606_02