Applicant: Teva Pharmaceuticals (Pty) Ltd	Product name and strength: PRAMIPEXOLE ER TEVA: Each extended release tablet contains 0,75 mg; 0,375 mg;1,5 mg; 3,0 mg or 4,5 mg pramipexole dihydrochloride monohydrate equivalent to 0,52 mg; 0,26 mg; 1,05 mg; 2,1 mg or 3,15 mg

APPROVED PROFESSIONAL INFORMATION:

SCHEDULING STATUS:

S4

1. NAME OF THE MEDICINE:

PRAMIPEXOLE ER 0,375 TEVA (extended release tablets)

PRAMIPEXOLE ER 0,75 TEVA (extended release tablets)

PRAMIPEXOLE ER 1,5 TEVA (extended release tablets)

PRAMIPEXOLE ER 3,0 TEVA (extended release tablets)

PRAMIPEXOLE ER 4,5 TEVA (extended release tablets)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

PRAMIPEXOLE ER 0,375 TEVA: Each tablet contains 0,375 mg of pramipexole dihydrochloride monohydrate, which is equivalent to 0,26 mg pramipexole.

PRAMIPEXOLE ER 0,75 TEVA: Each tablet contains 0,75 mg of pramipexole dihydrochloride monohydrate, which is equivalent to 0,52 mg pramipexole.

PRAMIPEXOLE ER 1,5 TEVA: Each tablet contains 1,5 mg of pramipexole dihydrochloride monohydrate, which is equivalent to 1,05 mg pramipexole.

PRAMIPEXOLE ER 3,0 TEVA: Each tablet contains 3,0 mg of pramipexole dihydrochloride monohydrate, which is equivalent to 2,1 mg pramipexole.

PRAMIPEXOLE ER 4,5 TEVA: Each tablet contains 4,5 mg of pramipexole dihydrochloride monohydrate, which is equivalent to 3,15 mg pramipexole.

Sugar free.

For the full list of excipients, see **section 6.1**.

3. PHARMACEUTICAL FORM:

Extended release tablets.

PRAMIPEXOLE ER 0,375 TEVA: The round tablets of 9 mm diameter are white or nearly white, have a flat surface with bevelled edges and are marked with '026' on one side.

PRAMIPEXOLE ER 0,75 TEVA: The round tablets of 10 mm diameter are white or nearly white, biconvex and are marked with '052' on one side.

PRAMIPEXOLE ER 1,5 TEVA: The round tablets of 10 mm diameter are white or nearly white, biconvex and are marked with '105' on one side.

PRAMIPEXOLE ER 3,0 TEVA: The round tablets of 10 mm diameter are white or nearly white, biconvex and are marked with '210' on one side.

PRAMIPEXOLE ER 4,5 TEVA: The round tablets of 11 mm diameter are white or nearly white, have a flat surface with bevelled edges and are marked with '315' on one side.

4. CLINICAL PARTICULARS:

4.1 Therapeutic indications:

PRAMIPEXOLE ER TEVA is indicated in the treatment of signs and symptoms of idiopathic Parkinson's disease. It may be used as monotherapy or in combination with levodopa.

4.2 Posology and method of administration:

Posology:

Initial treatment:

Dosages should be increased gradually from a starting dose of 0,375 mg per day and then increased every 7 days. Providing patients do not experience intolerable side effects, the dosage should be titrated to achieve a maximal therapeutic effect.

Ascending-dose schedule of PRAMIPEXOLE TEVA extended release tablets

Week	Total daily dose (mg)	Extended release tablets (mg)
1	0,375	0,375
2	0,75	0,75
3	1,50	1,50

If a further dose increase is necessary the daily dose should be increased by 0,75 mg at weekly intervals up to a maximum dose of 4,5 mg per day.

It should be noted that the incidence of somnolence is increased at doses higher than 1,5 mg/day (see **section 4.4**).

Patients already taking pramipexole immediate release tablets may be switched to PRAMIPEXOLE ER TEVA tablets overnight, at the same daily dose.

Maintenance treatment:

The individual maintenance dose ranges from 0,375 mg to a maximum of 4,5 mg per day. During dose escalation in pivotal studies, both in early and advanced Parkinson's disease, efficacy was observed starting at a daily dose of 1,5 mg. However, doses lower than 1,5 mg per day can have adequate therapeutic benefit.

Treatment discontinuation:

PRAMIPEXOLE ER TEVA tablets should be tapered off at a rate of 0,75 mg per day until the daily dose has been reduced to 0,75 mg. Thereafter the dose should be reduced by 0,375 mg per day.

Dosing in patients with concomitant levodopa therapy:

In patients with concomitant levodopa therapy it is recommended that the dosage of levodopa is reduced during both dose escalation and maintenance treatment with PRAMIPEXOLE ER TEVA. This may be necessary in order to avoid excessive dopaminergic stimulation.

Dosing in patients with renal impairment:

The elimination of pramipexole dihydrochloride monohydrate is dependent on renal function. The following dosage schedule is suggested for initiation of therapy:

Patients with a creatinine clearance above 50 ml/min require no reduction in daily dose or dosing frequency.

Inadequate data is available for the treatment of patients with a creatinine clearance below 50 ml/min with PRAMIPEXOLE ER TEVA tablets (see **section 4.3**).

Dosing in patients with hepatic impairment:

Dose reduction is not considered necessary in patients with hepatic impairment.

Paediatric Population:

Not recommended for use in children below 18 years of age (see **section 4.3**).

When the intake of a dose is missed, PRAMIPEXOLE ER TEVA may be taken up to 12 hours after the regularly scheduled time. After 12 hours, the missed dose should be left out and the next dose should be taken on the following day at the next regularly scheduled time.

Method of administration:

PRAMIPEXOLE ER TEVA should be taken once daily at about the same time each day. PRAMIPEXOLE ER TEVA should be swallowed whole with water, and must not be chewed, divided or crushed.

PRAMIPEXOLE ER TEVA may be taken with or without food.

4.3 Contraindications:

Hypersensitivity to pramipexole or any of the excipients of PRAMIPEXOLE ER TEVA.

Not recommended for use in children below 18 years of age.

Moderate to severe renal impairment (creatinine clearance less than 50 ml/min).

4.4 Special warnings and precautions for use:

Sudden onset of sleep and somnolence:

Falling asleep during activities of daily living:

Patients treated with PRAMIPEXOLE ER TEVA have reported falling asleep while engaged in activities of daily living, including the operation of motor vehicles, which sometimes resulted in accidents. Although many of these patients reported somnolence while on PRAMIPEXOLE ER TEVA, some perceived that they had no warning signs such as excessive drowsiness and believed that they were alert immediately prior to the event.

Some of these events have been reported as late as one year after the initiation of treatment.

Somnolence is a common occurrence in patients receiving PRAMIPEXOLE ER TEVA at doses above 1,5 mg/day. Many clinical experts believe that falling asleep while engaged in activities of daily living always occurs in a setting of pre-existing somnolence, although patients may not give such a history. For this reason, prescribers should continually reassess patients for drowsiness or sleepiness, especially since some of the events occur well after the start of treatment. Prescribers should also be aware that patients may not acknowledge drowsiness or sleepiness until directly questioned about drowsiness or sleepiness during specific activities.

Before initiating treatment with PRAMIPEXOLE ER TEVA, patients should be advised of the potential to develop drowsiness and specifically asked about factors that may increase the risk with PRAMIPEXOLE ER TEVA such as concomitant sedating medications, the presence of sleep disorders, and concomitant medications that increase pramipexole plasma levels (e.g. cimetidine – see section 4.5). If a patient develops significant daytime sleepiness or episodes of falling asleep during activities that require active participation (e.g. conversations, eating, etc.), PRAMIPEXOLE ER TEVA should ordinarily be discontinued. If a decision is made to continue PRAMIPEXOLE ER TEVA, patients should be advised to not drive and to avoid other potentially dangerous activities. While dose reduction clearly reduces the degree of somnolence, there is insufficient information to establish that dose reduction will eliminate episodes of falling asleep while engaged in activities of daily living. Because of possible additive effects, caution should be advised when patients are taking other sedating medicinal products or alcohol in combination with pramipexole (see sections 4.5, 4.7 and 4.8).

Impulse control disorders:

There have been reports of abnormal behaviour (reflecting symptoms of impulse control disorders and compulsive behaviours) such as binge eating, compulsive shopping, hypersexuality and pathological gambling in patients treated with dopaminergic medicines including PRAMIPEXOLE ER TEVA and patients and caregivers should be made aware of this fact.

In the event of abnormal behaviour dose reduction, tapering or discontinuation should be considered.

Symptomatic hypotension:

Symptoms such as postural (orthostatic) hypotension, with or without symptoms such as dizziness, nausea, fainting or blackouts, and sometimes, sweating may develop in patients using PRAMIPEXOLE ER TEVA. Patients should be warned against rising rapidly after sitting or lying down, especially if they have been doing so for prolonged periods, and especially at the initiation of treatment with PRAMIPEXOLE ER TEVA.

The systemic regulation of blood pressure in clinical studies and clinical experience appears to be impaired by PRAMIPEXOLE ER TEVA resulting in orthostatic hypotension, especially during dose escalation. Additionally, patients with Parkinson's disease appear to have an impaired capacity to respond to an orthostatic challenge. Therefore, patients with Parkinson's disease being treated with PRAMIPEXOLE ER TEVA usually require careful monitoring for signs and symptoms of orthostatic hypotension particularly during dose increases, and they should be informed of this risk.

Special care should be taken in case of severe cardiovascular disease. It is recommended to monitor blood pressure, especially at the beginning of treatment, due to the general risk of postural hypotension associated with PRAMIPEXOLE ER TEVA.

Hallucinations and confusion:

Hallucinations and confusion are recognized side effects of treatment with PRAMIPEXOLE ER TEVA in patients with Parkinson's disease.

Hallucinations were experienced more frequently when PRAMIPEXOLE ER TEVA was given in combination with levodopa in patients with advanced Parkinson's disease than in monotherapy in patients with early Parkinson's disease.

Patients should be informed that hallucinations are mostly visual, that hallucinations and confusion can occur and that the elderly are at higher risk than younger patients.

Placebo-controlled trials in early Parkinson's disease illustrated that hallucinations are experienced more frequently in patients receiving pramipexole tablets, compared to patients

receiving placebo. This phenomena was also illustrated in placebo-controlled trials in advanced Parkinson's disease, where patients received pramipexole and concomitant levodopa. Discontinuation rates in patients with early Parkinson's disease and advanced Parkinson's disease were also higher than patients on placebo. Age appears to increase the risk of hallucinations attributable to pramipexole.

Renal impairment:

Caution should be exercised when prescribing PRAMIPEXOLE ER TEVA tablets to patients with impaired renal function as pramipexole is eliminated through the kidneys (see **section 5.2, *Elimination*, 4.2** and **4.3**).

Dyskinesia:

PRAMIPEXOLE ER TEVA may potentiate the dopaminergic side effects of levodopa in advanced Parkinson's disease and may cause or exacerbate pre-existing dyskinesia. Lowering the dose of levodopa may amend this side effect.

Dystonia:

Axial dystonia including antecollis, camptocormia and pleurothotonus (Pisa Syndrome) has occasionally been reported in patients with Parkinson's disease following initiation or incremental dose increase of pramipexole. Although dystonia may be a symptom of Parkinson's disease, the symptoms in these patients have improved after reduction or withdrawal of pramipexole. If dystonia occurs, the dopaminergic medication regimen should be reviewed and an adjustment in the dose of pramipexole considered.

Laboratory tests:

No systemic abnormalities on routine laboratory testing were noted during the development of PRAMIPEXOLE ER TEVA. No specific guidance is therefore offered regarding routine monitoring; the practitioner retains responsibility for determining how best to monitor the patient in his or her care.

Ophthalmic:

Ophthalmologic monitoring is recommended at regular intervals or if vision abnormalities occur.

Melanoma:

Patients and providers are advised to monitor for melanoma when using PRAMIPEXOLE ER TEVA as epidemiological studies have shown that patients with Parkinson's disease have a higher risk than the general population. It is not clear whether the further increased risk observed was due to Parkinson's disease or PRAMIPEXOLE ER TEVA.

Mania and delirium:

Patients and caregivers should be made aware of the possible development of mania and delirium in patients treated with PRAMIPEXOLE ER TEVA. Patients should be monitored on a regular basis for mania and delirium development. In the event of these symptoms developing lowering of dose/tapered discontinuation should be considered.

Patients with psychotic disorders:

Patients with psychotic disorders should only be treated with dopamine agonists such as PRAMIPEXOLE ER TEVA if the potential benefits outweigh the risk. Concomitant use of PRAMIPEXOLE ER TEVA and antipsychotic medicines should be avoided (see **section 4.5**).

Treatment discontinuation:

There have been reports of symptoms suggestive of a neuroleptic malignant syndrome with abrupt withdrawal of dopaminergic therapy, including PRAMIPEXOLE ER TEVA (see **section 4.8**).

Dopamine agonist withdrawal syndrome:

To discontinue treatment in patients with Parkinson's disease, pramipexole should be tapered off (see **section 4.2**). Non-motor adverse effects may occur when tapering or discontinuing dopamine agonists including pramipexole. Symptoms include apathy, anxiety, depression, fatigue, sweating and pain which may be severe. Patients should be informed about this before tapering the dopamine agonist and monitored regularly thereafter. In case of persistent symptoms, it may be necessary to increase the pramipexole dose temporarily (see **section 4.8**).

Remnants in stool:

Some patients have reported the occurrence of remnants in faeces which may resemble intact PRAMIPEXOLE ER TEVA extended release tablets. If patients report such an observation, the physician should reassess patient's response to therapy.

4.5 Interaction with other medicines and other forms of interaction:

Carbidopa/levodopa:

Carbidopa/levodopa did not influence the pharmacokinetic properties of PRAMIPEXOLE ER TEVA in healthy volunteers nor did it alter the extent of absorption (AUC) or the elimination of carbidopa/levodopa. It did however result in an increase in levodopa C_{max} by about 40 % and a decrease in T_{max} from 2,5 to 0,5 hours.

Selegiline:

Selegiline did not influence the pharmacokinetic properties of PRAMIPEXOLE ER TEVA in healthy volunteers.

Amantadine:

The possibility of interaction exists via the same system of excretion in the kidney but have not been studied.

Cimetidine:

Cimetidine, a known inhibitor of renal tubular secretion of organic bases via the cationic transport system, caused a 50 % increase in PRAMIPEXOLE ER TEVA AUC and a 40 % increase in half-life (N=12).

Other medicines eliminated via renal secretion:

Population pharmacokinetic analysis suggests that concomitant use of medicines that are secreted by the cationic transport system (e.g. cimetidine, amantadine, mexiletine, zidovudine, cisplatin, procainamide, ranitidine, diltiazem, triamterene, verapamil, quinidine and quinine) lowers the clearance of PRAMIPEXOLE ER TEVA by about 20 % and lowering of PRAMIPEXOLE ER TEVA dosage should be considered when these medicines are administered concomitantly. Those medicines secreted by the anionic transport system (e.g. cephalosporins, penicillins, indomethacin, hydrochlorothiazide and chlorpropamide) are likely to have little effect on the clearance of PRAMIPEXOLE ER TEVA.

CYP interactions:

Inhibitors of cytochrome P450 enzymes would not be expected to affect PRAMIPEXOLE ER TEVA elimination as PRAMIPEXOLE ER TEVA is not appreciably metabolised by these enzymes *in vivo* or *in vitro*. PRAMIPEXOLE ER TEVA does not inhibit CYP enzymes CYP1A2, CYP2C9, CYP2C19, CYP2E1 and CYP34A4. Inhibition of CYP2D6 was seen with an apparent Ki of 30 µM, indicating that PRAMIPEXOLE ER TEVA will not inhibit CYP enzymes at plasma concentrations observed following the highest recommended clinical dose (4,5 mg/day).

Dopamine antagonists*:*

As PRAMIPEXOLE ER TEVA is a dopamine agonist, the possibility exists that dopamine antagonists, such as the neuroleptics (phenothiazines, butyrophenones, thioxanthenes) or metoclopramide, may lessen the effectiveness of PRAMIPEXOLE ER TEVA.

Other anti-Parkinsonian medication:

When the dose of PRAMIPEXOLE ER TEVA is increased it is recommended that the dosage of levodopa is reduced and the dosage of other anti-Parkinsonian medication kept constant (see **section 4.2**).

Alcohol and sedatives:

Because of possible additive effects, caution is advised when patients are taking other sedating medication or alcohol in combination with PRAMIPEXOLE ER TEVA and when taking concomitant medication that increases plasma levels of pramipexole (e.g. cimetidine).

4.6 Fertility, pregnancy and lactation:

The safety of PRAMIPEXOLE ER TEVA in pregnancy and lactation has not been established.

Pregnancy:

Patients should be advised to notify their medical practitioners if they become pregnant or intend to become pregnant during therapy with PRAMIPEXOLE ER TEVA.

Breastfeeding:

Inhibition of lactation can be expected as PRAMIPEXOLE ER TEVA treatment inhibits secretion of prolactin in humans.

Therefore, PRAMIPEXOLE ER TEVA should not be used during breastfeeding.

Fertility:

No studies on the effect on human fertility have been conducted.

4.7 Effects on ability to drive and use machines:

Patients should be aware of the fact that hallucinations can occur and may adversely affect their ability to drive. Additionally, patients should be alerted to the potential sedating effects associated with PRAMIPEXOLE ER TEVA, including somnolence and the possibility of falling asleep while engaged in activities of daily living.

Since somnolence is a frequent adverse event with potentially serious consequences, patients should neither drive a car nor operate other complex machinery until they have gained sufficient experience with PRAMIPEXOLE ER TEVA to gauge whether or not it affects their mental and/or motor performance adversely. Patients should be advised that if increased somnolence or episodes of falling asleep during activities of daily living (e.g. conversations, eating, etc.) are experienced at any time during treatment with PRAMIPEXOLE ER TEVA, they should not drive or participate in potentially dangerous activities and should contact their medical practitioner.

4.8 Undesirable effects:

Infections and infestations:

Less frequent: Pneumonia.

Endocrine disorders:

Less frequent: Inappropriate antidiuretic hormone secretion.

Psychiatric disorders:

Frequent: Abnormal behaviour (including symptoms of impulse control disorders and compulsions), abnormal dreams, insomnia, confusion, hallucinations.

Less frequent: Libido disorders (increase or decrease), hypersexuality, compulsive shopping, pathological gambling, delusion, restlessness, paranoia, mania, delirium.

Frequency unknown: Binge eating, hyperphagia.

Nervous system disorders:

Frequent: Somnolence, dizziness, dyskinesia, headache.

Less frequent: Falling asleep during activities of daily living/sudden onset of sleep (see **section 4.4**), syncope, amnesia, hyperkinesia.

Eye disorders:

Frequent: Visual impairment including diplopia, vision blurred and visual acuity reduced.

Cardiac disorders:

Less frequent: Cardiac failure*.

Vascular disorders:

Frequent: Hypotension.

Respiratory, thoracic and mediastinal disorders:

Less frequent: Dyspnoea, hiccups.

Gastrointestinal disorders:

Frequent: Nausea, constipation, vomiting.

Skin and subcutaneous tissue disorders:

Less Frequent: Hypersensitivity, pruritus, rash.

General disorders and administrative site conditions:

Frequent: Peripheral oedema, fatigue.

Frequency unknown: Dopamine agonist withdrawal syndrome including apathy, anxiety, depression, fatigue, sweating and pain.

Investigations:

Frequent: Weight decrease including decreased appetite.

Less frequent: Weight increase.

* This side effect has been observed in post-marketing experience.

With 95 % certainty, the frequency category is not greater than less frequent but might be lower. A precise frequency estimation is not possible as the side effect did not occur in a clinical trial database of 2,762 patients with Parkinson's Disease treated with pramipexole.

Post-marketing experience:

Psychiatric disorders:

Abnormal behaviour, abnormal dreams, compulsive shopping, hallucinations (all kinds), increased eating (including binge eating, compulsive eating, and hyperphagia), libido disorders (including increased and decreased libido, and hypersexuality), pathological gambling.

Nervous system disorders:

Accidents (including fall), blackouts, fatigue, headache, syncope.

Cardiac disorders:

Cardiac failure.

Vascular disorders:

Hypotension (including postural hypotension).

Skin and subcutaneous tissue disorders:

Pruritus.

Gastrointestinal disorders:

Vomiting.

Reproductive system and breast disorders:

Spontaneous penile erection

Investigations:

Weight increase.

4.9 Overdose:

Symptoms:

No clinical experience with massive overdosage is available. The expected adverse events should be related to the pharmacodynamics profile of a dopamine agonist including nausea, vomiting, hyperkinesia, hallucinations, agitation and hypotension.

Therapy:

There is no established antidote for overdosage of a dopamine agonist. If signs of central nervous system stimulation are present, a neuroleptic agent may be indicated. Management of the overdose may require general supportive measures along with intravenous fluids and electrocardiogram monitoring. Haemodialysis has not been shown to be helpful.

5. PHARMACOLOGICAL PROPERTIES:

5.1 Pharmacodynamic properties:

Pharmacotherapeutic group: anti- Parkinson drugs, dopamine agonists ATC code: N04BC05

Pramipexole is a dopamine agonist which binds with high selectivity and specificity to the dopamine D2 subfamily receptors and has preferential affinity to D3 receptors.

Pramipexole has full intrinsic activity.

The exact mechanism of action of pramipexole in the treatment for Parkinson's disease is not known although it is believed to be related to its ability to stimulate dopamine receptors in the striatum.

Animal studies illustrated that dopamine synthesis, release and turnover is inhibited by pramipexole.

Clinical trials with healthy volunteers illustrated an increase in blood pressure and heart rate when pramipexole extended release tablets were titrated faster than recommended (every 3 days) up to 4,5 mg per day. Such effect was not observed in patient studies.

5.2 Pharmacokinetic properties:

Absorption:

Following oral administration pramipexole are well absorbed with maximum plasma concentrations reached after about 6 hours.

The bioavailability of pramipexole is generally not affected by food.

An increase of about 20 % in peak concentration and a delay of about 2 hours in time to reach peak concentration has been observed when PRAMIPEXOLE ER TEVA was taken after a high fat meal compared to fasting intake.

Following multiple dosing of the extended release formulation of pramipexole, dose proportional kinetics are illustrated.

Distribution:

Plasma protein binding of pramipexole in humans is low (< 20 %) and the volume of distribution is large (400 ℓ).

High brain tissue concentrations were observed in the rat (approximately 8-fold compared to plasma).

Biotransformation:

Pramipexole is only metabolised to a small extent (< 10 %) in man.

Elimination:

Pramipexole is mainly eliminated by the kidneys as unchanged drug (see **sections 4.4** and **4.2**).

Approximately 90 % of a 14C-labelled dose is excreted through the kidneys while less than 2 % is found in the faeces.

The total clearance of pramipexole is approximately 500 ml/min and the renal clearance is approximately 400 ml/min.

The elimination half-life (t½) of pramipexole varies from 8 hours in the young to 12 hours in the elderly.

The plasma clearance of pramipexole correlates with creatinine clearance.

Pramipexole clearance is about 75 % lower in severe renal impairment, and 60 % lower in moderate renal impairment (see **section 4.3** and **section 4.2**).

5.3 Preclinical safety data:

Repeated dose toxicity studies showed that pramipexole exerted functional effects, mainly involving the CNS and female reproductive system, and probably resulting from an exaggerated pharmacodynamic effect of pramipexole.

Decreases in diastolic and systolic pressure and heart rate were noted in the minipig, and a tendency to a hypotensive effect was discerned in the monkey.

The potential effects of pramipexole on reproductive function have been investigated in rats and rabbits. Pramipexole was not teratogenic in rats and rabbits but was embryotoxic in the rat at maternally toxic doses.

Due to the selection of animal species and the limited parameters investigated, the adverse effects of pramipexole on pregnancy and male fertility have not been fully elucidated.

A delay in sexual development (i.e., preputial separation and vaginal opening) was observed in rats. The relevance for humans is unknown.

Pramipexole was not genotoxic. In a carcinogenicity study, male rats developed Leydig cell hyperplasia and adenomas, explained by the prolactin-inhibiting effect of pramipexole. This finding is not clinically relevant to man. The same study also showed that, at doses of 2 mg/kg (of salt) and higher, pramipexole was associated with retinal degeneration in albino rats. The latter finding was not observed in pigmented rats, nor in a 2-year albino mouse carcinogenicity study or in any other species investigated.

6. PHARMACEUTICAL PARTICULARS:

6.1 List of excipients:

Colloidal silicon dioxide

Dibasic calcium phosphate

Hypromellose 2208 fibrous powder

Hypromellose 2208 granular powder

Magnesium stearate

6.2 Incompatibilities:

Not applicable.

6.3 Shelf life:

3 years

6.4 Special precautions for storage:

Store at or below 25 °C.

Keep blisters in the original carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

6.5 Nature and contents of container:

PRAMIPEXOLE ER TEVA tablets are packed in silver Al/OPA-Al-PVC blisters. 10 tablets per blister. Cartons contain 10, 30 or 100 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling:

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION:

Teva Pharmaceuticals (Pty) Ltd

Maxwell Office Park

Magwa Crescent West

Waterfall City

Midrand

Gauteng

2090

8. REGISTRATION NUMBER(S):

PRAMIPEXOLE ER 0,375 TEVA: 50/5.4.1/0800

PRAMIPEXOLE ER 0,75 TEVA: 50/5.4.1/0801

PRAMIPEXOLE ER 1,5 TEVA: 50/5.4.1/0802

PRAMIPEXOLE ER 3 TEVA: 50/5.4.1/0803

PRAMIPEXOLE ER 4,5 TEVA: 50/5.4.1/0804

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION:

08 February 2022

Applicant: Teva Pharmaceuticals (Pty) Ltd	**Product name and strength: PRAMIPEXOLE ER TEVA: Each extended release tablet contains 0,75 mg; 0,375 mg;1,5 mg; 3,0 mg or 4,5 mg pramipexole dihydrochloride monohydrate equivalent to 0,52 mg; 0,26 mg; 1,05 mg; 2,1 mg or 3,15 mg**

10. DATE OF REVISION OF THE TEXT:

22 November 2024