IRISH MEDICINES BOARD ACTS 1995 AND 2006

MEDICINAL PRODUCTS(CONTROL OF PLACING ON THE MARKET)REGULATIONS,2007

(S.I. No.540 of 2007)

PA0312/021/001
Case No: 2081096

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

Transferred from PA1142/011/002.

Rosemont Pharmaceuticals Ltd

Rosemont House, **Yorkdale Industrial Park**, **Braithwaite Street**, **Leeds LS11 9XE**, **United Kingdom**

an authorisation, subject to the provisions of the said Regulations, in respect of the product

Maxolon 5mg/5ml Syrup

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **14/05/2010**.

Signed on behalf of the Irish Medicines Board this

_____

A person authorised in that behalf by the said Board.

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Maxolon 5mg/5ml Syrup

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

The syrup contains metoclopramide hydrochloride equivalent to 1 mg/ml of the anhydrous substance.

Excipients: Contains Methyl Parahydroxybenzoate (E218) and Propyl Parahydroxybenzoate (E216).

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Oral solution

Clear, colourless, oral solution with a citrus odour.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Adults 20 years and over:

1) Disorders of the gastrointestinal tract associated with delayed gastric emptying e.g. reflux oesophagitis, hiatus hernia, post-vagotomy syndrome.

2) Nausea and vomiting associated with administration of some cytotoxic drugs and radiotherapy.

3) Diagnostic procedures e.g. barium studies and duodenal intubations.

4) To counteract gastric stasis associated with attacks of migraine and assist absorption of orally administered analgesics for that condition.

Young Adults and Children:

The use of Maxolon in patients under 20 years should be restricted to the following: vomiting associated with radiotherapy and intolerance to cytotoxic drugs; as an aid to gastrointestinal intubation.

4.2 Posology and method of administration

Route of Administration:

Oral

Dosage and Administration:

The dosage recommendations given below should be strictly adhered to if side-effects of the dystonic type are to be avoided. It should be noted that total daily dosage of Maxolon, especially for children and young adults, should not exceed 0.5 mg/kg body weight.

In patients with clinically significant degrees of renal or hepatic impairment, therapy should be at reduced dosage. Metoclopramide is metabolised in the liver and the predominant route of elimination of metoclopramide and its metabolites is via the kidney.

Medical Indications:

Oral

Adults 20 years and over: 10 mg three times daily. For patients of less than 60 kg see below.

Elderly Patients: As for adults. To avoid adverse reactions adhere strictly to dosage recommendations and where prolonged therapy is considered necessary, patients should be regularly reviewed.

Young Adults and Children: Maxolon should only be used after careful examination to avoid masking an underlying disorder, e.g. cerebral irritation. In the treatment of this group attention should be given primarily to body weight and treatment should commence at the lower dosage where stated.

Young adults:

15-19 years	60 kg and over:	10 mg three times daily
	30-59 kg:	5 mg three times daily

Children:

9-14 years	30 kg and over:	5 mg three times daily
5-9 years	20-29 kg:	2.5 mg three times daily
3-5 years	15-19 kg:	2 mg two to three times daily
1-3 years	10-14 kg:	1 mg two to three times daily
Under 1 year	Up to 10 kg:	1 mg twice daily.

In the younger age groups more accurate dosage is facilitated by the use of the Paediatric Liquid.

Diagnostic Indications: A single dose of Maxolon may be given 5-10 minutes before the examination. Subject to body weight considerations (see above) the following dosages are recommended:

Adults:	20 years and over	10-20 mg
Young Adults:	15-19 years	10 mg
Children:	9-14 years	5 mg
	5-9 years	2.5 mg
	3-5 years	2 mg
	Under 3 years	1 mg

4.3 Contraindications

Use in patients with phaeochromocytoma, as an acute hypertensive response may be induced.

Use in patients suffering from epilepsy, since the frequency and severity of seizures may be increased.

Use in presence of gastrointestinal haemorrhage, mechanical obstruction or perforation.

Use in patients with a previous history of hypersensitivity to metoclopramide or excipients.

4.4 Special warnings and precautions for use

If vomiting persists the patient should be reassessed to exclude the possibility of an underlying disorder, e.g. cerebral irritation.

Care should be exercised in patients being treated with other centrally active drugs.

Risk-benefit should be carefully considered in patients with significant hepatic or renal impairment (loss of conjugation and increased risk of extrapyramidal effects) or with Parkinson's disease (symptoms may be exacerbated).

Metoclopramide should not be used in the immediate post-operative period (up to 3-4 days) following pyloroplasty or gut anastomosis, as vigorous gastrointestinal contractions may adversely affect healing.

The neuroleptic malignant syndrome has been reported with metoclopramide in combination with neuroleptics as well as metoclopramide monotherapy (see adverse reactions).

Maxolon should be used with care in combination with other serotonergic drugs including SSRIs.

Various extrapyramidal reactions to metoclopramide, usually of the dystonic type, can occur. The incidence of these reactions in children and young adults may increase if a daily dosage higher than 0.5 mg/kg is administered.

Patients receiving this drug for the disorders associated with delayed gastric emptying should be reviewed at an early stage for response to treatment.

Metoclopramide may cause elevation of serum prolactin levels.

Care should be exercised when using Maxolon in patients with a history of atopy (including asthma) or porphyria.

4.5 Interaction with other medicinal products and other forms of interaction

Concomitant use of anticholinergic drugs may inhibit the favourable effects on gastrointestinal motility.

Since metoclopramide influences gastrointestinal motility and absorption, the dosage of other drugs used concomitantly may possibly need adjustment.

This product may potentiate the effects of alcohol.

Since extrapyramidal reactions may occur with metoclopramide and phenothiazines, care should be exercised when both are used concurrently.

The effects of certain other drugs with potential central stimulant effects, e.g. monoamine oxidase inhibitors and sympathomimetics, may be modified when prescribed with metoclopramide and their dosage may need to be adjusted accordingly.

The use of Maxolon with serotonergic drugs may increase the risk of serotonin syndrome.

4.6 Pregnancy and lactation

This product should not be used in pregnancy and lactation unless considered absolutely essential by the physician.

Metoclopramide is excreted in breast milk and should not be given to nursing mothers.

4.7 Effects on ability to drive and use machines

None, but see 4.8.

4.8 Undesirable effects

Use of this drug may increase extrapyramidal side effects, including facial spasm, trismus, rhythmic protrusion of the tongue, a bulbar type of speech, spasm of extra ocular muscles including oculogyric crises, unnatural positioning of head and shoulders.

Very rarely hypersensitivity, including anaphylaxis, has been reported.

Rarely, diarrhoea, drowsiness, restlessness, confusion and anxiety have been reported in patients receiving metoclopramide therapy. Depression has been reported extremely rarely. Very rare occurrences of neuroleptic malignant syndrome have been reported. This syndrome is potentially fatal and comprises hyperpyrexia, altered consciousness, muscle rigidity, autonomic instability and elevated levels of CPK and must be treated urgently (recognised treatments include dantrolene and bromocriptine). Metoclopramide should be stopped immediately if this symptom occurs.

Tardive dyskinesia, which may be persistent, has been reported as a side effect in elderly patients undergoing long-term therapy with metoclopramide. Prolonged therapy in such patients should be carefully reviewed. The likelihood of the occurrence of this serious effect is increased when neuroleptic agents are used concurrently.

Extremely rarely cases of red cell disorders such as methaemoglobinaemia and sulphaemoglobinaemia have been reported, particularly at high doses of metoclopramide. If this occurs the drug should be withdrawn. Methaemoglobinaemia may be treated using methylene blue.

Anaphylactic reactions, angioedema, urticaria and rash have been reported very rarely.

Acute hypertension may occur in patients with phaeochromocytoma (see section 4.3 Contraindications).

4.9 Overdose

In cases of overdosage, acute dystonic reactions have occured. Should treatment of a dystonic reaction be required, an anticholinergic anti-parkinsonian drug, or a benzodiazepine may be used.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Metoclopramide is a benzamide derivative which acts peripherally to enhance cholinergic action at muscarinic synapses and in the central nervous system to antagonise dopamine.

5.2 Pharmacokinetic properties

Absorption from the gut is rapid and the drug undergoes significant first-pass hepatic metabolism. It is excreted in the urine as unchanged drug and metabolites in both free and conjugated form. The drug is also excreted in breast milk.

5.3 Preclinical safety data

No additional data available.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Hydroxyethylcellulose

Methyl parahydroxybenzoate (E218)
Propyl parahydroxybenzoate (E216)
Saccharin sodium
Citric acid monohydrate
Soluble lemon oil
No. 1 lime flavour
Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

Opened or unopened: 3 years.

6.4 Special precautions for storage

Do not store above 30°C.
Keep the bottle in the outer carton.

6.5 Nature and contents of container

Amber glass bottles with metal screw cap for 100 ml, 200 ml or 1000 ml syrup.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

Check cap seal is intact before first use. Maxolon Syrup may be diluted with purified water to half strength but should not be stored diluted for more than one month. Discard syrup which has been diluted for more than one month.

7 MARKETING AUTHORISATION HOLDER

Rosemont Pharmaceuticals Ltd
Rosemont House
Yorkdale Industrial Park
Braithwaite Street
Leeds LS11 9XE
UK

8 MARKETING AUTHORISATION NUMBER

PA 312/21/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 1st April 1979
Date of last renewal: 1st April 2009

10 DATE OF REVISION OF THE TEXT

May 2010