Pharmacode position may change as per the supplier's m/c requirement

APPROVED
Samantha , 2022/11/28 ,08:07:58

BERON P1532544

BERON P1532544

AUROGEN

SKEDULERINGSTATUS

SUID-AFRIKA: S5

NAMIBIË: NS3

EIENDOMSNAAM (en doseervorm):
BERON 15 (filmbedekte tablet)
BERON 30 (filmbedekte tablet)

SAMESTELLING:
BERON 15:
Elke filmbedekte tablet bevat 15 mg mirtasapien. Bevat suiker: 102 mg laktose.

BERON 30:
Elke filmbedekte tablet bevat 30 mg mirtasapien. Bevat suiker: 204 mg laktose.

Die ander bestanddele is hidroksiepropielsellulose, lae vervang hidroksiepropielsellulose, magnesiumstearaat, mieliestysel, Opadry geel **(BERON 15)**, Opadry bruin **(BERON 30)** en silica (kolloïdale anhidriese).

FARMAKOLOGIESE KLASSIFIKASIE:
A 1.2 Psigoanaleptika (antidepressiemiddels)

FARMAKOLOGIESE WERKING:
Mirtasapien is 'n tetrasikliese antidepressant wat aan die piperasino-asepiengroep verbindings behoort. Mirtasapien werk sentraal as 'n pre-sinaptiese α_2-antagonis wat die sentrale noradrenergiese en serotonergiese neurotransmissie verhoog. Dit beperk die effektiwiteit van inhiberende α_2-adrenergiese heteroreseptore op serotonergiese neurone, asook die inhiberende α_2-outoreseptore en 5-HT_{2A} heteroreseptore op noradrenergiese neurone, wat die vrystelling van beide amiene versterk. Dit toon antagonistiese effekte by verskeie post-sinaptiese serotonien-reseptortipes (insluitende 5-HT_{2A}, 5-HT_{2C} en 5-HT_3 reseptore) en kan geleidelike regulering na onder van 5-HT_{2A} lewer. Hierdie verskeie werkings dra waarskynlik by tot die antidepressanteffek. Mirtasapien is ook 'n histamien H_1-reseptorantagonis en derhalwe relatief sederend.

Farmakokinetika:
Mirtasapien word goed vanuit die maagdermkanaal geabsorbeer (biobeskikbaarheid = 50 %) met piek plasmavlakke wat na ongeveer 2 ure voorkom. Plasmaproteïenbinding is ongeveer 85 %. Mirtasapien word ekstensief in die lewer gemetaboliseer en die hoof biotransformasiebane is demetilering en oksidasie, gevolg deur glukuroniedkonjugasie; sitochroom P450 isoënsieme wat betrokke is, is CYP2D6, CYP1A2 en CYP3A4. Die N-desmetielmetaboliet is farmakologies aktief. Die gemiddelde plasma-eliminasiehalfleeftyd is 20 – 40 ure. Eliminasie vind deur die urien (75 %) en feses (15 %) plaas. Binne die aanbevole dosisreikwydte toon mirtasapien lineêre farmakokinetika.

INDIKASIES:
Behandeling van erge depressiewe siekte.

KONTRAINDIKASIES:
- Hipersensitiwiteit teen **BERON**.
- Swangerskap en laktasie, aangesien daar onvoldoende kliniese data bestaan.
- Kinders, aangesien daar onvoldoende kliniese data bestaan.

WAARSKUWINGS EN SPESIALE VOORSORGSMAATREËLS:
BERON behoort met sorg in pasiënte met epilepsie, ingekorte lewer- of nierfunksie en hartafwykings soos geleidingsafwykings, angina pectoris en onlangse miokardiese infarksie, asook in pasiënte met hipotensie gebruik te word.
Versigtige dosering en gereelde en sorgvuldige monitering is in hierdie pasiënte noodsaaklik.
Sorg behoort ook aan die dag gelê te word in pasiënte met diabetes mellitus, psigoses en diegene met 'n geskiedenis van bipolêre afwyking. Behandeling behoort gestaak te word as geelsug ontwikkel.
Pasiënte behoort aangesê te word om enige van die volgende simptome gedurende behandeling aan te meld: koors, seer keel, stomatitis of ander tekens van infeksie. Hierdie kan tekens van beenmurgonderdrukking (neutropenie, agranulositose) wees. Behandeling behoort gestaak en 'n bloedtelling behoort uitgevoer te word.
Pasiënte met erge depressiewe afwyking, beide volwassenes en kinders, kan agteruitgang van hul depressie en of die ontwikkeling van selfmoordideës en –gedrag ondervind, ongeag of hulle antidepressante gebruik of nie. Hierdie risiko mag voortduur totdat beduidende remissie plaasvind. 'n Oorsaaklike rol vir antidepressante in die indusering van sulke gedrag is nie vasgestel nie. Pasiënte wat met **BERON** behandel word, behoort nietemin vir kliniese agteruitgang en selfmoordideës dopgehou te word, veral aan die begin van 'n kursus terapie of enige tyd met dosisveranderinge, beide toenames en afnames.
Weens die moontlikheid van ko-morbiditeit tussen erge depressiewe afwyking en ander psigiatriese en nie-psigiatriese afwykings, behoort dieselfde voorsorgsmaatreëls wat by die behandeling van pasiënte met erge depressiewe afwyking van toepassing is, getref te word wanneer pasiënte met ander psigiatriese en nie-psigiatriese afwykings behandel word.
Die volgende simptome is in pasiënte wat met antidepressante vir erge depressiewe afwyking en ander indikasies, beide psigiatries en nie-psigiatries, behandel word, aangemeld: angs, agitasie, paniekaanvalle, slaaploosheid, geïrriteerdheid, vyandigheid (aggressie), impulsiwiteit, akatisie, hipomanie en manie.
Alhoewel 'n oorsaaklike skakel tussen die ontwikkeling van selfmoordimpulse nie vasgestel is nie, behoort oorweging aan die verandering van die terapeutiese regimen geskenk te word, insluitende die moontlike staking van **BERON**, in pasiënte vir wie sulke simptome erg is, skielik begin of nie deel van die pasiënt se presenterende simptome was nie.
As daar besluit word om behandeling te staak, behoort **BERON** geleidelik verminder te word (sien **"DOSIS EN GEBRUIKSAANWYSINGS"**).

BERON besit 'n swak antimuskarien-aktiwiteit. Daarom behoort sorg aan die dag gelê to word wanneer pasiënte met urineringsafwykings behandel word en oogafwykings soos toehoekgloukoom en verhoogde intra-okulêre druk.

Bestuur en die gebruik van masjinerie:
BERON mag skerpheid, oordeelsvermoë, denke en konsentrasie laat afneem. Daarom behoort die gebruik van masjinerie en die bestuur van 'n voertuig gedurende behandeling vermy te word.

INTERAKSIES:
Monoamienoksiedase inhibeerdes (MAOIs): **BERON** behoort nie saam met of binne twee weke na die staking van 'n MAOI gebruik te word nie.

Alkohol: **BERON** kan die depressantwerking van alkohol op die sentrale senuweestelsel potensieer en daarom behoort pasiënte aangesê te word om nie alkohol te gebruik nie.

Anksiolitika of Hipnotika: Die gebruik van **BERON** kan die sederende effekte van anksiolitika en hipnotika potensieer. Sorg behoort daarom aan die dag gelê te word wanneer hierdie middels saam met **BERON** voorgeskryf word.

SWANGERSKAP EN LAKTASIE:
BERON word tydens swangerskap en laktasie teenaangedui.

DOSIS EN GEBRUIKSAANWYSINGS:
Tablette behoort oraal geneem te word.
BERON behoort as 'n aanvanklike daaglikse dosis van 15 mg gegee te word, wat geleidelik volgens kliniese respons verhoog kan word. Die normale effektiewe dosis lê in die 15 tot 45 mg reikwydte. Daaglikse dosisse kan as 'n enkel dosis, verkieslik met slapenstyd, of in 2 gelyk verdeelde dosisse gegee word.
Weens die lang halfleeftyd behoort dosisveranderinge met intervalle van ten minste 1 tot 2 weke gemaak word.
Vir die behandeling van akute depressiewe episodes behoort behandeling vir ten minste 6 maande volgehou te word.
BERON behoort geleidelik onttrek te word om die risiko van onttrekkingsimptome te verminder.
Die opruiming van mirtasapien kan in bejaarde pasiënte en in pasiënte met ingekorte nier- of lewerfunksie verminder. Dit behoort in ag geneem te word wanneer **BERON** aan hierdie kategorie van pasiënte voorgeskryf word.

NEWE EFFEKTE:
Liggaam as geheel
Dikwels (> 1/100 ≤ 1/10): Astenie, griepagtige sindroom, toename in sweet.

Afwykings van die senuweestelsel
Dikwels (> 1/100 ≤ 1/10): Lomerigheid of sedering, vertigo.
Soms (> 1/1 000 ≤ 1/100): Duiseligheid, hoofpyn.
Selde (> 1/10 000 ≤ 1 000): Parestesie, epileptiese stuipaanvalle, nagmerries, agitasie, manie, hallusinasies, stuipaanvalle, bewerasie, mioklonus, rustelose bene sindroom.

Metaboliese en voedingsafwykings
Dikwels (> 1/100 ≤ 1/10): Toename in eetlus en massatoename, droë mond, hardlywigheid, naarheid.
Die volgende newe effekte is aangemeld maar die frekwensies is onbekend: Braking, bitter smaak (in die mond).

Vaskulêre afwykings
Dikwels (> 1/100 ≤ 1/10): Edeem, perifere edeem.
Selde (> 1/10 000 ≤ 1 000): Posturale hipotensie.

Afwykings van die vel en subkutane weefsels
Dikwels (> 1/100 ≤ 1/10): Edeem.
Selde (> 1/10 000 ≤ 1 000): Eksanteem.

Hepatobileêre afwykings
Soms (> 1/1 000 ≤ 1/100): Toenames in lewerensiemvlakke is aangemeld.
Die volgende newe effekte is aangemeld maar die frekwensies is onbekend: Geelsug.

Afwykings van die bloed- en limfsisteem
Selde (> 1/10 000 ≤ 1 000): Omkeerbare agranulositose, leukopenie en granulositopenie, ortostatiese hipotensie

Muskuloskeletale en bindweefselafwykings
Selde (> 1/10 000 ≤ 1 000): Artralgie, mialgie.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN:
Daar is geen spesifieke teenmiddel vir **BERON** nie.
Behandeling is simptomaties en ondersteunend.

IDENTIFIKASIE:
BERON 15
'n Geel, bikonvekse, kapsulevormige, filmbedekte tablet met "A" op die een kant en 'n breeklyn tussen die "0" en die "8" op die ander kant.

BERON 30
'n Rooi-bruin, bikonvekse, kapsulevormige, filmbedekte tablet met "A" op die een kant en 'n breeklyn tussen die "0" en die "9" op die ander kant.

AANBIEDING:
BERON 15 / 30
Pakgrootte: 30's - Gedrukte karton eenhede met 3 stolpverpakkings (bestaande uit wit PVC met 60 g/m^2 PVdc en silwerkleurige aluminiumbasis) van 10 tablette elk.

BERGINGSINSTRUKSIES:
Bewaar teen of benede 25 °C. Beskerm teen lig en vogtigheid. Moenie die stolpverpakkings uit die karton verwyder tot voor gebruik nie.

HOU BUITE BEREIK VAN KINDERS.

REGISTRASIENOMMER:
SUID-AFRIKA:
BERON 15: A40/1.2/0366
BERON 30: A40/1.2/0367

NAMIBIË:
BERON 15: 10/1.2/0325
BERON 30: 10/1.2/0326

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE SERTIFIKAAT VAN REGISTRASIE:
AUROGEN SOUTH AFRICA (EDMS) BPK
Woodhill Kantoorpark, Gebou Nr.1,
Eerste Vloer Phillip Engelbrechtlaan53,
Meyersdal, Uitbr. 12, Johannesburg,
1448, Suid-Afrika

DATUM VAN PUBLIKASIE VAN HIERDIE PROFESSIONELE INLIGTING:
Datum van registrasie:
11 Augustus 2006

Datum van hersiening:
11 November 2022

DETACH BEFORE DISPENSING

SUID-AFRIKA: S5
NAMIBIË: NS3
BERON 15 (filmbedekte tablet)
BERON 30 (filmbedekte tablet)
Mirtasapien

Lees die hele brosjure sorgvuldig voordat u begin om BERON te neem.
- Hou hierdie blaadjie. U mag dit moontlik weer wil lees.
- Indien u enige verdere vrae het, moet u asseblief u dokter of apteker raadpleeg.
- **BERON** is vir u persoonlik voorgeskryf en u behoort nie u medisyne met ander mense te deel nie. Dit mag hulle skade aandoen, ookal het hulle dieselfde simptome as u.

1. WAT BERON BEVAT
Die aktiewe bestanddeel is mirtasapien.

BERON 15: Elke filmbedekte tablet bevat 15 mg mirtasapien. Bevat suiker: 102 mg laktose.
BERON 30: Elke filmbedekte tablet bevat 30 mg mirtasapien. Bevat suiker: 204 mg laktose.

Die ander bestanddele is hidroksiepropielsellulose, lae vervang hidroksiepropielsellulose, magnesiumstearaat, mieliestysel, Opadry geel (**BERON 15**) en Opadry bruin (**BERON 30**) en silica (kolloïdale anhidriese).

2. WAARVOOR BERON GEBRUIK WORD
BERON word gebruik in die behandeling van erge depressiewe siekte.

3. VOORDAT U BERON NEEM
Moenie neem:
- As u hipersensitief (allergies) teen mirtasapien of enige van die ander bestanddele van **BERON** is.
- As u swanger is of borsvoed.
- Moenie in kinders gebruik nie aangesien die veiligheid en effektiwiteit nie vasgestel is nie.

Neem spesiale sorg met BERON:
Versigtige dosering en noukeurige monitering is nodig in pasiënte met:
- Epilepsie
- Lewer-, nier- of hartprobleme/-siektes
- Lae bloeddruk
- Diabetes
- Psigoses of bipolêre afwyking
- Behandeling behoort gestaak te word as geelsug voorkom
- Urienlatingsafwykings soos prostatiese hiperplasie
- Toehoekgloukoom en verhoogde intra-okulêre druk

Swangerskap en borsvoeding
Die veiligheid in swangerskap en borsvoeding is nie vasgestel nie.

As u swanger is of u baba borsvoed, moet u asseblief u dokter, gesondheidsorgwerker vir advies nader voordat u **BERON** neem.

Bestuur en die gebruik van masjinerie:
BERON kan skerpheid, oordeelsvermoë, denke en konsentrasie verminder.
Daarom behoort die gebruik van masjinerie en die bestuur van 'n voertuig gedurende behandeling vermy te word.

Die neem van ander medisyne saam met BERON:
BERON behoort nie saam met monoamienoksiedase inhibeerdes (MAOIs) gebruik nie of binne twee weke na die staking van 'n MAOI gebruik te word nie.
BERON toon 'n interaksie met alkohol; **vermy alkohol gedurende die behandeling met BERON.**

Sorg behoort daarom aan die dag gelê te word wanneer hierdie middels saam met **BERON** voorgeskryf word.

Stel altyd u professionele gesondheidswerker in kennis as u enige ander medisyne gebruik. (Dit sluit komplementêre en tradisionele medisyne in.)

4. HOE OM BERON TE NEEM
Neem altyd **BERON** presies soos deur u dokter voorgeskryf. Bevestig met u dokter of apteker as u onseker is. As u van mening is dat die effek van **BERON** te sterk of te swak is, moet u u dokter of apteker raadpleeg.

Tablette behoort oraal geneem te word.
BERON behoort as 'n aanvanklike daaglikse dosis van 15 mg gegee te word, wat geleidelik volgens kliniese respons verhoog kan word. Die normale effektiewe dosis lê in die 15 tot 45 mg reikwydte. Daaglikse dosisse kan as 'n enkel dosis, verkieslik met slapenstyd, of in 2 gelyk verdeelde dosisse gegee word.
Weens die lang halfleeftyd behoort dosisveranderinge met intervalle van ten minste 1 tot 2 weke gemaak word.
Vir die behandeling van akute depressiewe episodes behoort behandeling vir ten minste 6 maande volgehou te word.
BERON behoort geleidelik onttrek te word om die risiko van onttrekkingsimptome te verminder.
Die opruiming van mirtasapien kan in bejaarde pasiënte en in pasiënte met ingekorte nier- of lewerfunksie verminder. Dit behoort in ag geneem te word wanneer **BERON** aan hierdie kategorie van pasiënte voorgeskryf word.

As u te veel BERON geneem het:
Daar is nie 'n spesifieke teenmiddel vir **BERON** nie. Die behandeling is simptomaties en ondersteunend.

In die geval van oordosering, raadpleeg u dokter of apteker. As hulle nie beskikbaar is nie, kontak u naaste hospitaal of giftbeheersentrum.

As u vergeet het om BERON te neem:
Moenie 'n dubbel dosis neem om vir oorgeslaande individuele dosisse op te maak nie.

5. MOONTLIKE NEWE EFFEKTE
BERON kan newe effekte hê.

Algemene afwykings en kondisies by die plek van toediening
Dikwels: Astenie, griepagtige sindroom, toename in sweet.

Afwykings van die senuweestelsel
Baie dikwels: Lomerigheid of sedering, duiseligheid.
Dikwels: Manie, hallusinasies, stuipaanvalle, epileptiese stuipaanvalle, bewerasie, vertigo, agitasie.

Die volgende newe effekte is aangemeld maar die frekwensies is onbekend: Parestesie, hoofpyn, nagmerries, mioklonus en rustelose bene.

Metaboliese en voedingsafwykings
Baie dikwels: 'n Toename in eetlus en massatoename

Gastrointestinale afwykings
Baie dikwels: Droë mond, hardlywigheid.
Dikwels: Naarheid, braking, dorstigheid.
Die volgende newe effek is aangemeld maar die frekwensie is onbekend: Bitter smaak in die mond.

Vaskulêre afwykings
Dikwels: Edeem, perifere edeem, posturale hipotensie, ortostatiese hipotensie.

Afwykings van die vel en subkutane weefsels
Dikwels: Eksanteem.

Hepatobileêre afwykings
Die volgende newe effek is aangemeld maar die frekwensie is onbekend: Geelsug kan voorkom.

Ondersoeke
Die volgende newe effek is aangemeld maar die frekwensie is onbekend: Toenames in lewerensiemvlakke is aangemeld.

Afwykings van die bloed- en limfsisteem
Dikwels: Omkeerbare agranulositose.
Die volgende newe effekte is aangemeld maar die frekwensies is onbekend: Leukopenie, granulositopenie.

Muskuloskeletale, bindweefsel- en beenafwykings
Dikwels: Artralgie, mialgie.

Nie al die newe effekte vir **BERON** word in hierdie brosjure ingesluit nie. As u algemene gesondheid agteruitgaan terwyl u **BERON** neem, moet u asseblief u dokter, apteker of ander professionele gesondheidswerker om advies raadpleeg.

6. OPBERGING EN WEGDOEN VAN BERON
HOU BUITE DIE BEREIK VAN KINDERS.
Bewaar teen of benede 25 °C. Beskerm teen lig en vogtigheid. Moenie die stolpverpakkings uit die karton verwyder tot voor gebruik nie.

Neem alle ongebruikte medisyne na u apteker terug.
Moenie enige ongebruikte medisyne in die drein of riolering (bv. toilette) weggooi nie.

7. AANBIEDING VAN BERON
Gedrukte karton eenhede met 3 stolpverpakkings (bestaande uit wit PVC met 60 g/m^2 PVdc en silwerkleurige aluminiumbasis) van 10 tablette elk.
Pakgrootte: 30's.

8. IDENTIFIKASIE VAN BERON
BERON 15: Geel, bikonvekse, kapsulevormige, filmbedekte tablette met 'n breeklyn tussen die "0" en die "8" op die een kant en "A" op die ander kant gedruk.
BERON 30: Rooi-bruin, bikonvekse, kapsulevormige, flmbedekte tablette met 'n breeklyn tussen die "0" en die "9" op die een kant en "A" op die ander kant gedruk.

9. REGISTRASIENOMMER / VERWYSINGSNOMMER
SUID-AFRIKA:
BERON 15: A40/1.2/0366
BERON 30: A40/1.2/0367

NAMIBIË:
BERON 15: 10/1.2/0325
BERON 30: 10/1.2/0326

10. NAAM EN ADRES VAN DIE REGISTRASIEHOUER
AUROGEN SOUTH AFRICA (EDMS) BPK
Woodhill Kantoorpark, Gebou Nr.1,
Eerste Vloer Phillip Engelbrechtlaan53,
Meyersdal, Uitbr. 12, Johannesburg,
1448, Suid-Afrika

11. DATUM VAN PUBLIKASIE
Datum van registrasie:
11 Augustus 2006

Datum van hersiening:
11 November 2022

A/s: 280 x 420 mm ■ Black Booklet size: 40 x 60 mm

AUROBINDO Packaging Development		Product Name	Component	Item Code	Date & Time
		Beron	Leaflet	P1532544	24.11.2022 & 02.30 pm
		Country	Version No.	Reason Of Issue	Reviewed / Approved by
		South Africa	00	Commercial	
Team Leader	Kiran	Dimensions (mm)	No Of Colours: 01		
Initiator	Bhogi	A/s: 280 x 420 mm			
Artist	Sree Designers	Pharma Code: 32544			
Additional Information: Supersedes: P1519143			32544		

SCHEDULING STATUS

SOUTH AFRICA: S5

NAMIBIA: NS3

PROPRIETARY NAME (and dosage form):
BERON 15 (film-coated tablet)
BERON 30 (film-coated tablet)

COMPOSITION:
BERON 15:
Each film-coated tablet contains 15 mg of mirtazapine. Contains sugar: 102 mg lactose.
BERON 30:
Each film-coated tablet contains 30 mg of mirtazapine. Contains sugar: 204 mg lactose.

The other ingredients are hydroxypropylcellulose, low-substituted hydroxypropyl cellulose, magnesium stearate, maize starch, Opadry yellow **(BERON 15)**, Opadry brown **(BERON 30)** and silica (colloidal anhydrous).

PHARMACOLOGICAL CLASSIFICATION:
A.1.2. Psychoanaleptics (antidepressants)

PHARMACOLOGICAL ACTION:
Mirtazapine is a tetracyclic antidepressant, belonging to the piperazino-azepine group of compounds. Mirtazapine is centrally acting as a pre-synaptic α_2-antagonist, which increases the central noradrenergic and serotonergic neurotransmission. It limits the effectiveness of inhibitory α_2-adrenergic heteroreceptors on serotonergic neurons as well as inhibitory α_2-autoreceptors and 5-HT_{2A} heteroreceptors on noradrenergic neurons, which enhances the release of both amines. It has antagonistic effects at several post-synaptic serotonin receptor types (including 5-HT_{2A}, 5-HT_{2C} and 5-HT_3 receptors) and can produce gradual downregulation of 5-HT_{2A} receptors. These several actions probably contribute to the antidepressant effect. Mirtazapine also is a histamine H_1-receptor antagonist, and, correspondingly, relatively sedating.

Pharmacokinetics:
Mirtazapine is well absorbed (bioavailability ≈ 50 %) from the gastrointestinal tract with peak plasma levels occurring after about 2 hours. Plasma protein binding is about 85 %. Mirtazapine is extensively metabolised in the liver and the major biotransformation pathways are demethylation and oxidation followed by glucuronide conjugation; cytochrome P450 isoenzymes involved are CYP2D6, CYP1A2, and CYP3A4. The N-desmethyl metabolite is pharmacologically active. The mean plasma elimination half-life is 20 – 40 hours. Elimination is via urine (75 %) and faeces (15 %). Mirtazapine displays linear pharmacokinetics within the recommended dose range.

INDICATIONS:
Treatment of major depressive illness.

CONTRA-INDICATIONS:
- Hypersensitivity to **BERON**.
- Pregnancy and lactation, as there is insufficient clinical data available.
- Children, as insufficient clinical data are available.

WARNINGS AND SPECIAL PRECAUTIONS:
BERON should be used with caution in patients with epilepsy, hepatic or renal insufficiency, and cardiac disorders such as conduction disturbances, angina pectoris, and recent myocardial infarction, as well as in patients with hypotension.
Careful dosage as well as regular and careful monitoring is necessary in these patients.
Caution should also be exercised in patients with diabetes mellitus, psychosis and those with a history of bipolar disorder. Treatment should be stopped if jaundice develops.
Patients should be advised to report any of the following symptoms during treatment: fever, sore throat, stomatitis, or other signs of infection. These may be signs of bone marrow depression (neutropenia, agranulocytosis). Treatment should be stopped and a blood count performed.
Patients with major depressive disorder, both adults and children, may experience worsening of their depression and or the emergence of suicidal ideation and behaviour, whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs. A causal role, however, for antidepressant medicine in inducing such behaviour has not been established. Patients being treated with **BERON** should, nevertheless, be observed closely for clinical worsening and suicidality, especially at the beginning of a course of therapy or at any time of dose changes, either increases or decreases.
Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorders should be observed when treating patients with other psychiatric and non-psychiatric disorders.
The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia, hypomania, and mania.
Although a causal link between the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing **BERON**, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision is made to discontinue treatment, **BERON** should be tapered (see **"DOSAGE AND DIRECTIONS FOR USE"**).

BERON has weak antimuscarinic activity, therefore caution should be exercised in patients with micturition disturbances, and eye disorders such as closed-angle glaucoma, and raised intra-ocular pressure.

Driving and using machinery:
BERON may decrease alertness, judgement, thinking and concentration. Therefore operating machinery or driving a vehicle should be avoided during treatment.

INTERACTIONS:
Monoamine oxidase inhibitors (MAOIs): **BERON** should not be used concomitantly or within two weeks of discontinuing a MAOI.

Alcohol: **BERON** may potentiate the central nervous depressant action of alcohol and patients should therefore be advised to avoid alcohol.

Anxiolytics or Hypnotics: Use of **BERON** may potentiate the sedative effects of anxiolytics and hypnotics. Caution should be taken when these drugs are prescribed together with **BERON**.

PREGNANCY AND LACTATION:
BERON is contra-indicated in pregnancy and lactation.

DOSAGE AND DIRECTIONS FOR USE:
Tablets should be taken orally.
BERON should be given in an initial daily dose of 15 mg, which may be increased gradually according to clinical response. The usual effective dose lies within the range of 15 to 45 mg. Daily doses may be given as a single dose, preferably at bedtime, or in 2 equally divided doses.
Changes in dose should be made at intervals of at least 1 to 2 weeks because of the long half-life.
For treatment of acute, depressive episodes, treatment should be continued for at least 6 months.
BERON should be withdrawn gradually to reduce the risk of withdrawal symptoms.

AUROGEN

The clearance of mirtazapine may be decreased in elderly patients and in patients with renal or hepatic impairment. This should be taken into account when prescribing **BERON** to this category of patients.

SIDE EFFECTS:
Body as a whole
Common (>1/100 ≤ 1/10): Asthenia, flu like syndrome, increased sweating.

Nervous system disorders
Common (>1/100 ≤ 1/10): Drowsiness or sedation, vertigo.
Uncommon (>1/1 000 ≤ 1/100): Dizziness, headache.
Rare (> 1/10 000 ≤ 1/1 000): Paraesthesia, epileptic seizures, nightmares, agitation, mania, hallucinations, convulsions, tremor, myoclonus, restless legs syndrome.

Metabolism and nutritional disorders
Common (>1/100 ≤ 1/10): An increase in appetite and weight gain, dry mouth, constipation, nausea.
The following side effects have been reported but the frequencies are unknown: Vomiting, thirst, bitter taste (in the mouth).

Vascular disorders
Common (>1/100 ≤ 1/10): Oedema, peripheral oedema.
Rare (> 1/10 000 ≤ 1/1 000): Postural hypotension.

Skin and subcutaneous tissue disorders
Common (>1/100 ≤ 1/10): Oedema.
Rare (> 1/10 000 ≤ 1/1 000): Exanthema.

Hepatobiliary disorders
Uncommon (>1/1 000 ≤ 1/100): Increases in liver enzyme levels have been reported.
The following side effect has been reported but the frequency is unknown: Jaundice.

Blood and lymphatic system disorders
Rare (> 1/10 000 ≤ 1/1 000): Reversible agranulocytosis, leucopaenia and granulocytopaenia, orthostatic hypotension.

Musculoskeletal and connective tissue disorders
Rare (> 1/10 000 ≤ 1/1 000): Arthralgia, myalgia.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
There is no specific antidote for **BERON**.
Treatment is symptomatic and supportive.

IDENTIFICATION:
BERON 15
Yellowish, biconvex capsule shaped film-coated tablets with a scoreline in between "0" and "8" on one side and "A" debossed on the other side.

BERON 30
Reddish brown, biconvex capsule shaped film-coated tablets with a scoreline in between "0" and "9" n one side and "A" debossed on the other side.

PRESENTATION:
BERON 15/30
Pack size: 30's - Printed unit cartons containing 3 blister packs (composed of white PVC coated with 60 g/m^2 PVdc and silver coloured aluminium foil backing) of 10 tablets each.

STORAGE INSTRUCTIONS:
Store at or below 25 °C. Protect from light and moisture. Do not remove the blister packs from the unit carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:
SOUTH AFRICA:
BERON 15: A40/1.2/0366
BERON 30: A40/1.2/0367

NAMIBIA:
BERON 15: 10/1.2/0325
BERON 30: 10/1.2/0326

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:
AUROGEN SOUTH AFRICA (PTY) LTD
Woodhill Office Park, Building 1, First Floor,53
Phillip Engelbrecht Avenue Meyersdal Ext 12,
1448, Johannesburg, South Africa

DATE OF PUBLICATION OF THIS PROFESSIONAL INFORMATION:
Date of registration:
11 August 2006

Date of revision:
11 November 2022

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DETACH BEFORE DISPENSING

Skin and subcutaneous tissue disorders
Less frequent: Exanthema
Hepato-biliary disorders
The following side effect has been reported but the frequency is unknown: Jaundice may occur.

Investigations
The following side effect has been reported but the frequency is unknown: Increases in liver enzyme levels have been reported.

Blood and the lymphatic system disorders
Less frequent: Reversible agranulocytosis
The following side effects have been reported but the frequencies are unknown: Leucopoenia, granulocytopaenia.

Musculoskeletal, connective tissue and bone disorders
Less frequent: Arthralgia, myalgia

Not all side effects reported for **BERON** are included in this leaflet. Should your general health worsen while taking **BERON**, please consult your doctor, pharmacist or other healthcare professional for advice.

6. STORING AND DISPOSING OF BERON

STORE OUT OF REACH OF CHILDREN.

Store at or below 25 °C. Protect from light and moisture. Do not remove the blister packs from the unit carton until required for use.

Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

7. PRESENTATION OF BERON
Printed unit cartons containing 3 blister packs (composed of white PVC coated with 60 g/m^2 PVdc and silver coloured aluminium foil backing) of 10 tablets each.
Pack size: 30's

8. IDENTIFICATION OF BERON
BERON 15: Yellowish, biconvex capsule shaped film-coated tablets with a scoreline in between "0" and "8" on one side and "A" debossed on the other side.
BERON 30: Reddish brown, biconvex capsule shaped film-coated tablets with a scoreline in between "0" and "9" on one side and "A" debossed on the other side.

9. REGISTRATION NUMBER/REFERENCE NUMBER
SOUTH AFRICA:
BERON 15: A40/1.2/0366
BERON 30: A40/1.2/0367

NAMIBIA:
BERON 15: 10/1.2/0325
BERON 30: 10/1.2/0326

10. NAME AND ADDRESS OF REGISTRATION HOLDER
AUROGEN SOUTH AFRICA (PTY) LTD
Woodhill Office Park, Building 1, First Floor,53
Phillip Engelbrecht Avenue Meyersdal Ext 12,
1448, Johannesburg, South Africa

11. DATE OF PUBLICATION
Date of registration:
11 August 2006

Date of revision:
11 November 2022

SOUTH AFRICA: S5

NAMIBIA: NS3

BERON 15 (film-coated tablet)
BERON 30 (film-coated tablet)
Mirtazapine

Read all of this leaflet carefully before you start taking BERON.
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor or your pharmacist.
- **BERON** has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

1. WHAT BERON CONTAINS
The active substance is mirtazapine.
BERON 15: Each film-coated tablet contains mirtazapine 15 mg. Contains sugar: 102 mg lactose.
BERON 30: Each film-coated tablet contains mirtazapine 30 mg. Contains sugar: 204 mg lactose.
The other ingredients are hydroxypropylcellulose, low-substituted hydroxypropyl cellulose, magnesium stearate, maize starch, Opadry yellow (**BERON 15**), Opadry brown (**BERON 30**) and silica (colloidal anhydrous).

2. WHAT BERON IS USED FOR

BERON is used in the treatment of major depressive illness.

3. BEFORE YOU TAKE BERON
Do not take BERON:
- If you are hypersensitive (allergic) to mirtazapine or any of the other ingredients of **BERON**.
- If you are pregnant or breastfeeding.
- Do not use in children as safety and efficacy have not been established.

Take special care with BERON:
Careful dosing as well as regular and close monitoring is necessary in patients with:
- Epilepsy
- Liver, kidney or heart problems/diseases
- Low blood pressure
- Diabetes
- Psychosis or bipolar disorder
- Treatment should be stopped if jaundice occurs
- Micturition disturbances like prostate hypertrophy
- Closed-angle glaucoma and raised intra-ocular pressure

Pregnancy and Breastfeeding
Safety in pregnancy and breastfeeding has not been established.

If you are pregnant or breastfeeding your baby please consult your doctor, pharmacist or other healthcare professional for advice before taking **BERON.**

Driving and using machinery:
BERON may decrease alertness, judgement, thinking and concentration. Therefore operating machinery or driving a vehicle should be avoided during treatment.

Taking other medicines with BERON:
BERON should not be used concomitantly with monoamine oxidase inhibitors (MAOIs) or within two weeks of discontinuing a MAOI.
BERON interacts with alcohol; **avoid alcohol during treatment with BERON.**
Caution should be taken when anxiolytics and hypnotics are prescribed together with **BERON.**

Always tell your healthcare professional if you are taking any other medicine.
(This includes complementary or traditional medicines.)

4. HOW TO TAKE BERON

Always take **BERON** exactly as your doctor has instructed you. You should check with your doctor or pharmacist if you are unsure. If you have the impression that the effect of **BERON** is too strong or too weak, talk to your doctor or pharmacist.

Tablets should be taken orally.
BERON should be given in an initial dose of 15 mg, which may be increased gradually according to clinical response. The usual effective dose lies within the range of 15 to 45 mg. Daily doses may be given as a single dose, preferably at bedtime, or in 2 equally divided doses.
Changes in dose should be made at intervals of at least 1 to 2 weeks because of the long half-life.
For treatment of acute depressive episodes, treatment should be continued for at least 6 months.
BERON should be withdrawn gradually to reduce the risk of withdrawal symptoms.
The clearance of mirtazapine may be decreased in elderly patients and in patients with renal or hepatic impairment. This should be taken into account when prescribing **BERON** to this category of patients.

If you take more BERON than you should:
There is no specific antidote for **BERON**. Treatment is symptomatic and supportive.

In the event of overdosage, consult your doctor or pharmacist if neither is available, contact the nearest hospital or poison control center.

If you forget to take BERON:
Do not take a double dose to make up for forgotten individual doses.

5. POSSIBLE SIDE EFFECTS
BERON can have side effects.
General disorders and administration site conditions
Less frequent: Asthenia, flu like syndrome, increased sweating.

Nervous system disorders
Frequent: Drowsiness or sedation, dizziness.
Less frequent: Mania, hallucinations, convulsions, epileptic seizures, tremor, vertigo, agitation.
The following side effects have been reported but the frequencies are unknown: Paraesthesia, headache, nightmares, myoclonus and restless legs syndrome.

Metabolism and nutrition disorders
Frequent: An increase in appetite and weight gain.

Gastrointestinal disorders
Frequent: Dry mouth, constipation.
Less frequent: Nausea, vomiting, thirst.
The following side effect has been reported but the frequency is unknown: Bitter taste in mouth.

Vascular disorders
Less frequent: Oedema, peripheral oedema, postural hypotension, orthostatic hypotension.