APPROVED PROFESSIONAL INFORMATION

SCHEDULING STATUS

S5

PROPRIETARY NAME AND DOSAGE FORM

Fycompa 2 mg (film-coated tablet)

Fycompa 4 mg (film-coated tablet)

Fycompa 6 mg (film-coated tablet)

Fycompa 8 mg (film-coated tablet)

Fycompa 10 mg (film-coated tablet)

Fycompa 12 mg (film-coated tablet)

COMPOSITION

Fycompa 2 mg film-coated tablet contains 2 mg Perampanel.

Fycompa 4 mg film-coated tablet contains 4 mg Perampanel.

Fycompa 6 mg film-coated tablet contains 6 mg Perampanel.

Fycompa 8 mg film-coated tablet contains 8 mg Perampanel.

Fycompa 10 mg film-coated tablet contains 10 mg Perampanel.

Fycompa 12 mg film-coated tablet contains 12 mg Perampanel.

List of Excipients:

2 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, magnesium stearate (E572).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), ferric oxide, yellow (E172), ferric oxide, red (E172).

Contains sugar: lactose

4 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, magnesium stearate (E572).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), ferric oxide, red (E172).

Contains sugar: lactose

6 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, microcrystalline cellulose, magnesium stearate (E572).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), ferric oxide, red (E172).

Contains sugar: lactose

8 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, microcrystalline cellulose, magnesium stearate (E572).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), ferric oxide, red (E172), ferric oxide, black (E172).

Contains sugar: lactose

10 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, microcrystalline cellulose, magnesium stearate (E572).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), ferric oxide, yellow (E172), FD&C Blue #2 indigo carmine aluminium lake (E132).

Contains sugar: lactose

12 mg tablet:

Core: lactose monohydrate, low-substituted hydroxypropyl cellulose, povidone, microcrystalline cellulose, magnesium stearate (E572 – E470b).

Film-coating: hypromellose 2910, talc, macrogol 8000, titanium dioxide (E171), FD&C Blue #2 indigo carmine aluminium lake (E132).

Contains sugar: lactose

PHARMACOLOGICAL CLASSIFICATION

A 2.5 Anticonvulsants, including anti-epileptics

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

Perampanel is a selective, non-competitive antagonist of the ionotropic α-amino-3-hydroxy-5-methyl-4-isoxazoleproprionic acid (AMPA) glutamate receptor on post-synaptic neurons.

In *in vitro* studies, perampanel inhibited AMPA-induced (but not NMDA-induced) increase in intracellular calcium.

The precise mechanism by which perampanel exerts its anti-epileptic effects in humans remains to be fully elucidated.

Pharmacokinetic properties

Absorption:

Perampanel is rapidly and completely readily absorbed after oral administration with no evidence of marked negligible first-pass metabolism. Food does not affect the extent of absorption but slows the rate of absorption. When administered with food, peak plasma concentrations are reduced and delayed by 2 hours compared with dosing in a fasted state. The fasted state peak concentration is approximately 1 hour.

Distribution:

Perampanel is approximately 95 % bound to plasma proteins.

In vitro studies show that perampanel is not a substrate or significant inhibitor of organic anion transporting polypeptides (OATP) 1B1 and 1B3, organic anion transporters (OAT) 1, 2, 3, and 4, organic (anion) cation transporters (OCT) 1, 2, and 3, and the efflux transporters P-glycoprotein and Breast Cancer Resistance Protein (BCRP).

Biotransformation:

Perampanel is extensively metabolised via primary oxidation and sequential glucuronidation. The metabolism of perampanel is mediated primarily by CYP3A based on clinical study results in healthy subjects administered radiolabeled perampanel and supported by *in vitro* studies using recombinant human CYPs and human liver microsomes.

Following administration of radiolabeled perampanel, only trace amounts of perampanel metabolites were observed in plasma.

Elimination:

Following administration of a radio-labeled perampanel dose to 8 healthy elderly subjects, 30 % of recovered radioactivity was found in the urine and 70 % in the faeces. In urine and faeces, recovered radioactivity was primarily composed of a mixture of oxidative and conjugated metabolites. The average $t_{1/2}$ of perampanel is 105 hours. When dosed in combination with the strong CYP3A inducer carbamazepine, the average $t_{1/2}$ is 25 hours.

Linearity/non-linearity:

In healthy subjects, plasma concentrations of perampanel increased in direct proportion to administered doses over the range of 2 to 12 mg. In a population pharmacokinetic analysis of patients with partial-onset seizures receiving perampanel up to 12 mg/day and patients with primary generalised tonic-clonic seizures receiving perampanel up to 8 mg/day in placebo-controlled clinical trials, a linear relationship was found between dose and perampanel plasma concentrations.

Special populations

Hepatic impairment:

The pharmacokinetics of perampanel following a single 1 mg dose were evaluated in 12 subjects with mild and moderate hepatic impairment (Child-Pugh A and B, respectively) compared with 12 healthy, demographically matched subjects. The mean apparent clearance of unbound perampanel in mildly impaired subjects was 188 ml/min vs. 338 ml/min in matched

controls, and in moderately impaired subjects was 120 ml/min vs. 392 ml/min in matched controls. The $t_{1/2}$ was longer in mildly impaired (306 h vs. 125 h) and moderately impaired (295 h vs. 139 h) subjects compared to matched healthy subjects.

Renal impairment:

The pharmacokinetics of perampanel has not been formally evaluated in patients with renal impairment. Perampanel is eliminated almost exclusively by metabolism followed by rapid excretion of metabolites; only trace amounts of perampanel metabolites are observed in plasma. In a population pharmacokinetic analysis of patients with partial-onset seizures having creatinine clearances ranging from 39 to 160 ml/min and receiving perampanel up to 12 mg/day in placebo-controlled clinical trials, perampanel clearance was not influenced by creatinine clearance. In a population pharmacokinetic analysis of patients with primary generalised tonic-clonic seizures receiving Fycompa up to 8 mg/day in a placebo-controlled clinical study, perampanel clearance was not influenced by baseline creatinine clearance.

Gender:

In a population, pharmacokinetic analysis of patients with partial-onset seizures receiving perampanel up to 12 mg/day and patients with primary generalised tonic-clonic seizures receiving perampanel up to 8 mg/day in placebo-controlled clinical trials, perampanel clearance in females (0,54 l/h) was 18 % lower than in males (0,66 l/h).

Elderly (65 years of age and above):

In a population, pharmacokinetic analysis of patients with partial-onset seizures (age range 12 to 74 years) and primary generalised tonic-clonic seizures (age range 12 to 58 years), and receiving perampanel up to 8 or 12 mg/day in placebo-controlled clinical trials ranging in age from 12 to 74 years, no significant effect of age on perampanel clearance was found. A dose adjustment in the elderly is not considered to be necessary (see Dosage and Directions for Use).

INDICATIONS

Fycompa is indicated for the primary or adjunctive treatment of partial-onset seizures with or without secondarily generalised seizures in adults and adolescent patients from 12 years of age with epilepsy.

Fycompa is indicated for adjunctive treatment of primary generalised tonic-clonic seizures in adult and adolescent patients from 12 years of age with idiopathic generalised epilepsy.

CONTRAINDICATIONS

Hypersensitivity to perampanel or to any of the excipients of Fycompa.

Pregnancy and lactation (See HUMAN REPRODUCTION).

WARNINGS AND SPECIAL PRECAUTIONS

Suicidal ideation

Suicidal ideation and behaviour have been reported in patients treated with anti-epileptic medicine. The available data do not exclude the possibility of an increased risk for Fycompa.

Therefore, patients should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should signs of suicidal ideation or behaviour emerge.

Severe cutaneous adverse reactions (SCARs) including drug reaction with eosinophilia and systemic symptoms (DRESS)

Severe cutaneous adverse reactions (SCARs) including drug reaction with eosinophilia and systemic symptoms (DRESS), which can be life-threatening or fatal, have been reported (frequency unknown; see Side Effects) in association with Fycompa treatment.

At the time of prescription patients should be advised of the signs and symptoms and monitored closely for skin reactions. Symptoms of DRESS include typically, although not exclusively, fever, rash associated with other organ system involvement, lymphadenopathy, liver function tests abnormalities and eosinophilia. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not

evident. If signs and symptoms suggestive of these reactions appear, Fycompa should be withdrawn immediately and an alternative treatment considered (as appropriate).

Nervous system disorders

Fycompa may cause dizziness and somnolence and therefore may influence the ability to drive or use machines.

Oral contraceptives

At doses of 12 mg/day Fycompa may decrease the effectiveness of progestative-containing hormonal contraceptives; in this circumstance, additional non-hormonal forms of contraception are recommended when using Fycompa (see Interactions).

End of treatment

It is recommended that discontinuation be undertaken gradually to minimise the potential for rebound seizures (see Dosage and Directions for use). However, due to its long half-life and subsequent slow decline in plasma concentrations, Fycompa can be discontinued abruptly if absolutely needed.

Falls

There is an increased risk of falls, particularly in the elderly.

Aggression

Cases of aggression and hostile behaviour have been reported and are dose related.

Thoughts of harming others, physical assault or threatening behaviour were observed in some patients. Patients and caregivers should be counselled to alert a healthcare professional immediately if significant changes in mood or patterns of behaviour are noted.

The dosage of Fycompa should be reduced if such symptoms occur and should be discontinued immediately if symptoms are severe.

Abuse potential

Caution should be exercised in patients with a history of substance abuse and the patient should be monitored for symptoms of Fycompa abuse.

Concomitant CYP3A inducing anti-epileptic medicines

Response rates after addition of Fycompa at fixed doses were less when patients received concomitant CYP3A enzyme-inducing anti-epileptic medicines (carbamazepine, phenytoin, oxcarbazepine) as compared to response rates in patients who received concomitant non-enzyme-inducing anti-epileptic medicines.

Patients' response should be monitored when they are switching from concomitant non-inducer anti-epileptic medicines to enzyme inducing medicines and vice versa. Depending upon individual clinical response and tolerability, the dose may be increased or decreased 2 mg at a time (see Dosage and Directions for use*)*.

Other concomitant (non-anti-epileptic) cytochrome P450 inducing or inhibiting medicines

Patients should be closely monitored for tolerability and clinical response when adding or removing cytochrome P450 inducers or inhibitors, since Fycompa plasma levels can be decreased or increased; the dose of Fycompa may need to be adjusted accordingly.

Children

Safety and efficacy have not been demonstrated in children younger than 12 years.

Excipients

Fycompa contains lactose, therefore patients with rare hereditary problems of galactose intolerance, galactosaemia, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Fycompa.

Effects on ability to drive and use machines

Fycompa may impair the patient's ability to drive and use machines.

Fycompa may cause dizziness and somnolence. Patients are advised not to drive a vehicle, operate machinery or engage in other potentially hazardous activities until it is known whether Fycompa affects their ability to perform these tasks.

INTERACTIONS

Oral Contraceptives

In healthy women receiving 12 mg for 21 days concomitantly with a combined oral contraceptive, Fycompa was shown to decrease the levonorgestrel exposure (mean C_{max} and AUC values were each decreased by 40 %). Ethinylestradiol AUC was not affected by Fycompa 12 mg whereas C_{max} was decreased by 18 %.

Therefore, the possibility of decreased efficacy of progestative-containing oral contraceptives should be considered for women needing Fycompa 12 mg/day and an additional reliable method (intra-uterine device (IUD), condom) is to be used (see Warnings and Special Precautions).

Interactions between Fycompa and other anti-epileptic medicines

Potential interactions between Fycompa (up to 12 mg once daily) and other anti-epileptic medicines (AEDs) were assessed in clinical studies and evaluated in the population PK analysis of four pooled Phase 3 studies including patients with partial onset seizures and primary generalised tonic-clonic seizures. The effect of these interactions on average steady state concentration is summarised in the following table.

AED co-administered	**Influence of AED on Fycompa concentration**	**Influence of Fycompa on AED concentration**
Carbamazepine	2,75-fold decrease	< 10 % decrease
Clobazam	No influence	< 10 % decrease
Clonazepam	No influence	No influence
Lamotrigine	No influence	< 10 % decrease
Levetiracetam	No influence	No influence

Oxcarbazepine	1,9-fold decrease	35 % increase [1)]
Phenobarbitone	No influence	No influence
Phenytoin	1,7-fold decrease	No influence
Topiramate	19 % decrease	No influence
Valproic Acid	No influence	< 10 % decrease
Zonisamide	No influence	No influence

[1)] Active metabolite monohydroxycarbazepine was not assessed.

Some anti-epileptic medicines known as CYP450 3A enzyme inducers (carbamazepine, phenytoin, oxcarbazepine) have been shown to increase Fycompa clearance and consequently to decrease plasma concentrations of Fycompa.
Conversely, withdrawal of a concomitant CYP450 3A enzyme inducer can be expected to increase plasma concentrations of Fycompa and dose adjustment reduction may be required.
Carbamazepine, a known potent enzyme inducer, reduced Fycompa levels by two-thirds in a study performed on healthy subjects.

A similar result was seen in a population pharmacokinetic analysis of patients with partial-onset seizures receiving Fycompa up to 12 mg/day and patients with primary generalised tonic-clonic seizures receiving Fycompa up to 8 mg/day in placebo-controlled clinical trials. The total clearance of Fycompa was increased when administered with carbamazepine (2,75-fold), phenytoin (1,7-fold) and oxcarbazepine (1,9-fold), which are known inducers of enzymes of metabolism (see Pharmacokinetic properties). This effect should be taken into account and managed when adding or withdrawing these anti-epileptic medicines from a patient's treatment regimen.

In a population, pharmacokinetic analysis of patients with partial-onset seizures receiving Fycompa up to 12 mg/day in placebo-controlled clinical trials, Fycompa did not affect to a clinically relevant manner the clearance of clonazepam, levetiracetam, phenobarbitone, phenytoin, topiramate, zonisamide, carbamazepine, clobazam, lamotrigine and valproic acid, at the highest Fycompa dose evaluated (12 mg/day).

In the epilepsy population pharmacokinetic analysis, Fycompa was found to decrease the clearance of oxcarbazepine by 26 %. Oxcarbazepine is rapidly metabolised by cytosolic reductase enzyme to the active metabolite, monohydroxycarbazepine. The effect of Fycompa on monohydroxycarbazepine concentrations is not known.

Fycompa is dosed to clinical effect regardless of other AEDs.

Effect of Fycompa on CYP3A substrates

In healthy subjects, Fycompa (6 mg once daily for 20 days) decreased midazolam AUC by 13 %. A larger decrease in exposure of midazolam (or other sensitive CYP3A substrates) at higher Fycompa doses cannot be excluded. (See Warnings and Special Precautions).

Effect of cytochrome P450 inducers on Fycompa pharmacokinetics

Strong inducers of cytochrome P450, such as rifampicin and hypericum, are expected to decrease Fycompa concentrations and the potential for higher plasma concentrations of the reactive metabolites in their presence could not be excluded. Felbamate has been shown to decrease the concentrations of some medicines and may also reduce Fycompa concentrations.

Effect of cytochrome P450 inhibitors on Fycompa pharmacokinetics

In healthy subjects, the CYP3A4 inhibitor ketoconazole (400 mg once daily for 10 days) increased perampanel AUC by 20 % and prolonged perampanel half-life by 15 % (67,8 h vs. 58,4 h). Larger effects cannot be excluded when Fycompa is combined with a CYP3A inhibitor with longer half-life than ketoconazole or when the inhibitor is given for a longer treatment duration.

Alcohol

The effects of Fycompa on complex tasks involving alertness and vigilance such as driving ability were additive or supra-additive to the impairment effects of alcohol itself, as found in a pharmacodynamic interaction study in healthy subjects.

Multiple dosing of Fycompa 12 mg/day increased levels of anger, confusion, and depression as assessed using the Profile of Mood State 5-point rating scale (see Pharmacological Action). These effects may also be seen when Fycompa is used in combination with other central nervous system (CNS) depressants.

Levodopa

In healthy subjects, Fycompa (4 mg once daily for 19 days) had no effect on C_{max} or AUC of levodopa.

In vitro assessment of medicine interactions:

Medicine metabolising enzyme inhibition

In human liver microsomes, Fycompa (perampanel 30 µmol/l) had a weak inhibitory effect on CYP2C8 and UGT1A9 among major hepatic CYPs and UGTs.

Medicine metabolising enzyme induction

Compared with positive controls (including phenobarbitone, rifampicin), Fycompa was found to weakly induce CYP2B6 (30 µmol/l) and CYP3A4/5 (≥ 3 µmol/l) among major hepatic CYPs and UGTs in cultured human hepatocytes.

HUMAN REPRODUCTION

Safety in pregnancy and lactation has not been established.

Women of childbearing potential and contraception in males and females:

Fycompa is not recommended in women of childbearing potential not using contraceptive.

Women must use a reliable method of contraception to avoid becoming pregnant while taking Fycompa and for one month after stopping. (See CONTRAINDICATIONS)

Breastfeeding:

Women using Fycompa should not breastfeed their infants.

Fertility:

The effect of Fycompa on human fertility has not been established.

DOSAGE AND DIRECTIONS FOR USE

Adults and Adolescents

Fycompa must be titrated, according to individual patient response, in order to optimise the balance between efficacy and tolerability.

Fycompa should be taken orally once daily at bedtime. Fycompa may be taken with or without food (see Pharmacokinetic properties). The tablet should be swallowed whole with a glass of water. It should not be chewed, crushed or split. The tablets cannot be split accurately as there is no break line. To ensure the patient receives the entire dose the tablet should be swallowed whole without chewing or crushing.

Partial-Onset Seizures

Monotherapy or Adjunctive Therapy

Fycompa at doses of 4 mg/day to 12 mg/day has been shown to be effective therapy in partial-onset seizures.

Treatment with Fycompa should be initiated with a dose of 2 mg/day. The dose may be increased based on clinical response and tolerability by increments of 2 mg (either weekly or every 2 weeks as per half-life considerations described below) to a maintenance dose of 4 mg to 8 mg/day.

Depending upon individual clinical response and tolerability at a dose of 8 mg/day, the dose may be increased by increments of 2 mg/day to 12 mg/day. Patients who are taking concomitant medicines that do not shorten the half-life of Fycompa (see Interactions) should be titrated no more frequently than at 2-weeks intervals.

Patients who are taking concomitant medicines that shorten the half-life of Fycompa (see Interactions) should be titrated no more frequently than at 1-week intervals.

Primary Generalised Tonic-Clonic Seizures

Adjunctive Therapy

Fycompa at a dose up to 8 mg/day has been shown to be effective in primary generalised tonic-clonic seizures.

Treatment with Fycompa should be initiated at a dose of 2 mg/day. The dose may be increased based on clinical response and tolerability by increments of 2 mg (either weekly or every 2 weeks, as per half-life considerations described below) to a maintenance dose of up to 8 mg/day. Depending upon individual clinical response and tolerability at a dose of 8 mg/day, the dose may be increased up to 12 mg/day, which may be effective in some patients (see Warnings and Special Precautions). Patients who are taking concomitant medicines that do not shorten the half-life of Fycompa (see Interactions) should be titrated no more frequently than at 2-week intervals. Patients who are taking concomitant medicines that shorten the half-life of Fycompa (see Interactions) should be titrated no more frequently than at 1-week intervals.

Withdrawal:

It is recommended that discontinuation be undertaken gradually to minimise the potential for rebound seizures. However, due to its long half-life and subsequent slow decline in plasma concentrations, Fycompa can be discontinued abruptly if absolutely needed.

Missed doses

Single missed dose: As Fycompa (perampanel) has a long half-life; the patient should wait and take their next dose as scheduled.

If more than 1 dose has been missed, for a continuous period of less than 5 half-lives (3 weeks for patients not taking perampanel metabolism-inducing anti-epileptic medicines (AED), 1 week for patients taking perampanel metabolism-inducing AEDs (see Interactions), consideration should be given to re-start treatment from the last dose level.

If a patient has discontinued Fycompa for a continuous period more than 5 half-lives, it is recommended that initial dosing recommendations given above should be followed.

Elderly (65 years of age and above)

Clinical studies of Fycompa in epilepsy did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

Fycompa should be used with caution in elderly taking into account the medicine interaction potential in poly-medicated patients (see Warnings and Special Precautions).

Renal impairment

Dose adjustment is not required in patients with mild or moderate renal impairment. Use in patients with moderate or severe renal impairment or patients undergoing haemodialysis is not recommended.

Hepatic impairment

Dose increases in patients with mild hepatic impairment should be based on clinical response and tolerability. Use in patients with severe hepatic impairment is not recommended.

For patients with mild or moderate hepatic impairment, dosing can be initiated at 2 mg. Patients should be up-titrated using 2 mg doses no faster than every 2 weeks based on tolerability and effectiveness. Fycompa dosing for patients with mild and moderate impairment should not exceed 8 mg.

Paediatric population

The safety and efficacy of Fycompa in children below 12 years of age have not been established yet. No data are available.

SIDE EFFECTS

Summary of safety profile

In all controlled and uncontrolled trials in patients with partial-onset seizures, 1639 subjects have received Fycompa of whom 1 147 have been treated for 6 months and 703 for longer than 12 months.

In the controlled and uncontrolled trials in patients with primary generalised tonic-clonic seizures, 114 subjects have received Fycompa of whom 68 have been treated for 6 months and 36 for longer than 12 months.

Adverse reactions leading to discontinuation: In the controlled Phase 3 partial-onset seizures clinical trials, the rate of discontinuation as a result of an adverse event was 1,7 %, 4,2 % and 13,7 % in patients randomised to receive Fycompa at the recommended doses of 4 mg, 8 mg and 12 mg/day, respectively, and 1,4 % in patients randomised to receive placebo. The adverse events most commonly (≥ 1 % in the total Fycompa group and greater than placebo) leading to discontinuation were dizziness and somnolence.

In the controlled Phase 3 primary generalised tonic-clonic seizures clinical trial, the rate of discontinuation as a result of an adverse reaction was 4,9 % in patients randomised to receive Fycompa 8 mg, and 1,2 % in patients randomised to receive placebo. The adverse reaction most commonly leading to discontinuation (≥ 2 % in the Fycompa group and greater than placebo) was dizziness.

In the table below, adverse reactions were identified based on review of the full Fycompa clinical studies safety database.

The following convention has been used for the classification of adverse reactions: very common ≥ 1/10, common ≥ 1/100 to < 1/10, uncommon ≥ 1/1 000 to < 1/100, rare ≥ 1/10 000 to < 1/1 000, not known (cannot be estimated from the available data).
Within each frequency category, adverse reactions are presented in order of decreasing seriousness.

System Order Class	**Very Common**	**Common**	**Uncommon**	**Not known**
Metabolism and nutrition disorders		Decreased appetite, increased appetite.		

Psychiatric disorders		Aggression, anger, anxiety, confusional state.	Suicidal ideation, suicide attempt	
Nervous system disorders	Dizziness, somnolence	Ataxia, dysarthria, balance disorder, irritability.		
Ear and labyrinth disorders		Vertigo.		
Musculoskeletal, connective tissue and bone disorders		Back pain.		
Gastrointestinal disorders		Nausea.		
Skin and subcutaneous tissue disorders				Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)*
Eye disorders		Diplopia, blurred vision.		
General disorders and administrative site conditions		Gait disturbance, fatigue.		
Investigations		Weight increased.		
Injury and poisoning		Fall.		

* See Warnings and Special Precautions

Paediatric population

Based on the clinical trial database of 196 adolescents exposed to Fycompa from double-blind studies for partial onset seizures and primary generalised tonic-clonic seizures, the overall safety profile in adolescents was similar to that of adults, except for aggression, which was observed more frequently in adolescents than in adults.

Postmarketing experience

The following adverse reactions have been identified during post approval use of Fycompa.

Severe cutaneous adverse reactions (SCARs) including drug reaction with eosinophilia and systemic symptoms (DRESS) (see Warnings and Special Precautions).

Psychiatric disorders: Acute psychosis, hallucinations, delusions, paranoia, delirium, confusional state, disorientation, memory impairment.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

The symptoms of overdose include altered mental status, agitation and aggressive behaviour and recovered without sequelae.

There is no available specific antidote to the effects of Fycompa.

General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient. In view of its long half-life, the effects caused by Fycompa could be prolonged.

Because of low renal clearance special interventions such as forced diuresis, dialysis or haemoperfusion are unlikely to be of value.

IDENTIFICATION

Fycompa 2 mg Film-coated tablet: orange, round, biconvex tablet, engraved with E275 on upper surface and 2 on bottom surface.

Fycompa 4 mg Film-coated tablet: red, round, biconvex tablet, engraved with E277 on upper surface and 4 on bottom surface.

Fycompa 6 mg Film-coated tablet: pink, round, biconvex tablet, engraved with E294 on upper surface and 6 on bottom surface.

Fycompa 8 mg Film-coated tablet: purple, round, biconvex tablet, engraved with E295 on upper surface and 8 on bottom surface.

Fycompa 10 mg Film-coated tablet: green, round, biconvex tablet, engraved with E296 on upper surface and 10 on bottom surface.

Fycompa 12 mg Film-coated tablet: blue, round, biconvex tablet, engraved with E297 on upper surface and 12 on bottom surface.

PRESENTATION

Fycompa 2 mg - Packs of 7; 28 & 98 Tablets in clear PVC/ silver aluminium blisters.

Fycompa 4 mg - Packs of 7, 28; 84 & 98 Tablets in clear PVC/ silver aluminium blisters.

Fycompa 6 mg - Packs of 7, 28; 84 & 98 Tablets in clear PVC/ silver aluminium blisters.

Fycompa 8 mg - Packs of 7, 28; 84 & 98 Tablets in clear PVC/ silver aluminium blisters.

Fycompa 10 mg - Packs of 7, 28; 84 & 98 Tablets in clear PVC/ silver aluminium blisters.

Fycompa 12 mg - Packs of 7, 28; 84 & 98 Tablets in clear PVC/ silver aluminium blisters.

Blister strips are packed in an outer carton.

Not all pack sizes may be marketed.

STORAGE INSTRUCTIONS

Store at or below 30 °C. Keep blisters in outer carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBERS

Fycompa 2 mg: 47/2.5/1196

Fycompa 4 mg: 47/2.5/1197

Fycompa 6 mg: 47/2.5/1198

Fycompa 8 mg: 47/2.5/1199

Fycompa 10 mg: 47/2.5/1200

Fycompa 12 mg: 47/2.5/1201

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

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03 February 2020