PACKAGE LEAFLET: INFORMATION FOR THE USER

Phenytoin Sodium 250mg/5ml Solution for Injection

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

Keep this leaflet. You may need to read it again.
If you have any further questions, ask your doctor or pharmacist or nurse.
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

This product will be referred to as Phenytoin Injection from here on.

What is in this leaflet:

1. What Phenytoin Injection is and what it is used for
2. What you need to know before you use Phenytoin Injection
3. How to use Phenytoin Injection
4. Possible side effects
5. How to store Phenytoin Injection
6. Contents of the pack and other information

1. WHAT PHENYTOIN INJECTION IS AND WHAT IT IS USED FOR

Phenytoin belongs to a group of medicines called anti-epileptic drugs.
Phenytoin injection is used to treat:
• severe epileptic seizures or fits (status epilepticus)
• and control the condition in which seizures occur continuously
• or prevent seizures during or after brain surgery
• specific changes in the rhythm of the heart (cardiac arrhythmias), particularly when these are caused by the digitalis drugs such as digoxin.

2. WHAT YOU NEED TO KNOW BEFORE YOU USE PHENYTOIN INJECTION

Do not use Phenytoin Injection if:
• you know that you are allergic (hypersensitive) to Phenytoin Sodium or other hydantoins or any of the other ingredients listed in Section 6 of this leaflet
• you have a slow heart beat or any heart problems that interfere with the rate at which your heart beats
• you suffer from sudden fainting with occasional fits.

Warnings and precautions:

Talk to your doctor, pharmacist or nurse before using Phenytoin Injection if:
• you have low blood pressure or disease of the heart muscle
• you have a disease of the liver or kidneys
• you have diabetes

• you have porphyria (an inherited blood disease characterized by abdominal pain, vomiting or muscle weakness)
• you are elderly or seriously ill
• potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported with the use of Phenytoin sodium, appearing initially as reddish target-like spots or circular patches often with central blisters on the trunk
• additional signs to look for include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes)
• these potentially life-threatening skin rashes are often accompanied by flu-like symptoms. The rash may progress to widespread blistering or peeling of the skin
• the highest risk for occurrence of serious skin reactions is within the first weeks of treatment
• if you have developed Stevens-Johnson syndrome or toxic epidermal necrolysis with the use of Phenytoin sodium, you must not be re-started on Phenytoin sodium at any time
• if you develop a rash or these skin symptoms, seek immediate advice from a doctor and tell that you are taking this medicine.

Phenytoin may precipitate or aggravate two specific types of fits/convulsions (absence seizures and myoclonic seizures).

Other medicines and Phenytoin Injection:

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines.

A large number of medicines can interact with phenytoin which can significantly alter their effects.

These include medicines used to treat:
• epilepsy or fits (e.g. carbamazepine, phenobarbital, sodium valproate, valproic acid, lamotrigine, succinimides such as vigabatrin)
• numerous situations to aid the body's healing process, namely corticosteroids e.g. prednisolone
• fungal infections (e.g. amphotericin B, fluconazole, itraconazole, ketoconazole and miconazole)
• worm infections of the gut and threadworms (sometimes known as pinworms) (e.g. albendazole and mebendazole)
• tuberculosis and other infections (e.g. chloramphenicol, isoniazid, rifampicin, sulphonamides, doxycycline and ciprofloxacin)
• asthma and bronchitis (e.g. theophylline)
• pain and inflammation (eg. phenylbutazone, salicylates and azapropazone)
• stomach ulcers and heartburn (e.g. omeprazole, sucralfate, cimetidine and some antacids)
• sleeplessness, depression and psychiatric disorders (e.g. chlordiazepoxide, clozapine, diazepam, disulfiram, lithium, methadone, fluoxetine, methylphenidate, phenothiazines, flupenthixol, quetiapine, trazodone, fluvoxamine, sertraline, viloxazine, paroxetine,

monoamine oxidase inhibitors and tricyclic antidepressants such as amitriptyline hydrochloride, clomipramine hydrochloride and doxepin)
- HIV Aids (zidovudine, amprenavir, nelfinavir, ritonavir, fosamprenavir, delavirdine)
- cancer (antineoplastic agents, e.g. bleomycin, carboplatin, carmustine, cisplatin, teniposide, methotrexate, vinblastine, calcium folinate)
- organ and tissue transplants to prevent rejection (ciclosporin)
- heart and circulation problems (e.g. dicoumarol, aspirin, diltiazem, amiodarone or digitoxin, furosemide, nifedipine, calcium channel blockers, reserpine and quinidine)
- thyroid deficiency (thyroxine)
- parkinson's disease (levodopa)
- hormone replacement therapies (oestrogens) and oral contraceptives
- some medicines used in operations, e.g. halothane (an anaesthetic) and neuromuscular blockers (used to relax muscles e.g. pancuronium, vancuronium, rocuronium and cisatracurium)
- psoriasis (methoxsalen)
- some products available without a prescription (folic acid, vitamin D)
- the herbal remedy St. John's wort (Hypericum perforatum) should not be taken at the same time as this medicine. If you have already taken St. John's wort, consult your doctor before stopping St. John's wort preparations
- anticoagulants, e.g. warfarin (as its effect may be enhanced by phenytoin)
- antidiabetic agents, e.g. insulin, gliclazide.

Please note that Phenytoin can interfere with some laboratory tests e.g. blood tests, urine tests. If you are having a test done, remember to mention that you received treatment with phenytoin.

If you are already taking one of these medicines, speak to your doctor before you are given Phenytoin Injection.

Phenytoin Injection with food, drink and alcohol:

You must avoid drinking alcohol during your treatment with Phenytoin injection.

Pregnancy, breast-feeding and fertility:

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine.

Do not stop taking phenytoin until you have seen your doctor as it is important to control your fits. If given during pregnancy phenytoin may affect the baby but your doctor may decide that it is very important that you continue with phenytoin. He or she will explain the risks to you.

Phenytoin is released into breast milk; speak to your doctor about whether phenytoin is the most suitable product for you to take during breast-feeding.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines:

Phenytoin may cause drowsiness which could interfere with your ability to drive or to use machines. Do not drive or operate machinery whilst you are taking this medicine. When your Phenytoin Injection treatment has stopped, ask your doctor when it will be safe for you to drive or use machines.

Important information about some of the ingredients of Phenytoin Injection:

Ethanol and Sodium Hydroxide are present in this product.
This medicinal product contains less than 1 mmol sodium (not more than 23mg) per dose, i.e. essentially 'sodium- free'.
This medicinal product contains 10% v/v ethanol (alcohol), i.e. up to 395mg per 5ml, equivalent to 7.9ml beer, 3.3ml wine per 5ml.
Harmful for those suffering from alcoholism. To be taken into account in pregnant or breast-feeding women, children and high-risk groups such as patients with liver disease, or epilepsy.

3. HOW TO USE PHENYTOIN INJECTION

Phenytoin Injection is given as an injection slowly into a muscle or vein.

Phenytoin injection is administered by a doctor or nurse. The correct dose will be calculated by your doctor according to your body weight. A repeat injection may be given after 30 minutes if necessary. During your treatment your doctor may monitor your blood levels of phenytoin by taking regular blood samples.

If you think you have been given more Phenytoin Injection than you should have:

This is unlikely as your injection will be administered by a doctor. If you are concerned about the dose, discuss this with your doctor.

If you think you have missed a dose of Phenytoin Injection:

If you think that you may have missed a dose, tell your doctor immediately.
If you have any further questions on the use of this product ask your doctor or pharmacist.

4. POSSIBLE SIDE EFFECTS

Like all medicines Phenytoin Injection can cause side-effects, although not everybody gets them.

Important: If you experience any of the following serious side effects contact your doctor immediately.

• severe allergic reactions such as swelling of the face, tongue and/or throat, which may cause difficulty in breathing and swallowing
• a skin rash. Your doctor may decide to stop your phenytoin treatment, temporarily or permanently depending on the type of rash
• if you start feeling depressed or have thoughts of suicide

• skin irritation such as blisters filled with liquid
• potentially life threatening skin rashes (Stevens Johnson syndrome, toxic epidermal necrolysis)
• low white blood cell count
• a condition which causes inflammation and tissue damage
• heartbeat may be too fast, or too slow and may be regular or irregular, low blood pressure which may lead to heart attack
• skin discolouration, swelling and pain where the injection was given which then starts to spread down your arm to your hands and fingers. This may mean you have a condition known as 'purple glove syndrome'. In most cases this will improve on its own but in some cases it can be serious and require urgent medical treatment

The following side effects have also been reported:

Very common: may affect more than 1 in 10 people

• skin reactions may also include drug-induced red rash (scarlatiform), or scaling or blistering of the skin.

Rare: may affect up to 1 in 1,000 people

• stopping of breathing, formation of scarring and excess fibrous tissue in the lung, may cause fever, slow or shallow breathing, tiredness, weakness, loss of appetite, weight loss, chest discomfort
• slurred speech
• movement disorders including involuntary movements (Dyskinesias), twitching and repetitive movements or abnormal postures, unsteadiness, difficulty in controlling movements, shaking, staggering gait, fixed position of the wrist
• drug hypersensitivity syndrome involving severe hypersensitivity reaction , blood cell count abnormalities (eosinophilia, atypical lymphocytosis), enlarged lymph nodes, and liver dysfunction- DRESS.

Very rare: may affect up to 1 in 10,000 people

• potentially life-threatening skin disease (Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported (see section 2).

Not known: Frequency cannot be estimated from the available data

• heartbeat may be too fast, or too slow and may be regular or irregular pattern, low blood pressure which may lead to heart attack

• enlargement of blood vessels. Your blood pressure may also be lowered and experience heart problems
• unusual eye movements (Nystagmus), double vision (Diplopia)
• confusion, drowsiness, dizziness, vertigo (a feeling of dizziness or spinning), difficulty sleeping
• nervousness (short-lived), headaches and change in taste
• swelling of the lips or gums, swollen face (occurring more frequently in children and people with poor oral hygiene)
• thickening and tightness of muscles in the penis (Peyronie's disease)
• paraethesia: pins and needles or numbness sensation
• purpura: purple rashes on the skin, skin lesions called lupus
• dermatitis bullous – Skin irritation such as peeling of the skin
• purple glove syndrome: drug induced skin injury giving the skin a purple colour
• reduction in blood platelets, which increases risk of bleeding or bruising (thrombocytopenia)
• severe reduction in all types of blood cells (red, white) and platelets which can cause weakness, bruising or make infections more likely: Pancytopenia – with or without bone marrow suppression
• bone disorders including osteopenia and osteoporosis (thinning of the bone) and fractures. Check with your doctor or pharmacist if you are on long-term antiepileptic medication, have a history of osteoporosis, or take steroids
• larger than normal red blood cells (macrocytosis), Swollen glands (disorder of the lymph nodes), Hodgkin's lymphoma (illness of the lymph nodes/glands)
• fits
•liver injury, inflammation of the liver, liver dysfunction
• inflammation of the wall of the arteries and soreness (polyarteritis nodosa), problems with the body's defence against infection
• abnormal bruising of the skin
• thickening of the facial features
• feeling sick (nausea), being sick (vomiting), constipation
• allergic reactions: drug hypersensitivity syndrome involving severe hypersensitivity reaction that includes rash, blood cell count abnormalities (eosinophilia, atypical lymphocytosis), enlarged lymph nodes (swollen glands) and liver dysfunction
• anaemia (such as paleness or feeling tired)
• irritation, inflammation, pain or injury at the site of injection
• thickening of the facial features, thickening of skin (skin hypertrophy)
• increase in body hair
• a condition which causes inflammation and tissue damage
• a disease of unknown cause that affects arteries, the blood vessels that carry blood from the heart to organs and tissues
• pain, or muscle weakness
• fever, feeling unwell or unusually tired, pains in the joints, sore throat, ulcers
• passing blood in urine or any problem passing urine
• inflammation of kidney tissue (interstitial nephritis)

• damage to the nervous system
• loss of consciousness, seizures, coma, brain death
• abnormal blood test results for antibody levels.

If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

Reporting of side effects:
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie.
By reporting side effects you can help provide more information on the safety of this medicine.

5. HOW TO STORE PHENYTOIN INJECTION

Keep this medicine out of the sight and reach of children.
Do not use this medicine after the expiry date which is stated on the carton and ampoule label after 'Exp'. The expiry date refers to the last day of that month.
Keep the ampoules in the outer carton in order to protect from light. Do not store above 30°C.
For single use only.
If only part of the contents of an ampoule is used, the remaining solution should be discarded.
If the solution is discoloured in any way or contains particles it should not be used.
The solution should not be mixed or diluted with any other drugs.
Medicines should not be disposed of via wastewater or household waste.
Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What Phenytoin Injection contains:

The active substance is Phenytoin Sodium. Each 5ml of this solution contains 250mg of Phenytoin Sodium.

The other ingredients are propylene glycol, ethanol, sodium hydroxide and water for injections.

What Phenytoin Injection looks like and contents of pack:

Phenytoin Injection is a clear, colourless sterile solution in 5ml clear glass ampoule.

Pack size: 10 ampoules are packaged together in cardboard cartons.

Marketing authorisation holder:

Mercury Pharmaceuticals (Ireland) Ltd.,
4045, Kingswood Road, City West Business Park, Co Dublin, Ireland

Manufacturer:

Delpharm Tours, La Baraudiere, 37170 Chambray Les tours, France

This leaflet was last revised in June 2016